



EEOICPA CIRCULAR NO. 14-01

October 16, 2013

SUBJECT: Carrier Reimbursement Letter

The purpose of this Circular is to provide guidance for all Division of Energy Employees Occupational Illness Compensation (DEEOIC) staff in responding to inquiries from insurance carriers who have provided written correspondence to the DEEOIC regarding the collection of primary payer information to identify and recover medical benefit payments as a part of their coordination of benefits.

Upon receiving correspondence from an insurance carrier attempting to coordinate benefits for a condition which has previously been accepted under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA), the Claims Examiner (CE) is to respond using the accompanying Coordination of Benefits Response Letter, which instructs the carrier to submit all reimbursable charges, including a copy of the original bill and proof of payment, to the bill processing contractor. The Coordination of Benefits Response Letter can be seen as Exhibit 1 below.

Prior to mailing the Coordination of Benefits Response Letter, the CE is required to complete the applicable fields; which include the name and address of the insurance carrier, claimant name and claim number, appropriate ICD-9 code(s) and their status effective date(s).

Christy A Long

for RACHEL P. LEITON

Director, Division of Energy Employees
Occupational Illness Compensation

Distribution List No. 1: Claims Examiners, Supervisory
Claims Examiners, Technical Assistants, Customer Service
Representatives, Fiscal Officers, FAB District Managers,
Operation Chiefs, Hearing Representatives, District Office
Mail & File Section

SUPERSEDED

[DATE]

[COMPANY NAME]

[ADDRESS]

RE : [CLAIMANT'S NAME]

Case # : XXX-XX-XXX

Dear [NAME FROM LETTER],

You have advised the Department of Labor's Office of Workers' Compensation Programs (OWCP), Division of Energy Employees Occupational Illness Compensation (DEEOIC) that it may be the responsible payer for costs incurred by [COMPANY NAME] on behalf of [CLAIMANT'S NAME].

The Privacy Act covers Department of Labor records concerning claims filed under the Energy Employees Occupational Illness Compensation Programs Act (EEOICPA). However, we are authorized to release information to medical insurance or health welfare plans for the purpose of coordinating benefits. As your inquiry relates to the coordination of benefits, we are able to inform you of the medical conditions for which we are the responsible payer.

[CLAIMANT'S NAME] has filed a claim under the EEOICPA, which has been accepted. The Department of Labor is responsible for reimbursement and/or payment of authorized medical expenses incurred for the following covered medical conditions and associated ICD 9 codes:

ICD-9: [ENTER ONE OR MORE APPROVED MEDICAL CONDITION]

Status Effective Date: [ENTER STATUS EFFECTIVE DATE FOR EACH]

To request reimbursement for medical expenses associated with the covered medical conditions, you must be an enrolled provider with OWCP. Enrollment information can be obtained by contacting our medical bill payment contractor at 1-866-272-2682 or visiting <http://owcp.dol.acs-inc.com/portal/main.do>.

Once enrollment is complete, and you have been assigned a provider number, all reimbursable charges, including a copy of the original bill and proof of payment, may be submitted to the address below:

U.S. Dept. of Labor
OWCP/DEEOIC
P.O. Box 8304
London, KY 40742-8304

Reimbursement may only be sought for treatment costs relating to a condition that has been accepted under the EEOICPA. Costs relating to the care of any other medical condition are not the responsibility of OWCP.

If you have any questions regarding the contents of this letter, please contact OWCP/ DEEOIC at the address listed above; or call [DISTRICT OFFICE PHONE #].

Sincerely,

Claims Examiner
District Office