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.

Customer Stages

File Claim

Develop Claim

Recommended Decision

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.

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, 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.

Once CE completes development, CE issues a Recommended Decision to accept or deny the claim.

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

Claimant receives Recommended Decision from CE.

Claimant agrees with decision and signs waiver.

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

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, 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.”

“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.”

United States Department of Labor—Office of Workers’ Compensation Programs
Division of Energy Employees Occupational Illness Compensation https://www.dol.gov/agencies/owcp/energy