OWCP ANNUAL REPORT TO CONGRESS

Fiscal Years 2023 and 2024

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UNITED STATES DEPARTMENT OF LABOR

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U.S. Department of Labor Office of Workers' Compensation Programs

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 years 2023 and 2024 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, 2022, through September 30, 2024. This report also includes information on affected employees in fire protection activities as required by the Fiscal Year 2023 National Defense Authorization Act Section 5305(a).

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/FECA
- Black Lung Program: https://www.dol.gov/agencies/owcp/dcmwc
- Energy Program: https://www.dol.gov/agencies/owcp/energy
- Longshore Program: https://www.dol.gov/agencies/owcp/dlhwc

Separate enclosures contain the annual audit reports for the fiscal years 2023 and 2024 financial statements of the Longshore and Harbor Workers' Compensation Act Special Fund and the District of Columbia Workmen's Compensation Act Special Fund accounts (as required by Sections 42 and 44(j)).

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

James R. Macy
Director, Office of Workers' Compensation Programs

Enclosures

DIRECTOR'S MESSAGE

I am pleased to present the Office of Workers' Compensation Programs' (OWCP) Annual Report to Congress for fiscal years 2023 and 2024. This report provides a detailed overview of the significant achievements and performance across OWCP's four key programs: Federal Employees' Compensation (FECA), Longshore and Harbor Workers' Compensation (Longshore), Coal Mine Workers' Compensation (Black Lung), and Energy Employees Occupational Illness Compensation (Energy).

Reflecting on our recent past, OWCP is proud of its notable achievements in enhancing service delivery and optimizing program performance. We have maintained exceptional agency-wide performance and improved customer experience. Additionally, OWCP began a major phased work process re-engineering and information technology modernization project that will replace current and legacy systems across the FECA, Black Lung, Longshore, and Energy programs, while simultaneously optimizing and enhancing our programs' processes and procedures. This project will lead to more efficient and consistent customer service, faster and more accurate claim resolutions, and a reliable cloud-based system that promotes health, safety, and effective claim management. This investment will also result in decreased operational costs as outdated systems are taken offline and replaced.

A top priority has been to significantly enhance access to medical providers for our program beneficiaries. We have reduced the burden to provider enrollment through increased collaboration and data sharing with the Centers for Medicare and Medicaid Services and improved use of publicly available data to validate medical provider submissions. Additionally, by using medical provider data more efficiently, we have also improved the timeliness and accuracy of treatment authorizations and bill processing efficiencies. These initiatives streamlined processes, allowing medical providers to focus on delivering essential care and treatment. As a result, the number of enrolled medical providers has already increased by over 25%, reflecting our commitment to improving healthcare accessibility for injured and ill workers.

Program Highlights

Over the past two years, the Federal Black Lung program exceeded all four timeliness performance measures, providing an average of $175 million in disability compensation and medical benefits while servicing over 27,000 beneficiaries. The program has made substantial progress in refining customer service, simplifying benefit application forms, and conducting its first comprehensive customer feedback survey.

The Black Lung program has also led the agency in implementing artificial intelligence (AI) to enhance data integrity and streamline business processes. By fine-tuning AI software for commonly used forms, the program has reduced the number of forms requiring human review by over 50%, saving approximately $285,000.

The FECA program provided an average of $3.439 billion in compensation and benefit payments to over 172,000 beneficiaries. The program updated its policy to streamline claims processing for federal firefighters with certain occupational diseases, fully implementing provisions of the Federal Firefighters Fairness Act. This initiative supports the brave firefighters who risk their lives and health in service to our nation.

As responsible stewards of our resources, we have continued efforts to lower prescription drug costs. In fiscal year 2024, the FECA program spent $43.2 million on medications—the lowest amount in over a decade—due to our efforts to negotiate better drug prices for injured federal workers. Along with lowering drug costs, we have improved drug safety, encouraged proper drug utilization, decreased opioid use, and prevented pharmacy fraud, waste, and abuse. These actions have resulted in better care for our claimants at a lower cost, and we plan to apply these strategies to other OWCP programs in the coming years.

The Longshore program met or exceeded all four performance measures, overseeing approximately 546 insurance carriers and self-insured employers that provide workers' compensation protections. The program facilitated an average of $1.529 billion in benefits to over 40,600 workers and their families, demonstrating robust performance and dedication to worker protection.

The Energy program provided an average of $2.44 billion in compensation and medical benefits to over 20,800 beneficiaries, including new claims, new consequential conditions, and increased medical services, while exceeding all four performance measures. The Joint Outreach Task Group engaged with former nuclear weapons workers through 10 events across seven states, offering critical case updates and facilitating feedback to enhance program planning.

Customer Experience and Future Outlook

In fiscal year 2023, OWCP partnered with the General Services Administration to assess and improve our customer experience capabilities. This collaboration resulted in targeted strategies to enhance interactions for both internal and external customers. As a key outcome, OWCP established its first agency-wide Customer Experience Team, led by the Transformation Officer, to oversee and implement these strategies, improving how claimants and stakeholders engage with our services.

The OWCP Ombuds Office, that served the Federal Employees', Longshore, and Black Lung programs, played a vital role in support of OWCP's mission. The Ombuds Office functioned as an independent, impartial, and confidential resource, helping to resolve inquiries and concerns from OWCP claimants and other external parties. Through outreach and the development of an Online Inquiry Form, the Ombuds Office enhanced accessibility and customer service across all participating OWCP programs. Independent of OWCP, the Department of Labor's Office of the Ombudsman for the Energy Employees Occupational Illness Compensation Program continues to provide claimants, potential claimants, and other interested parties with information about the benefits available under the Energy Employees Occupational Illness Compensation Program Act.

Thank you,

James R. Macy
Director

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 2.9 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 years 2023 and 2024.

BENEFITS AND SERVICES

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

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

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

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

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

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

FECA Table 1 presents claims, benefit payment, and medical bill processing totals, including the timeliness of authorization for medical treatment, for 2023 and 2024.

FECA Table 1 – Claims Intake, Benefits Paid, and Medical Bill Processing, 2023 and 2024[1]

Claims, Benefits Paid, and Medical Bill Processing		2023	2024
Claims	New claims from injured/ill federal workers or their survivors	117,181	92,193
	Initial wage-loss claims received	17,419	17,535
Benefits	Number of beneficiaries	184,822	159,190

Claims, Benefits Paid, and Medical Bill Processing		2023	2024
Benefit Payment Outlays	Compensation payments	$2.354 billion	$2.639 billion
	Medical and rehabilitation services benefit payments	$761 million	$833 million
	Death benefit payments to surviving dependents	$148 million	$143 million
	Total compensation and benefit payments	$3.263 billion	$3.615 billion
Medical Bill Processing	Number of medical bills processed	2,737,786	2,832,847
	Number of newly active enrolled medical providers	5,889	7,590
	Number of total active enrolled medical and pharmacy providers (end of fiscal year)	56,332	84,822
	Percent of medical bills processed within 28 days	99.6%	99.8%

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

FUNDING

The Office of Workers' Compensation Programs (OWCP) pays FECA benefits from the Employees' Compensation Fund (ECF), which is funded from two sources. One portion of the ECF is a direct appropriation under extensions of FECA for certain groups such as non-Federal law enforcement officers, Job Corps enrollees, and certain federally supported volunteers; it also provides funding for War Hazards Compensation Act (WHCA) claims, which are administered by the FECA program. The funding is deposited into and assumes the attributes of the ECF and remains available until expended. The other portion of the ECF is funded through benefits payments reimbursed by 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 2 highlights chargeback costs billed in Chargeback Years 2023 and 2024. FECA Table 3 provides a comparison of OWCP funding allocated for FECA program administration.

FECA Table 2 – FECA Benefits Paid and Charged to Employing Agencies, Chargeback Years 2023 and 2024[1]

Agency	2023	2024
USPS	$1.342 billion	$1.502 billion
Department of Defense	$419 million	$432 million
Department of Homeland Security	$235 million	$262 million
Department of Veterans Affairs	$191 million	$206 million
Department of Justice	$137 million	$158 million
Department of Transportation	$68 million	$68 million
Department of Agriculture	$54 million	$58 million
All Others	$274 million	$280 million
Total	$2.718 billion	$2.964 billion

[1]The figures in the chart are rounded.

FECA Table 3 – OWCP Allocated Funding for Administering/Operating the Program, Fiscal Years 2023 and 2024[1]

Allocated Funding	2023	2024
Number of Employees (Full-time Equivalent (FTE) staffing) [2]	830	784
Salaries and Expenses[3]	$107 million	$107 million
"Fair Share" (FECA Special Benefits Account) [4] **– for the development/operation of automated data management and operations support systems, periodic roll case management, and program integrity**	$82 million	$83 million
American Rescue Plan Act (ARPA) of 2021[5] **– to carry out Coronavirus Disease 2019 (COVID-19) related worker protection Activities**	$1.3 million	$0
Total Allocated Funding for FECA Program Administration[6]	$190 million	$190 million

[1]The dollar amounts in the chart are rounded.

[2]The FTE totals include FECA Salaries and Expenses, FECA Fair Share, and APRA for fiscal year 2023 and FECA Salaries and Expenses, FECA Fair Share, and FECA Special Benefits for fiscal year 2024 (see footnote 5).

[3]In August 2020 OWCP merged the Division of Federal Employees' Compensation and the Division of Longshore and Harbor Workers' Compensation

into one Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC). In fiscal years 2023 and 2024, DFELHWC Salaries & Expenses was appropriated $120.5 million, of which DOL allocated $107.2 million to FECA program administration. In fiscal year 2025, OWCP separated DFELHWC to restore the independence of the two Divisions.

[4]Allocated funding total does not include carryover.

[5]The ARPA provided a total of $30,265,074 and 183 FTE to remain available until September 30, 2023. Of this total, $1.3 million was carried over in OWCP as an unobligated balance in fiscal year 2023. Per Section 73 of the Fiscal Responsibility Act of 2023 (P.L. 118-5), $967,618 in unobligated balances were rescinded. The ARPA allowed the continued use of the FECA Special Benefits account for staff to carry out COVID-19 related claims through fiscal year 2030.

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

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

- https://www.dol.gov/sites/dolgov/files/OPA/reports/2023annualreport.pdf
- https://www.dol.gov/sites/dolgov/files/OPA/reports/2024annualreport.pdf

ACCOMPLISHMENTS & PERFORMANCE

The FECA program looks at how promptly staff adjudicate 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. The program evaluates federal agency performance on timely form filing, as 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. The FECA program also measures return-to-work success for all agencies. 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 Years 2023 and 2024

Performance Measures	2023 Target	2023 Result	2024 Target	2024 Result
Percent of traumatic injury cases adjudicated within 75 days[1]	90%	96%	90%	93%
Percent of basic non-traumatic injury cases adjudicated within 90 days	85%	92%	85%	92%
Percent of extended non-traumatic injury cases adjudicated within 180 days	75%	84%	75%	81%
Percent of wage-loss claims adjudicated within 14 days (claims not requiring further development)	92%	95%	92%	95%
Percent of wage-loss claims adjudicated within 90 days (all claims)	95%	99%	95%	99%
Percent of Notices of Initial Injury filed by employer within 10 working days	98%	100%	98%	100%

Performance Measures	2023 Target	2023 Result	2024 Target	2024 Result
Percent of wage-loss claims filed by employer within five working days	98%	99%	98%	100%
Percent of federal employees with work-related injuries or illnesses that are employed within two years	93%	93%	93%	92%
Percent increase in the rate of return-to-work outcomes for injured federal workers during the initial 45-day post-injury period for traumatic injuries	69.81%	79.02%	70.51%	81.60%

[1]The timeliness standard for the measure was updated from 45 days to 75 days as a result of the 2023 National Defense Authorization Act (see section below).

Making it Easier for Injured Workers to Resolve Issues

The Employees' Compensation Operations and Management Portal (ECOMP) is the single portal for filing workers' compensation claims for all federal agencies and has over 750,000 registered users. ECOMP provides near real-time communications between the employing agency, the injured worker or their authorized representative, and DOL staff – allowing document submission and tracking of communication to help ensure a timely response and more expedient case actions. ECOMP also provides direct access to images of their entire casefile. The program integrated ECOMP with OWCP's Medical Bill Processor and Pharmacy Payor for a seamless one-stop experience for the injured/ill worker that allows greater transparency – and the program enhanced ECOMP to issue electronic pharmacy cards instantly upon case creation. After signing on to ECOMP, a person who has approved access to the claim can check the status of case actions; view payment history; receive correspondence from the CE; review the full casefile; and check the status of all medical and pharmacy related bills.

In fiscal year 2023, OWCP expanded ECOMP with an option for injured workers and their representatives to electronically raise issues directly to the FECA staff member able to help them, and to provide a resolution or a process for escalation if one is not initially obtained. The program made no enhancements to ECOMP in fiscal year 2024.

Implementing Provisions of the 2023 National Defense Authorization Act

On December 23, 2022, the Fiscal Year 2023 National Defense Authorization Act (NDAA) went into effect which contained three provisions for federal workers under the FECA. The changes brought about by Section 5305 of the NDAA are delineated below:

1. Under section 5305(c) an increase was added to the time afforded to FECA claimants to supply supporting documentation to OWCP in support of an initial claim. Specifically, the legislation directed the Secretary of Labor to amend the FECA regulations at 20 C.F.R. § 10.121 to increase the minimum time to submit supporting documentation on an initial claim from 30 to 60 days and to modify the FECA procedure manual to do the same. At Congress' express direction, OWCP has revised 20 C.F.R. Section § 10.121 and published FECA Bulletin 23-03[1].
2. The next provision from the NDAA 5305(a), amends FECA to delineate certain diseases as caused by federal firefighting activities and to provide that certain occupational illnesses are to be deemed

[1] https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECABulletins/FY2020-2024#FECAB2303

proximately caused by federal firefighter employment. The legislation was operationalized in FECA Bulletin 23-05[2].

3. The final provision, Section 5305(b), changes the FECA subrogation provisions by expanding what DOL can recover from a claimant, or their beneficiary, in a third-party matter. When a claimant, or their beneficiary, receives money from a third party liable for their injuries, DOL can now also include the amount of COP disbursed by the employing agency, in addition to the amount of compensation received from DOL, in the total used on forms CA-1108 (Long Form Statement of Recovery) and CA-1122 (Short Form Statement of Recovery) to calculate the refund due to the United States. This was operationalized in FECA Bulletin 24-01[3].

FECA Table 5 highlights federal firefighter claims and benefits paid in fiscal years 2023 and 2024; FECA Table 6 provides the number of injured federal firefighters by Employing Agency; FECA Table 7 provides the number of accepted federal firefighter claim by specified disease; and FECA Table 8 notes the duty station of the injured federal firefighters that filed a claim in fiscal years 2023 and 2024.

FECA Table 5 – Federal Firefighter Claims and Benefits Paid, Fiscal Years 2023 and 2024[1]

Federal Firefighter Claims and Benefits Paid		2023	2024
Claims	Claims filed by injured/ill federal firefighters	33	31
	Accepted	29	31
	Denied	7 or less	0
	Pending Adjudication	7 or less	0
Benefit Payments on Accepted Claims	Compensation payments	$133,544	$181,951
	Medical benefit payments	$1,082,554	$1,334,581

[1]Data covers claims filed during fiscal years 2023 and 2024.

FECA Table 6 – Injured Federal Firefighters by Employing Agency, Fiscal Years 2023 and 2024

Agency	2023	2024
Department of Agriculture	12	14
Department of the Air Force	8	7 or less
Department of the Army	7 or less	7 or less

[2] https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECABulletins/FY2020-2024#FECAB2305
[3] https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECABulletins/FY2020-2024#FECAB2401

Agency	2023	2024
Department of the Interior	7 or less	8
Department of Justice	0	7 or less
Department of the Navy	7 or less	7 or less
Department of Veterans Affairs	7 or less	0

FECA Table 7 – Accepted Federal Firefighters Claim by Specified Disease, Fiscal Years 2023 and 2024[1]

Specified Disease	2023	2024
A sudden cardiac event or stroke while, or not later than 24 hours after, engaging in the prevention, control, or extinguishment of fires or response to emergency situations where life, property, or the environment is at risk, including the prevention, control, suppression, or management of wildland fires	7 or less	7 or less
Bladder Cancer	7 or less	7 or less
Brain Cancer	7 or less	7 or less
Breast Cancer	0	7 or less
Chronic Obstructive Pulmonary Disease	7 or less	0
Colorectal Cancer	7 or less	7 or less
Esophageal Cancer	7 or less	7 or less
Kidney Cancer	0	7 or less
Leukemia	7 or less	7 or less
Lung Cancer	0	7 or less
Lymphoma	7 or less	7 or less
Melanoma	7 or less	7 or less
Prostate Cancer	7 or less	7 or less
Testicular Cancer	7 or less	7 or less
Thyroid Cancer	7 or less	7 or less

FECA Table 8 – Injured Federal Firefighters by Duty Station, Fiscal Years 2023 and 2024

Duty Station	2023	2024
Alaska	0	7 or less
Arizona	7 or less	0
California	9	7 or less
Colorado	7 or less	7 or less
Florida	0	7 or less
Georgia	7 or less	7 or less
Idaho	0	7 or less
Kansas	7 or less	0
Kentucky	0	7 or less
Maine	7 or less	7 or less
Maryland	7 or less	7 or less
Michigan	7 or less	0
Montana	0	7 or less
New Hampshire	7 or less	0
New Jersey	7 or less	0
North Carolina	0	7 or less
Ohio	0	7 or less
Oklahoma	0	7 or less
Oregon	7 or less	7 or less
Pennsylvania	7 or less	7 or less
South Carolina	7 or less	0
Texas	0	7 or less
Utah	0	7 or less

Duty Station	2023	2024
Virgina	7 or less	7 or less
Washington	7 or less	7 or less
Wyoming	0	7 or less

Fraud Detection

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.

The FECA program continues to detect new and emerging fraud schemes and to implement controls to curtail them. OWCP has taken additional steps to improve its oversight of pharmacy spending in the FECA program. OWCP's physicians, pharmacists, and program managers have designed systems to prevent wasteful practices. Professional oversight has also led to safer and more effective prescribing; in fiscal year 2024, the FECA pharmacy program hired two additional pharmacists to monitor pharmaceutical payments, enhance drug formulary controls, and assist with fraud, waste, and abuse oversight of the FECA pharmacy program. Finally, OWCP has added additional data analytics staff and improved our contractor's ability to identify, document, and eliminate fraud, waste, and abuse. This resulted in a 25% fiscal year-over-year reduction in pharmacy spend from $58.1 million in fiscal year 2023 down to $43.2 million in fiscal year 2024.

In fiscal year 2023, the FECA program referred seven pharmacies to the DOL's Office of Inspector General for investigation, followed by six additional referrals in fiscal year 2024. During this period, OWCP supported the Department of Justice by providing program witness testimony that contributed to a conviction in one of the largest pharmacy fraud trials in OWCP's history.

These and other collective policy controls and investments from prior years have had tremendous success – chargeback levels are at the lowest in over a decade, despite medical and wage inflation during that same period. The results of these combined efforts are therefore effectively saving taxpayers hundreds of millions of dollars annually compared to prior years.

Increasing Available Medical Providers

OWCP made meaningful changes to its existing processes to reduce the administrative burden on providers. OWCP's number of enrolled providers in fiscal year 2024 increased to 363,463, from 264,347 in 2023, and from 198,770 in fiscal year 2022. In fiscal year 2023, OWCP began to gather and develop data to identify provider deserts and continue to understand challenges providers encounter in working with OWCP. OWCP's Division of Administrative Operations gathered billing data that may be overlayed with the provider desert data to inform OWCP's provider recruitment efforts. OWCP conducted routine outreach with medical providers via virtual "drop-in" help sessions and periodic focus groups to better understand pain points, provide immediate assistance for issues raised in the sessions, and to gather provider input to design and implement long-term systemic solutions that make it easier for providers to work with OWCP.

War Hazards Compensation Act Reimbursements

Under the WHCA, administered by the FECA program, insurance carriers can file reimbursement claims for workers' compensation benefits paid under the Defense Base Act for injury or death caused by a war-risk hazard as defined in the statute. OWCP issues these payments from the ECF. OWCP issued approximately $460 million in reimbursements in calendar year 2023 and $750 million in calendar year 2024. The increased rate of reimbursement requests claims from private insurance carriers will increase the burden on staff dedicated to WHCA adjudication and processing, which does not specifically request/receive FTE separate from traditional FECA claims implementation. OWCP will continue to explore internal process improvements to speed processing rates.

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. The industry-financed Longshore Special Fund pays benefits in specific circumstances, such as instances where an employer or carrier are insolvent, or when an injured worker had a pre-existing disability, and a subsequent injury worsened the overall disability. In the latter (second injury) situation, the employer's liability is limited to a certain number of weeks of compensation plus medical benefits.

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

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

BENEFITS AND SERVICES

Except in a small percentage of cases, the Longshore program does not pay benefits directly; rather, self-insured employers and insurance carriers pay compensation and medical benefits. The program is responsible for overseeing the private administration of claims and implementing the policies, regulations, and procedures necessary for the authorization and monitoring of approximately 546 insurance carriers

and self-insured employers that provide workers' compensation protection. This includes oversight of over $3.13 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 $90 million in annual assessments and disburse payments to approximately 2,200-recurring benefit recipients.

Longshore Table 1A highlights reported claims in fiscal years 2023 and 2024 and the number of those injuries that are covered by the DBA; Longshore Table 1B highlights benefit payments during calendar years 2023 and 2024.

Longshore Table 1A – Reported Claims, Fiscal Years 2023 and 2024

Reported Claims	2023	2024
Number of injuries and deaths reported	35,239	46,961
Number of injuries and deaths under the DBA	15,490	27,342

Longshore Table 1B – Benefit Payments, 2023 and 2024

Benefits Payments	2023	2024
Number of cases with workers and/or survivors in receipt of benefit payments	40,531	40,813
Total compensation paid[1]	$1,463,202,252	$1,594,810,677
Wage-loss and survivor benefits[1]	$1,152,827,380	$1,289,227,521
Medical benefits[1]	$310,329,872	$305,583,156
Payments by Sources of Compensation	**2023**	**2024**
Insurance companies[1]	$928,107,799	$1,030,159,157
Self-insured employers[1]	$445,391,679	$470,724,157
LHWCA Special Fund[2]	$84,591,666	$88,967,151
DCCA Special Fund[2]	$5,111,108	$4,960,212

[1]Reflects insurance and self-insured company payments made during calendar year 2022 for 2023 assessment and calendar year 2023 for 2024 assessment.

[2]2LHWCA and DCCA Special Fund payments derive from September 2023 and September 2024 Status of Funds reports.

Note: For 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 (DOL) 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 years 2023 and 2024.

Longshore Table 2A – Longshore Special Fund Expenditures, Fiscal Years 2023 and 2024

Longshore Special Fund	2023	2024
Total benefits paid	$84,591,666	$88,967,151
Second injury claim (section 8(f)) payments	$74,784,439	$77,104,475

Longshore Table 2B – DCCA Special Fund Expenditures, Fiscal Years 2023 and 2024

DCCA Special Fund	2023	2024
Total benefits paid	$5,111,108	$4,960,912
Second injury claim (section 8(f)) payments	$4,152,286	$3,767,513

Longshore Table 3 provides a summary of OWCP allocated funding for Longshore program administration in fiscal years 2023 and 2024.

Longshore Table 3 – OWCP Allocated Funding, Fiscal Years 2023 and 2024

Allocated Funding	2023	2024
Number of employees (Full-time equivalent staffing)	68	66
Longshore General Salaries and Expenses[1]	$13.3 million	$13.3 million
Longshore Special Fund Salaries and Expenses	$2.2 million	$2.2 million
Total OWCP Allocated Funding for Longshore Program Administration[2]	$15.5 million	$15.5 million

[1]In August 2020 OWCP merged the Division of Federal Employees' Compensation and the Division of Longshore and Harbor Workers' Compensation into the Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC). In fiscal years 2023 and 2024, DFELHWC Salaries & Expenses was appropriated $120.5 million, of which DOL allocated $13.3 million to Longshore program administration. In fiscal year 2025, OWCP separated DFELHWC to restore the independence of the two Divisions.

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

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

- https://www.dol.gov/sites/dolgov/files/OPA/reports/2023annualreport.pdf
- https://www.dol.gov/sites/dolgov/files/OPA/reports/2024annualreport.pdf

ACCOMPLISHMENTS AND PERFORMANCE

The Longshore program continues to improve the efficiency of its processes by leveraging technology to oversee and track compliance with the Act and its extensions, while also enacting creative innovations to improve resources for internal and external stakeholders.

Oversight and Tracking of First Report of Injury

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

In order to maximize efficiencies with its claims management system, OWCP Workers' Compensation System (OWCS), the Longshore program revised its performance measures and targets in fiscal year 2020. The revisions shorten the timeframes for self-insured employers and insurance carriers to submit key workers' compensation injury documentation (from 30 days to 20 days). Following an initial slight dip in performance while these parties adjusted to the shortened timeframes effective in 2020, the results for the measures are now back up to pre-2020 levels. The program received 35,239 reported DBA and Non-DBA claims in 2023, and 46,961 reported DBA and Non-DBA claims in 2024, and the results have remained firmly above the targets. Longshore Table 4 presents the First Report of Injury targets and results for fiscal years 2023 and 2024.

Longshore Table 4 – Performance Measure Results, Fiscal Years 2023 and 2024

Performance Measures	2023 Target	2023 Result	2024 Target	2024 Result
Percent of First Report of Injury filed within 20 days for DBA Cases	85%	92%	85%	90%
Percent of First Report of Injury filed within 20 days for non-DBA cases	92.5%	93.5%	93.0%	94.5%

Intervention and Dispute Resolution

A principal function of the Longshore program is to intervene in claims to resolve disputes between claimants and self-insured employers or insurance carriers. These interventions resolve issues that delay payment and facilitate compliance with the Act. OWCS' efficient workflow designs streamline and modernize the manner in which the program tracks and processes intervention requests. The Longshore program uses an informal conference process to review the facts in each case, define the disputed issues and the positions of the parties concerning those issues, and make recommendations to encourage voluntary resolution by means of agreement and/or compromise. In fiscal years 2023 and 2024, the program received 4,937 and 4,923 requests, respectively, and scheduled approximately 3,500 informal conferences each year. The program attempted to resolve the remaining intervention requests by developing the issues or issuing recommendations without conferences.

Compliance and Penalty Enforcement

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

In fiscal years 2023 and 2024, the program continued to measure the performance of program staff in identifying possible instances of untimely filed First Reports. These measures track the timeliness of Longshore program staff in determining if the self-insured employer or insurance carrier should be assessed a civil penalty for suspected failure to timely submit required documentation of injuries and payments. Longshore Table 5 shows the targets and results for the resolution of penalty determinations to assess if a civil penalty is warranted for First Report of Injury and the Final Payment of Compensation for fiscal years 2023 and 2024.

Longshore Table 5 – Performance Measure Results, Fiscal Years 2023 and 2024

Performance Measures	2023 Target	2023 Result	2024 Target	2024 Result
Percent of penalty determinations for First Report of Injury resolved within 90 days	85%	93%	85%	92%
Percent of penalty determinations for Notice of Payment resolved within 90 days	85%	98%	85%	97%

ENGAGEMENT AND OUTREACH ACTIVITIES

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

The Longshore program invited major private sector customers, including insurance companies, to meetings throughout the year to discuss and resolve DBA challenges. In fiscal years 2023 and 2024, the program held, or participated in, over 30 various outreach activities with Longshore stakeholders. The conferences, meetings, and discussions focused on timely reporting of injuries, timely payment of benefits, and sharing best practices. The Longshore program staff, at both the national and district office levels, participated in educational programs directed toward customers for purposes of increasing awareness and technical skills across the community.

The program also continued to generate reports to facilitate the review of performance results with industry executives, employers, and insurance carriers. Sharing this information resulted in greater compliance with performance standards. Performance for submission of First Report of Injury for DBA claims increased from 81% in fiscal year 2020 to 92% in fiscal year 2023 and to 90% in fiscal year 2024; performance for non-DBA claims increased from 90% in fiscal year 2020 to 93.5% in fiscal year 2023 and to 94.5% in fiscal year 2024.

Improve Customer Experience

The Longshore program has made consistent efforts over the past few years to listen to customers' needs and respond with improvements to services provided to them. In fiscal year 2022, the program enhanced the OWCP Employees' Compensation Operations and Management Portal (ECOMP) functionality to include: designation of representation for claimants and access to case documents for claimants and claimant representatives, allowing them to self-serve when copies of documents in the case file are needed, and increasing transparency in the program's case work. In fiscal year 2023, the program launched a pilot program to allow access to ECOMP for attorneys of foreign national claimants since these individuals could not previously access ECOMP. The program made no enhancements to ECOMP in fiscal year 2024.

PROGRAM MANAGEMENT AND INTEGRITY

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

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

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

Electronic Document Submission

The Longshore program continued partnering with its larger customers to reduce the time and cost associated with mailing and processing paper correspondence and forms used in the later life of a claim. For those who already stored their documents in digital format, the program offered to accept documents electronically through a direct network connection. This significantly reduced mail time and eliminated the expense and burden of processing paper documents. In fiscal year 2023, customers submitted 92% of correspondence in digital format, and the program worked with two large stakeholders to expand electronic file transfers and auto-creation of DBA cases. In fiscal year 2024, the program received 92% of documents electronically.

In fiscal year 2023, the program performed multiple outreach activities to encourage the use of the Secure Electronic Access Portal (SEAPortal). The SEAPortal allows stakeholders to upload documents such as intervention requests, medical reports, and Longshore forms directly into the case files. The program also produced a tutorial video for stakeholders on how to effectively use the SEAPortal. This resulted in stakeholders using SEAPortal to submit 81% of documents electronically. In fiscal year 2024, the program worked with DOL's Office of the Chief Information Officer to add additional data points to the status query feature in SEAPortal, allowing stakeholders to self-serve when searching for the status of uploaded documents.

Digitization of Claim Files and Other Records

The program completed several projects to digitize claim files and supporting documentation in fiscal year 2023. The program completed the Back File Conversion project which scanned over nine million pages from paper files. Currently, 100% of the program's paper files are now digital and available to Longshore staff and parties in digital format. The program also completed a project to scan historic insurance coverage cards previously housed in the District Offices. As a result, 100% of the program's insurance coverage cards are now in digital format. The program did not complete any digitization projects in fiscal year 2024.

BLACK LUNG BENEFITS ACT (BLACK LUNG)

INTRODUCTION

The Office of Workers' Compensation Programs' (OWCP's) Black Lung program has administered Part C of the Black Lung Benefits Act (BLBA) for over 45 years. Part C provides lifetime disability compensation and medical treatment benefits to miners totally disabled due to pneumoconiosis (commonly called black lung disease) arising out of coal mine employment, and compensation to their eligible survivors. Liability for compensation generally rests with the last coal mine employer to employ the miner for a cumulative period of at least one year or their insurance carrier. The Social Security Administration (SSA) administered the initial government-paid program contained in Part B. The BLBA has been amended several times to shift responsibility to the Department of Labor (DOL) and update eligibility requirements and funding mechanisms.

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

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

BENEFITS AND SERVICES

Each year, the Black Lung program receives thousands of applications for benefits from coal mine workers and their survivors. Most applications are either new claims by a miner (the first time the claimant has filed)

or subsequent miner claims (the claimant has filed at least once before). In addition, a smaller number of successor claims and survivor entitlement claims (previously called conversions) are submitted each year.[4]

Claims under the Black Lung program, which coal mine operators often contest, are only approved when the evidence establishes that the miner is totally disabled by pneumoconiosis arising out of coal mine employment or, in the case of a successor claim, that the miner's death was attributable to the disease. In fiscal year 2023, the approval rate for Black Lung claims stood at 32%. Additionally, the number of Part B beneficiaries declined by 14.8% and benefit payments decreased by 11.4% compared to fiscal year 2022. The number of Part C beneficiaries saw a modest decline of 1.3%, with benefit payments falling by 2.5% from fiscal year 2022.

In fiscal year 2024, the approval rate for Black Lung claims remained steady at 32%. Part B beneficiaries decreased by 13.6%, and benefit payments declined by 9.5% from fiscal year 2023. The total number of Part C beneficiaries increased slightly by 175, or 0.8%, while benefit payments (excluding medical benefits) rose by 4.7%. However, medical benefits payments decreased by 4.6% compared to fiscal year 2023.

In calculating benefits, the Black Lung program must consider whether the beneficiary receives other compensation for pneumoconiosis. If a miner receives state workers' compensation for a coal mine dust-related respiratory disability, the federal Black Lung benefit received for that disease is offset or reduced by the amount of the state benefit on a dollar-for-dollar basis. In addition, claims may be offset due to receipt of other federal benefits or earnings offsets. In fiscal year 2023, a total of 874 claims were partially or wholly offset, with 94.9% of these offsets attributed to concurrent state benefits. In fiscal year 2024, 877 claims were either partially or wholly offset, 93.7% of which were due to concurrent state benefits. 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.

Black Lung Table 1 – Benefits, Parts B and C, Fiscal Years 2023 and 2024

Benefits	Part B	Part B	Part C	Part C
Total number of beneficiaries	**2023**	**2024**	**2023**	**2024**
	4,247	3,668	23,325	23,050
Benefit Payments				
Compensation benefit payments	$38,582,862.59	$34,933,791.96	$104,268,753.07	$109,154,329.46
Medical benefit payments[1]	Not applicable (N/A)	N/A	$32,355,991.69	$30,881,790.93
Total compensation and medical benefit payments	$38,582,862.59	$34,933,791.96	$136,624,744.76	$140,036,120.39

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

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

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 allocated funding and expenditures.

Black Lung Table 2 – Allocated Funding and Expenditures, Fiscal Years 2023 and 2024[1]

Allocated Funding and Expenditures			2023	2024
Part B – Special Benefits for Disabled Coal Miners – General Revenue Allocated Funding and Expenditures	OWCP Allocated Funding	Number of Employees (Full-time Equivalent (FTE) staffing)	13	13
		OWCP Allocated Funding	$4.7 million	$4.7 million
	Benefits – Compensation		$38.6 million	$34.9 million
	Total		$43.3 million	$39.6 million
Part C – Black Lung Disability Trust Fund – Allocated Funding and Expenditures	OWCP Allocated Funding and Expenditures	Number of Employees (FTE staffing)	150	152
		OWCP Administrative Funding	$39.8 million	$41.5 million
		Other Administrative Expenditures[2]	$37.0 million	$39.7 million
		Total	$76.8 million	$81.2 million
	Trust Fund – Payments to the Treasury	1-year obligation payments to Treasury (for advances and interest)	$2,666.0 million	$2,879.3 million
		Bond payments[3]	$123.6 million	$124.9 million
		Total Payments to the Treasury	$2,789.6 million	$3,004.2 million
	Benefits – Compensation and Medical Benefits[4]		$136.6 million	$140.0 million
	Total		$3,003.0 million	$3,225.4 million

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

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

[3]Accrued interest is not included in the bond payments total.

[4]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). Also 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 2023, Part B expenditures, paid for with general revenues from the U.S. Treasury, came to $43.3 million, down 10.2% from the previous year. The program used 89.1% of expenditures to pay Part B benefits, and the remaining 10.9% covered administrative expenses. For fiscal year 2024, Part B expenditures decreased further to $39.6 million for an 8.5% decrease. Of that amount, the program used $4.7 million for administrative expenses and $34.9 million to pay for Part B benefits.

Part C – Black Lung Disability Trust Fund

Created by the Black Lung Benefits Revenue Act of 1977, the Trust Fund pays Part C benefits in cases where the program cannot identify an RMO or where the liable operator does not meet its payment obligations. It also covers claims filed with DOL based on pre-1970 employment. In fiscal year 2023, the Trust Fund paid 58.3% of Part C beneficiaries, whereas an RMO paid 41.7%. For fiscal year 2024, the percent of Part C beneficiaries paid for by the Trust Fund declined slightly to 56%, a 2.3% decrease. Cases where an RMO paid for the Part C benefits increased slightly to 44.0%. The Secretaries of Labor, Treasury, and Health and Human Services (HHS) jointly administer the Trust Fund.

Trust Fund-generated revenues are from several sources including:

1. An excise tax on coal that is mined and sold for use 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 cash inflows from additional Treasury borrowing in fiscal years 2023 and 2024.

Black Lung Table 3 – Trust Fund Cash Inflows, Fiscal Years 2023 and 2024[1]

Cash Inflows	2023	2024
Excise tax collections	$294.7 million	$242.6 million
Other RMO collections – fines, penalties, interest	$2.1 million	$2.5 million
Repayable advances from Treasury	$2,728.4 million	$3,000.0 million
Total cash inflows	$3,025.2 million	$3,275.1 million

[1]The dollar amounts in the chart are rounded.

For over 20 years until the end of 2018, the coal excise tax rates remained stable at $1.10 per ton of underground-mined coal and $0.55 per ton of surface-mined coal sold, with a cap of 4.4% of the sales price. The beginning of 2019 ushered in several years of instability for the tax rates when the coal excise tax reverted to the pre-1985 rates of $0.50 per ton of underground-mined coal and $0.25 per ton of surface-mined coal sold, with a limit of 2.0% of total sales. As a result, excise tax collections decreased by 43.7% between fiscal years 2018 and 2019. The period from January 1, 2020, to December 31, 2021, saw a temporary increase of the coal excise tax rates to the higher rates of $1.10 per ton of underground-mined coal and $0.55 per ton of surface-mined coal. Then beginning January 1, 2022, the coal excise tax rates again reverted to the lower rates of $0.50 per ton of underground-mined coal and $0.25 per ton of coal

sold. This lower rate remained in effect through the end of fiscal year 2022. The Inflation Reduction Act, effective October 1, 2022, permanently raised the coal excise tax rates to the higher level of $1.10 per ton of underground-mined coal and $0.55 per ton of surface-mined coal, with a cap of 4.4% of the sales price. The permanent increase in excise tax rates in effect for fiscal year 2023 led to a significant surge in excise tax collections. Specifically, there was a 63.4% rise, with collections increasing from $180.3 million in fiscal year 2022 to $294.7 million in fiscal year 2023. However, in fiscal year 2024, excise tax collections saw a decline from the strong performance of 2023, dropping to $242.6 million collected, representing a 17.7% reduction.

In addition to the historical volatility in the coal excise tax rates, the Trust Fund is subject to the burden of accrued interest on funds borrowed from the Treasury. Accrued interest totaled $103.0 million in fiscal year 2020, $89.2 million in fiscal year 2021, $74.7 million in fiscal year 2022, and $59.2 million in fiscal year 2023. In fiscal year 2024, accrued interest on zero-coupon bonds totaled $1.9 billion. Advances from the Treasury increased by $165.5 million between fiscal years 2022 and 2023, followed by an additional increase of $271.6 million between 2023 and 2024. Overall, the combined increases in excise tax collections and repayable advances from Treasury led to a 10.2% rise in total cash inflows between fiscal years 2022 and 2023, followed by an 8.3% increase from fiscal years 2023 to 2024.

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

- https://www.dol.gov/sites/dolgov/files/OPA/reports/2023annualreport.pdf
- https://www.dol.gov/sites/dolgov/files/OPA/reports/2024annualreport.pdf

ACCOMPLISHMENTS AND PERFORMANCE

Claims and Performance Management

In recent years, the Black Lung program has experienced fluctuations in claim volumes. In fiscal year 2021, there was a modest increase in incoming claims compared to the prior year's low, with 5,552 claims filed. However, due to the overall drop in incoming claims, fewer claims were in posture of a decision during fiscal year 2021 than in pre-pandemic years and the program issued a total of 5,559 decisions. In fiscal year 2022, incoming claims decreased further, with 5,066 claims filed, while the program issued 6,133 decisions. In fiscal year 2023, the number of incoming claims experienced a 9.9% increase compared to the previous year, rising from 5,066 to 5,566. Incoming claims exceeded decisions issued by only a small margin of 196 cases in 2023, with a total of 5,370 decisions issued in the fiscal year. At fiscal year-end, there were 3,634 claims pending a decision. Fiscal year 2024 saw a substantial 10.0% increase in claims filed, reaching a total of 6,120 with a total of 4,242 claims pending decision at fiscal year-end.

The program emphasizes four performance measures that highlight adjudication touch times, which are key points in the claims process that are within the direct control of claims staff. These touch time measures focus on actions that drive the completion of claim development and decision issuance, thereby decreasing overall claim processing time. As outlined in Black Lung Table 4, the program exceeded the targets for all four measures. Notably, by targeting these touch times, the program reduced the overall aggregate claim processing time for all claims to 249 days in fiscal year 2023, a decrease of 11.4% from the previous year. In fiscal year 2024, aggregate claim processing time remained relatively steady, averaging 250 days.

Black Lung Table 4 – Performance Measure Results, Fiscal Years 2023 and 2024

Performance Measures	2023 Target	2023 Result	2024 Target	2024 Result
Average number of days to issue Notice of Claim following claim receipt for all Responsible Operator Merit claims	57	28	57	28
Average number of days to complete medical authorization after receipt of provider selection for all Responsible Operator Merit claims	16	7	14	8
Average number of days to complete Schedule for the Submission of Additional Evidence following completion of initial claim development for all Responsible Operator Merit claims	57	34	50	36
Average number of days to complete Proposed Decision and Order (PDO) following completion of all claim development for all Responsible Operator Merit claims	32	22	30	23

ENGAGEMENT AND OUTREACH ACTIVITIES

In fiscal years 2023 and 2024, the Black Lung program focused on developing engagement and outreach initiatives to promote and to enhance customers' programmatic experience.

Improve Customer Experience

The Black Lung program is committed to providing a high-quality customer experience – for its claimants and beneficiaries as well as its many external program participants, including medical providers, RMOs, and insurance carriers. In fiscal years 2023 and 2024, the program continued outreach to and fostered collaboration with its federal partners, including the SSA, HHS' National Institute for Occupational Safety and Health, the Health Resources and Services Administration (HRSA), and Mine Safety and Health Administration (MSHA). The program also continued its positive working relationships with internal DOL organizations, such as the Office of the Solicitor (SOL), the Office of Administrative Law Judges, and the Benefits Review Board.

The program continued its participation in annual meetings and conferences with interested parties during fiscal years 2023 and 2024. The program held a collaborative meeting with representatives of the University of Illinois at Chicago in March 2023, discussing issues such as travel rules for miner medical examinations and strategies for using digital technologies to more effectively communicate with and relay information to the program. In February of 2024, the program presented a "Lunch and Learn" to HRSA clinics during which staff provided valuable information and conducted a question-and-answer session to better understand any issues experienced by clinic employees. The program, along with partner agencies such as HRSA and MSHA, also participated in the annual West Virginia Black Lung Clinics Conference in Pipestem, West Virginia and the annual National Coalition of Black Lung and Respiratory Disease Clinics conference in Johnson City, Tennessee during both fiscal years. The conferences provided the program with an opportunity to gather information, liaise with program stakeholders, and promote the Department's goals for outreach and customer service. Both conferences fostered a culture of open communication between the Black Lung

program and partner entities and served to increase the program's visibility.

Additionally, the program improved customer experience by streamlining the claims process for parties to Black Lung claims. First, the program assessed the forms claimants utilize to apply for benefits. The program then developed a plan to consolidate some forms while also eliminating questions that were not essential to the application to make the claims process simpler for claimants. As a result, the program updated and submitted three of its primary claim forms, including the initial applications for miners and survivors and an employment history form, to the Office of Management and Budget for approval during fiscal year 2023 and were subsequently released for use in fiscal year 2024.

Second, the program developed surveys directed at claimants to gather feedback about the customer experience. The Black Lung program disseminated customer experience surveys six times over the course of the two fiscal years. The program then analyzed the responses and used the information to make informed process enhancements. For example, in May of 2024, surveys were issued to 500 randomly selected claimants with claims at different stages of the adjudication process. In their responses, claimants reported difficulties completing the Form SSA-581 used by the program to verify employment. As a result, the program developed and implemented a plan to simplify the process by no longer requiring claimants to provide duplicative and unnecessary information on the form. The program continues to utilize survey responses to make additional improvements to better the customer experience.

Finally, the program developed and implemented a new outreach and awareness campaign in fiscal year 2023 aimed at increasing and facilitating the electronic submission of claim documents by stakeholders. To this end, the program promoted the use of its Claimant Online Access Link (C.O.A.L.) Mine Portal electronic document submission system at key stakeholder conferences in June and September of 2023 and on the program website throughout the fiscal year. The Black Lung program also developed a plan to further increase C.O.A.L. Mine Portal usage by including an audio reminder to stakeholders when they call into the Black Lung telephone queue and by including a guide to using the portal with initial correspondence to claimants. In March of 2024, the program added functionality to the C.O.A.L. Mine Portal to allow new claims to be submitted electronically. Later in the fiscal year, the program expanded the functionality of the C.O.A.L. Mine Portal to allow beneficiaries and claimants to change address and direct deposit information, to report a death, and to request a claim status online

PROGRAM MANAGEMENT AND INTEGRITY

The Black Lung program continued to strengthen program management and integrity in fiscal years 2023 and 2024. Areas of focus included continued implementation of quality assurance measures; payment integrity audits; information technology initiatives; and continued scrutiny of medical bill processing.

Quality Assurance

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

Spot Audits: The Black Lung program continued to use spot audits as a precursor to the annual

accountability review process and to provide an additional means of monitoring decision quality on a regular basis. Under this program, district office managers randomly selected approximately 5% of decisions for review before issuance of a PDO. In addition, the program reviews all decisions involving a diagnosis of complicated pneumoconiosis— an especially severe form of black lung disease characterized by large lesions in the lungs— as part of the spot audit initiative. In both fiscal years 2023 and 2024, the program exceeded its goal of achieving an error rate below 2% for spot audit reviews.

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

In fiscal years 2023 and 2024, the program continued to make key changes to its accountability review measurement system to best capture both positive accomplishments and areas that need improvement. These changes resulted in the accountability review presenting a more accurate reflection of the program's performance.

Efforts to Address Improper Payments and Payment Accuracy

The Black Lung program continued to utilize updated methods in fiscal years 2023 and 2024 to increase detection and recovery of duplicate payments and other overpayments. The program focused these methods on three audits, which included a monthly medical bill audit, spot audits of medical bills, and a fiscal year-end improper payment audit. The monthly medical bill audit randomly sampled 120 medical bills and covered all bill types processed by the Black Lung program. The medical bill payment section in the National Office performed spot audits throughout each year to ensure that the services provided by the OWCP medical bill processing contractor were performed at a level acceptable under the program and more stringent federal government standards. In addition, the fiscal year-end improper payment audit randomly sampled an additional 500 medical bill records for compliance. These audits had an impact on detecting improper payments and successfully lowered the percentage of improper payments in the program.

The program also continued to use Treasury's enhanced "Do Not Pay" platform. The platform reviews available databases to confirm award eligibility and prevent improper payments before the release of any funds. This persistent effort to achieve maximum data accuracy has reduced Treasury check cancellations by 70.8% since the platform's 2019 launch. The most significant improvement took place from fiscal year 2023 to fiscal year 2024 when the program reduced the number of cancelled checks by 46.5%. In fiscal year 2024, the program began working on the next step in reducing improper payments for medical-only beneficiaries and dependents receiving split payments by performing a data validation service for additional payment scenarios. These validation services will be accompanied by a Death Record Confidence scoring system that will save the program over $10,000 annually while providing more accurate information about deceased beneficiaries.

Responsible Mine Operator Oversight and Trust Fund Solvency

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

In fiscal years 2023 and 2024, the program performed its annual update of actuarial assumptions (based on historical Trust Fund claims data) posted on the program's website. Mining operators and other parties utilize this information to create actuarial reports estimating potential liability amounts and it is a vital factor in ensuring RMOs adequately secure their liabilities.

Black Lung Table 5 outlines the current information concerning RMOs for fiscal years 2023 and 2024.

Black Lung Table 5 – Responsible Mine Operators, Fiscal Years 2023 and 2024

Responsible Mine Operators (RMOs)	2023	2024
Number of active RMOs authorized to self-Insure (at year-end)[1]	18	15
Number of commercial insurance policies with a Federal Black Lung endorsement attached	763	709
Number of Covered Chief Beneficiaries paid by RMOs (does not include eligible dependents)	6,517	6,847

[1]RMOs or parent companies who are actively mining.

In fiscal year 2023, the Black Lung program, in coordination with OWCP's Division of Financial Administration, key third-party contractors, and SOL, finalized an official settlement agreement with Peabody Energy Corporation regarding claims related to the Patriot Coal bankruptcy. With this settlement, the corporation accepted liability for certain contested claims and agreed to transfer $72 million to the Trust Fund in September of 2023 to cover their remaining liabilities. In fiscal year 2024, the program finalized another settlement with SunCoke Energy Incorporated to resolve its appeal of OWCP's self-insurance determination. In exchange for being released from the legacy self-insurance determination, SunCoke transferred $36 million to the Trust Fund in August of 2024. In September of 2024, the program also entered into an agreement with American Electric Power to resolve its appeal of OWCP's self-insurance determination. In this agreement, American Electric Power was permitted to increase their total securities through installments until it met 70% of the actuarial estimated liabilities.

Medical Bill Processing

Timely and accurate medical bill processing is a critical element in the administration of the Black Lung program. The program (through the Central Bill Processing contract) processed 52,982 medical bills in fiscal year 2023 and 51,509 Black Lung medical bills in fiscal year 2024, of which OWCP processed 98.7% within 28

days in fiscal year 2023 and 98.8% within 28 days in fiscal year 2024. Additionally, OWCP enrolled 3,247 new active medical providers in fiscal year 2023 and 4,862 new active medical providers to provide services to beneficiaries in fiscal year 2024, bringing the total of actively enrolled medical and pharmacy providers to 27,805 at the end of fiscal year 2024.

ORGANIZATIONAL EFFICIENCIES

During fiscal years 2023 and 2024, the Black Lung program implemented ambitious projects to facilitate modern claims processing in an efficient environment. These efficiencies included the use of artificial intelligence (AI) software aimed at assisting with the streamlining of business processes.

Artificial Intelligence

The Black Lung program implemented Microsoft Azure Cognitive AI software with the goal of increasing the program's data integrity and streamlining internal business processes. The program began utilizing AI to relieve field staff from simple and repetitive tasks that do not require human intervention, allowing them to focus on more critical tasks and customer experience initiatives. Specifically, in fiscal year 2023 the program continued to use and fine tune the software to more accurately review a form on which Black Lung claimants annually report changes that could affect their benefits. In fiscal year 2024, the program used the software to also review a form used to notify recipients of changes to their benefit payments. The implementation of AI review resulted in an over 50% reduction in the number of forms requiring human interaction and savings to the Department of approximately $285,000 since implementation in fiscal year 2022. The Black Lung program expects additional savings of $111,000 in fiscal year 2025 as a result of implementing AI review of these forms.

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) who received an award 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 covered illnesses that are linked to toxic exposures at covered DOE or uranium facilities. Implementation of the EEOICPA involves the coordinated efforts of four federal agencies:

- DOL, through the Office of Workers' Compensation Programs (OWCP), has primary responsibility for the adjudication of claims for compensation, payment of benefits for conditions covered by Part B and Part E, and determining covered DOE facilities.
- DOE's role is to designate Atomic Weapons Employer facilities, provide information to identify covered facilities, and provide DOL and the Department of Health and Human Services (HHS) with verification of covered employment and relevant information on exposures.
- DOJ notifies beneficiaries who have received an award 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, Energy 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 benefits related to an accepted, occupational illness. Survivors of these workers

may also be eligible for a lump-sum compensation payment. Part B also provides payment of $50,000 and medical benefits to uranium workers (or their eligible survivors) who received an award from DOJ under Section 5 of RECA.[5]

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 a member of a class of employees in the SEC. Congress established the SEC in the EEOICPA legislation to allow for the compensation of eligible cancer claims without the completion of a radiation dose reconstruction. To qualify for compensation under the SEC, a covered employee must have one of 22 specified cancers and have worked for a certain period of time at a facility designated in the statute or as a class added to the SEC.

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

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

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

Claims and Benefits

From its inception to the end of fiscal year 2024, the Energy program awarded compensation and medical benefits to approximately 144,000 claimants, totaling over $27.03 billion. This included $15.13 billion in compensation and $11.90 billion in medical expenses. Part B compensation accounts for approximately $7.98 billion (since 2001) of the $15.13 billion, and Part E accounts for approximately $7.15 billion (since

[5] RECA was subject to a sunset on June 7, 2024, and DOJ did not take new claims after that date until RECA was reauthorized on July 4, 2025.

October 28, 2004). In fiscal year 2023, the Energy program provided benefits to 19,826 individual claimants and in fiscal year 2024 provided benefits to 21,926 individual claimants (including lump-sum, impairment, wage-loss, or medical benefits).

In recent years, the Energy program has experienced a substantial number of prior claims now requiring additional or ongoing review based on new information, although the program does not count them as new claims. For instance:

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

These instances result in a re-review of existing or previous cases and often newly recommended and final decisions, in effect extending the period of time over which the Energy program staff actively works such claims. Energy Table 1 displays information on the number of claims and approvals in fiscal years 2023 and 2024.

Energy Table 1 – Claims and Approvals, Fiscal Years 2023 and 2024

Claims and Approvals	Part B	Part B	Part E	Part E
	2023	**2024**	**2023**	**2024**
Number of new claims	3,864	3,881	5,078	5,623
Number of claims approved (Final)	2,048	2,225	9,568	10,117
Percent of claims approved (of those issued a Final Decision each year)	43%	45%	74%	70%
Number of claimants who received compensation during the Year	1,860	2,045	7,161	7,960

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

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

The number of consequential condition claims (Parts B and E combined) for fiscal years 2023 and 2024 was 44,730. Additionally, the program made lump-sum compensation payments for 3,938 claims in fiscal years 2023 and 2024. Energy Table 2 shows the total benefit payments in fiscal years 2023 and 2024.

Energy Table 2 – Benefit Payments, Fiscal Years 2023 and 2024

Benefit Payments	Part B	Part B	Part E	Part E
	2023	2024	2023	2024
Lump-sum compensation benefit payments[1]	$201,581,690	$232,298,971	$504,265,502	$523,403,287
Medical benefit payments[2]	$1,168,133,692	$1w,494,280,783	$308,368,167	$466,159,697
Total compensation and medical benefit payments	$1,369,715,382	$1,726,579,754	$812,633,669	$989,562,984

[1]Excludes payments made by DOL for DOJ RECA Section 5 claims. DOL serves as a pass-through and utilizes the compensation fund established under the EEOICPA for DOJ's payments of $100,000 to qualifying RECA Section 5 claimants as provided for in 42 U.S.C. § 7384u(d). These payments totaled over $10.4 million in fiscal year 2023 and $11.1 million in fiscal year 2024.

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

FUNDING

The EEOICPA account funds both Energy program benefits and administrative costs. Administrative expenditures cover the Washington, D.C., headquarters; five Final Adjudication Branch (FAB) offices; four district offices; and 11 Resource Centers (RCs) nationwide that are operated by a contractor. Energy Table 3 provides OWCP allocated funding for fiscal years 2023 and 2024.

Energy Table 3 – OWCP Allocated Administrative Funding, Fiscal Years 2023 and 2024

Allocated Administrative Expenditures	2023	2024
Part B		
Number of employees (Full-time Equivalent (FTE) staffing)	206	230
Part B allocated administrative funding[1]	$59.2 million	$68.1 million[2]
Part E[3]		
Number of employees (FTE staffing)	208	229
Part E allocated administrative funding[1]	$74.6 million	$76.5 million
Total		
Number of employees (FTE staffing)	414	459
Total OWCP allocated administrative funding [4]	$133.8 million	$144.6 million

[1]Funding for HHS responsibilities under the EEOICPA is provided for in that agency's appropriation. Allocated funding includes Ombudsman B and E and the amounts are post-sequestration.

[2]The fiscal year 2024 Part B allocated administrative funding included a one-time settlement of $7.7 million ($7.1 million post-sequestration).

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

[4]Funding totals are post-sequestration and do not include carryover.

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

- https://www.dol.gov/sites/dolgov/files/OPA/reports/2023annualreport.pdf
- https://www.dol.gov/sites/dolgov/files/OPA/reports/2024annualreport.pdf

ACCOMPLISHMENTS AND PERFORMANCE

During fiscal year 2023, the Energy program worked to make operations as effective and efficient as possible with specific focus on maintaining timely adjudication of claims and FAB decisions and rendering quality decisions, building on efforts to better manage home health care and medical benefits. During fiscal year 2024, the program continued its efforts to deliver services and reduce improper payments through the ongoing evaluation of medical bills and other payment-related issues. The program continued to conduct quality reviews and program integrity audits on various aspects of the development, adjudication, and payment of claims. Additionally, the program leveraged new reporting capabilities made possible by the completion of the Ancillary Medical Services Module in the Energy Compensation System (ECS) to improve efficiency and accuracy in adjudication of requests for post-approval authorization for medical equipment and services.

Adjudication

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

The Energy program can act quickly on claims involving "specified cancers" at SEC facilities because the EEOICPA provides a presumption that any of the 22 listed specified cancers incurred by an SEC worker was caused by radiation exposure at the SEC facility. The program has not added any new classes to the SEC since September 30, 2021. There are 129 established SEC classes at 79 facilities (excluding statutory classes). When NIOSH adds a new class of employees to the SEC, DOL reviews all potentially affected cases and determines whether the employee in question meets the criteria for inclusion in the new class. DOL reopens the previously denied claim meeting the new SEC class definition for additional development and a new decision.

For cases involving claimed cancers that are not covered by SEC provisions under Part B (including cancers incurred at a non-SEC facility, a non-specified cancer incurred at an SEC facility, or an employee who did not have sufficient employment duration to qualify for the SEC designation), there is an intervening step to

determine causation called "dose reconstruction." In these instances, once DOL determines that a worker was a covered employee and that they had a diagnosis of cancer, DOL refers the case to NIOSH so that NIOSH can estimate the individual's radiation dose. After NIOSH calculates a dose estimate for the worker, DOL takes this estimate and applies the methodology promulgated in the HHS probability of causation regulation to determine if the dose estimate meets 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% or greater probability.

Adjudication under Part E involves collecting, developing, and evaluating data to determine whether a covered DOE contractor or subcontractor employee developed an illness from occupational exposure to a toxic substance. This includes assessing health effects, utilizing the Site Exposure Matrices (SEM), assessing potential exposure to toxic substances, and establishing causation. As part of the adjudication process, the Energy program makes referrals to medical health scientists who assist by providing expert consultive input about different claim topics. These experts include specialists in the fields of health physics, industrial hygiene, nursing, and toxicology. In addition, the district offices can make a referral to a Contract Medical Consultant (CMC), a contracted physician, who can assist with the clarification of a diagnosed illness, evaluate causality between toxic substance exposure and disease, and assess the medical necessity of ancillary medical benefits. Energy Table 4 shows medical consultations and referrals in fiscal years 2023 and 2024.

Energy Table 4 – Medical Consultations and Referrals, Fiscal Years 2023 and 2024

Activity	2023	2024
Health Physics Reviews	55	36
Industrial Hygiene Exposure Characterizations	4,483	4,875
Nurse Consultant Evaluations	619	267
Toxicology Assessments	24	26
Energy Program Referrals to a CMC	2,505	4,071

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 2023, DOL approved benefits for 43% of Part B claims and 74% of Part E claims. In fiscal year 2024, DOL approved benefits for 45% of Part B claims and 70% of Part E claims. Energy Table 5 provides the number of reviews, hearings, and decisions by type for fiscal years 2023 and 2024.

Energy Table 5 – Reviews, Hearings, and Decisions, Fiscal Years 2023 and 2024

Parts B and E	2023	2024
Number of claims with a Recommended Decision – District Office	24,528	25,163
Number of claims with a Final Decision – FAB	24,061	26,709
Number of Reviews of the Written Record requests received – FAB	1,247	1,949
Number of oral hearings conducted – FAB	273	431
Number of remands – FAB	3,432	4,389

The Energy program continued its strong record of performance, focusing on both timeliness and quality standards for the claims adjudication and decision-making processes in both the district offices and the FAB. Energy Table 6 presents performance targets and results for claims adjudication measures for fiscal years 2023 and 2024.

Energy Table 6 – Performance Measure Results, Fiscal Years 2023 and 2024

Performance Measures	2023 Target	2023 Result	2024 Target	2024 Result
Average number of days to process initial claims – Parts B and E	Contextual[1]	105	Contextual[1]	109
Complete initial processing on Part B and Part E claims within 145 days of receipt	92%	92%	92%	93%
Percent of final hearing decisions issued within 145 days of the hearing request	90%	98%	90%	99%
Percent of sampled Part B and Part E initial claims rated as being accurate	90.50%	96.01%	91.00%	96.85%
Percent of sampled Part B and Part E initial claims with final decisions rated as being accurate	90.50%	95.87%	90.50%	96.68%

[1]While the timeliness data for processing of initial claims is informative, it is not useful for judging agency performance; the Energy program made the performance target contextual in fiscal years 2023 and 2024.

Medical Bill Processing

In addition to adjudicating claims, the Energy program is responsible for ensuring that beneficiaries receive the appropriate benefits – in terms of both compensation and medical benefits. As part of the Energy program benefit structure, OWCP pays for home health care services to severely ill covered employees where medically necessary. The volume of these requests continues to increase due to the aging claimant population and their physical needs. Seeing that beneficiaries receive prompt authorization for medical treatment, and that OWCP pays providers quickly and correctly, is critical to the administration of EEOICPA. Energy Table 7 presents medical bill processing information for fiscal years 2023 and 2024.

Energy Table 7 – Medical Bill Processing Activity, Fiscal Years 2023 and 2024

Volume	2023	2024
Number of medical bills processed	1,057,360	1,398,349
Percent of medical bills processed within 28 days	99.5%	99.8%
Number of newly active enrolled medical providers	3,400	4,970
Number of total active enrolled medical providers (end of year)	23,602	29,147
Number of pharmacies in the Pharmacy Benefits Management Company's network	60,000	82,092

Medical Benefits and Home Health Care Management

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

Consequently, the Energy program centralized the processes for these requests in the Branch of Medical Benefits in the National Office. Staff is comprised of bill payment and coding analysts who assist with making sure payments to providers are timely and accurate, and medical benefit examiners who are responsible for adjudicating medical benefit claims. The program rated 95.24% of sampled Part B and Part E home health care authorizations as accurate in fiscal year 2023 and rated 97.11% of sampled Part B and Part E home health care authorizations as accurate in fiscal year 2024, exceeding the target of 90%.

ENGAGEMENT, CUSTOMER EXPERIENCE, OUTREACH, AND TRAINING ACTIVITIES

During fiscal years 2023 and 2024, the Energy program implemented a robust engagement, outreach, and training program designed to reach various stakeholders and partners. The Branch of Outreach and Technical Assistance (BOTA) developed and conducted training for Energy program staff and developed and implemented comprehensive outreach plans, including local outreach by RCs and Energy program staff, online webinars, and customer experience (CX) surveys designed to improve customer satisfaction and service delivery. Additionally, BOTA collaborated with the Joint Outreach Task Group (JOTG), a group comprised of DOL representatives and partner agencies that meet regularly to plan and coordinate outreach efforts to serve interested parties to the Energy program.

Resource Centers

The Energy Program has a network of RCs located near major DOE sites that provide an initial point-of-contact for workers interested in the program and to individuals filing claims under the EEOICPA. The RCs intake all incoming new calls for the Energy program and refer them to the National/District Offices (including the FAB, Medical Benefits Adjudication Unit, and all other Branches), where appropriate. In fiscal years 2023 and 2024, contract employees at 11 RC sites provided assistance by completing 237,459 calls, assisting claimants in completing necessary claim forms, and gathering documentation that supported

their claims. The staff also assisted with initial claim filing and Part E occupational history development and forwarded all claims and associated documentation to the appropriate district office. Additionally, RCs supported town hall meetings, outreach events, and JOTG events. Energy Table 8 presents the RC's technical assistance accomplishments for fiscal years 2023 and 2024.

Energy Table 8 – Resource Center Accomplishments, Fiscal Years 2023 and 2024

Activity	2023	2024
Claims filed	11,575	13,171
Respond to telephone inquiries	102,817	134,642
Follow-up actions with claimants conducted	153,679	166,359
Occupational history interviews conducted	4,656	5,241

Engagement and Customer Experience Activities

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

In fiscal year 2023, the Energy program's Outreach and Customer Experience Unit (CX Unit) within BOTA worked to solicit feedback from interested parties, conduct analyses of data, and made data-driven recommendations for programmatic and procedural improvements. The CX Unit regularly developed surveys and qualitative methodologies for collecting customer feedback at different points in time ("touchpoints") throughout the customer's journey with the Energy program. The Energy program completed three paper survey feedback collections related to the process of applying for wage-loss or impairment, filing for home health care, and requesting approval for oxygen equipment and/or accessories. In addition to these paper surveys, the program developed two new event surveys, a web survey, and revised the existing Energy Document Portal (EDP) survey.

During fiscal year 2024, the program conducted a focus group on the ease of use of the Division of Energy Employees Occupational Illness Compensation (DEEOIC) website and availability of digital resources, as well as individual interviews with claimants, their authorized representatives, and other stakeholders during outreach events. Additionally, the Energy program completed three paper survey feedback collections related to development letters, travel reimbursement, and the experiences of Authorized Representatives (ARs) with the program. The program also revised ongoing feedback collection mechanisms on the EDP, webinars, phone, and RCs in accordance with the latest HISP requirements from OMB. The program published CX data collected from these surveys quarterly on performance.gov and the program met all HISP reporting requirements in both years.

In fiscal years 2023 and 2024, the program utilized information gathered from feedback collections to improve the DEEOIC website, recommend additional EDP functionality, revise webinars and other outreach materials, and develop a new journey map to assist claimants with filing for consequential conditions, which is available on the DEEOIC website at: https://www.dol.gov/agencies/owcp/energy/regs/compliance/customer_experience_survey.

Outreach

The Energy program implements a multifaceted approach to outreach, allowing the program to reach new potential claimants and to educate existing customers, beneficiaries, and others. Through coordination within the program's National and district offices, the RCs, and partner agencies within the JOTG, the program drafted an outreach plan. The purpose of the outreach was 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 implemented many strategies, events, and mechanisms to reach out to those parties interested in our work. In fiscal year 2023, the Energy program continued its monthly webinar series to reach stakeholders who may not be able to attend in-person events. The program presented and moderated discussions related to the adjudication of claims, the people and processes involved, including coordination with our partner agencies, and program updates.

In fiscal year 2024, the Energy program restarted additional types of in-person outreach events that it held on a regular basis prior to the Coronavirus Disease 2019 pandemic remote measures. These event types included Traveling Resource Centers and Energy Outreach Events which are smaller in scale compared to JOTG events. These smaller scale events are typically lower in cost, require less planning and coordination, and occur in areas where JOTG events are not feasible, such as areas where smaller DOE sites or Atomic Weapons Employers and Beryllium vendors operated.

Energy Table 9 presents details on the virtual outreach events sponsored by the Energy program in fiscal years 2023 and 2024.

Energy Table 9 – Energy Program Sponsored Outreach, Fiscal Years 2023 and 2024

2023 and 2024 Energy Program Sponsored Outreach		
Online Webinar Date and Topic	**Principal Audience**	**Number of Participants**
October 2022 Energy Program Customer Experience	All Interested Parties	120
November 2022 New Billing Authorization Codes for Home and Residential Healthcare	All Interested Parties	233

2023 and 2024 Energy Program Sponsored Outreach		
January 2023 Authorized Representative Services and Expectations	All Interested Parties	214
February 2023 Exposure and Causation Presumptions	All Interested Parties	288
March 2023 Upcoming Changes to Pharmacy Benefits	All Interested Parties	246
April 2023 Energy Program Tools and Resources	All Interested Parties	198
May 2023 FAB Roles and Responsibilities	All Interested Parties	197
June 2023 Impairment and Wage Loss	All Interested Parties	132
August 2023 Establishing Survivorship Eligibility	All Interested Parties	132
October 2023 EEOICPA Medical Benefits Overview	All Interested Parties	292
January 2024 Industrial Hygienist Referrals & Reports	All Interested Parties	150
February 2024 Medical Benefit Authorizations	All Interested Parties	289
March 2024 Stakeholder Updates	All Interested Parties	217
June 2024 Energy Program Tools and Resources	All Interested Parties	169
July 2024 Medical Benefits Coverage & Reimbursements	All Interested Parties	178
August 2024 Roles & Responsibilities of the Employees Working on your EEOICPA Claim	All Interested Parties	168
September 2024 Overview of EEOICPA Claims Process	All Interested Parties	190
In-person Date and Location	**Principal Audience**	**Number of Participants**
April 2024 Pahrump, Nevada	Current and former employees of Nevada Test Site, Tonopah Test Range, and survivors	32
May 2024 Amarillo, Texas	Current and former employees of Pantex Plant and survivors	56
June 2024 Ames, Iowa	Current and former employees of Ames Laboratory and survivors	28
June 2024 Burlington, Iowa	Former employees of the Iowa Ordnance Plant and survivors	97
August 2024 Livermore, California	Current and former employees of Lawrence Livermore National Laboratory and survivors	101

Joint Outreach Task Group

The JOTG consists of representatives from the DOL's Energy program, DOL's Office of the Ombudsman for EEOICPA, NIOSH, the Ombudsman to NIOSH for the EEOICPA, DOE, and DOE's Former Worker Program. As a part of the Energy program's outreach strategy, the program offered JOTG agencies opportunities to participate in program webinars. During these webinars, the JOTG representatives presented information regarding their respective agencies' roles in the adjudication of claims under the EEOICPA. Energy Table 10 displays JOTG sponsored outreach activities completed in fiscal years 2023 and 2024 (this is a subset of the outreach outlined in Energy Table 9).

Energy Table 10 – JOTG Sponsored Outreach, Fiscal Years 2023 and 2024

2023 and 2024 JOTG Sponsored Outreach Events		
Online Webinar Date and Topic	**Principal Audience**	**Number of Participants**
July 2023 Establishing Covered Employment	All Interested Parties	131
April 2024 Claims for Cancer under the EEOICPA (DEEOIC & NIOSH)	All Interested Parties	194
May 2024 Updates for the RECA (DEEOIC & DOJ)	All Interested Parties	165
In-person Date and Location	**Principal Audience**	**Number of Participants**
February 2023 North Las Vegas, Nevada	Current and former nuclear weapons workers of the Nevada Test Site, Tonopah Test Range, any person involved in uranium mining, milling, and ore transport, and survivors	175
March 2023 Pahrump, Nevada	Current and former nuclear weapons workers of the Nevada Test Site, Tonopah Test Range, any person involved in uranium mining, milling, and ore transport, and survivors	25
April 2023 Oak Ridge, Tennessee	Authorized Representatives	15
April 2023 Oak Ridge, Tennessee	Current and former nuclear weapons workers of the Oak Ridge Gaseous Diffusion Plant, Oak Ridge National Laboratory, Oak Ridge Thermal Diffusion Plant, the Y-12 Plant, and survivors	288
May 2023 Richland, Washington	Current and former nuclear weapons workers of the Hanford Site, Pacific Northwest National Laboratory, and survivors	225
June 2023 Farmington, New Mexico	Uranium miners, millers, and ore transporters as well as current and former nuclear weapons workers and survivors	87

2023 and 2024 JOTG Sponsored Outreach Events		
June 2023 Shiprock, New Mexico	Uranium miners, millers, and ore transporters as well as current and former nuclear weapons workers and survivors	97
June 2023 Kayenta, Arizona	Uranium miners, millers, and ore transporters as well as current and former nuclear weapons workers and survivors	127
August 2023 Hamilton, Ohio	Current and former nuclear weapons workers of the Feed Materials Production Center, Mound Plant, and survivors	133
September 2023 Arvada, Colorado	Current and former nuclear weapons workers of the Rocky Flats and survivors	168
April 2024 Portsmouth, Ohio	Current and former nuclear weapons workers of the of the Portsmouth Gaseous Diffusion Plant and other facilities located in Southern Ohio, and survivors	125
May 2024 Kansas City, Missouri	Current and former nuclear weapons workers of the Kansas City Plant and survivors	118
July 2024 Naperville, Illinois	Authorized Representatives	28
July 2024 Naperville, Illinois	Current and former employees of Argonne National Laboratory, Fermi National Accelerator Laboratory, and survivors	21
September 2024 Albuquerque, New Mexico	Current and former employees who worked at Sandia National Laboratories, or well as uranium miners, millers & ore transporters, and survivors	66
September 2024 Gallup, New Mexico	Current and former nuclear weapons workers of the Hanford Site, Pacific Northwest National Laboratory, and survivors	67
September 2024 Grants, New Mexico	Uranium miners, millers, and ore transporters as well as current and former nuclear weapons workers and survivors	78

Energy Program Staff Training and Development

In fiscal year 2023, the Energy program continued to improve and update staff guidance and advancement material by consistently enhancing organizational education through asynchronous training. The program developed nine online and classroom-based education opportunities for staff. These included a synchronous hybrid decision writing curriculum which encompassed all aspects of writing techniques and policy instruction, as well as training courses on case and workload management; Exposure Matrices; advanced evaluation of medical evidence; reduction of benefits; and the FAB process. Additionally, the program developed two training vignettes on impairment and wage-loss. BOTA continued to work in association with the Energy program field staff, the Staff Education and Mentoring Unit (SEAM), and the Policy Branch to identify key areas of need for claims staff education. Additionally, SEAM extended mentorship and guidance to new claims staff, which led to improved accuracy and timeliness of claims development and adjudication.

In fiscal year 2024, the program increased development and deployment of technical and soft-skills training to field staff by offering a total of 13 education opportunities consisting of self-paced modules, instructor-led workshops, facilitated discussions, jobs aids, and interactive presentations. These opportunities covered various aspects of claims adjudication (Initial Development; Using ECS Reports; Reviewing and Weighing Scientific and Medical Evidence; Consequential Conditions; Utilizing SEM; Developing for Impairment Benefits; Industrial Hygiene Referrals; Decision Writing; and Searching OWCP Imaging System (OIS)), as well as soft skills (Time Management and Workload Management), and Medical Benefits specific training (Analyzing Medical Necessity for Nurse Consultants). Additionally, BOTA developed a Training Development Standard Operating Procedure that will streamline the training development process and offer an efficient method for aligning training needs with a targeted response that will ensure prioritized delivery of training based on a multifactorial analysis of needs, resources, and organizational benefits.

PROGRAM MANAGEMENT AND INTEGRITY

During fiscal years 2023 and 2024, the Energy program ensured proper claims handling and payments by ensuring that the program provided technical training to staff in attaining accurate and necessary evidence to support benefits requests and to facilitate medical services related to accepted condition(s) authorized for payment. Throughout the fiscal year, the program continued to conduct quality assurance reviews and supervisory sampling of decisions of all aspects of the development, adjudication, and payment of claims and implemented resulting training or policy improvements from ongoing analyses of these reviews. Additionally, the Program Integrity Analysts in the Performance Management Branch's Performance Auditing Unit conducted monthly audits of bill processing.

Program Integrity

Program Integrity Analysts conducted analyses, investigations, audits, and provided reports regarding whether payments made to claimants or providers were accurate and appropriate and aligned with necessary treatments for approved conditions. Because this unit is intended to reduce or eliminate improper payments, waste, fraud, or abuse, their work includes interactions with various federal staff, providers, and contractors, and may result in a spectrum of actions, including but not limited to: the provision of training for providers; recommendations for changes to systems, policies, procedures, or regulations; and referrals to the DOL Office of the Solicitor or Office of Inspector General (OIG) for criminal fraud investigative actions.

In fiscal years 2023 and 2024, the Program Integrity Unit conducted 84 audits. The Unit's work resulted in 448 provider findings and 36 referrals to the Branch of Medical Benefits for overpayment collections. The Unit coordinated with law enforcement partners, including the OIG, by responding to over 90 OIG requests for information about provider's billing and payment history, and by providing information and research on claimant death certificates, authorizations, and nurses and physician notes. The Unit's coordination with OIG resulted in a civil settlement of $9 million to resolve alleged violations of the False Claims Act by an enrolled Home and Residential Healthcare provider and a civil settlement of $800,000 by an enrolled pharmacy. As a result of the Unit's reviews, the Energy program has seen a reduction in Home and Residential Health Care and Durable Medical Equipment improper payments by 14% and 35%, respectively, from fiscal years 2023 and 2024.

Quality Assurance

During fiscal years 2023 and 2024, Quality Assurance Analysts performed over 20,000 bi-weekly assessments of decisional activities by all Claims Examiners, Medical Benefits Examiners, and Hearing Representatives. They conducted ongoing adjudication quality and accuracy reviews and provided immediate individual feedback directly to supervisors and then produced quarterly reports related to trends, strengths, and opportunities for improvements at various programmatic levels. Additionally, claims unit supervisors conducted monthly sampling to inform staff training needs, and to improve the quality and consistency of work. These reviews identified program weaknesses which resulted in the implementation of updated procedural language in the Energy program's Procedure Manual.

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 Compensation System: The Energy program uses the ECS as their claims management application program. It houses information on the development, adjudication, and compensation of all Energy claims. There were 14 software release updates to ECS during fiscal year 2023, predominately related to improving system operations and claims management. A major focus of the Energy program was enhancing the Ancillary Medical Benefits Module to allow for ECS to improve efficiency and accuracy in adjudication of requests for authorization of travel expenses by creating a Travel Module. In fiscal year 2024, there were 10 software release updates to ECS related to streamlining access to ECS and related systems through single sign on functionality and improving communication between the systems (ECS, OIS, and Correspondence Creation and Tracking System (CCAT)). The single sign on for ECS significantly reduced the user's time completing administrative functions necessary for adjudication.

Energy Document Portal and the Central Mail Room: The EDP allows Energy program claimants to upload documents directly into their imaged case files and electronically submit claim and benefit forms. In fiscal year 2023, the program added forms EE-3 (Employment History), OWCP-915 (Claim for Medical Reimbursement), and OWCP-957 (Medical Travel Refund Request) to the list of forms in EDP that allows digital signatures on new applications and payment forms that previously required wet signatures. In fiscal year 2024, new forms were added to EDP including OWCP-957A (Medical Travel Refund Request-Mileage); OWCP-957B (Medical Travel Refund Request-Expense); EE-1A (Claim for Consequential Illness Benefits); EE/EN-10 (Impairment/Wage-Loss Benefits Claim); EN-11A (Impairment Benefits Response Form); and EN-11B (Wage Loss Benefits Form). Also, to ensure complete customer support, an email address was created (EDPSupport@dol.gov) to provide prompt and thorough support to any user who may experience technical issues submitting forms or uploading documents. Claimants may still submit the documents via mail. However, the digital submission of forms expedites receipt of documents and the identity verification process with an attached verified digital signature on claims and benefits forms is even more secure.

The program continues to utilize a Central Mail Room (CMR) to process incoming correspondence received through the mail and transmit it to the OIS for electronic access. Energy Table 11 shows the

number of documents submitted through EDP and through the CMR in fiscal years 2023 and 2024. Additionally, the program updated the upload document functionality by removing the size limitation of four megabytes, and made enhancements to the document crossmatch file, greatly improving the customer's ability to upload documents.

Energy Table 11 – EDP and CMR Activity, Fiscal Years 2023 and 2024

Activity	2023	2024
EDP documents received (general/claims forms without digital signature)	159,784	195,537
EDP claim forms received with digital signature	2,975	6,485
CMR documents transmitted to OIS	46,814	47,026

OWCP Imaging System: The OIS is a web-based application that enables Energy program staff to view electronic images of documents associated with case files. In fiscal year 2023, the program implemented Single Sign On for OIS, enabling access to the system using their Windows credentials, removing the requirement to enter a username or password. Finally, the OIS team developed a process to quickly place AR change of address documents into the affected case files, saving hours of work compared to when done manually. The program made no enhancements to OIS in fiscal year 2024.

Correspondence Creation and Tracking System: The CCAT is a tool that pulls case-specific information from the ECS and places it within correspondence issued to various groups of interested parties, leading to a reduction in errors and faster correspondence creation time. In fiscal years 2023 and 2024, the program created 178,148 documents using CCAT, an increase when compared to previous fiscal years. In addition to adding 12 new letters to CCAT, the program incorporated a new approval process that includes the use of electronic signatures. The program made major enhancements to CCAT, including adding a feature that links documents automatically into ECS correspondence, which automated the formerly manual process and streamlined the preparation and approval process for letter decisions, greatly reducing the time spent preparing decisions issued by letter.

OWCP Employees' Compensation Operations and Management Portal: OWCP provides case information for Energy program claimants, their ARs, as well as direct access to medical and pharmaceutical bill pay information for Energy and Black Lung programs' claimants. In fiscal years 2023 and 2024 approximately 11,158 Energy claimants registered to use the system. There were 96 ARs registered to use the system, with access to approximately 29,376 Energy claimant cases. To ensure complete customer support, an email address was created (Support@ecomp.dol.gov) for Energy claimants in order to provide prompt and thorough support to any user who may experience login and technical issues with the system. Additionally, the Energy program continued to offer outreach and online training on registering and using the system throughout the fiscal years.

Center for Construction Research and Training: Formerly called the Center to Protect Workers' Rights, the Center for Construction Research and Training has continued its work under contract with the Energy program. The program tasked the Center for Construction Research and Training with

electronically tracking all evidence collected or received in support of a contractor or subcontractor relationship with the DOE. The web-accessible database that the Center for Construction Research and Training created for this purpose identifies and confirms the existence of contractual relationships between contractor, subcontractor employers, and certain covered facilities. The database is available to claims examiners for use in the adjudication of claims. Additionally, a publicly accessible version of the database is available online at https://btcomp.dol.gov/.

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 2023, the Center for Construction Research and Training added 257 new subcontractors to the database, and responded to 175 requests for assistance from claims examiners. Additionally, a total of 5,044 members of the public viewed the database 70,744 times. During fiscal year 2024, the Center for Construction Research and Training added 501 new subcontractors to the database, with a total of 15,178 contractors and subcontractors. The Center for Construction Research and Training also responded to 318 requests for assistance from claims examiners. A total of 9,799 members of the public viewed the database 74,157 times.

Site Exposure Matrices: SEM is a repository of information about toxic substances present at different facilities associated with the production and testing of nuclear weapons. It also provides information about humanistic health effects from exposure to certain toxic substances. SEM is an assistive resource used by Energy program staff that provides relational data about parameters of employment including labor category, work process or location, and potential contact with toxic substances. The program coordinates with a contractor to update SEM as new exposure data becomes available and to maintain web access to the system. The public version of SEM is available online at https://www.sem.dol.gov/.

The program received 135 SEM e-mail inquiries and 33 public Internet Accessible SEM (IAS) inquiries during fiscal years 2023 and 2024. Based on these inquiries, the Energy program updated 23 site profiles. The program updated the IAS twice in fiscal year 2023 (during December 2022 and June 2023) and twice in fiscal year 2024 (during December 2023 and June 2024). As of September 30, 2024, the SEM housed information on more than 16,766 toxic substances or chemicals used at 141 DOE sites and approximately 4,000 additional RECA sites (including uranium mines, mills, ore buying stations, and ore transporters covered under the EEOICPA). At the end of fiscal year 2024, the SEM Library contained 27,645 documents.

OMBUDSMAN FOR THE ENERGY EMPLOYEES OCCUPTIONAL ILLNESS PROGRAM[6]

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.

[6] It should be noted that this office is separate and distinct from new Office of the Ombuds for OWCP, which is an internal office within OWCP that takes complaints and addresses concerns related to the other three programs within OWCP (the FECA, Longshore, and Black Lung programs).

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

ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH

The National Defense Authorization Act of 2015 (Public Law 113-291), as amended, modified the EEOICPA to include Section 3687, creating the Advisory Board on Toxic Substances and Worker Health to advise the Secretary of Labor (as delegated by Executive Order 13699) concerning technical aspects of the Energy program. The Advisory Board is charged with advising the Secretary on six statutorily-specified technical issues related to EEOICPA: DOL's SEM; medical guidance for claims examiners with respect to the weighing of medical evidence of claimants; evidentiary requirements for claims under Part B related to lung disease; the work of Industrial Hygienists, 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.

In fiscal years 2023 and 2024, the Board submitted six sets of recommendations to the Secretary. The Department provided responses to each recommendation including information about the use of employee-specific data in characterizing the extent of toxic substance exposure; proper weighing of CMC opinions; the addition of an exposure characterization summary table in Industrial Health reports; assessment of CMC performance; designating a single program staff person at each district office to serve as a point of contact for terminally ill claimants; the use of the Occupational History Questionnaire in industrial hygiene assessments; adding aliases for Parkinsonism in the SEM; and notifying the Board of any updates made to SEM.

Per Section 3687(i), as amended in 2023, the Advisory Board shall terminate on December 19, 2029. For more information, see the Advisory Board's website at: https://www.dol.gov/agencies/owcp/about/AdvisoryBoard.

APPENDICES

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APPENDIX A: TABLES

Federal Employees' Compensation Act (FECA) Program Tables

Table A1 – Federal Employees' Compensation Rolls, Fiscal Years 2014 – 2024 (Cases at End-of-Year)

Type	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Periodic Roll	46,415	45,412	43,656	42,577	41,417	40,168	37,847	38,058	37,485	37,200	38,685
Long-Term Disability	42,762	42,128	40,524	39,572	38,551	37,441	35,256	35,334	34,797	32,622	33,815
Death	3,653	3,284	3,132	3,005	2,866	2,727	2,591	2,724	2,688	2,632	2,541

Table A2 – Federal Employees' Compensation Program Summary of Claims Activity, Fiscal Years 2014 – 2024

Incoming Cases	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Cases Created	114,316	112,332	109,249	108,406	106,956	100,534	90,744	96,457	182,318	117,181	92,193
Traumatic	100,124	98,974	96,750	95,962	94,811	89,166	80,686	86,877	173,584	102,493	78,031
Occupational Disease	14,488	13,549	13,084	12,402	12,146	11,283	9,919	9,455	8,478	14,553	14,071
Fatal Cases	93	103	128	120	91	71	131	220	244	135	91
Wage-Loss Claims Received	206,778	195,042	179,809	184,843	180,607	179,169	131,773	128,329	145,889	160,373	188,815

Table A3 – Federal Employees' Compensation Program Expenditures and Allocated Funding, Fiscal Years 2014 – 2024 ($ thousands)

Category	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Expenditures	$3,103,626	$3,173,085	$3,264,535	$2,995,372	$3,164,346	$3,096,789	$3,057,540	$3,030,965	$3,109,662	$3,414,003	$3,871,449
Total Benefits	2,944,428	3,013,578	3,202,966	2,940,947	3,110,035	3,039,017	2,985,745	2,967,484	3,058,933	3,354,535	3,829,025
Compensation Benefits	1,854,931	1,943,121	1,930,729	1,879,237	2,000,724	2,005,406	2,097,577	2,042,171	2,200,887	2,418,991	2,837,314
Medical Benefits	959,403	951,308	1,106,487	908,927	949,490	883,859	745,841	788,959	710,904	796,783	851,531
Survivor Benefits	130,094	167,899	165,751	152,784	159,822	149,752	142,327	136,354	147,142	138,760	140,179
Total Allocated Funding	159,198	158,517	162,689	169,005	173,858	177,447	177,447	194,086	205,036	190,286	190,252
American Rescue Plan Act of 2021[1]	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,101	19,164	1,289	N/A
Salaries and Expenses	97,242	98,447	100,519	102,330	102,670	102,670	102,670	102,727	104,952	107,245	107,245
Fair Share	60,017	60,334	62,170	66,675	71,188	74,777	74,777	80,257	80,920	81,752	83,007

[1]Not applicable (N/A).

Table A4 – Federal Employees' Compensation Program Chargeback Costs, by Major Federal Agency, Chargeback Years[1] 2014 – 2024 ($ thousands)

Agency	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Total Costs	$2,894,429	$2,987,192	$3,001,244	$2,780,096	$2,780,902	$2,731,820	$2,624,192	$2,571,500	$2,540,011	$2,718,410	$2,964,272
U.S. Postal Service	1,306,840	1,382,944	1,410,617	1,282,076	1,303,681	1,278,975	1,239,317	1,311,251	1,225,075	1,341,807	1,501,625
Department of the Navy	213,717	206,012	196,612	189,311	180,078	171,819	162,500	178,370	147,352	148,758	149,968
Department of Veterans Affairs	202,300	213,914	219,188	196,957	200,125	195,300	190,103	191,533	179,532	190,732	205,580
Department of Homeland Security	181,225	196,190	216,461	206,142	215,095	220,286	208,427	177,253	216,023	235,023	261,712
Department of the Army	162,699	164,437	158,791	148,834	146,479	140,325	131,676	128,962	123,465	109,599	116,681
Department of the Air Force	120,541	118,230	112,217	102,811	99,690	97,839	93,862	92,893	87,032	92,972	96,779
Department of Justice	119,872	124,399	123,960	119,900	121,820	125,260	125,579	93,206	126,494	136,894	157,800
Department of Transportation	89,411	88,862	85,767	81,207	78,613	76,094	73,597	35,849	68,525	68,103	67,700
Department of Agriculture	70,725	69,234	70,621	65,645	61,012	60,556	56,011	57,121	52,665	53,542	58,490
Department of Defense, other	64,820	63,719	62,359	56,809	56,337	54,181	51,672	48,749	47,130	67,189	68,245
All Other Agencies	362,280	359,252	344,650	330,405	317,972	311,185	291,448	256,312	266,718	273,791	279,692

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

Longshore Program Tables

Table B1 – Longshore Injury and Death Claims, Fiscal Years 2014 – 2024

Lost-Time Injuries	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number of Reported injuries and deaths	27,212	23,939	24,333	27,237	28,208	30,682	34,553	39,414	35,948	35,239	46,961
Number of cases of injury and death reported under the Defense Base Act	7,876	5,867	6,089	6,622	6,694	8,448	15,336	18,596	15,605	15,490	27,342

Table B2 – Total Industry Compensation and Benefit Payments under the Longshore and Harbor Workers' Compensation Act (LHWCA)[1], 2013 – 2023[2] ($ thousands)

Year	Payments By Self-Insured Employers	Payments By Insurance Carrier	Total Payments
2013	$417,776	$927,417	$1,345,193
2014	$429,307	$961,542	$1,390,849
2015	$420,839	$892,886	$1,313,724
2016	$415,506	$879,868	$1,295,374
2017	$406,737	$865,076	$1,271,813
2018	$413,349	$737,983	$1,151,332
2019	$424,283	$696,627	$1,120,910
2020	$404,819	$671,379	$1,076,198
2021	$407,975	$851,908	$1,259,883
2022	$445,392	$928,108	$1,373,499
2023	$470,724	$1,030,159	$1,500,883

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

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

Table B3 – National Average Weekly Wage (NAWW) and Corresponding Maximum and Minimum Compensation Rates and Annual Adjustments Under Sections 6(b), 9(e), and 10(f) of LHWCA, Fiscal Years 2015 – 2024

Year	NAWW	Maximum Payable[1]	Minimum Payable	Annual Increase in NAWW[2]
2015	$688.51	$1,377.02	$344.26	2.25%
2016	$703.00	$1,406.00	$351.50	2.10%
2017	$718.24	$1,436.48	$359.12	2.17%
2018	$735.89	$1,471.78	$367.94	2.46%
2019	$755.38	$1,510.76	$377.69	2.65%
2020	$780.04	$1,560.80	$390.02	3.26%
2021	$816.35	$1,632.70	$408.18	4.65%
2022	$863.49	$1,726.98	$431.75	5.77%
2023	$916.99	$1,833.98	$458.50	6.20%
2024	$963.29	$1,926.58	$481.65	5.05%

[1]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)).

[2]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 2014 – 2024 ($ thousands)[1]

Year	Total	Second Injury Cases[2]	Pre-Amend. Cases[3]	Rehab.[4]	Other[5]	Number of Second Injury Cases
2014	$118,802	$109,286	$1,172	$1,689	$6,656	3,643
2015	$113,865	$104,695	$1,048	$1,543	$6,579	3,639
2016	$110,114	$99,483	$962	$1,083	$6,577	3,547
2017	$108,229	$91,995	$1,025	$748	$8,732	3,340
2018	$101,843	$89,137	$1,725	$751	$9,959	3,116
2019	$97,697	$85,498	$1,640	$393	$9,541	3,001
2020	$98,315	$86,728	$1,550	$109	$9,665	2,839
2021	$91,557	$80,221	$708	$107	$10,521	1,936
2022	$87,716	$78,181	$657	$92	$9,017	1,870
2023	$84,591	$74,784	$573	$105	$9,129	1,810
2024	$88,967	$77,104	$491	$41	$8,906	1,800

Table B5 – DCCA Special Funds' Expenditures, Fiscal Years 2014 – 2024 ($ thousands)[1]

Year	Total	Second Injury Cases[2]	Pre-Amend. Cases[3]	Rehab.[4]	Other[5]	Number of Second Injury Cases
2014	$8,200	$7,487	$412	$6	$296	437
2015	$8,371	$7,154	$389	$0	$828	429
2016	$7,200	$6,445	$360	$0	$93	420
2017	$5,825	$5,759	$361	$0	$459	405
2018	$7,005	$5,468	$575	$0	$960	370
2019	$6,477	$5,063	$481	$0	$933	359
2020	$6,195	$4,972	$452	$0	$924	344
2021	$5,892	$4,698	$204	$0	$990	235
2022	$5,102	$4,071	$177	$0	$855	235
2023	$5,111	$4,152	$196	$0	$763	230
2024	$4,960	$3,767	$153	$0	$763	225

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

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

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

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

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

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

Table B6 – LHWCA Special Funds' Assessments, 2014 – 2024 ($ thousands)[1]

Year	Total Industry Assessments[2]	Preceding Year Total Industry Payments[3]	Assessment Base Year
2014	$118,000	$946,294	2013
2015	$110,000	$908,059	2014
2016	$110,000	$953,833	2015
2017	$114,000	$961,033	2016
2018	$107,000	$948,926	2017
2019	$100,000	$832,150	2018
2020	$94,000	$820,509	2019
2021	$90,000	$799,935	2020
2022	$84,000	$956,408	2021
2023	$85,000	$1,062,957	2022
2024	$87,000	$1,194,642	2023

Table B7 – DCCA Special Funds' Assessments, 2014 – 2024 ($ thousands)[1]

Year	Total Industry Assessments[2]	Preceding Year Total Industry Payments[3]	Assessment Base Year
2014	$5,000	$3,404	2013
2015	$8,000	$2,910	2014
2016	$6,000	$2,338	2015
2017	$6,000	$2,269	2016
2018	$7,000	$1,082	2017
2019	$5,000	$1,983	2018
2020	$6,000	$2,057	2019
2021	$6,000	$1,765	2020
2022	$4,000	$1,367	2021
2023	$5,000	$1,076	2022
2024	$5,000	$1,023	2023

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

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

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

Black Lung Program Tables

Table C1 – Part C Black Lung Claim Decisions at the District Director Level, Fiscal Years 2014 – 2024

Year	Total Approvals[TF]	Total Approvals[RO]	Total Approvals[1]	Merit Denials[2]	Non-merit Denials[TF, 3]	Non-merit Denials[RO, 3]	Total Denials	Survivor Entitlements[4]	Total Decisions	Approval Rate[5]
2014	92	518	610	2,664	224	1,719	4,607	Not Applicable (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	285	1,113	1,398	2,761	542	1,975	5,278	N/A	6,676	33.61%
2019	181	1,014	1,195	2,458	460	2,126	5,044	N/A	6,239	32.71%
2020	225	793	1,018	2,241	517	1,860	4,618	478	6,114	31.24%
2021	204	684	888	1,879	515	1,723	4,117	554	5,559	32.09%
2022	231	654	885	1,877	624	2,205	4,706	542	6,133	32.04%
2023	169	638	807	1,696	496	1,855	4,047	516	5,370	32.24%
2024	199	615	814	1,767	617	1,841	4,225	503	5,542	31.54%

[TF]Black Lung Disability Trust Fund liability

[RO]Responsible coal mine operator (RMO) liability

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

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

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

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

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

Table C2 – Part C Number of Beneficiaries, Fiscal Years 2014 – 2024[1]

Class of Beneficiary		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Part C Primary Beneficiaries[2]	**Miners**	5,917	5,974	6,363	6,792	7,262	7,751	7,951	7,866	7,764	7,819	7,872
	Surviving Spouse	14,801	13,558	12,510	11,554	10,661	9,886	9,148	8,562	8,034	7,732	7,456
	Others	1,142	1,123	1,108	1,084	1,039	1,006	976	919	864	807	769
	Total Primary Beneficiaries	21,860	20,655	19,981	19,430	18,962	18,643	18,075	17,347	16,662	16,358	16,097
Dependents of Primary Beneficiaries	**Dependents of Miners**	4,703	4,871	5,237	5,700	6,147	6,576	6,735	6,667	6,549	6,548	6,523
	Dependents of Surviving Spouse	510	483	483	459	435	402	384	385	372	362	370
	Dependents of Others	101	102	97	90	81	78	71	64	59	57	60
	Total Dependents	5,314	5,456	5,817	6,249	6,663	7,056	7,190	7,116	6,980	6,967	6,953
Total, Part C Beneficiaries		27,174	26,111	25,798	25,679	25,625	25,699	25,265	24,463	23,642	23,325	23,050

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

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

Table C3 – Part B Number of Beneficiaries, Fiscal Years 2016 – 2024[1]

Class of Beneficiary		2016	2017	2018	2019	2020	2021	2022	2023	2024
Part B Primary Beneficiaries	**Miners**	622	509	408	325	277	215	161	118	101
	Surviving Spouse	8,012	6,784	5,790	4,847	4,049	3,352	2,729	2,226	1,821
	Others	2,774	2,590	2,433	2,272	2,126	1,972	1,800	1,654	1,542
	Total Primary Beneficiaries	11,408	9,883	8,631	7,444	6,452	5,539	4,690	3,998	3,464
Dependents of Primary Beneficiaries	**Dependents of Miners**	358	283	214	165	134	106	78	55	43
	Dependents of Surviving Spouse	303	257	222	189	163	130	107	93	67
	Dependents of Others	221	207	193	177	147	137	111	101	94
	Total Dependents	882	747	629	531	454	373	296	249	204
Total, Part B Beneficiaries		12,290	10,630	9,260	7,975	6,906	5,912	4,986	4,247	3,668

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

Table C4 – Claims Filed Under the Black Lung Benefits Act, Fiscal Years 2014 – 2024

Year	New Claims	Refiled Claims[1]	Successor Claims[2]	Survivor Entitlements[3]	Total
2014	2,877	3,458	589	470	7,394
2015	2,860	2,879	601	478	6,818
2016	3,334	3,114	573	427	7,448
2017	3,021	3,287	600	478	7,386
2018	2,588	3,345	317	423	6,673
2019	2,580	3,471	296	459	6,806
2020	1,783	2,853	213	487	5,336
2021	1,765	2,984	254	549	5,552
2022	1,598	2,695	232	522	5,066
2023	1,704	3,153	214	470	5,566
2024	2,021	3,396	220	483	6,120

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

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

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

Energy Program Tables

Table D1 – Part B Processing Activity on Energy Employees Occupational Illness Compensation Program Act (EEOICPA) Cases/Claims Issued, Program Inception through September 30, 2024

Case Status/Claims Activity	Case[1]	Claim[2]
Total Received	122,580	191,277
Number of Cases/Claims with Final Decisions Issued – Final Adjudication Branch (FAB)[3]	116,138	175,229
Final Approved	62,880	96,130
Final Denied	53,258	79,099

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

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

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

Table D2 – Part B EEOICPA Cases/Claims with Approved Decisions and Payments by Category, Program Inception through September 30, 2024

Category	Number of Approved Cases[1]	Percentage of Total Final Approvals by Case	Number of Approved Claimants	Number of Paid Claimants[1]	Total Compensation Paid to Claims[2] ($ thousands)	Percentage of Total Compensation Paid to Claims
Radiation Exposure Compensation Act (RECA)[3]	8,952	14.2%	14,563	13,673	$463,560	5.8%
Special Exposure Cohort Cancer (CN)	31,659	50.3%	51,001	49,857	$4,666,925	58.5%
Dose Reconstructed Cancer (CN)	8,499	13.4%	12,260	16,439	$1,761,222	22.1%
Beryllium Disease (CBD)[4]	2,585	4.1%	3,365	3,305	$384,516	4.8%
Beryllium Sensitivity-Only (BS)[5]	1,994	3.2%	2,043	Not Applicable (N/A)	N/A	N/A
Silicosis (CS)	2,735	4.3%	3,033	2,950	$386,731	4.8%
Multiple Conditions[6]	6,506	10.3%	9,865	3,366	$320,993	4.0%
Total	62,880	100.0%	96,130	89,590	$7,983,947	100.0%

[1]There is not a direct correlation between the number of approved cases and the number of paid claimants for two reasons: (1) more than one claimant can receive payment on a single approved case, and (2) the program approved some cases before September 30, 2022, but the program did not issue payments.

[2]Represents total lump sum compensation payments from Energy Employees Occupational Illness Compensation program inception to September 30, 2024.

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

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

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

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

Table D3 – Part B EEOICPA Claims with Final Decision to Deny, Program Inception through September 30, 2024

Reason for Denial	Number of Claims
Employee Did Not Work at a Covered Department of Energy Facility, Atomic Weapons Employer Facility, or Beryllium Vendor or Did Not Work During a Covered Time	10,833
Alleged Survivor Not an Eligible Beneficiary	9,938
Claimed Condition Not Covered Under Part B of EEOICPA	9,050
Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50%	26,188
Medical Evidence is Insufficient to Establish Entitlement	11,992
Causation other than Probability of Causation	11,098
Total	79,099

Table D4 – Part E Status Cases/Claims with Approved Decisions and Payments, Program Inception through September 30, 2024

Case Status/Claims Activity	Case[1]	Claim[2]
Total Received	119,150	165,517
Number of Cases/Claims with a Final Decisions Issued – FAB[3]	109,828	148,299
Approved	62,183	75,293
Denied	47,645	73,006
Payment Amounts		
Total Wage-loss Payment Amounts	$200,653,374	
Total Lump Sum Payment Amounts	$2,533,648,597	
Total Impairment Payment Amounts	$4,411,047,569	
Total Compensation Payment Amounts	$7,145,349,540	

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

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

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

Table D5 – Part E Processing Activity on All EEOICPA Cases/Claims Received and Payments, Fiscal Years 2023 and 2024[1]

Processing Activity	Case[2]	Case[2]	Claim[3]	Claim[3]
	2023	2024	2023	2024
Referrals to the National Institute for Occupational Safety and Health (NIOSH)[4]	508	596	643	728
Number of Compensation Payments (Unique Cases & Claims)	7,129	7,900	7,161	7,940
Lump Sum Allocations (Unique Cases & Claims)	644	584	670	616
Wage-loss Allocations (Unique Cases & Claims)	107	84	112	92
Impairment Allocations (Unique Cases & Claims)	6,378	7,232	6,379	7,232
Remands	1,647	2,327	1,721	2,399
Payment Amounts	2023		2024	
Total Wage-Loss Payment Amounts	$3,363,600		$3,340,833	
Total Lump Sum Payment Amounts	$58,973,720		$51,494,167	
Total Impairment Payment Amounts	$441,928,182		$468,568,287	
Manual Payment Amounts	$0		$0	
Total Compensation Payment Amounts	$504,265,502		$523,403,287	

[1]Activity statistics capture actions made during fiscal years 2023 and 2024 only, therefore the number of activities reported do not add up to the total number of cases/claims received during fiscal years 2023 and 2024. (Many activities recorded occurred on cases/claims received prior to fiscal years 2023 and 2024).

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

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

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

APPENDIX B: ACRONYMS

ABRWH	Advisory Board on Radiation and Worker Health
ARPA	American Rescue Plan Act of 2021
AI	Artificial Intelligence
AR	Authorize Representative
CBD	Beryllium Disease
BS	Beryllium Sensitivity or Beryllium Sensitivity-Only
BLBA	Black Lung Benefits Act of 1972
BOTA	Branch of Outreach and Technical Assistance, Energy Program
CMR	Central Mail Room
C.O.A.L.	Claimant Online Access Link Mine Portal
CE	Claims Examiner
COP	Continuation of Pay
CMC	Contract Medical Consultant
COVID-19	Coronavirus Disease 2019
CCAT	Correspondence Creation and Tracking System
CX	Customer Experience
DBA	Defense Base Act
DOE	Department of Energy
HHS	Department of Health and Human Services
DOJ	Department of Justice
DOL	Department of Labor
DCCA	District of Columbia Workmen's Compensation Act
DEEOIC	Division of Energy Employees Occupational Illness Compensation
DFELHWC	Division of Federal Employees', Longshore and Harbor Workers' Compensation
CN	Dose Reconstructed or Special Exposure Cohort Cancer
ECF	Employees' Compensation Fund
ECOMP	Employees' Compensation Operations and Management Portal
ECS	Energy Compensation System
EDP	Energy Document Portal
EEOICPA	Energy Employees Occupational Illness Compensation Program Act
FECA	Federal Employees' Compensation Act
FAB	Final Adjudication Branch

FTE	Full-time Equivalent
HRSA	Health Resources and Services Administration
HISP	High Impact Service Provider
IAS	Internet Accessible SEM
JOTG	Joint Outreach Task Group
LHWCA	Longshore and Harbor Workers' Compensation Act
MSHA	Mine Safety and Health Administration
NAWW	National Average Weekly Wage
NDAA	National Defense Authorization Act
NIOSH	National Institute for Occupational Safety and Health
N/A	Not Applicable
OIS	OWCP Imaging System
OWCS	OWCP Workers' Compensation System
OIG	Office of Inspector General
OMB	Office of Management and Budget
SOL	Office of the Solicitor
OWCP	Office of Workers' Compensation Programs
PDO	Proposed Decision and Order
RECA	Radiation Exposure Compensation Act
RC	Resource Center
RMO	Responsible Mine Operator
SEAPortal	Secure Electronic Access Portal
CS	Silicosis
SEM	Site Exposure Matrices
SSA	Social Security Administration
SEC	Special Exposure Cohort
SEAM	Staff Education and Mentoring Unit, Energy Program
WHCA	War Hazards Compensation Act
USPS	U.S. Postal Service

APPENDIX C: LOCATION AND DISTRICT OFFICES LIST

FECA Program Locations: 13 Office Locations

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

Longshore Program: Three Compensation Districts with 11 District Suboffices

Eastern Compensation District

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

Southern Compensation District

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

Western Compensation District

- Long Beach, California
- San Francisco, California
- Seattle, Washington

Black Lung Program: Five District Offices

Denver, Colorado

Pikeville, Kentucky

Columbus, Ohio

Greensburg, Pennsylvania

Charleston, West Virginia

Energy Program: Four District Offices

Denver, Colorado

Jacksonville, Florida

Cleveland, Ohio

Seattle, Washington