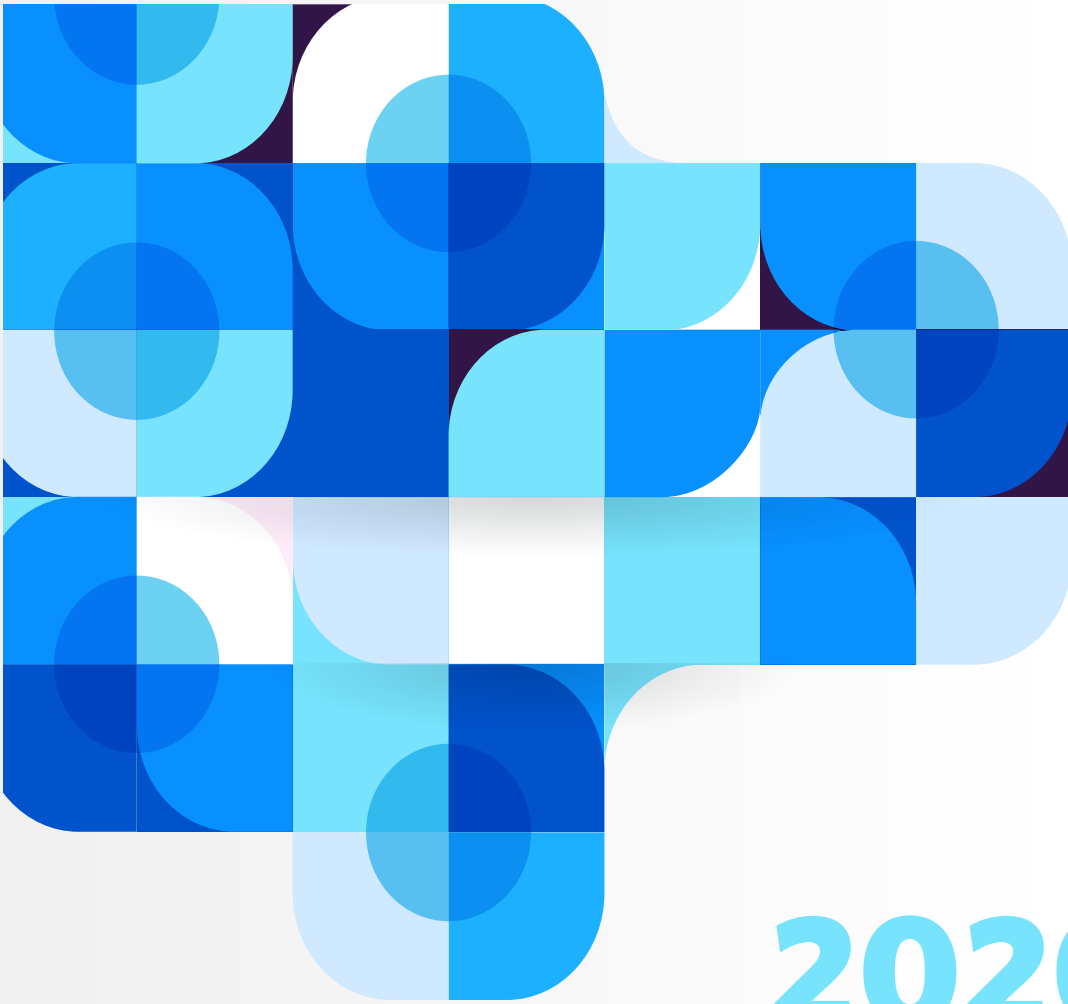


OFFICE OF WORKERS'  
COMPENSATION PROGRAMS



# 2020 ANNUAL REPORT TO CONGRESS



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



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THE HONORABLE PRESIDENT OF THE SENATE

THE HONORABLE SPEAKER OF THE HOUSE OF REPRESENTATIVES

I have enclosed the Department of Labor's Annual Report to Congress on the fiscal year 2020 operations of the Office of Workers' Compensation Programs. The report covers administration of the Federal Employees' Compensation Act as required by Section 8152 of that Act, the Black Lung Benefits Act as required by Section 426(b) of that Act, the Longshore and Harbor Workers' Compensation Act as required by Section 42 of that Act, and the Energy Employees Occupational Illness Compensation Program Act, for the period October 1, 2019, through September 30, 2020.

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

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

The annual audit reports for the fiscal year 2020 financial statements of the Longshore and Harbor Workers' Compensation Act Special Fund and the District of Columbia Workmen's Compensation Act Special Fund accounts, as required by Sections 42 and 44(j)), will be submitted at a later date.

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

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

Enclosures



# DIRECTOR'S MESSAGE

I am pleased to submit the Department of Labor's Office of Workers' Compensation Programs (OWCP) Annual Report to Congress for fiscal year 2020. This report provides an overview of OWCP's activities for all four of its programs during fiscal year 2020. As my tenure as Director of OWCP commenced in January 2021, I also briefly outline a few of my top priorities for OWCP in fiscal year 2021.

The mission of OWCP is *"to protect the interests of workers who are injured or become ill on the job, their families and their employers by making timely, appropriate, and accurate decisions on claims, providing prompt payment of benefits and helping injured workers return to gainful work as early as is feasible."* In furtherance of this mission, each of OWCP's four programs provide workers' compensation benefits to different sets of workers:

- The Federal Employees' Compensation Act (FECA) program serves injured or ill federal employees. Beneficiaries of the program, which has been in place for over 100 years, are Federal Bureau of Investigation agents, postal workers, office workers, emergency responders, forest rangers, air traffic controllers, firefighters, Capitol police officers, and many others.
- The Longshore program serves those engaged in maritime work, such as dockworkers, longshore workers, shipbuilders, as well as government contractors outside of the United States and certain employees working on the Outer Continental Shelf.
- The Black Lung program supports coal miners, construction workers, and transportation workers who are regularly exposed to respirable coal mine dust and who have pneumoconiosis, more commonly known as black lung disease.
- The Energy program serves current and former nuclear weapons workers who have been exposed to radiation or other toxic substances at covered Department of Energy and designated private facilities, such as nuclear physicists, uranium miners and millers, and the plumbers, electricians, office workers, janitors, and others who maintained the facilities.

During fiscal year 2020, the importance of social insurance programs, including those worker protection programs housed within OWCP, became ever more apparent due to widespread illnesses and loss of employment for millions of Americans due to the coronavirus disease 2019 (COVID-19) pandemic. Noting this importance, OWCP will continue to build on the historical strengths of its programs to timely adjudicate claims and pay timely wage-loss compensation and medical benefits when appropriate, while complying with all applicable federal laws and regulations. Further, our efforts will include working within a plan to foster equity and inclusion to reach previously underserved communities and populations. All of these efforts will require modernization of our information technology (IT) infrastructure, outreach and collaboration, a reexamination and recommencement of compliance efforts, and investment in our federal workforce.

After conducting 36 virtual Town Hall events to hear from OWCP staff in the first months of my tenure as Director, I have learned of areas where improvements are critical, and much of that work has already begun. In fiscal year 2021, our top priorities at OWCP include utilizing American Rescue Plan Act funding to complete a significant hiring wave of Claims Examiners to strengthen the FECA program in responding to the pandemic, recommitting the Longshore program to its central mission of compliance enforcement, ensuring the long-term solvency of the Black Lung Disability Trust Fund, and refining the claims process and outreach approach of the Energy program to be as transparent, accessible, timely, and claimant-friendly as possible.

In the following sections, I will outline key achievements from each OWCP program in fiscal year 2020.

## FEDERAL EMPLOYEES' COMPENSATION ACT PROGRAM

In fiscal year 2020, the FECA program was on the front lines of the response to the COVID-19 pandemic. The FECA program transitioned nearly all of its employees to a 100% telework environment, while also processing a wave of new claims from the federal workforce due to the COVID-19 pandemic. Throughout this process, the FECA program demonstrated flexibility and resiliency under extraordinary circumstances. In fiscal year 2020, the FECA program achieved all eight programmatic performance measures while receiving over 90,700 claims and paying out over \$2.96 billion in benefits to federal workers.

While responding to the unique challenges of COVID-19, the FECA program has also implemented several major initiatives to improve the overall program. First, the FECA program continued to strengthen its focus on fraud detection and prevention. Second, the program implemented the Protecting Employees, Enabling Reemployment initiative that directed all federal agencies to use the OWCP Employees' Compensation Operations and Management Portal (ECOMP) to file claims. Third, the ECOMP system became the single portal for federal workers who are injured on the job to easily initiate a FECA claim and route it to their supervisor for eventual submission. ECOMP also allows medical providers, injured workers, and federal employers to securely and electronically communicate and exchange documents in near real-time.

## LONGSHORE PROGRAM

The Longshore program also took new measures to adapt to the COVID-19 environment in fiscal year 2020. Outside of these adaptations, the Longshore program took several important strides forward in increasing program efficiency and effectiveness. First, the program deployed the Office of Workers' Compensation System (OWCS), a new IT system to automate many administrative functions, track the performance of Claims Examiners, and improve compliance efforts. To reflect efficiencies of the new system, the program also revised its fiscal year 2020 performance measures and targets, shortening the overall timeframes for key documents self-insured employers and insurance carriers had to submit in workers' compensation cases. OWCS enhancements will be ongoing to maximize its performance. Lastly, the Longshore program introduced a new process for exchanging documents electronically with the Office of Administrative Law Judges (OALJ). This move from 100% paper documentation to completely digital files will make delivery of service more timely and resilient. In fiscal year 2020, the Longshore program met four of six performance measures while supervising the payment of over \$1.0 billion in compensation.

## BLACK LUNG PROGRAM

Despite the challenging circumstances of COVID-19, the Black Lung program achieved efficient delivery of services and improvement of the Black Lung program in fiscal year 2020. At the end of fiscal year 2020, the Black Lung program recorded strong performance towards their 2018-2022 DOL Strategic Plan target for the longevity of pending claims, while exceeding the target for all four of the program's key timeliness performance measures in the claims process. In fiscal year 2020, the Black Lung program paid out \$220 million in compensation and medical benefits and serviced over 32,000 beneficiaries.

While grappling with the pandemic, the Black Lung program implemented several major organizational changes. First, fiscal year 2020 was the first year that the program claims staff were responsible for all aspects of end-to-end claims processing. Second, the Black Lung program implemented a new process for receiving OALJ decisions in electronic rather than paper format. Third, the program finalized a multi-year initiative to reorganize the National Office structure. All three of these organizational changes were in effort to achieve increased program efficiency.



Similarly, the Black Lung program also implemented several new processes to strengthen program management and integrity. First, the program continued to refine its approach to quality assurance by reviewing claims, and conducting spot audits during the claims process. Second, the program increased efforts to detect and remedy duplicate payments and other overpayments. Third, the program made several significant IT changes to improve management of claims files and develop a new self-insurance database. Lastly, the Black Lung program implemented changes to claims adjudication deadlines and policy regarding covered medications for beneficiaries in order to effectively respond to the COVID-19 pandemic.

## **ENERGY PROGRAM**

The Energy program also adapted to COVID-19 conditions through flexibility and ingenuity. In fiscal year 2020, the Energy program transitioned to a 100% employee telework posture and scanned all active paper case files into the OWCP Imaging System (OIS) to be available for staff to access remotely. Furthermore, the program adapted its outreach activities by switching from in-person events to monthly, virtual webinars, which regularly have between 100 to over 200 participants. Resource Centers remained available to assist claimants by phone and in-person through scheduled appointments. Overall, the Energy program paid out over \$1.4 billion in total compensation and medical benefits to nearly 8,000 claimants while meeting five of five defined performance targets in fiscal year 2020.

While adapting to the COVID-19 pandemic environment, the Energy program also found other ways to improve the claims process and program services in fiscal year 2020. The program now distributes all Energy claims based on nationwide staffing, and not geographically, which means that claims examiners will have equitable caseloads and all claimants should receive a consistent level of timely adjudication from their examiners. Additionally, the Energy program is working with the other programs within OWCP to allow claimants to access their case files electronically. The program expects this to begin for employee-claimants in fiscal year 2022. Lastly, the program has placed a greater focus on training its employees on all aspects of procedures, including customer service, through various mechanisms, including web-based modules, and hands-on training through the use of tools such as Microsoft Teams.

I look forward to building a better OWCP and reporting on progress made during the first year of my tenure as Director of OWCP in next year's Annual Report to Congress.

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

# FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

## INTRODUCTION

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

The Act provides the following benefits:

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

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

For over a century, the FECA program has continuously evolved to meet its commitment to federal employees and agencies, while minimizing the human, social, and financial costs of work-related injuries. This report highlights the FECA program's activities and accomplishments in fiscal year 2020.

## BENEFITS AND SERVICES

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

The FECA program is the exclusive remedy by which federal employees may obtain disability, medical, and survivor benefits from the federal government for workplace injuries or illnesses. Twelve offices and four prescription management units around the country carry out program activities, including claims adjudication, disability management, and return-to-work support. The claims adjudication process involves receipt and review of the claim,

development of the facts including medical documentation where appropriate, and a formal adjudication decision. Individuals who disagree with a formal decision may exercise their appeal rights by requesting:

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

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

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

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

## FUNDING

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

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

FECA Table 1 highlights chargeback costs billed in Chargeback Year 2020. FECA Table 2 provides a comparison of OWCP enacted funding.

**FECA Table 1 — FECA Benefits Paid and Charged to Employing Agencies, Chargeback Year 2020<sup>1</sup>**

Agency	2020
<b>USPS</b>	\$1,239 million
<b>Department of Homeland Security</b>	\$208 million
<b>Department of Veterans Affairs</b>	\$190 million
<b>Department of Justice</b>	\$126 million
<b>Department of Transportation</b>	\$74 million
<b>Department of Agriculture</b>	\$56 million
<b>Department of Defense</b>	\$44 million
<b>All Others</b>	\$291 million
<b>Total</b>	\$2,624 million

<sup>1</sup> The figures in the chart are rounded.

**FECA Table 2 — OWCP Enacted Funding for Administering/Operating the Program, Fiscal Year 2020<sup>1</sup>**

Enacted Funding	2020
<b>Number of Employees (Full-time Equivalent (FTE) staffing used)<sup>2</sup></b>	767
<b>Salaries and Expenses</b>	\$102.7 million
<b>“Fair Share” (FECA Special Benefits Account) — for the development/operation of automated data management and operations support systems, periodic roll case management, and program integrity</b>	\$74.8 million
<b>Total Enacted Funding<sup>3</sup></b>	\$177.4 million

<sup>1</sup> The dollar amounts in the chart are rounded.

<sup>2</sup> The FTE totals include FECA Salaries and Expenses and FECA Fair Share.

<sup>3</sup> Support costs for legal, investigative, and other kinds of services from the Employees’ Compensation Appeals Board, the Office of the Solicitor, the Office of Inspector General, and the U.S. Treasury are not included.

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

- <https://www.dol.gov/sites/dolgov/files/OPA/reports/2020annualreport.pdf>

## ACCOMPLISHMENTS & PERFORMANCE

The FECA program's key performance measures revolve around three fundamental tenets of workers' compensation:

1. Learn about the injury as soon as possible;
2. Provide timely access to treatment; and
3. Return the injured worker to pre-injury status both economically and medically.

### Rapid Intake of Forms

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

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

### Faster Delivery of Benefits

The FECA program's focus on delivering benefits faster is what drives the workforce. To measure performance, the FECA program looks at how promptly staff adjudicates benefit claims. The prompt adjudication of claims filed for wage-loss compensation is of particular importance to help ensure that the worker does not undergo unnecessary financial hardship.

FECA Table 3 presents claims, benefit payment, and medical bill processing totals, including the timeliness of authorization for medical treatment, for 2020.

**FECA Table 3 — Claims Intake, Benefits Paid, and Medical Bill Processing, Fiscal Year 2020<sup>1</sup>**

Medical Bill Processing		2020
<b>Claims</b>	New claims from injured/ill federal workers or their survivors	90,744
	Wage-loss claims received	14,597
<b>Benefits</b>	Number of beneficiaries	196,675
<b>Benefit Payment Outlays</b>	Compensation payments	\$2,030 billion
	Medical and rehabilitation services benefit payments	\$790 million
	Death benefit payments to surviving dependents	\$140 million
	Total compensation and benefit payments	\$2,960 billion
<b>Medical Bill Processing</b>	Number of medical bills processed	2,631,415
	Number of newly active enrolled medical providers	3,563
	Number of total active enrolled medical and pharmacy providers (end of fiscal year)	298,895
	Percent of medical bills processed within 28 days	98%

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

## Return-to-Work

The PEER Initiative outlines seven areas in which federal agencies and the USPS are expected to improve or maintain performance, including increasing the timely filing rate for wage-loss claims, increasing the rate of return-to-work outcomes during the initial 45-day post-injury COP period for traumatic injury cases<sup>1</sup>, and improving the rate at which employees return to work in cases of moderate to severe injury or illness.

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

### FECA Table 4 — Performance Measure Results, Fiscal Year 2020

Performance Measures	2020 Target	2020 Result
Percent of traumatic injury cases adjudicated within 45 days	90.0%	97.3%
Percent of basic non-traumatic injury cases adjudicated within 90 days	85.0%	95.9%
Percent of extended non-traumatic injury cases adjudicated within 180 days	75.0%	85.4%
Percent of wage-loss claims adjudicated within 14 days (claims not requiring further development)	90.0%	94.0%
Percent of wage-loss claims adjudicated within 90 days (all claims)	90.0%	97.6%
Percent of Notices of Initial Injury filed by employer within 10 working days	92.0%	97.0%
Percent of wage-loss claims filed by employer within five working days	90.0%	96.4%
Percent of federal employees with work-related injuries or illnesses that are employed within two years	85.0%	91.1%

<sup>1</sup> The performance results are from October 1, 2019 to September 24, 2020, as the program ended the fiscal year early in order to implement changes in the Integrated Federal Employees' Compensation System, used for claims management.

## Leveraging Information Technology Systems: One Approach for All Federal Employers

In 2020, ECOMP became the single portal for filing workers' compensation claims for all federal agencies. As the user base expanded to over 200,000 registered users, the FECA program made significant enhancements for both the employing agencies and injured workers. The program upgraded ECOMP to provide near real-time communications between the employing agency, the injured worker, and DOL staff. This new functionality allows document submission and tracking of communication to help ensure a timely response and more expedient case actions. The FECA program integrated ECOMP with OWCP's Medical Bill Processor and Pharmacy Payor for a seamless one-stop experience for the injured worker that allows greater transparency. After signing on to ECOMP, the injured worker can check the status of case actions, view payment history, and receive correspondence from the CE, but can also check the status of all medical and pharmacy related bills. In 2020, ECOMP also expanded its user base within OWCP to the Energy and Black Lung programs, providing access to basic case data and a direct connection to the Medical Bill Processor and Pharmacy Payor for stakeholders in those programs. With this step, ECOMP became OWCP's single web portal for stakeholders and will provide access to the final OWCP program, Longshore, in 2021. As ECOMP continues to increase its user base, additional improvements are already underway to provide injured workers access to OWCP case file documents and to provide the same level of access to any authorized representative.

<sup>1</sup> While this measure was part of the PEER Initiative when instituted in 2020, the baseline/goals were not set until fiscal year 2021 and the results are not included in this report.

### **Providing Improved and Consistent Customer Service**

In fiscal year 2020, the FECA program completed four critical changes to improve the experience for our stakeholders:

1. Implemented a “Live Call Pick Up” requirement for CEs to answer 25% of the calls they receive at the time they come in;
2. Added language on the use of ECOMP to existing Memoranda of Understanding with Employing Agencies, to require electronic processing of claims forms by the end of fiscal year 2020;
3. Created an enhancement to ECOMP, CE-Linq, to allow agency injury compensation specialists to see documents added to the case files, in a dashboard. This allows for quicker response time; and
4. Created a Centralized Phone Queue for callers with no case numbers, to provide case numbers and facilitate immediate redirection and access to CEs.

Additionally, the program implemented consolidated jurisdiction changes in fiscal year 2020, which allowed claimants to stay with the same CE across all of their workers’ compensation claims, as well as throughout the lifecycle of each claim. Specifically, the program assigns cases in round-robin fashion regardless of physical location of the injured worker or CE, allowing for both equitable distribution of workload and lessened the need to change CE case assignments. Stakeholders benefit from working with a single CE that is familiar with the entire life of a claim and whom they can reach directly on the telephone. These changes also drive improvements in customer service by increasing the responsibility and personal accountability of CEs for their own cases, creating an incentive to make timely and appropriate actions.

## **PROGRAM MANAGEMENT AND INTEGRITY**

### **Responding to the Coronavirus Disease 2019 Pandemic**

The FECA program had to address the impact of the coronavirus disease 2019 (COVID-19) pandemic, not only on its internal workforce but also on the entire federal workforce. While transitioning nearly all of its own employees to a 100% telework environment, the FECA program was faced with processing workers’ compensation claims for those federal workers who contracted COVID-19 while in the performance of their federal duties. New policy and procedures were necessary to specifically address the COVID-19 pandemic given the complexities surrounding the nature and transmission of the virus. The FECA program created a COVID-19 Task Force to review claims, handle them with compassion, and adjudicate them fairly and consistently. In order to create this Task Force and manage the claims, the FECA program had to divert personnel and other resources from non-COVID-19 claims. This diversion of resources enabled the FECA program to accept 4,400 claims as work-related and begin payment of necessary medical and disability benefits. As 2020 ended, the number of cases received was sharply rising with over 8,500 total claims at the close of the year.

While addressing the new COVID-19 claims, the FECA program also simultaneously faced challenges with the processing of non-COVID-19 claims. To provide as much flexibility as possible during the uncertainty, the program implemented temporary flexibilities that recognized the challenges claimants faced in obtaining medical appointments due to social distancing mandates across the country. These flexibilities included extending deadlines for the submission of medical evidence upon request and deferring non-urgent program-directed medical appointments.



### **Aggressive Fraud Detection**

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

In order to keep pace with nefarious providers, the FECA program continues to detect new and emerging fraud schemes and to implement controls to curtail them. The program began by implementing a tiered reimbursement rate and prior authorization for compounded drugs in 2016, and then applying restrictions on herbal supplements in 2017. In fiscal year 2018, the FECA program implemented exception-based policies after monitoring rapid increases in spending on often unnecessary and overpriced medication “convenience kits” and other physician-dispensed drugs. In fiscal year 2019, the FECA program issued three circulars to similarly address increased spend on: unnecessary prescriptions that have an inexpensive over-the-counter alternative available, “prescription medical devices” that were being billed to bypass controls on convenience kits and compounded medications, and shutting down a loophole on unlisted physician-dispensed drugs that began to be used to bypass other controls. In fiscal year 2020, the FECA program continued to focus on fraudulent pharmaceutical practices by enforcing maximum quantities for certain prescription kits.

These collective policy controls and investments, beginning with addressing compounded drugs in 2016, have yielded the following:

- Saved taxpayers over \$99 million in pharmaceutical costs from 2018 through 2020.
- The improper payment rate decreased from 3.54% in fiscal year 2016 to 2.34% in 2020.
- Chargeback costs dropped over \$200 million from 2016 to 2017 and have continued to decline each year.
- An increase in referrals of suspected fraud sent by the FECA program to the DOL Office of Inspector General (OIG) from none in fiscal year 2016 to 27 in 2017, 62 in 2018, 71 in 2019, and 76 in 2020 (encompassing 137 individual providers).

### **CHALLENGES**

The DOL OIG has identified a deficiency for the past several years, based upon its testing of controls related to FECA program CEs review of continuing eligibility, accuracy of compensation payments, accuracy of schedule award payments, and accuracy of final payments for terminated claims. The DOL OIG’s Special Report on the FECA Special Benefit Fund, published in September 30, 2020, contains more information about testing the program’s controls: <https://www.oig.dol.gov/public/reports/oa/2021/22-21-001-04-431.pdf>.

Reviews of continuing eligibility have historically been a pain point for the program. In turn, this issue has led to legislative proposals spanning across multiple Administrations over the last 20 years. The result has been a steady population of claimants whose benefits cost the taxpayer \$2 billion annually. Because the FECA program has continued to have limited funding within its budget allocation to address this issue while still addressing other workload concerns, the program expects this issue to continue. The program’s budget is staff heavy with more than 70% allocated to salaries and expenses and other fixed costs. In years where the program’s budget has been flat, the FECA program is forced to absorb these increases through staff attrition, leading to decreases in productivity.

# LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LONGSHORE)

## INTRODUCTION

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

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

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

## BENEFITS AND SERVICES

Except in a small percentage of cases, the Longshore program does not pay benefits directly; rather, self-insured employers and insurance carriers pay compensation and medical benefits. The program is responsible for overseeing the private administration of claims and implementing the plans, policies, regulations, and procedures necessary for the authorization and monitoring of the approximately 550 insurance carriers and self-insured employers that provide workers' compensation liability protection. This includes oversight of over \$3.2 billion held in security deposits as well as administration of two carrier/employer-funded funds – the Longshore and District of Columbia Special Funds – that collect approximately \$100 million in annual assessments and disburse payments to approximately 3,800 recurring benefit recipients. Longshore Table 1A highlights lost-time injuries in fiscal year 2020 and the number of those injuries that are covered by the DBA; Longshore Table 1B highlights benefit payments for calendar year 2020.

**LONGSHORE TABLE 1A — LOST-TIME, FISCAL YEAR 2020**

<b>Lost-Time Injuries</b>	<b>2020</b>
<b>Number of injuries and deaths reported</b>	34,553
<b>Number of cases covered under the DBA</b>	15,336

**LONGSHORE TABLE 1B — BENEFIT PAYMENTS, 2020**

<b>Benefits Payments</b>	<b>2020</b>
<b>Number of cases with workers and/or survivors in receipt of benefit payments</b>	36,631
<b>Total compensation paid<sup>1</sup></b>	\$1,120,909,647
<b>Wage-loss and survivor benefits<sup>1</sup></b>	\$821,622,655
<b>Medical benefits<sup>1</sup></b>	\$299,286,992
<b>Payments by Sources of Compensation</b>	<b>2020</b>
<b>Insurance companies<sup>1</sup></b>	\$594,424,430
<b>Self-insured employers<sup>1</sup></b>	\$342,565,312
<b>LHWCA Special Fund</b>	\$99,018,218
<b>DCCA Special Fund</b>	\$6,425,982

<sup>1</sup>Figure is for calendar year 2020, which does not correspond to federal fiscal years. The compensation amounts are as of July 2020.

Note: Total compensation paid does not equal the sum of the sources of compensation due to the different periods (calendar year vs. fiscal year) by which the various data are reported. For the Longshore Special Fund assessment billing purposes, as required by Section 44 of LHWCA, insurance carriers and self-insured employers report compensation payments made during the calendar year under the Acts to the Department of Labor by June for the previous calendar year. Insurance carriers and self-insured employers also report compensation and medical benefit payments for the DCCA Special Fund on a calendar year basis.

**FUNDING**

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

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

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

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

Longshore Tables 2A and 2B highlight Longshore and DCCA Special Fund Expenditures for fiscal year 2020.

**LONGSHORE TABLE 2A — LONGSHORE SPECIAL FUND EXPENDITURES, FISCAL YEAR 2020**

Longshore Special Fund	2020
<b>Total benefits paid</b>	\$99,018,218
<b>Second injury claim (section 8(f)) payments</b>	\$85,934,676

**LONGSHORE TABLE 2B — DCCA SPECIAL FUND EXPENDITURES, FISCAL YEAR 2020**

DCCA Special Fund	2020
<b>Total benefits paid</b>	\$6,425,982
<b>Second injury claim (section 8(f)) payments</b>	\$5,037,642

Enacted funding covers the salaries and expenses of the approximately 82 Longshore program employees in nine district offices and the National Office. In April 2020, the Longshore program redesignated its nine compensation districts by consolidating them into three larger compensation districts with three suboffices in each district. This redesignation allowed the program to better balance workloads in the district offices. Longshore Table 3 provides a comparison of OWCP enacted funding in fiscal year 2020.

**LONGSHORE TABLE 3 — OWCP ENACTED FUNDING, FISCAL YEAR 2020**

Enacted Funding	2020
<b>Number of employees (Full-time equivalent staff)</b>	82
<b>Longshore General Salaries and Expenses</b>	\$12.7 million
<b>Longshore Special Fund Salaries and Expenses</b>	\$2.2 million
<b>Total OWCP Enacted funding<sup>1</sup></b>	\$14.9 million

<sup>1</sup> Support costs for legal, investigative, and other kinds of services from the Office of Administrative Law Judges, Benefits Review Board, the Solicitor's Office, and the Office of Inspector General are not included.

## ACCOMPLISHMENTS AND PERFORMANCE

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

### Oversight and Tracking of First Report of Injury and First Payment of Compensation

The Longshore program utilizes a set of measures to help ensure the oversight of the private administration of claims. The First Report of Injury measure tracks the time from the date of injury or death, or the date of the employer's knowledge of the injury and the onset of the disability, to the date the written notice of injury was received by a Longshore district office. The First Payment of Compensation measure tracks the time it takes the employer or insurance carrier to issue the first payment after the worker becomes disabled or after death. While the Longshore program can influence these measures through outreach and technical assistance, the work associated with the measures is the responsibility of insurance carriers and self-insured employers.

In order to maximize efficiencies with its new claims management system, OWCP Workers' Compensation System (OWCS), the Longshore program revised its fiscal year 2020 performance measures and targets. The revisions shorten the timeframes for self-insured employers' and insurance carriers' to submit key workers' compensation injury documentation (from 30 days to 20 days) and issue initial payments of compensation (from 30 days to 28 days). Longshore Table 4 presents the First Report of Injury and the First Payment of Compensation targets and results for fiscal year 2020.

**LONGSHORE TABLE 4 — PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2020**

Performance Measures	2020 Target	2020 Result
Percent of First Report of Injury filed within 20 days for DBA cases	88%	81%
Percent of First Payment of Compensation issued within 28 days for DBA cases	70%	76%
Percent of First Report of Injury filed within 20 days for non-DBA cases	88%	90%
Percent of First Payment of Compensation issued within 28 days for non-DBA cases	88%	84%

### Intervention and Dispute Resolution

A principal function of the Longshore program is to intervene in claims to resolve disputes between claimants and self-insured employers or insurance carriers. These interventions resolve issues that delay payment and facilitate compliance with the Act. District offices conducted informal conferences for approximately 3,000 claims in fiscal year 2020. The Longshore program uses the informal conference to review the facts in each case, define the disputed issues and the positions of the parties concerning those issues, and encourage voluntary resolution by means of agreement and/or compromise.

### Compliance and Penalty Enforcement

The Longshore program can assess a civil monetary penalty when an employer or insurance carrier fails to timely report a work-related injury or death (33 U.S.C. 930(e)) or fails to timely report its final payment of compensation to a claimant (33 U.S.C. 914(g)). The program notifies employers and insurance carriers subject to assessment of a civil penalty of the late or missing report and the program provides employers and insurance carriers an opportunity to explain why a penalty is not warranted before a penalty is assessed.

In fiscal year 2020, the program introduced new measures to ensure timely and accurate resolution of penalty determinations. These measures track the timeliness of Longshore staff in determining if the self-insured employer or insurance carrier should be assessed a civil penalty if they do not timely submit required documentation of injuries and payments. Longshore Table 5 shows the targets and results for the resolution of penalty decisions for First Reports of Injury and the Final Payments of Compensation for fiscal year 2020.

#### LONGSHORE TABLE 5 — PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2020

Performance Measures	2020 Target	2020 Result
Percent of penalty decisions for First Reports of Injury resolved within 90 days	85%	100%
Percent of penalty decisions for Notices of Payment resolved within 90 days	85%	96%

### STAKEHOLDER ENGAGEMENT AND OUTREACH

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

The Longshore program invited major stakeholders, including insurance companies, to meetings throughout the year to discuss and resolve DBA challenges, such as timely payment of benefits to foreign workers and their families in areas with cultural differences, communications obstacles, limited banking and infrastructure, and lack of available medical care. The discussions also focused on timely reporting of injuries, timely payment of benefits, and sharing best practices. The Longshore program staff, at both the national and district office levels, participated in educational programs directed toward stakeholders for purposes of increasing awareness and technical skills across the community. The program also continued to generate monthly reports to facilitate the review of performance results with industry executives and share DBA carrier results with its larger customers. Sharing this information resulted in greater compliance with new performance standards introduced in fiscal year 2020.

## PROGRAM MANAGEMENT AND INTEGRITY

The Longshore program continued to focus on administering Special Fund obligations under the statute, making significant technological improvements for electronic claims and document submission, and making claims easier to file and oversee, while also addressing the impact of the coronavirus disease 2019 (COVID-19) pandemic on program operations in fiscal year 2020.

### Management of Claims during the COVID-19 Pandemic

The Longshore program expanded its remote operations as a result of the COVID-19 pandemic. This resulted in an increased demand on the Outgoing Correspondence Center (OCC), as the program processed 100% of the outgoing mail through the OCC rather than through district offices. The program instituted a fully paperless filing system that allowed stakeholders to upload all new injury claims via the program's electronic claim and document submission portal. In addition, the program accepted certain types of electronic signatures from stakeholders on documents that require multiple signatures, like settlement agreements.

Although the program implemented these changes in response to the pandemic, the program could not send international mail as a result of the COVID-19 pandemic and therefore, the program could not serve notices of claim on foreign entities and these entities could not send mail to the Longshore program. In addition, domestic mail was delayed as a result of the COVID-19 pandemic, affecting service of notices of claim and mail self-insured employers and insurance carriers sent to the Longshore program. Most insurance carriers also enacted remote operations, which meant that insurance carriers did not receive notices of claim the program sent to their physical office locations. This resulted in some delay in submission of First Reports of Injury and issuance of the First Payments of Compensation.

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

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

### Information Technology Modernization

The Longshore program continued to focus on leveraging technology to facilitate claims submission and document management through the implementation of a new case management system, centralizing outgoing correspondence, and expanding electronic claims and document submission.

**Implementation of New Case Management System:** In May 2020, the Longshore program deployed OWCS, an integrated case and document management system. The new information technology (IT) system automated many administrative functions and tracking of claims examiners' performance, which improved the facilitation of compliance measures such as resolution of penalty decisions. The program also implemented new Office of Management and Budget approved forms to request OWCP's intervention in claims. The new forms allowed for easier identification and closer tracking of intervention requests, allowing the Longshore program to respond to the requests in a more timely and thorough fashion.

**Outgoing Correspondence Center:** In February 2020, the program implemented a pilot for the OCC, which centralized the printing and mailing functions with the program's central mail operations with contract staff. The pilot was successful and facilitated the expansion of telework, as the program expanded the OCC to 100% use in response to the COVID-19 pandemic. The utilization of the OCC allowed for a smooth transition to the deployment of OWCS, significantly reduced administrative burden of document management, and allowed claims examiners to focus on claims management actions.

**Electronic Claims Submission:** Previously, the Longshore program received new Longshore claims in paper format, which staff entered manually to create new cases. In fiscal year 2020, the Longshore program continued to partner with industry carriers/employers and self-insurance groups to receive claims electronically. This initiative allows private claims tracking systems to connect to the Longshore program system, and thereby eliminate the need to manually create cases. By accelerating the delivery of documents to the Longshore staff, OWCP/Longshore program claims examiners may intervene sooner to assist with the resolution of outstanding issues and to facilitate more timely delivery of benefits. In response to the challenges stakeholders experienced with submission of claims by mail at the onset of business changes due to the COVID-19 pandemic, the Longshore program enhanced its web portal functionality to accept claims electronically from all stakeholders.

**Electronic Document Submission:** The Longshore program continued partnering with its larger stakeholders to reduce the time and cost associated with mailing and processing paper correspondence and forms used in the later life of a claim. For stakeholders that already stored their documents in digital format, the program offered to accept documents electronically through a direct network connection. This significantly reduced mail time and eliminated the expense and burden of processing paper documents. The program received 52% of correspondence and forms in digital format in fiscal year 2016. In fiscal year 2020, the Longshore program increased the percentage to 79%. The Longshore program will continue to establish these connections with any stakeholder that wishes to participate in this process.

**Electronic Document Transmission with the Office of Administrative Law Judges:** In fiscal year 2020, the Longshore program began an initiative with the Office of Administrative Law Judges (OALJ) to exchange documents in a digital format, including OWCP referral of Longshore cases to OALJ for formal adjudication. In exchange, OALJ provided OWCP with decisions and orders, remands, and settlement approvals electronically. Previously, 100% of referrals to the OALJ were in a paper format; beginning in April 2020 the program sent all referrals to OALJ electronically. This initiative allowed the Longshore program and OALJ to send and receive documents more timely and supported the program's move to remote operations.

## CHALLENGES

Normal business operations for the Longshore program changed dramatically due to the COVID-19 pandemic. In March 2020, the Longshore program directed all federal employees to telework 100% of the time. As a result, the outgoing paper mail process needed to be re-engineered, which led to a backlog of outgoing mail and a delay in creating new cases. Additionally, the Longshore program worked through the issues that came with deployment of its new claims management system, OWCS, including challenges such as accurate data reporting, automating penalty processes, serving of compensation orders, and mailing correspondence to stakeholders.

Since 2018, the program experienced a reduction in Full-time Equivalent staff appropriated to the program, the equivalent to the program losing approximately 15 staff positions. This impacts the Longshore program's ability to maintain current appropriated staffing and productivity levels.



# BLACK LUNG BENEFITS ACT (BLACK LUNG)

## INTRODUCTION

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

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

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

## BENEFITS AND SERVICES

Each year, the Black Lung program receives thousands of applications for benefits from coal mine workers and their survivors. The majority of the applications are either new claims by a miner (the first time the claimant has filed) or subsequent miner claims (the claimant has filed at least once before). In addition, a smaller number of successor claims and survivor conversions are submitted each year.<sup>2</sup>

Black Lung program claims – which are often contested by coal mine operators – are only approved when the evidence establishes that the miner is totally disabled by pneumoconiosis arising out of coal mine employment or, in the case of a survivor claim, that the miner’s death was attributable to the disease. The approval rate for Black Lung claims was 31.2% in fiscal year 2020. Furthermore, in fiscal year 2020, the number of Part B beneficiaries declined by 13.4% and benefit payments decreased by 11.2% from fiscal year 2019. The number of Part C beneficiaries decreased by 1.7% in fiscal year 2020, while benefit payments decreased by 2.6% from fiscal year 2019.

In calculating benefits, the Black Lung program must consider whether or not the beneficiary receives other compensation for pneumoconiosis. If a miner receives state workers’ compensation for a coal mine dust-related respiratory disability, any federal Black Lung benefit received for that disease is offset or reduced by the amount of the state benefit on a dollar-for-dollar basis. In addition, claims may be offset due to other federal benefits or earnings offsets. Black Lung Table 1 reflects the total number of beneficiaries for Part B and Part C and benefit payment amounts paid out of federal funds. In fiscal year 2020, 9,986 claims were either partially or fully offset; 93.5% of these offsets were due to concurrent state benefits.

**BLACK LUNG TABLE 1 — BENEFITS, PARTS B AND C, FISCAL YEAR 2020**

Benefits	Part B	Part C
	2020	2020
<b>Total number of beneficiaries</b>	6,906	25,265
<b>Benefit payments</b>		
<b>Compensation benefit payments</b>	\$58,310,145.02	\$126,237,638.01
<b>Medical benefit payments<sup>1</sup></b>	Not Applicable	\$36,091,506.20
<b>Total compensation and medical benefit payments</b>	\$58,310,145.02	\$162,329,144.21

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

<sup>2</sup> A successor claim is a survivor’s claim filed on a miner’s record by another person; a conversion occurs when a dependent survivor is automatically entitled to benefits.

## FUNDING

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

**BLACK LUNG TABLE 2 — ENACTED FUNDING AND EXPENDITURES, FISCAL YEAR 2020<sup>1</sup>**

Enacted Funding and Expenditures		2020	
<b>Part B — Special Benefits for Disabled Coal Miners — General Revenue Enacted Funding and Expenditures</b>	<b>OWCP Enacted Funding</b>	<b>Number of Employees (Full-time Equivalent (FTE) staff)</b>	13
		<b>OWCP Enacted Funding</b>	\$4.7 million
	<b>Benefits — Compensation</b>		\$58.3 million
	<b>Total</b>		\$63.0 million
<b>Part C — Black Lung Disability Trust Fund — Enacted Funding and Expenditures</b>	<b>OWCP Enacted Funding and Expenditures</b>	<b>Number of Employees (FTE staff)</b>	154
		<b>OWCP Administrative Funding</b>	\$36.0 million
		<b>Other Administrative Expenditures<sup>2</sup></b>	\$31.6 million
		<b>Total</b>	\$67.6 million
	<b>Trust Fund — Payments to the Treasury</b>	<b>1-year obligation payments to Treasury (for advances and interest)</b>	\$1,902.6 million
		<b>Bond payments</b>	\$118.9 million
		<b>Total Payments to the Treasury</b>	\$2,021.5 million
	<b>Benefits — Compensation and Medical Benefits<sup>3</sup></b>		\$163.3 million
	<b>Total</b>		\$2,252.4 million

<sup>1</sup>Funding totals are post-sequestration.

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

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

### Part B — General Revenues

In fiscal year 2020, Part B expenditures, paid for with general revenues from the U.S. Treasury, came to \$63.0 million, down 10.6% from the previous year. The program used 92.5% of expenditures to pay benefits and the remaining 7.5% covered administrative expenses.

### Part C — Black Lung Disability Trust Fund

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

Trust Fund generated revenues from several sources including:

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

Black Lung Table 3 contains a breakdown of Trust Fund revenues in fiscal year 2020.

#### BLACK LUNG TABLE 3 — TRUST FUND REVENUES, FISCAL YEAR 2020

Revenues	2020
<b>Excise tax collections</b>	\$301.4 million
<b>Other RMO collections — interim benefits, fines, penalties, interest</b>	\$2.4 million
<b>Repayable advances from Treasury</b>	\$2,322.6 million
<b>Total revenues</b>	\$2,626.4 million

Until December 31, 2018, the coal excise tax rates were \$1.10 per ton of underground-mined coal and \$0.55 per ton of surface-mined coal sold, with a cap of 4.4% of the sales price. Beginning January 1, 2019, the coal excise tax rates reverted to \$0.50 per ton of underground-mined coal and \$0.25 per ton of surface-mined coal sold, with a limit of 2.0% of total sales. As a result, excise tax collections decreased by 43.7% between fiscal years 2018 and 2019, from \$384.4 million to \$216.6 million, respectively. Other RMO collections also decreased by \$13.0 million, or 37.7%, between fiscal years 2018 and 2019. Effective January 1, 2020, the coal excise tax rates were increased again to the higher rates of \$1.10 per ton of underground-mined coal and \$0.55 per ton of surface-mined coal, with the total 4.4% sales price cap. In accordance with the laws in effect as of the end of fiscal year 2021, the tax rates will revert to the lower amounts after December 31, 2021. Advances from Treasury increased by \$30.0 million between fiscal years 2019 and 2020. Overall, the increases in excise tax collections and repayable advances from Treasury combined to result in a total revenue increase of 24.6% between fiscal year 2019 and fiscal year 2020.

DOL's Agency Financial Report provides additional financial information on the Trust Fund.

- <https://www.dol.gov/sites/dolgov/files/OPA/reports/2020annualreport.pdf>

## ACCOMPLISHMENTS AND PERFORMANCE

In fiscal year 2020, the Black Lung program continued to focus on strategic operational initiatives designed to enhance overall productivity, boost program efficiency, and improve decision quality. These initiatives – which included focused claims inventory management, end-to-end claims processing, process streamlining, and National Office reorganization – are discussed below.

### The Operational Environment

Incoming claims reached 7,448 in fiscal year 2016 and held relatively steady at 7,386 in 2017 before declining moderately to 6,673 in 2018. In fiscal year 2019, the program received 6,806 claims, which represented a 2.0% increase from the previous year. Incoming claims for fiscal year 2020 totaled 5,336, which represents a 21.6% decline from the previous year, largely due to a dramatic decrease in incoming claims as the clinics that typically serve as a conduit for filing claims scaled back operations during the coronavirus disease 2019 (COVID-19) pandemic.

In addition, economic factors resulted in 13 coal company bankruptcies since 2013, which increased the number of claims accepted and handled by the Trust Fund for six of the bankrupt companies. Bankruptcies are especially challenging for the Black Lung program because the program must handle claims timely and appropriately, so that there are no disruptions to benefit payments expected by the beneficiaries.

The program continued to implement key strategic operational initiatives in fiscal year 2020 designed to enhance overall productivity and boost program efficiency.

### Claims Inventory Management

Years prior to fiscal year 2020, the program experienced high levels of incoming claims along with the loss of experienced staff, which resulted in a large inventory of claims pending a decision. Accordingly, the program has focused on inventory management to effectively reduce the number of claims pending. At the end of fiscal years 2018 and 2019, there were 5,281 and 5,079 claims pending a decision, respectively. Fiscal year 2020 saw a 14.1% reduction in pending claims, with 4,364 claims pending at year-end. In fiscal year 2020, the Black Lung program transitioned from the term Proposed Decisions and Orders (PDOs) to the term “decisions,” for statistical purposes only, because it allows for the inclusion of conversions (when a dependent survivor is automatically entitled to benefits) when assessing workload and productivity. Overall, the program issued 6,114 decisions in fiscal year 2020.

In fiscal year 2018, the program worked with Departmental leadership to develop a new DOL Strategic Plan Goal that created a five-year plan to address pending claims inventory management. In response to the goal outlined in the fiscal years 2018-2022 DOL Strategic Plan under Strategic Objective 3.1, the program sought to reduce the number of claims pending for more than 365 days as a percentage of the total pending claims inventory. Past efforts resulted in a reduction from 20% to 12.3% in the first two years. The goal set in the DOL Strategic Plan for fiscal year 2020 was 13.0%. A number of unique challenges associated with the COVID-19 pandemic, including widespread cancellation of Black Lung medical exams combined, made it difficult to build on the progress of prior years. In spite of these significant challenges, the program completed fiscal year 2020 with 14.7% of the claims pending for over 365 days.

In fiscal year 2020, the program continued its emphasis on four performance measures that highlight adjudication “touch times” rather than a focus only on overall timeliness. These “touch time” measures focus on both the length of time between claim receipt and claim development actions, and the issuance of a decision after the completion of claim development. The intent of these measures is to focus on actions that drive the completion of claim development and decision issuance, thereby decreasing overall claim processing time. As outlined in Black Lung Table 4, the program exceeded the targets for the four measures.

**BLACK LUNG TABLE 4 — PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2020**

Performance Measures	2020 Target	2020 Result
<b>Average number of days to issue Notice of Claim following claim receipt for all Responsible Operator Merit claims</b>	65 days	42 days
<b>Average number of days to complete medical authorization after receipt of provider selection for all Responsible Operator Merit claims</b>	20 days	13 days
<b>Average number of days to complete Schedule for the Submission of Additional Evidence following completion of initial claim development for all Responsible Operator Merit claims</b>	65 days	50 days
<b>Average number of days to complete PDO following completion of all claim development for all Responsible Operator Merit claims</b>	40 days	30 days

**End-to-End Claims Processing**

The program transitioned to end-to-end claims processing at the end of fiscal year 2019. Fiscal year 2020 was the first full year where all claims staff were responsible for all aspects of claims processing. Previously, the Black Lung program utilized specialized claims examiners who had a focused workload, which was different from non-specialized claims examiners. After the transition to end-to-end claims processing, the program eliminated its specialized workload and all claims staff in the program began to perform all the work on a claim from end-to-end. In the end-to-end model, the program assigns claims equitably from the day they are filed and the same claims examiner manages the claim throughout the life of the claim. This gives claims examiners better control over the work that they perform on their cases and ensures that all claims examiners are cross-trained on all claims processes, which is an important part of the program’s succession planning.

**Process Streamlining**

In collaboration with the Office of Administrative Law Judges (OALJ), the program implemented a new process for receiving OALJ decisions in electronic rather than paper format. In addition, a new process allows for the transfer of claims exhibits electronically to and from OALJ and the Benefits Review Board (BRB), resulting in a faster response time as well as a more secure method of sending and receiving claim files. The change allows the Black Lung program to continue processing decisions and taking appropriate follow-up actions without the need for staff to be physically present in the office. The COVID-19 pandemic has highlighted the benefits of fully digital case files and a fully electronic hearing process. The program will continue its digitization project and working with the OALJ on implementing a fully digital claims process.

### **National Office Reorganization**

The program finalized a multi-year initiative to reorganize the National Office structure in fiscal year 2020. The Black Lung program developed the existing structure long ago and, over the course of time, the evolution of responsibilities and priorities of the various branches resulted in an outdated and inefficient configuration with an unequal staff to management ratio. The reorganization included: realignment of all national operations into two balanced, complementary units with responsibilities and staffing resources allocated evenly; creation of a new dedicated section to perform critical internal and external assessments, including evaluation of coal mine operator self-insurance applications; centralization of all fiscal operations and benefit delivery functions into a single unit; elimination of an obsolete information technology (IT) section; and consolidation of National Office supervisory staff. The new structure better reflects the current operational priorities, budget considerations, and staffing needs of the program.

### **STAKEHOLDER ENGAGEMENT**

The Black Lung program is committed to providing a high-quality customer experience – for its claimants and beneficiaries as well as its many external stakeholders, including medical providers, RMOs, and insurance carriers. The program is also dedicated to a professional and collaborative relationship with its federal partners and internal DOL organizations including: the SSA; HHS' National Institute for Occupational Safety and Health; the Health Resources and Services Administration (HRSA); the Mine Safety and Health Administration; OALJ; and the BRB. In fiscal year 2020, the Black Lung program continued outreach to these groups.

Medical providers are a key component of the Black Lung program – both in providing medical data to determine whether the miner has compensable totally disabling pneumoconiosis and in providing medical services to approved beneficiaries. Section 413(b) of the BLBA requires OWCP to provide each miner who files a claim with the opportunity to undergo a complete pulmonary evaluation at no cost to the miner. Ongoing communication with medical providers and dissemination of information to both internal and external stakeholders is always important, but this communication has been vital in mitigating the impact of the COVID-19 pandemic on the program. The program continued to update the list of approved diagnostic physicians by requesting accurate certification and specialty information to help ensure that highly qualified doctors were available to perform medical evaluations. Additionally, the program worked with HRSA to encourage the inclusion of medical scheduling timeliness standards in the awarding of grants to clinics partially funded by HRSA.

The Black Lung program regularly communicated with stakeholders through routine website publications. In coordination with DOL's shared IT services, the program updated and streamlined its program website in fiscal year 2020. The reorganized webpage moved items most frequently utilized by stakeholders to more prominent locations in an effort to be more responsive to the stakeholder needs and public interest. The program website communicated a number of special notices and included frequently asked questions about the COVID-19 pandemic to help ensure timely and accurate information sharing of vital information during the pandemic.

## PROGRAM MANAGEMENT AND INTEGRITY

The Black Lung program made changes to strengthen program management and integrity while simultaneously addressing the impact of the COVID-19 pandemic on program operations in fiscal year 2020. Areas of focus included the implementation of updated quality assurance measures; newly developed payment integrity audits; IT initiatives; modernized policy pertaining to RMO oversight; continued scrutiny of medical bill processing; and reforms specific to COVID-19 pandemic response.

### Quality Assurance

The program continued to work on strengthening the integrity of its adjudication process by reviewing claims for quality before the release of the PDO, obtaining supplemental medical evidence when warranted, and conducting annual reviews for quality assessments across all district offices.

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

**Supplemental Reports to the Initial Diagnostic Examination:** The Black Lung program previously implemented a pilot program to create a stronger PDO in cases where miners worked at least 15 years in coal mine employment and the initial medical evaluation supported an award of benefits. In these cases, any additional evidence received from the RMO is referred to the physician who provided the miner’s initial DOL-sponsored examination. The physician is asked to provide a supplemental report based on the full body of evidence, which the district director then factors into the decision-making process. Based on an examination of data accumulated over five years about the success of this pilot program, it was determined that the supplemental reports are effective at strengthening and improving the PDO and the initiative was made permanent.

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

In fiscal year 2020, the program utilized claims examiners from the Branch of Policy Analysis and Program Standards and two claims examiners from the district offices to perform the annual review. The review team composition alleviated workflow disruption allowing district office staff to focus on claims development and adjudication.



**Efforts to Address Improper Payments and Payment Accuracy**

The Black Lung program implemented changes in fiscal year 2020 to increase detection and recovery of improper duplicate payments and other overpayments. Formerly, the mechanisms in place to identify improper payments included SSA Death Master File matches and annual benefit evaluations, in addition to other measures. Recognizing that additional mechanisms were needed to monitor improper payments for medical benefits and further protect the Trust Fund, the Black Lung program implemented three additional audits, which included a medical bill monthly audit, spot audits of medical bills, and a fiscal year-end improper payment audit. The monthly bill audit randomly sampled 120 medical bills and covered all of the bill types processed by the Black Lung program. The program performed spot audits throughout the year by the medical bill section of the National Office to ensure that the quality of the product disbursed by the OWCP medical bill contractor was performed at a level acceptable under program and greater government standards. In addition, the fiscal year-end improper payment audit randomly sampled an additional 504 bill records for compliance. These audits had an impact on detecting improper payments, and successfully lowered the percentage of improper payments in the program.

**Responsible Mine Operator Oversight**

Coal mine operators must self-insure or purchase commercial insurance, or they are subject to civil money penalties (specified in 20 C.F.R. 726.302) for each day of noncompliance. Under the Act, the Secretary of Labor can authorize a coal mine operator to self-insure after an analysis of the company’s application and supporting documents.

The program evaluates whether or not it should authorize a RMO to self-insure, monitors insurance policy coverage, and oversees RMO’s timely payment of benefits as required. In fiscal year 2020, the program continued to implement a new process to set security amounts based on operators’ actuarial-estimated liabilities and financial health or risk of default. Black Lung Table 5 outlines the current information concerning RMOs for fiscal year 2020.

**BLACK LUNG TABLE 5 — RESPONSIBLE MINE OPERATORS, FISCAL YEAR 2020**

Responsible Mine Operators (RMOs)	2020
<b>Number of active RMOs authorized to self-insure (at year-end)<sup>1</sup></b>	20
<b>Number of commercial insurance policies with a Federal Black Lung endorsement attached</b>	1,093
<b>Number of Covered Chief Beneficiaries paid by RMOs (does not include eligible dependents)</b>	5,687

<sup>1</sup>RMOs or parent companies who are actively mining.

## Information Technology

During fiscal year 2020, the Black Lung program enhanced its nationwide scanning process to fully digitize all claims by scanning all paper cases in all offices. Modernization efforts have also included the implementation of new business intelligence reporting platform software, to enhance the program's reporting and data analyzing capabilities. In addition, the program began development of a self-insurance database, as well as development and testing of artificial intelligence software. These IT improvements are more fully described below. The program:

- Enhanced the nationwide scanning process to convert all paper claim files to digital more efficiently, which are then housed in the OWCP Imaging System. Since the start of fiscal year 2020, three district offices in Johnstown Pennsylvania, Greensburg Pennsylvania, and Denver Colorado, have transitioned to 100% digital case files, saving on office space and providing for a more secure environment for case file documents. The remaining five district offices continue to convert their paper claim files to digital, with the expectation that all district offices will transition to 100% digital case files by the end of fiscal year 2021.
- Began development of a self-insurance database system to timely and accurately identify liable coal mine operators and insurance carriers, process self-insurance applications, conduct appropriate monitoring of self-insured operators, and support the revised self-insurance evaluation process. The program will complete implementation during fiscal year 2021.
- Implemented Microsoft Power Business Intelligence software, modernized the program's current data reporting and data analysis methods by providing expanded capabilities for National Office and district office staff to more efficiently obtain ad hoc and standardized reporting data. This business intelligence software also further increased the program's ability to identify trends, potential issues, and to more effectively respond to customer service needs in a timely manner.
- Began testing Microsoft Azure Cognitive Artificial Intelligence software with a goal to increase the program's data integrity and streamline internal business processes. The program expects to complete full implementation in fiscal year 2022.

## Medical Bill Processing

Timely and accurate medical bill processing is a critical element in the administration of the Black Lung program. In fiscal year 2020, the program (through the Central Bill Processing contract) processed 63,332 Black Lung medical bills, of which OWCP processed 96% within 28 days. Additionally, OWCP enrolled 1,252 new active medical providers to provide services to beneficiaries, bringing the total of actively enrolled medical and pharmacy providers to 207,813.

## Management of Claims during the COVID-19 Pandemic

The Black Lung program's response to the COVID-19 pandemic focused on implementing key initiatives to assist stakeholders while minimizing disruptions to core program operations. Initially, the program ran an exercise in March 2020 where all staff teleworked on the same day to validate system capacity and capabilities. This exercise demonstrated that the program was well positioned to handle widespread telework and shortly thereafter facilitated a smooth transition to a 100% telework environment.

To address the impact of the pandemic on program stakeholders, the program automatically extended claims adjudication deadlines by 60 days whenever possible. These extensions provided all parties with additional time to submit evidence and supporting materials. In addition, for situations in which the program could not extend deadlines for statutory or regulatory reasons, program staff worked collaboratively with parties to prevent an adverse impact due to timeliness

limitations. Moreover, to help ensure timely delivery of benefits, the Black Lung program implemented a new policy authorizing claims staff to approve payment certification forms using a digital signature. Previously such forms could only be signed with an original/wet signature. These actions provided much needed relief to program stakeholders, helped ensure fairness for all parties, and upheld the program's role as a neutral arbiter of Black Lung claims.

The Black Lung program also implemented a new policy temporarily allowing beneficiaries to receive up to a 90-day supply of covered medications for the purpose of facilitating safe access to vital healthcare services and treatment options during the pandemic. (The policy does not apply to compound or Schedule II medications). Prescriptions were previously limited to a 30-day supply. The increase to 90-day supply increments allowed beneficiaries to make fewer trips to the pharmacy and increased mail order pharmacy options. Furthermore, the program issued a bulletin that expanded use of telemedicine services for miner beneficiaries. Under the new policy, miners may receive telemedicine services in place of in-person, non-emergency, routine medical services. These policies helped ensure continued access to benefits for the miner beneficiary population during the pandemic.

## CHALLENGES

The COVID-19 pandemic greatly impacted the Black Lung program's operations in fiscal year 2020, most significantly by causing the widespread disruption of Black Lung examinations at medical facilities around the country. A vital piece of required evidence in the adjudication of most Black Lung claims is a complete pulmonary examination, to which all miners are entitled. However, due to the COVID-19 pandemic, most physicians suspended these examinations for an extended period. Significant delays persisted after the physicians reopened their clinics and resumed examinations. Specific reasons for the delays included the backlog of pending examinations resulting from the closure period, a decrease in the total number of patients that could be seen in a day, the need to perform medical screening before appointments and socially distance patients in the waiting rooms, and increased sanitization requirements. These delays had measurable effects on the program, as indicated in the discussion regarding claims inventory management above, and are likely to continue to impact operations in fiscal year 2021.

The Black Lung program also faces unique challenges related to the financial condition of the Trust Fund, which is in excess of \$6 billion in debt. In fiscal year 2020, the program implemented core initiatives (including further work on revamping of the Responsible Operator self-insurance process, as noted above) aimed at protecting and improving the position of the Trust Fund. Nonetheless, these initiatives represent an ongoing process that will continue to be a focus in forthcoming fiscal years.

## REGULATORY INITIATIVES

### Medical Testing Standards under the Black Lung Benefits Act

In September of 2019, OWCP published a Request for Information in the Federal Register seeking public input by January 2020 on updating the standards for administering and interpreting medical testing done in connection with claims for benefits under the BLBA. OWCP sought public input on: how existing standards for administering and interpreting pulmonary function tests should be updated; how existing standards for administering and interpreting arterial blood gas studies should be updated; whether OWCP should adopt standards for pulse oximetry or lung diffusion testing; and the potential economic impact of any such changes. OWCP received, and is currently reviewing, comments from the public and stakeholders.

# ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT (ENERGY)

## INTRODUCTION

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

Implementation of the EEOICPA involves the coordinated efforts of four federal agencies:

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

## BENEFITS AND SERVICES

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

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

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

Part E provides benefits to employees of DOE contractors and subcontractors (or their eligible survivors) for illnesses determined to have resulted from exposure to toxic substances at a covered DOE facility. Uranium miners, millers, and ore transporters may also be eligible to receive Part E benefits. Benefits are provided for any illness if it can be determined that it was "at least as likely as not" that work-related exposure to a toxic substance was a significant factor in causing, contributing to, or aggravating the illness or death of an employee. In addition, the EEOICPA provides that any determination made under Part B to award benefits (including RECA Section 5 claims) is an automatic acceptance under Part E for causation of the illness, if the employee also met the employment criteria. Under Part E, a covered employee may be eligible to receive compensation for the percentage of impairment that is related to a covered illness, as well as any illness, injury, impairment, or disease shown by medical evidence to be a consequence of an accepted Part E illness. Eligible employees receive \$2,500 for each percentage point of impairment related to the accepted condition(s). Also, covered employees may be eligible to receive wage-loss benefits of \$15,000 for any year in which they made less than 50% of their baseline wage, as a result of a covered illness, and \$10,000 for any year in which they made more than 50% but less than 75% of that baseline wage. The maximum payable compensation under Part E is \$250,000 for all claims relating to any individual employee. Workers who are covered by both parts can receive a total of \$400,000 in compensation (\$150,000 for Part B and \$250,000 for Part E). In addition to monetary compensation, the program pays medical benefits for covered illnesses.

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

### Claims and Benefits

From its inception to the end of fiscal year 2020, the Energy program awarded approximately 127,000 claimants compensation and medical benefits totaling over \$18.52 billion. This included \$12.37 billion in compensation and \$6.15 billion in medical expenses. Part B compensation accounts for approximately \$7.15 billion (since 2001) of the \$12.37 billion, and Part E accounts for approximately \$5.22 billion (since October 28, 2004). In fiscal year 2020, the Energy program provided benefits to 17,327 individual claimants (including lump sum, impairment, wage-loss, or medical benefits).

While the program is experiencing a general downward trend in the number of new claims, the overall workload is not decreasing. A substantial number of prior claims now require additional or ongoing review based on new information, although the Energy program does not count them as new claims. For instance:

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

These instances result in a re-review of existing or previous cases and often newly recommended and final decisions, in effect extending the period of time over which the Energy program staff actively works such claims. Energy Table 1 displays information on the number of claims and/or decisions received and approved in fiscal year 2020.

**ENERGY TABLE 1 — CLAIMS, DECISIONS, AND APPROVALS, FISCAL YEAR 2020**

Claims, Decisions, and Approvals	Part B	Part E
	2020	2020
<b>Number of new claims</b>	3,702	4,015
<b>Number of Recommended Decisions</b>	6,116	14,660
<b>Number of claims that received Final Decisions</b>	6,751	15,595
<b>Number of claims approved (Final)</b>	2,796	7,242
<b>Percent of claims approved (of those issued a Final Decision each year)</b>	41%	46%
<b>Number of claimants who received compensation during the year</b>	2,619	5,378

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

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

The number of consequential condition claims (Part B and E combined) for fiscal year 2020 is 11,971. Energy Table 2 shows the total benefit payments in fiscal year 2020.

**ENERGY TABLE 2 — BENEFIT PAYMENTS, FISCAL YEAR 2020**

Benefit Payments	Part B	Part E
	2020	2020
<b>Lump sum compensation benefit payments<sup>1</sup></b>	\$271,901,169	\$376,272,042
<b>Medical benefit payments<sup>2</sup></b>	\$781,392,794	\$134,778,470
<b>Total compensation and medical benefit payments</b>	\$1,053,293,963	\$511,050,512

<sup>1</sup> Excludes payments made by DOL for DOJ RECA Section 5 claims. DOL serves as a pass-through and utilizes the compensation fund established under the EEOICPA for DOJ’s payments of \$100,000 to qualifying RECA Section 5 claimants as provided for in 42 U.S.C. § 7384u(d). These payments totaled over \$10.6 million in fiscal year 2020.

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

## FUNDING

The EEOICPA account funds both Energy program benefits and administrative costs. Administrative expenditures cover the Washington, D.C., headquarters; five Final Adjudication Branch (FAB) offices; four district offices; and 11 Resource Centers nationwide that are operated by a contractor. Energy Table 3 provides OWCP administrative expenditures for fiscal year 2020.

**ENERGY TABLE 3 — OWCP ADMINISTRATIVE EXPENDITURES, FISCAL YEAR 2020**

Administrative Expenditures	2020
<b>Part B</b>	
<b>Number of employees (Full-time Equivalent (FTE) staff)</b>	220
<b>Part B administrative expenditures<sup>1</sup></b>	\$54.8 million
<b>Part E<sup>2</sup></b>	
<b>Number of employees (FTE staff)</b>	217
<b>Part E administrative expenditures<sup>1</sup></b>	\$72.2 million
<b>Total</b>	
<b>Number of employees (FTE staff)</b>	437
<b>Total OWCP administrative expenditures<sup>3</sup></b>	\$127.0 million

<sup>1</sup> Funding for HHS responsibilities under the EEOICPA is provided for in that agency's appropriation. Expenditures include Ombudsman B and E.

<sup>2</sup> Part E funding includes funding for the Energy Advisory Board on Toxic Substances and Worker Health.

<sup>3</sup> Funding totals are post-sequestration.

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

- <https://www.dol.gov/sites/dolgov/files/OPA/reports/2020annualreport.pdf>



## ACCOMPLISHMENT AND PERFORMANCE

During fiscal year 2020, the Energy program faced the challenge of providing timely claims adjudication and benefits delivery during the coronavirus disease 2019 (COVID-19) pandemic. The program modified operations to expand the use of telemedicine and virtual technical assistance and outreach through the Resource Centers. Despite these challenges, the Energy program continued to make significant improvements in the areas of claims adjudication and the provision of medical benefits and home health care benefits.

### Management of Claims during the COVID-19 Pandemic

In response to the COVID-19 pandemic, DEEOIC issued bulletins that provided guidance on the use of telemedicine and modified Resource Center operations in order for the continued timely adjudication of claims and award of medical benefits.

**Telemedicine Bulletins:** In fiscal year 2020, DEEOIC issued two Bulletins related to the use of telemedicine. In response to the COVID-19 public health emergency, a growing number of cities, states, and localities implemented “shelter in place” and/or “stay-at-home” orders, requiring the closure of non-essential services, and limiting the movements and travel of their citizens. During this time, the DEEOIC recognized the need to implement temporary procedures to allow for the use of telemedicine in place of face-to-face examinations for home and residential healthcare and durable medical equipment evaluations. These Bulletins also temporarily allowed for the use of telemedicine in lieu of face-to-face examinations for routine medical appointments between physicians and DEEOIC claimants, until such time as pandemic restrictions are lifted and are no longer necessary.

**Resource Center Operating Status:** In response to the ongoing COVID-19 pandemic, the Resources Centers moved to telephone contact only. The Resource Centers remained fully operational and committed to ensuring that the needs of our claimants, Authorized Representatives, and stakeholders are met, and that they continued to receive the assistance needed to allow for timely adjudication of their claims. Resource Center staff continued to be available by telephone to answer questions, file claim forms, and conduct services necessary to continue operations. If claimants needed to transmit documents to the program, the Energy program initiated a process that allowed stakeholders to leave those documents at the door of the Resource Center in order for staff members to pick them up. In addition, the Resource Centers have implemented virtual outreach strategies, including working with local organizations to put information about the program on their websites and in their newsletters.

### Adjudication

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

The Energy program can act relatively quickly on claims involving “specified cancers” at SEC facilities because EEOICPA provides a presumption that any of the 22 listed specified cancers incurred by an SEC worker was caused by radiation exposure at the SEC facility. As of September 30, 2020, the SEC covered 128 classes of employees at 79 facilities. During fiscal year 2020, NIOSH did not add any new classes of employees to the SEC.

When NIOSH adds a new class of employees to the SEC, DOL reviews all potentially affected cases and determines whether the employee in question meets the criteria for inclusion in the new class. DOL reopens any previously denied claim meeting the new SEC class definition for additional development.

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

Adjudication under Part E involves collecting, developing, and evaluating data to determine exposure and causation. This includes assessing health effects, utilizing the Site Exposure Matrices, assessing exposure evidence to make findings, and establishing causation. As part of the adjudication, DEEOIC makes referrals to Toxicologists, who provide analysis and opinion on health effects. In addition, DEEOIC makes referrals to an Industrial Hygienist (IH) who utilizes expertise and knowledge to make well-rationalized unbiased opinions on the nature, frequency, and duration of exposure. In fiscal year 2020, DEEOIC made 2,106 referrals to an IH. DEEOIC also uses the services of a contractor to coordinate referrals of cases to qualified medical specialists. A Contract Medical Consultant (CMC) is a contracted physician who conducts a review of case records to render opinions on medical questions. The function of a CMC is to provide clarity to claims situations in the absence of pertinent or relevant medical evidence from other sources that support the claim. In fiscal year 2020, DEEOIC made 2,458 referrals to a CMC.

**Recommended and Final Decisions**

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

Of the claims on which the FAB issued final decisions in fiscal year 2020, DOL approved benefits for 41% of Part B claims and 46% of Part E claims. Energy Table 4 provides the number of reviews, hearings, and decisions by type for fiscal year 2020.

**ENERGY TABLE 4 — REVIEWS, HEARINGS, AND DECISIONS, FISCAL YEAR 2020**

Parts B and E	2020
<b>Number of Recommended Decisions — District Office</b>	20,776
<b>Number of Reviews of the Written Record — FAB</b>	749
<b>Number of oral hearings conducted — FAB</b>	536
<b>Number of claims that received Final Decisions — FAB</b>	22,346

The Energy program continued its strong record of performance, focusing on both timeliness and quality standards for the claims adjudication and decision-making processes in both the district offices and the FAB. Energy Table 5 presents performance targets and results for claims adjudication measures for fiscal year 2020.

**ENERGY TABLE 5 — PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2020**

Performance Measures	2020 Target	2020 Result
<b>Average number of days between filing date and final decision for cases sent to NIOSH when a hearing is held — Parts B and E<sup>1</sup></b>	Contextual	447 days
<b>Average number of days between filing date and final decision for cases sent to NIOSH when a hearing is not held — Parts B and E<sup>1</sup></b>	Contextual	363 days
<b>Average number of days between filing date and final decision for cases not sent to NIOSH when a hearing is not held — Parts B and E</b>	315 days	292 days
<b>Average number of days between filing date and final decision for cases not sent to NIOSH when a hearing is not held — Parts B and E</b>	170 days	161 days
<b>Average number of days to process initial claims — Parts B and E</b>	100 days	89 days
<b>Percent of sampled Part B and Part E initial claims rated as being accurate</b>	90.00%	95.52%
<b>Percent of sampled Part B and Part E initial claims with final decisions rated as being accurate</b>	90.00%	95.47%

<sup>1</sup> While the timeliness data for claims that go to NIOSH is informative, it is not useful for judging agency performance; the Energy program made the performance targets related to NIOSH contextual in fiscal year 2015.

**Medical Bill Processing**

In addition to adjudicating claims, the Energy program is responsible for seeing that beneficiaries receive the appropriate benefits - in terms of both compensation and medical benefits. As part of the Energy program benefit structure, OWCP pays for home health care services to severely ill covered employees where medically necessary. The volume of these requests continues to increase due to the aging claimant population and their physical needs. Seeing that beneficiaries receive prompt authorization for medical treatment, and that OWCP pays providers quickly and correctly, is critical to the administration of EEOICPA. Energy Table 6 presents medical bill processing information for fiscal year 2020.

**ENERGY TABLE 6 — MEDICAL BILL PROCESSING ACTIVITY, FISCAL YEAR 2020**

Volume	2020
Number of medical bills processed	648,719
Percent of medical bills processed within 28 days	97%
Number of newly active enrolled medical providers	1,359
Number of total active enrolled medical and pharmacy providers (end of year)	209,921

**Medical Benefits and Home Health Care Management**

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

Consequently, the Energy program centralized the processes for these requests in the Branch of Medical Benefits in the National Office. Staff is comprised of bill payment and coding analysts who assist with making sure payments to providers are timely and accurate, and medical benefit examiners who are responsible for adjudicating medical benefits claims. They are further supported by the Performance Management Branch which consists of program integrity analysts that complete audits and analysis in order to reduce potential provider waste, fraud, or abuse; quality assurance analysts that oversee the analysis and tracking of claim examiner performance; and data reporting analysts responsible for all general reporting and data analytic needs. Energy Table 7 displays performance results and targets for the management of home health care benefits for fiscal year 2020.

**ENERGY TABLE 7 — PERFORMANCE RESULTS - HOME HEALTH CARE BENEFITS MANAGEMENT, FISCAL YEAR 2020**

Performance Measures	2020 Target	2020 Result
Average annual cost of home health care payments for an employee	Contextual	\$83,892.59
Percent of sampled Part B and Part E home health care authorizations rated as being accurate	90.00%	96.60%

## STAKEHOLDER ENGAGEMENT AND OUTREACH

The Energy program continues to focus its outreach on both nuclear weapons workers and health care providers. The purpose of the outreach is to:

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

The program also posts information and technical assistance on its website.

In fiscal year 2020, the program conducted a series of face-to-face outreach events across the country with nuclear weapons workers and their families, to make qualified workers and their survivors aware of the program and discuss how to complete and submit claims. Once nationwide social distancing requirements were necessary as a result of the COVID-19 pandemic in March 2020, the program adjusted its outreach strategy to include a monthly webinar series to continue to educate stakeholders on the adjudication process. Energy Table 8 presents details on the face-to-face and online outreach events sponsored by the Energy program in fiscal year 2020.

**ENERGY TABLE 8 — ENERGY PROGRAM SPONSORED OUTREACH, FISCAL YEAR 2020**

2020 Energy Program Sponsored Outreach			
In-person Location and Date	Principal Audience	Number of Participants	Purpose
Central Falls, Rhode Island; November 2019	Authorized Representatives; claimants; medical providers; advocates; and unions	10	Provide information regarding the mission of the EEOICPA and the medical benefits available to approved claimants, including how to obtain medical authorizations, home health care services, and travel expense reimbursement.
Kansas City, Missouri; January 2020	Authorized Representatives; claimants; medical providers; advocates; and unions	30	Provide information regarding the mission of the EEOICPA and the medical benefits available to approved claimants, including how to obtain medical authorizations, home health care services, and travel expense reimbursement.
Online Webinars and Date	Principal Audience	Number of Participants	Purpose
Updates for Stakeholders; June 2020	Authorized Representatives; claimants; medical providers; advocates; and unions	230	Provide the latest information regarding the program.
Impairment/Wage Loss; September 2020	Authorized Representatives; claimants; medical providers; advocates; and unions	149	Provide information on impairment and wage-loss under the EEOICPA.

## Resource Centers

The Energy program's network of Resource Centers near major DOE sites provides an initial point-of-contact for workers interested in the program and to individuals filing claims under the EEOICPA. As of fiscal year 2020, approximately 61 Resource Center contract employees at 11 sites are available to assist claimants in completing necessary claim forms and gathering documentation that can support their claims. The staff assists with initial claim filing and Part E occupational history development, forwards all claims and associated documentation to the appropriate district office, and supports town hall meetings, traveling Resource Centers, and Joint Outreach Task Group (JOTG) events. Energy Table 9 presents the Resource Centers' technical assistance accomplishments for fiscal year 2020.

The DEEOIC implemented a national phone queue in the Interactive Voice Response phone system to improve customer service by having all incoming calls flow to a National Queue. In fiscal year 2020, the Resource Centers continued answering all calls that come into the Queue. Working with the Resource Centers, the program was able to initiate a call transfer process. This process gave callers the ability to speak directly with their claims examiners the first time they called the program. This change has resulted in an increase in the number of calls transferred to a claims examiner. Being able to speak with a claims examiner on the first try led to a decrease in the number of returned calls. It also provided efficiency in answering basic questions, ensured calls are directed to the claims examiner assigned to the case, and increased documentation of all calls.

**ENERGY TABLE 9 — RESOURCE CENTER ACCOMPLISHMENTS, FISCAL YEAR 2020**

Activity	2020
Claims filed	7,704
Telephone calls received	89,422
Follow-up actions with claimants conducted	134,200
Occupational history interviews conducted	3,411

## Joint Outreach Task Group

The JOTG consists of representatives from the DOL's Energy program, DOL's Office of the Ombudsman for EEOICPA, NIOSH, and the Ombudsman to NIOSH for the EEOICPA, DOE, and DOE's Former Worker Program. In fiscal year 2020, the program hosted four in-person outreach events with one event exclusively held for Authorized Representatives. The Authorized Representative Workshop is a two-day event for Authorized Representatives and attorneys who represent claimants under EEOICPA. During the workshop, DOL staff, as well as representatives from DOE, NIOSH, DOJ, and the Offices of the Ombudsman to both NIOSH and DOL present information on their roles in the program.

Once the COVID-19 pandemic required social distancing, the JOTG looked for ways to conduct training and outreach virtually. The JOTG participated in a number of DEEOIC webinars and members presented information regarding their agency's role in the adjudication of claims under the EEOICPA. Energy Table 10 displays JOTG sponsored outreach activities completed in fiscal year 2020.

**ENERGY TABLE 10 — JOTG SPONSORED OUTREACH, FISCAL YEAR 2020**

<b>2020 JOTG Sponsored Outreach Events</b>			
<b>In-person Location and Date</b>	<b>Principal Audience</b>	<b>Number of Participants</b>	<b>Purpose</b>
Cullman, Alabama; November 2019	Authorized Representatives; claimants; medical providers; advocates; and unions	129	Provide information regarding the mission of the EEOICPA and the medical benefits available to approved claimants, including how to obtain medical authorizations, home health care services, and travel expense reimbursement.
Amarillo, Texas; December 2019	Authorized Representatives; claimants; medical providers; advocates; and unions	79	Provide information regarding the mission of the EEOICPA and the medical benefits available to approved claimants, including how to obtain medical authorizations, home health care services, and travel expense reimbursement.
Santa Fe, New Mexico; February 2020	Authorized Representatives; claimants; medical providers; advocates; and unions	200	Provide information regarding the mission of the EEOICPA and the medical benefits available to approved claimants, including how to obtain medical authorizations, home health care services and travel expense reimbursement.
Santa Fe, New Mexico; February 2020	Authorized Representatives	30	Training session regarding adjudication, compensation, and medical benefits under the EEOICPA.
<b>Online Webinars and Date</b>	<b>Principal Audience</b>	<b>Number of Participants</b>	<b>Purpose</b>
Causation and Dose Reconstruction; July 2020	Authorized Representatives; claimants; medical providers; advocates; and unions	208	Provide information regarding Exposure and Causation and information about NIOSH's program.
Site Exposure Matrices, Former Worker Programs; August 2020	Authorized Representatives; claimants; medical providers; advocates; and unions	157	Provide information and tools to use the Site Exposure Matrices and information about DOE's Former Worker Program.

**PROGRAM MANAGEMENT AND INTEGRITY****Information Technology and Program Enhancements**

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

**Energy Document Portal and the Central Mail Room:** The Energy Document Portal (EDP) allows the Energy program claimants to upload documents directly into their imaged case files. Electronically submitted documents are available to claims staff immediately after the document upload is complete, thus eliminating the delays of mailing. The program uses a Central Mail Room (CMR) to process incoming correspondence and transmit it to the OWCP Imaging System (OIS) for electronic access. Energy Table 11 shows the number of documents submitted through EDP and through the CMR.

**ENERGY TABLE 11 — EDP AND CMR ACTIVITY, FISCAL YEAR 2020**

Activity	2020
<b>EDP documents received</b>	93,223
<b>CMR documents transmitted to OIS</b>	156,831

**Correspondence Creation and Tracking System:** Correspondence Creation and Tracking System (CCAT) is a tool that pulls case-specific information from the Energy Compensation System and places it within correspondence issued to various stakeholders, leading to a reduction in errors and faster correspondence creation time. The first release of CCAT occurred in September 2016. In fiscal year 2020, over 51,343 documents were created using CCAT. The number of documents created using CCAT has since steadily increased; in 2019, 34,731 documents were created using CCAT. The Energy program plans to work with OWCP to continue the development of the tool for a broader library of correspondence document types.

**OWCP Employees' Compensation Operations and Management Portal:** In fiscal year 2020, OWCP expanded the Employees' Compensation Operations and Management Portal (ECOMP) to provide some case information for Energy program claimants as well as direct access to medical and pharmaceutical bill pay information for Energy and Black Lung programs' claimants. Additionally in fiscal year 2020, DEEOIC sought funding for a fiscal year 2021 project to allow claimants access to view their case files through ECOMP. DEEOIC is developing work plans to implement a claimant access portal allowing claimants and their Authorized Representatives to view their case files over a secure internet portal. DEEOIC seeks to maximize the ease with which claimants can view and obtain information in the case file. This will lead to greater transparency and provide the claimants with the means to quickly access case records.

**Center for Construction Research and Training:** Formerly called the Center to Protect Workers' Rights, the Center for Construction Research and Training (CPWR) has continued its work under contract with the Energy program. The program tasked the CPWR with electronically tracking all evidence collected or received in support of a contractor or subcontractor relationship with the DOE. The web-accessible database identifies and confirms the existence of contractual relationships between contractor and subcontractor employers and certain covered facilities and is available to claims examiners for use in the adjudication of claims. Additionally, the database is available to the public to view the contractors and subcontractors and the sites at which they have worked. In 2018, the Energy program shifted priorities from only adding subcontractors to the database to finding additional documentation to strengthen the evidence showing contractual relationships between contractor and subcontractor employers and certain covered facilities. In fiscal year 2020, a total of 3,358 claims examiners and members of public viewed the database 22,680 times. CPWR responded to 113 requests for assistance from claims examiners. In fiscal year 2020, CPWR added 210 new subcontractors to the database with a total of 13,497 contractors and subcontractors.

**Site Exposure Matrices Database:** The Energy program continued to enhance its Site Exposure Matrices (SEM) database, which is a relational database that contains information regarding the toxic substances linked to job categories at particular DOE facilities. The Energy program built the SEM with the intent of easing claimants' evidentiary burdens and expediting the claims process. The publicly viewable Internet Accessible SEM (IAS) website contains the same information on each DOE and RECA site that DEEOIC uses, delayed by approximately six months for classification reviews by DOE.



In fiscal year 2020, the Energy program continued to enhance the SEM database by adding profiles for decontaminated and decommissioned DOE sites. Closure profiles for two sites, the Rocky Flats Plant Closure (1992 - 2005) and the Area IV of the Santa Susanna Field Lab, Energy Technology Engineering Center Closure (1998 and beyond) were completed in fiscal year 2020. These closure profiles improve the data for this type of work, which is significantly different in nature of work performed in relation to toxic substance exposures. In fiscal year 2020, the program updated 54 site profiles. The program also significantly increased the content for several DOE sites, including the following:

1. Savannah River;
2. Battelle King Avenue;
3. Battelle West Jefferson;
4. Lawrence Livermore National Laboratory; and
5. Feed Materials Production Center (Fernald).

The Energy program updated 11 site profiles based on information from inquiries received through the SEM email box or through the IAS from the public. The Energy program updated the public IAS twice in fiscal year 2020 (during November and May). As of September 30, 2020, the SEM housed information on more than 16,517 toxic substances or chemicals used at 139 DOE sites and approximately 4,000 additional RECA sites (including uranium mines, mills, ore buying stations, and ore transporters covered under the EEOICPA). The SEM Library contained 42,387 records that include documents not stored electronically such as classified documents and documents containing information in support of chemical properties applied to all sites. There were 26,079 electronic numbered documents stored in the SEM Library.

## CHALLENGES

In fiscal year 2020, DEEOIC experienced some delays in initial processing time of claims in certain district offices. During the adjudication process, the program reached out to partner agencies to gather and confirm information. Both DOE and the Social Security Administration (who assist with verifying employment for claims file under EEOICPA) have not been operating at full capacity during the pandemic. As of the end of fiscal year 2020, this had not impacted the overall DEEOIC performance goals. See Energy Table 5 for key performance results for fiscal year 2020.

## OMBUDSMAN

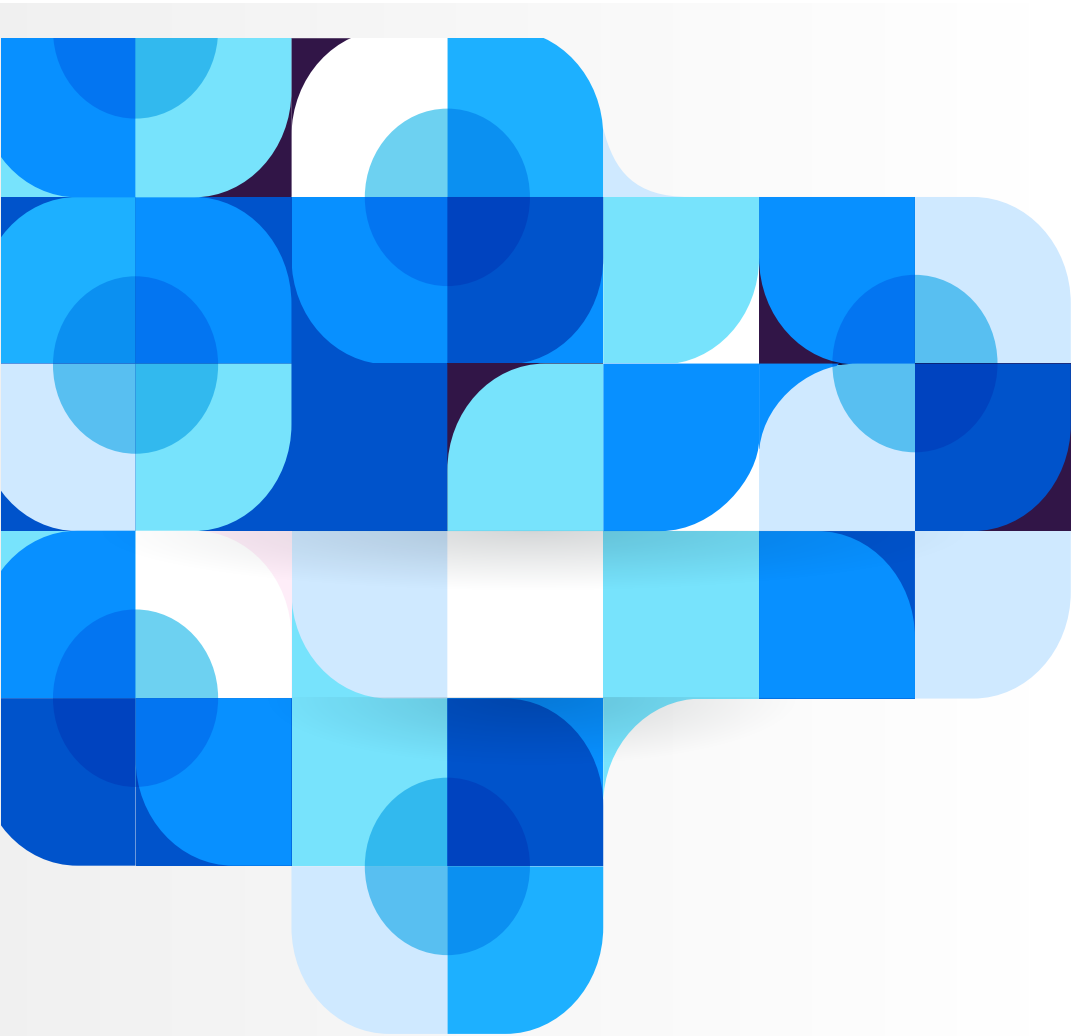
The National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375) created an Office of the Ombudsman at DOL for a period of three years to provide information to claimants, potential claimants, and other interested parties on the benefits available under Part E of the EEOICPA. Subsequent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

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

## **ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH**

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

The Advisory Board Chair forwarded four sets of recommendations to the Secretary during fiscal year 2020. The Advisory Board sunsets on December 19, 2024 (Public Law 115-91). For more information, see the Advisory Board's website at: <https://www.dol.gov/agencies/owcp/about/AdvisoryBoard>.



# APPENDICES



# APPENDICES

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# APPENDIX A

## TABLES

### Federal Employees' Compensation Act (FECA) Program Tables

**TABLE A1 — FEDERAL EMPLOYEES' COMPENSATION ROLLS, FISCAL YEARS 2011 — 2020  
(CASES AT END-OF-YEAR)**

Type	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Total Periodic Roll</b>	49,488	49,436	47,511	46,415	45,412	43,656	42,577	41,417	40,168	37,847
<b>Long-Term Disability</b>	45,382	45,490	43,726	42,762	42,128	40,524	39,572	38,551	37,441	35,256
<b>Death</b>	4,106	3,946	3,785	3,653	3,284	3,132	3,005	2,866	2,727	2,591

**TABLE A2 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM SUMMARY OF CLAIMS ACTIVITY,  
FISCAL YEARS 2011 — 2020**

Incoming Cases	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Cases Created</b>	121,290	115,697	113,880	114,316	112,332	109,249	108,406	106,956	100,534	90,744
<b>Traumatic</b>	105,688	99,832	98,203	100,124	98,974	96,750	95,962	94,811	89,166	80,686
<b>Occupational Disease</b>	15,501	15,757	15,579	14,488	13,549	13,084	12,402	12,146	11,283	9,919
<b>Fatal Cases</b>	101	108	98	93	103	128	120	91	71	131
<b>Wage-Loss Claims Initiated</b>	20,239	19,806	18,703	18,895	17,988	16,934	16,801	16,762	16,335	14,597

**TABLE A3 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM EXPENDITURES AND ENACTED FUNDING,  
FISCAL YEARS 2011 — 2020 (\$ THOUSANDS)**

Category	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Total Expenditures</b>	\$3,137,372	\$3,184,480	\$3,106,876	\$3,103,626	\$3,173,085	\$3,264,535	\$2,995,372	\$3,164,346	\$3,096,789	\$3,057,540
<b>Total Benefits</b>	2,983,866	3,024,890	2,949,366	2,944,428	3,013,578	3,202,966	2,940,947	3,110,035	3,039,017	2,985,745
<b>Compensation Benefits</b>	1,931,505	1,955,968	1,904,397	1,854,931	1,943,121	1,930,729	1,879,237	2,000,724	2,005,406	2,097,577
<b>Medical Benefits</b>	913,141	928,957	911,618	959,403	951,308	1,106,487	908,927	949,490	883,859	745,841
<b>Survivor Benefits</b>	139,220	139,965	133,351	130,094	167,899	165,751	152,784	159,822	149,752	142,327
<b>Total Enacted Funding</b>	153,506	159,590	157,510	159,198	158,517	162,689	169,005	173,858	177,447	177,447
<b>Salaries and Expenses</b>	98,085	97,442	98,308	97,242	98,447	100,519	102,330	102,670	102,670	102,670
<b>Fair Share</b>	55,421	62,148	59,202	61,956	60,070	62,170	66,675	71,188	74,777	74,777

**TABLE A4 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM CHARGEBACK COSTS, BY MAJOR FEDERAL AGENCY, CHARGEBACK YEARS<sup>1</sup> 2011 — 2020 (\$ THOUSANDS)**

Agency	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Total Costs</b>	\$2,875,430	\$3,005,857	\$2,927,296	\$2,894,429	\$2,987,192	\$3,001,244	\$2,780,096	\$2,780,902	\$2,731,820	\$2,624,192
<b>U.S. Postal Service</b>	1,240,014	1,320,011	1,305,073	1,306,840	1,382,944	1,410,617	1,282,076	1,303,681	1,278,975	1,239,317
<b>Department of the Navy</b>	236,471	239,855	222,803	213,717	206,012	196,612	189,311	180,078	171,819	162,500
<b>Department of Veterans Affairs</b>	186,254	200,569	199,368	202,300	213,914	219,188	196,957	200,125	195,300	190,103
<b>Department of Homeland Security</b>	166,514	178,037	183,968	181,225	196,190	216,461	206,142	215,095	220,286	208,427
<b>Department of the Army</b>	176,941	178,289	166,731	162,699	164,437	158,791	148,834	146,479	140,325	131,676
<b>Department of the Air Force</b>	135,596	133,305	126,470	120,541	118,230	112,217	102,811	99,690	97,839	93,862
<b>Department of Justice</b>	109,850	117,253	115,768	119,872	124,399	123,960	119,900	121,820	125,260	125,579
<b>Department of Transportation</b>	97,457	102,258	93,652	89,411	88,862	85,767	81,207	78,613	76,094	73,597
<b>Department of Agriculture</b>	72,621	73,875	72,365	70,725	69,234	70,621	65,645	61,012	60,556	56,011
<b>Department of Defense, other</b>	65,331	69,788	66,517	64,820	63,719	62,359	56,809	56,337	54,181	51,672
<b>All Other Agencies</b>	388,381	392,617	374,581	362,280	359,252	344,650	330,405	317,972	311,185	291,448

<sup>1</sup>A year for chargeback purposes is from July 1 through June 30.

## Longshore Program Tables

**TABLE B1 — LOST TIME INJURIES, FISCAL YEARS 2011 — 2020**

Lost-Time Injuries	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Lost-time injuries and death reported	29,169	29,287	28,145	27,212	23,939	24,333	27,237	28,208	30,682	34,553
Number of cases of injury and death reported under the Defense Base Act	11,443	12,122	11,549	7,876	5,867	6,089	6,622	6,694	8,448	15,336

**TABLE B2 — TOTAL INDUSTRY COMPENSATION AND BENEFIT PAYMENTS UNDER THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LHWCA)<sup>1</sup>, 2010 — 2019<sup>2</sup> (\$ THOUSANDS)**

Year	Payments By Self-Insured Employers	Payments By Insurance Carrier	Total Payments
2010	\$408,534	\$589,387	\$997,921
2011	\$425,581	\$710,330	\$1,135,912
2012	\$430,853	\$801,902	\$1,232,755
2013	\$417,776	\$927,417	\$1,345,193
2014	\$429,307	\$961,542	\$1,390,849
2015	\$420,839	\$892,886	\$1,313,724
2016	\$415,506	\$879,868	\$1,295,374
2017	\$406,737	\$865,076	\$1,271,813
2018	\$413,349	\$737,983	\$1,151,332
2019	\$296,203	\$525,410	\$821,613

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

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



**TABLE B3 — NATIONAL AVERAGE WEEKLY WAGE (NAWW) AND CORRESPONDING MAXIMUM AND MINIMUM COMPENSATION RATES AND ANNUAL ADJUSTMENTS UNDER SECTIONS 6(B), 9(E), AND 10(F) OF LHWCA, FISCAL YEARS 2012 — 2020**

Year	NAWW	Maximum Payable <sup>1</sup>	Minimum Payable	Annual Increase in NAWW <sup>2</sup>
2012	\$647.60	\$1,295.20	\$323.30	3.05%
2013	\$662.59	\$1,325.18	\$331.30	2.31%
2014	\$673.34	\$1,346.68	\$336.67	1.62%
2015	\$688.51	\$1,377.02	\$344.26	2.25%
2016	\$703.00	\$1,406.00	\$351.50	2.10%
2017	\$718.24	\$1,436.48	\$359.12	2.17%
2018	\$735.89	\$1,471.78	\$367.94	2.46%
2019	\$755.38	\$1,510.76	\$377.69	2.65%
2020	\$780.04	\$1,560.80	\$390.02	3.26%

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

<sup>2</sup>5% statutory maximum increase applicable in fiscal year 1985 under section 10(f) of LHWCA, as amended. The maximum increase does not apply to DCCA cases (see note 1, above).

**TABLE B4 — LHWCA SPECIAL FUNDS' EXPENDITURES, FISCAL YEARS 2011 — 2020  
(\$ THOUSANDS)<sup>1</sup>**

Year	Total	Second Injury Cases <sup>2</sup>	Pre-Amend. Cases <sup>3</sup>	Rehab. <sup>4</sup>	Other <sup>5</sup>	Number of Second Injury Cases
2011	\$125,329	\$112,876	\$1,389	\$2,821	\$8,243	4,089
2012	\$122,667	\$111,143	\$1,341	\$2,323	\$7,861	3,946
2013	\$120,532	\$109,501	\$1,245	\$2,066	\$7,719	3,842
2014	\$118,802	\$109,286	\$1,172	\$1,689	\$6,656	3,643
2015	\$113,865	\$104,695	\$1,048	\$1,543	\$6,579	3,639
2016	\$110,114	\$99,483	\$962	\$1,083	\$6,577	3,547
2017	\$108,229	\$91,995	\$1,025	\$748	\$8,732	3,340
2018	\$101,843	\$89,137	\$1,725	\$751	\$9,959	3,116
2019	\$97,697	\$85,498	\$1,640	\$393	\$9,541	3,001
2020	\$98,315	\$86,728	\$1,550	\$109	\$9,665	2,839

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

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

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

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

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

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

**TABLE B5 — DCCA SPECIAL FUNDS' EXPENDITURES, FISCAL YEARS 2011 — 2020 (\$ THOUSANDS)<sup>1</sup>**

Year	Total	Second Injury Cases <sup>2</sup>	Pre-Amend. Cases <sup>3</sup>	Rehab. <sup>4</sup>	Other <sup>5</sup>	Number of Second Injury Cases
2011	\$9,528	\$8,265	\$504	\$4	\$755	497
2012	\$8,726	\$8,005	\$475	\$1	\$245	473
2013	\$8,444	\$7,736	\$441	\$0	\$266	455
2014	\$8,200	\$7,487	\$412	\$6	\$296	437
2015	\$8,371	\$7,154	\$389	\$0	\$828	429
2016	\$7,200	\$6,445	\$360	\$0	\$93	420
2017	\$5,825	\$5,759	\$361	\$0	\$459	405
2018	\$7,005	\$5,468	\$575	\$0	\$960	370
2019	\$6,477	\$5,063	\$481	\$0	\$933	359
2020	\$6,195	\$4,972	\$452	\$0	\$924	344

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

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

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

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

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

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

**TABLE B6 — LHWCA SPECIAL FUNDS' ASSESSMENTS, 2010 — 2019 (\$ THOUSANDS)<sup>1</sup>**

Year	Total Industry Assessments <sup>2</sup>	Preceding Year Total Industry Payments <sup>3</sup>	Assessment Base Year
2010	\$124,000	\$621,671	2009
2011	\$123,000	\$666,985	2010
2012	\$124,000	\$770,364	2011
2013	\$123,000	\$857,003	2012
2014	\$118,000	\$946,294	2013
2015	\$110,000	\$908,059	2014
2016	\$110,000	\$953,833	2015
2017	\$114,000	\$961,033	2016
2018	\$107,000	\$948,926	2017
2019	\$100,000	\$832,150	2018

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

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

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

**TABLE B7 — DCCA SPECIAL FUNDS' ASSESSMENTS, 2010 — 2019 (\$ THOUSANDS)<sup>1</sup>**

Year	Total Industry Assessments <sup>2</sup>	Preceding Year Total Industry Payments <sup>3</sup>	Assessment Base Year
2010	\$7,500	\$3,437	2009
2011	\$8,000	\$3,540	2010
2012	\$8,000	\$3,085	2011
2013	\$9,000	\$4,775	2012
2014	\$5,000	\$3,404	2013
2015	\$8,000	\$2,910	2014
2016	\$6,000	\$2,338	2015
2017	\$6,000	\$2,269	2016
2018	\$7,000	\$1,082	2017
2019	\$5,000	\$1,983	2018

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

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

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

## Black Lung Program Tables

**TABLE C1 — PART C BLACK LUNG CLAIM DECISIONS AT THE DISTRICT DIRECTOR LEVEL, FISCAL YEARS 2011 — 2020**

Year	Total Approvals <sup>TF</sup>	Total Approvals <sup>RO</sup>	Total Approvals <sup>1</sup>	Merit Denials <sup>2</sup>	Non-merit Denials <sup>TF,3</sup>	Non-merit Denials <sup>RO,3</sup>	Total Denials	Survivor Entitlements <sup>4</sup>	Total Decisions	Approval Rate <sup>5</sup>
2011	110	645	755	3,298	167	1,961	5,426	Not Applicable (N/A)	6,181	12.21%
2012	97	632	729	2,565	229	1,780	4,574	N/A	5,303	13.75%
2013	87	566	653	2,361	184	1,573	4,118	N/A	4,771	21.67%
2014	92	518	610	2,664	224	1,719	4,607	N/A	5,217	18.63%
2015	157	728	885	2,222	240	2,037	4,499	N/A	5,384	28.48%
2016	249	877	1,126	2,706	364	2,150	5,220	N/A	6,346	29.38%
2017	343	915	1,258	3,153	594	2,054	5,801	N/A	7,059	28.52%
2018	258	1,113	1,398	2,761	542	1,975	5,278	N/A	6,676	33.61%
2019	181	1,014	1,195	2,458	460	2,126	5,044	N/A	6,239	32.71%
2020	225	793	1,018	2,241	517	1,860	4,618	478	6,114	31.24%

<sup>TF</sup> Black Lung Disability Trust Fund liability

<sup>RO</sup> Responsible coal mine operator (RMO) liability

<sup>1</sup> Approvals do not include conversions of miner to survivor benefits under 422(l) of the Act.

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

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

<sup>4</sup> Survivor Entitlements reported beginning in fiscal year 2020. "Survivor Entitlements" means miners' dependent survivors who are automatically entitled to benefits (previously called "conversions"). Figure includes Part C Trust Fund Survivor Entitlements, Part C Responsible Operator Survivor Entitlements, and Part B Survivor Entitlements.

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

**TABLE C2 — PART C NUMBER OF BENEFICIARIES, FISCAL YEARS 2011 — 2020<sup>1</sup>**

Class of Beneficiary		2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
<b>Part C Primary Beneficiaries<sup>2</sup></b>	<b>Miners</b>	6,633	6,375	6,083	5,917	5,974	6,363	6,792	7,262	7,751	7,951
	<b>Widows</b>	19,014	17,553	16,137	14,801	13,558	12,510	11,554	10,661	9,886	9,148
	<b>Others</b>	1,182	1,178	1,158	1,142	1,123	1,108	1,084	1,039	1,006	976
	<b>Total Primary Beneficiaries</b>	26,829	25,106	23,378	21,860	20,655	19,981	19,430	18,962	18,643	18,075
<b>Dependents of Primary Beneficiaries</b>	<b>Dependents of Miners</b>	5,028	4,939	4,746	4,703	4,871	5,237	5,700	6,147	6,576	6,735
	<b>Dependents of Widows</b>	647	593	564	510	483	483	459	435	402	384
	<b>Dependents of Others</b>	110	106	101	101	102	97	90	81	78	71
	<b>Total Dependents</b>	5,785	5,638	5,411	5,314	5,456	5,817	6,249	6,663	7,056	7,190
<b>Total, Part C Beneficiaries</b>		<b>32,614</b>	<b>30,744</b>	<b>28,789</b>	<b>27,174</b>	<b>26,111</b>	<b>25,798</b>	<b>25,679</b>	<b>25,625</b>	<b>25,699</b>	<b>25,265</b>

<sup>1</sup> As of the end of the fiscal year on September 30.

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

**TABLE C3 — PART B NUMBER OF BENEFICIARIES, FISCAL YEARS 2013 — 2020<sup>1</sup>**

Class of Beneficiary		2013	2014	2015	2016	2017	2018	2019	2020
<b>Part B Primary Beneficiaries</b>	<b>Miners</b>	1,163	957	784	622	509	408	325	277
	<b>Widows</b>	12,765	11,015	9,382	8,012	6,784	5,790	4,847	4,049
	<b>Others</b>	3,216	3,075	2,898	2,774	2,590	2,433	2,272	2,126
	<b>Total Primary Beneficiaries</b>	17,144	15,047	13,064	11,408	9,883	8,631	7,444	6,452
<b>Dependents of Primary Beneficiaries</b>	<b>Dependents of Miners</b>	713	582	467	358	283	214	165	134
	<b>Dependents of Widows</b>	470	421	366	303	257	222	189	163
	<b>Dependents of Others</b>	272	254	227	221	207	193	177	147
	<b>Total Dependents</b>	1,455	1,257	1,060	882	747	629	531	454
<b>Total, Part B Beneficiaries</b>		<b>18,599</b>	<b>16,304</b>	<b>14,124</b>	<b>12,290</b>	<b>10,630</b>	<b>9,260</b>	<b>7,975</b>	<b>6,906</b>

<sup>1</sup> As of the end of the fiscal year on September 30.

**TABLE C4 — CLAIMS FILED UNDER PART C OF THE BLACK LUNG BENEFITS ACT, FISCAL YEARS 2011 — 2020**

Year	New Claims	Refiled Claims <sup>1</sup>	Successor Claim <sup>2</sup>	Survivor Conversions <sup>3</sup>	Total <sup>4</sup>
<b>2011</b>	2,410	2,383	635	631	<b>6,059</b>
<b>2012</b>	2,176	2,140	494	559	<b>5,369</b>
<b>2013</b>	2,544	2,655	624	597	<b>6,420</b>
<b>2014</b>	2,877	3,458	589	470	<b>7,394</b>
<b>2015</b>	2,860	2,879	601	478	<b>6,818</b>
<b>2016</b>	3,334	3,114	573	427	<b>7,448</b>
<b>2017</b>	3,021	3,287	600	478	<b>7,386</b>
<b>2018</b>	2,588	3,345	317	423	<b>6,673</b>
<b>2019</b>	2,580	3,471	296	459	<b>6,806</b>
<b>2020</b>	1,783	2,853	213	487	<b>5,336</b>

<sup>1</sup> Refiled Claim: the claimant has filed at least once before.

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

<sup>3</sup> Entitlements: some dependent survivors are automatically entitled to benefits. Beginning in FY 2020, figure includes both Part B and Part C survivor conversions.



## Energy Program Tables

**TABLE D1 — PART B PROCESSING ACTIVITY ON ALL ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT (EEOICPA) CASES/CLAIMS RECEIVED, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2020**

Case Status/Claims Activity	Case <sup>1</sup>	Claim <sup>2</sup>
<b>Total Received</b>	112,004	176,373
<b>Final Decisions Completed by the Final Adjudication Branch (FAB)<sup>3</sup></b>	106,607	161,878
Final Approved	56,732	87,897
Final Denied	49,875	73,981
<b>Recommended Decisions by District Offices<sup>4</sup></b>	1,126	2,612
Recommended Decision to Approve	201	689
Recommended Decision to Deny	925	1,923
<b>Completed Initial Processing - Referred to National Institute for Occupational Safety and Health (NIOSH)<sup>5</sup></b>	1,427	6,903
<b>Pending Initial Processing In District Office<sup>6</sup></b>	2,872	5,156
<b>Lump Sum Compensations</b>	53,551	82,149
<b>Total Payment Amounts</b>		<b>\$7,147,566,877</b>

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

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

<sup>3</sup> Each case or claim also received a recommended decision by a district office.

<sup>4</sup> Each case or claim still pending a final decision by the FAB.

<sup>5</sup> Counts only the first trip to NIOSH.

<sup>6</sup> Includes remanded cases now in development and closed cases.

**TABLE D2 — PART B STATUS OF ALL EEOICPA APPLICATIONS, FISCAL YEAR 2020**

Processing Activity	Case <sup>1</sup>	Claim <sup>2</sup>
	2020	2020
<b>Total Cases/Claims Received</b>	3,091	3,819
<b>Final Decisions by FAB Offices<sup>3</sup></b>	4,956	6,012
Final Approved	2,110	2,796
Final Denied	2,846	3,216
<b>Recommended Decisions by District Offices</b>	5,426	6,409
Recommended Decision Only, to Approve	2,110	2,725
Recommended Decision Only, to Deny	3,316	3,684
<b>Referrals to NIOSH</b>	670	932
<b>Lump Sum Compensations Payments</b>	1,974	2,619
<b>Remands</b>	377	442

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

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

<sup>3</sup>Total includes cases with recommended decisions in fiscal year 2020.

Note: Recommended Decisions are standalone counts and are not influenced by the Final Decision.

**TABLE D3 — PART B EEOICPA CASES WITH APPROVED DECISIONS AND PAYMENTS BY CATEGORY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2020**

Category	Number of Approved Cases	Percentage of Total Final Approvals	Number of Paid Claimants <sup>1</sup>	Total Compensation Paid <sup>2</sup> (\$ thousands)	Percentage of Total Compensation Paid
<b>Radiation Exposure Compensation Act (RECA)<sup>3</sup></b>	8,505	15.0%	12,865	\$435,679.84	6.1%
<b>Special Exposure Cohort Cancer (CN)</b>	28,639	50.5%	46,424	\$4,275,449.91	59.8%
<b>Dose Reconstructed Cancer (CN)</b>	12,418	21.9%	15,646	\$1,660,918.50	23.2%
<b>Beryllium Disease (CBD)<sup>4</sup></b>	2,465	4.3%	3,174	\$366,666.35	5.1%
<b>Beryllium Sensitivity-Only (BS)<sup>5</sup></b>	2,037	3.6%	Not Applicable (N/A)	N/A	N/A
<b>Silicosis (CS)</b>	979	1.7%	1,088	\$131,381.25	1.8%
<b>Multiple Conditions<sup>6</sup></b>	1,689	3.0%	2,952	\$277,471.03	3.9%
<b>Total</b>	<b>56,732</b>	<b>100.0%</b>	<b>82,149</b>	<b>\$7,147,566.88</b>	<b>100.0%</b>

<sup>1</sup> There is not a direct correlation between the number of approved cases and the number of paid claimants for two reasons: (1) more than one claimant can receive payment on a single approved case, and (2) the program approved some cases before September 30, 2020, but the program did not issue payments.

<sup>2</sup> Represents total lump sum compensation payments from Energy Employees Occupational Illness Compensation program inception to September 30, 2020.

<sup>3</sup> RECA cases are not counted in any other category of this table.

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

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

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

**TABLE D4 — PART B EEOICPA CASES WITH FINAL DECISION TO DENY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2020**

Reason for Denial	Number of Cases
<b>Employee Did Not Work at a Covered Department of Energy (DOE) Facility and/or Did Not Work During Covered Time Period, or the Employee Worked for an Atomic Weapons Employer (AWE) or Beryllium Vendor<sup>1</sup></b>	7,403
<b>Alleged Survivor Not an Eligible Beneficiary</b>	2,314
<b>Claimed Condition Not Covered Under Part B of EEOICPA</b>	6,528
<b>Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50%</b>	23,674
<b>Medical Evidence is Insufficient to Establish Entitlement</b>	8,390
<b>Causation other than Probability of Causation (POC)</b>	1,566
<b>Total<sup>2</sup></b>	<b>49,875</b>

<sup>1</sup> Part E of the EEOICPA does not cover DOE federal employees, AWE, and Beryllium Vendors.

<sup>2</sup> A case may have more than one final decision. (For example, a request for modification may result in a second final decision on a case). Therefore, the total number shown does not represent the number of cases with final decisions to deny.

**TABLE D5 — PART B MOST PREVALENT NON-COVERED MEDICAL CONDITIONS, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2020**

Non-Covered Medical Condition	Percentage of All Denials For This Condition <sup>1</sup>
Other Lung Conditions	17%
Heart Condition/Failure/Attack/Hypertension	10%
Chronic Obstructive Pulmonary Disease & Emphysema	11%
Asbestosis	7%
Hearing Loss	6%
Renal Condition or Disorder (Kidney Failure, Kidney Stones)	5%
Benign Tumors, Polyps, Skin Spots	3%
Diabetes	4%
Neurological Disorder	2%
Thyroid Conditions (e.g., Hypothyroidism)	2%
Anemia	1%
Back or Neck Problems	1%
Parkinson's Disease	1%
Psychological Conditions	1%
All Other Non-Covered Conditions (Each Less Than 1%) Or "Other (Not Listed)"	27%
No Condition Reported on Claim Form or Blank Condition Type	5%

<sup>1</sup> Based on cases that were denied because the claimed condition was not covered under Part B of EEOICPA. This figure excludes cases that have a "covered" condition whereas Table D4 includes these cases.

**TABLE D6 — PART E STATUS OF ALL EEOICPA APPLICATIONS, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2020**

Case Status/Claims Activity	Case <sup>1</sup>	Claim <sup>2</sup>
<b>Total Received</b>	103,733	145,810
<b>Final Decisions Completed by the FAB<sup>3</sup></b>	96,323	131,099
Approved	50,340	61,336
Denied	45,983	69,763
<b>Recommended Decisions by District Offices<sup>4</sup></b>	1,613	2,936
Recommended to Approve	391	828
Recommended to Deny	1,222	2,108
<b>Completed Initial Processing<sup>5</sup></b>	1,152	4,868
<b>Pending Initial Processing In District Office<sup>6</sup></b>	4,720	7,441
<b>Compensation Payments (Unique Cases &amp; Claims)</b>	40,008	45,089
Total Compensation Payment Amounts		<b>\$5,221,126,146</b>
<b>Lump Sum Allocations (Unique Cases &amp; Claims)</b>	19,744	21,311
Total Lump Sum Payment Amounts		<b>\$2,277,578,325</b>
<b>Wage-loss Allocations (Unique Cases &amp; Claims)</b>	3,685	4,422
Total Wage-loss Payment Amounts		<b>\$185,940,029</b>
<b>Impairment Allocations (Unique Cases &amp; Claims)</b>	23,789	23,865
Total Impairment Payment Amounts		<b>\$2,757,732,870</b>

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

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

<sup>3</sup> Each case or claim also received a recommended decision by a district office.

<sup>4</sup> Each case or claim still pending a final decision by the FAB.

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

<sup>6</sup> Includes remanded cases now in development and closed cases.

**TABLE D7 — PART E PROCESSING ACTIVITY ON ALL EEOICPA CASES/CLAIMS RECEIVED, FISCAL YEAR 2020**

Processing Activity	Case <sup>1</sup>	Claim <sup>2</sup>
	2020	2020
<b>Total Cases/Claims Received</b>	2,803	4,110
<b>Final Decisions by the FAB Offices</b>	11,000	11,451
Approved	7,126	7,242
Denied	3,874	4,209
<b>Modification Orders</b>	0	0
<b>Recommended Decisions by District Offices</b>	14,919	15,205
Recommended to Approve	9,182	9,259
Recommended to Deny	5,737	5,946
<b>Referrals to NIOSH<sup>3</sup></b>	478	588
<b>Compensation Payments (Unique Cases &amp; Claims)</b>	5,321	5,378
Total Compensation Payment Amounts		<b>\$376,604,542</b>
<b>Lump Sum Allocations (Unique Cases &amp; Claims)</b>	725	766
Total Lump Sum Payment Amounts		<b>\$71,563,154</b>
<b>Wage-loss Allocations (Unique Cases &amp; Claims)</b>	142	156
Total Wage-loss Payment Amounts		<b>\$4,392,500</b>
<b>Impairment Allocations (Unique Cases &amp; Claims)</b>	4,454	4,456
Total Impairment Payment Amounts		<b>\$300,648,889</b>
<b>Manual Payments</b>		\$0
<b>Remands</b>	1,202	1,267

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

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

<sup>3</sup> Part E claims awaiting Part B NIOSH Return for further evidence.

Note: Recommended Decisions are standalone counts and are not influenced by the Final Decision.

**TABLE D8 — PART E EEOICPA CASES WITH FINAL DECISION TO DENY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2020**

Reason for Denial	Number of Cases
<b>Employee Did Not Work at a Covered DOE Facility and/or Did Not Work During Covered Time Period, or the Employee Worked for an AWE or Beryllium Vendor<sup>1</sup></b>	5,854
<b>Alleged Survivor Not an Eligible Beneficiary</b>	6,038
<b>Medical Evidence is Insufficient to Establish Entitlement</b>	10,619
<b>Other Denied</b>	23,472
<b>Total<sup>2</sup></b>	<b>45,983</b>

<sup>1</sup> DOE federal employees, AWE, and Beryllium Vendors are not covered under Part E of the EEOICPA.

<sup>2</sup> A case may have more than one final decision. (For example, a request for modification may result in a second final decision on a case). Therefore, the total number shown does not represent the number of cases with final decisions to deny.

## APPENDIX B

# ACRONYMS

<b>ABRWH</b>	Advisory Board on Radiation and Worker Health	<b>FECA</b>	Federal Employees' Compensation Act
<b>AWE</b>	Atomic Weapons Employer	<b>FAB</b>	Final Adjudication Branch
<b>BRB</b>	Benefits Review Board	<b>FTE</b>	Full-time Equivalent
<b>CBD</b>	Beryllium Disease	<b>HRSA</b>	Health Resources and Services Administration
<b>BS</b>	Beryllium Sensitivity-Only	<b>IH</b>	Industrial Hygienist
<b>BLBA</b>	Black Lung Benefits Act of 1972	<b>IT</b>	Information Technology
<b>CPWR</b>	Center for Construction Research and Training, formerly called the Center to Protect Workers' Rights	<b>IAS</b>	Internet Accessible SEM
<b>CMR</b>	Central Mail Room	<b>JOTG</b>	Joint Outreach Task Group
<b>CE</b>	Claims Examiner	<b>LHWCA</b>	Longshore and Harbor Workers' Compensation Act
<b>COP</b>	Continuation of Pay	<b>NAWW</b>	National Average Weekly Wage
<b>CMC</b>	Contract Medical Consultant	<b>NIOSH</b>	National Institute for Occupational Safety and Health
<b>COVID-19</b>	Coronavirus Disease 2019	<b>N/A</b>	Not Applicable
<b>CCAT</b>	Correspondence Creation and Tracking System	<b>OIS</b>	OWCP Imaging System
<b>DBA</b>	Defense Base Act	<b>OWCS</b>	OWCP Workers' Compensation System
<b>DOE</b>	Department of Energy	<b>OALJ</b>	Office of Administrative Law Judges
<b>HHS</b>	Department of Health and Human Services	<b>OIG</b>	Office of Inspector General
<b>DOJ</b>	Department of Justice	<b>OWCP</b>	Office of Workers' Compensation Programs
<b>DOL</b>	Department of Labor	<b>OCC</b>	Outgoing Correspondence Center
<b>DCCA</b>	District of Columbia Workmen's Compensation Act	<b>POC</b>	Probability of Causation
<b>DEEOIC</b>	Division of Energy Employees Occupational Illness Compensation	<b>PDO</b>	Proposed Decision and Order
<b>CN</b>	Dose Reconstructed or Special Exposure Cohort Cancer	<b>PEER</b>	Protecting Employees, Enabling Reemployment
<b>ECF</b>	Employees' Compensation Fund	<b>RECA</b>	Radiation Exposure Compensation Act
<b>ECOMP</b>	Employees' Compensation Operations and Management Portal	<b>RMO</b>	Responsible Mine Operator
<b>EDP</b>	Energy Document Portal	<b>CS</b>	Silicosis
<b>EEOICPA</b>	Energy Employees Occupational Illness Compensation Program Act	<b>SEM</b>	Site Exposure Matrices
		<b>SSA</b>	Social Security Administration
		<b>SEC</b>	Special Exposure Cohort
		<b>USPS</b>	U.S. Postal Service



## APPENDIX C

# DISTRICT OFFICES LIST

### **FECA Program: Twelve Offices**

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

### **Longshore Program: Three Compensation Districts with Nine District Suboffices**

#### ***Eastern Compensation District***

Boston, Massachusetts  
 New York, New York  
 Norfolk, Virginia

#### ***Southern Compensation District***

Jacksonville, Florida  
 New Orleans, Louisiana  
 Houston, Texas

#### ***Western Compensation District***

Long Beach, California  
 San Francisco, California  
 Seattle, Washington

### **Black Lung Program: Eight District Offices**

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

### **Energy Program: Four District Offices**

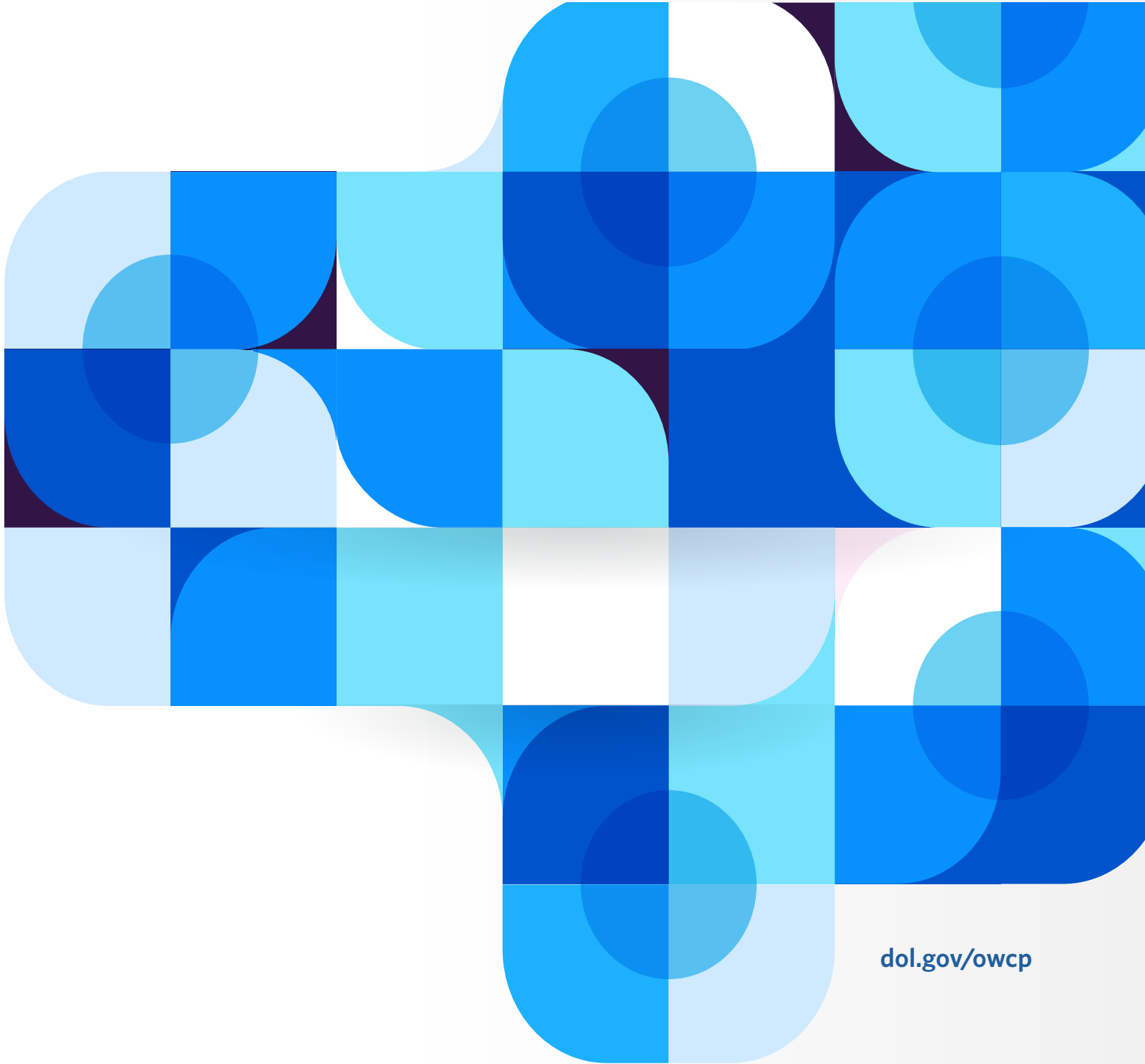
Denver, Colorado  
 Jacksonville, Florida  
 Cleveland, Ohio  
 Seattle, Washington







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



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