

Medical Benefits Overview

OWCP | Division of Energy Employees
Occupational Illness Compensation



OWCP

Office of Workers' Compensation Programs
Protecting Injured Workers Responsibly and Compassionately



Goals of this session

- Provide an overview of accepted conditions and medical benefits available to claimants.
- Examine the provider selection process and out of pocket reimbursement.
- Discuss home health care requests, billing, and renewals.

DEEOIC White Card Benefits



Routine Medical Care

Medical Services

Prescriptions

Travel Expenses

Durable Medical Equipment

Home Healthcare

Home Modifications

Ancillary Medical Services

Care Facilities



Coverage for Accepted Conditions



- **Medically necessary care is covered** for any DEEOIC accepted conditions
- Employees who meet the conditions of coverage are entitled to **medical care consisting of services, medications, and supplies prescribed or recommended by a treating physician**
- Care considered likely to cure, give relief, or reduce the degree or the period of the condition by a treating physician



Medical Benefits Coverage

Medical Treatment of Accepted Conditions

- Routine medical care - including office visits, diagnostic services (lab and radiology services)
- Prescription medications
- Other services including inpatient care, outpatient services (chemotherapy, radiation treatment, etc.)

Medical Travel Expenses

- Transportation, lodging, meals
- Miscellaneous expenses (tolls, parking, baggage, etc.)

Durable Medical Equipment

- Wheelchairs, hospital beds, oxygen, and other supplies



Additional Medical Benefits



Accessibility Modifications

Modification to a vehicle or home



Rehabilitative Therapies

Physical, Occupational, or Speech therapy



Home Health Care

Skilled nursing (LPN, RN) or personal assistance (HHA, CNA, PCA)



Extended Care Facilities

Residential nursing home, assisted living facility, etc.



Hospice Care

DEEOIC DOES NOT ENDORSE, RECOMMEND OR REQUEST ANY SPECIFIC TREATMENT, ONLY REVIEWS/APPROVES COMPENSABILITY OF MEDICALLY NECESSARY TREATMENTS PRESCRIBED BY PHYSICIANS.



Provider Selection

- Claimant may choose provider and must notify the appropriate Medical Benefits Examiner (MBE) in writing of any provider change
- DEEOIC does NOT endorse or sponsor medical providers
- **Any provider may enroll with DEEOIC** by meeting simple requirements
 - Licensing credentials
 - Accept electronic payments
- A **list of enrolled providers is available** on the medical bill processing portal
- **Additional benefits require pre-authorization**, including home or vehicle modifications, home health care, durable medical equipment, and other ancillary service requests



DEEOIC Enrolled Providers

- Using an enrolled provider can save time and money:
 - Claimants **do not pay out-of-pocket costs** for treatment with enrolled providers
 - Bills from enrolled providers can be **processed electronically**
- Program pays bills based on an established fee schedule (provider and claimant reimbursement); **patients are not responsible for difference between charged amount versus fee schedule payment**
- Resource Centers will assist providers in the enrollment process
- Detailed provider enrollment information is available on the medical bill processing portal



Medical Second Opinions

- MBEs are trained to work with prescribing or treating physicians to obtain necessary documentation to support claims for medical benefits
- A **Second Opinion Referral** may occur if, for any reason, the prescribing or treating physician is unable to provide the clarifications, support or details required by the MBE to make a decision on the claim
- **Second Opinions** are conducted by licensed physicians and are intended to provide specific medical necessity-related details required so the MBE can determine the compensability of the claim in accordance with our statute, regulations and policies



Out-of-Pocket Reimbursement

Claimant may obtain reimbursement for treatment of accepted illness.



Medical and Prescription Expenses

- Use form [OWCP-915](#) for medical and prescription expenses
- Include detailed description of services (provider must give claimant a bill on the approved billing form)
- Prescription Medication reimbursements require an 11 digit National Drug Code (NDC), day supply and quantity
- Proof of payment required
- Reimbursement will be at the amount identified in the OWCP Fee schedule



Out-of-Pocket Reimbursement

Claimant may also obtain reimbursement for travel to and from treatment of accepted illness.



Travel Expenses

- Use form [OWCP-957 A](#) for **mileage**
- Use form [OWCP-957 B](#) for **other travel expenses**
- Include receipts for airfare, lodging, rental car, gas (if rental approved), and all expenses exceeding \$75
- Travel is authorized at federal per diem
- Companion travel may be approved when medically necessary and supporting written medical rationale is received from the treating physician



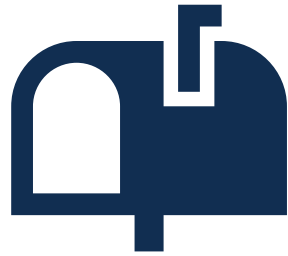
Submitting reimbursement forms



Submit online

OWCP 915, 957A and 957B can be submitted online through the [Energy Document Portal](#)

OWCP 957A and 957B can be submitted online directly to the [Bill Pay Portal](#) for faster processing.



Mail in

- Include case ID number
- Reimbursement requests should be mailed to:

DEEOIC
P.O. Box 8304
London, KY
40742-8304



Drop-off at a Resource Center

Forms can be submitted in-person at any of our 11 [Resource Center locations](#) nationwide



Learn more about Home Health Care



Home Health Care Requests



Home Health Care Review



Home Health Care Authorization



Home Health Care Renewal



Home Health Care Requests

- Require pre-authorization by DOL before services are provided
 - Emergency requests are handled separately and must be initiated by calling the Bill Processing Agent and speaking to the Triage Nurse
- Submit Letter of Medical Necessity and Plan of Care from treating physician, including the following:
 - Claimant must identify his/her treating physician's information on form EE-17A
 - Level of care required i.e., RN, LPN, HHA/PCA or other
 - Frequency of care required i.e., number of hours per day for each type or level of care
 - Time period for which you will require in-home care
 - Medical evidence from non-treating physician is of reduced probative value





Home Health Care Review

- Evaluation by MBE
- Medical necessity –
 - Prescribed by treating physician
 - Linked to accepted illness(es)
 - Evidence of an in-person physical examination performed within the last 60 days
 - Objective medical evidence must demonstrate the need for services and support the treating physician's opinion in the Letter of Medical Necessity





Home Health Care Review

- Insufficient evidence to document medical need triggers development
 - Nurse Consultation Referral
 - Physician asked to clarify medical need
 - Conflicting medical evidence



Home Health Care Authorization

- Written notice of approval or denial will be mailed to claimant & provider; if Home Health Care request is approved, written notice will:
 - Describe billable service level and duration
 - Be granted in 12-month increments or less depending on medical evidence
 - Include billing instructions
- Service charges payable ONLY during authorized dates
 - Bills must be accompanied by service and progress notes
 - Service and progress notes must include the signature of the individual with their appropriate credentials and contain a written narrative of the unique care being provided for each day the provider is in the home



Home Health Care Renewals



Re-authorization requests should be submitted 60 days BEFORE expiration of current care to prevent disruptions

- Updated Plan of Care from provider
- Accompanied by updated medical rationale for continued in-home care based on recent in-person physical exam
- Temporary extension may be granted to allow for development



DEEOIC is here to help

We have many resources available if assistance is needed to understand or process medical benefits:



Bill Processing Portal

Submit medical bills for online processing through the [portal](#) and call (866) 272 – 2682 if assistance is needed



DEEOIC Website

Find self-service information, forms, and sample decisions available 24/7 on the [website](#)



Resource Centers

Visit one of our 11 [Resource Center locations](#) nationwide for full-service assistances to claimants

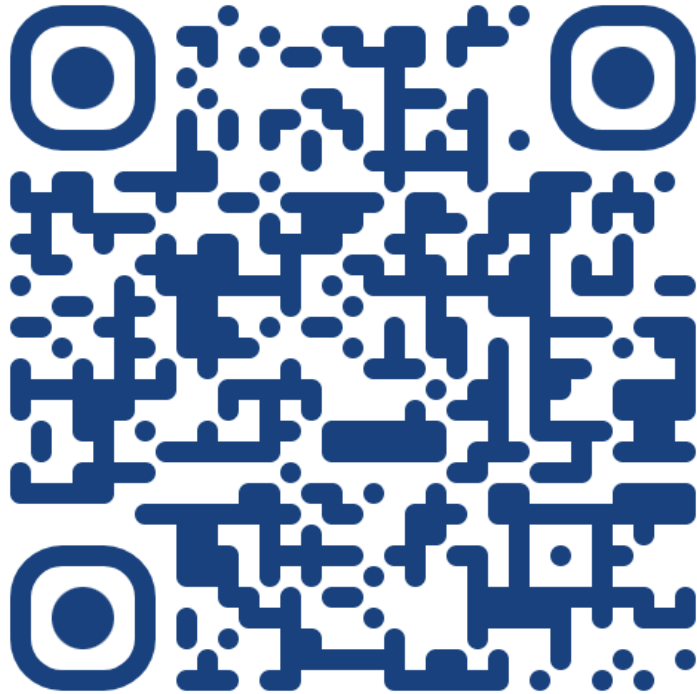


National Hotline

Call (866) 888 – 3322 with questions or to be connected to the right resource



Helpful Links for Medical Benefits



Scan the QR code for mobile access to the following links on the DEEOIC website:

- **DEEOIC website:** <https://www.dol.gov/agencies/owcp/energy>
- **Bill processing portal:** <https://owcpmed.dol.gov/>
- **Resources for Medical Providers:** <https://www.dol.gov/agencies/owcp/energy/medicalproviders>
- **Resource Center Locations:** <https://www.dol.gov/agencies/owcp/energy/regs/compliance/ResourceMeetings/ResourceCenters>
- **Program Contact Information:** https://www.dol.gov/agencies/owcp/energy/regs/compliance/contact_deeoic



Any questions?

Questions can be submitted at any time
to DEEOIC-Outreach@dol.gov.



OWCPC

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