## DIVISION OF ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION Customer Journey Map — Part E — Impairment and/or Wage Loss

Note: Claimants may only pursue compensation for Impairment and/or Wage Loss after receiving a Final Decision accepting a covered condition under Part E. This process is reflected on our Part B journey map.

undertakes development

actions to assist in the

collection of pertinent

medical and earnings

records

**Once CE completes** 

development, CE issues a

**Recommended Decision** 

to accept or deny the

Customer **Stages** 

**Develop Claim** 

Recommended

**Final Decision** 

**Benefits** 

## Customer **Steps**

Customer files a claim for Impairment and/ or Wage Loss benefits. This may only be done after receiving a Final Decision accepting a covered condition under Part E

File

Claim

For Impairment claims, claimant must identify the physician to perform an assessment of permanent whole person impairment due to the effect of accepted illness(es). Claimant has two options: select a qualified physician of their choice or request a referral to a DEEOIC Contract **Medical Consultant (CMC)** 

For Wage Loss claims, claimant must report the date that an accepted condition caused Wage Loss to begin and period for which Wage Loss occurred

For Impairment: Claims Examiner (CE) will authorize the Impairment Evaluation from claimant's selected physician, or the CE will solicit medical records, if needed, for CMC **Impairment Evaluation** 

For a claimant selected physician, DEEOIC will send a letter to the physician to authorize the Impairment Evaluation. **DEEOIC** then sends a letter to the claimant to indicate that they must schedule the Impairment Evaluation. Physician will then submit report to CE

If claimant selects CMC, the CE will refer relevant case evidence to the CMC for review and generation of an impairment report

**Claimant receives** For Wage Loss: claimant **Recommended Decision** must establish that there from CE is qualifying wage loss, and if so, that it was caused at least in part by an accepted illness. CE

**Hearing Representative** 

Claimant agrees with decision and signs waiver

Claimant disagrees with decision and requests a review of the written record or requests hearing

**Case transferred to Final** Adjudication Branch (FAB). **Claimant assigned FAB** 

Claimant has the opportunity to submit new evidence (hearing or review of written record)

If hearing was requested, claimant participates in hearing

FAB reviews case and issues Final Decision to accept or deny or remands case to CE for further development

If accepted, claimant is approved for benefits

If denied, claimant may request reconsideration within 30 days

If reconsideration is denied, claimant may request reopening at any time with new evidence

If reconsideration is denied, may file with US **District Court when all** other administrative options are exhausted

If awarded lump-sum compensation for Impairment or Wage Loss, claimant submits form to receive funds

## Customer **Touchpoints**

Coordinate with selected physician (if applicable)

Obtain medical and work records



Access tools and information on DEEOIC website

Receive correspondence from DEEOIC by mail

Phone interaction with CE/FAB Representative

**Access Energy Document Portal (EDP)** 

**Access Employees' Compensation Operations & Management Portal (ECOMP)** 

## **Bright Spots** & Pain Points

"Everyone I worked with was helpful and was available to help me along the process

"I didn't know what to expect"

"Having the portal to submit documents."

"The EN form—first time, very difficult to understand. Second time was better.'

"The bright spot was the ability to be compensated for my impairment for my exposure to the chemicals I was exposed to from my job."

"Had to get a law firm involved."

"I was treated fairly and have no issues.

"It takes too long to get a final decision."

"The award of the compensation."

> "Too much paperwork."