

Division of Energy Employees Occupational Illness Compensation

Medical Benefits Coverage





Overview

- Medical Benefits
- Regulatory /Policy Changes
- Home Health Care Authorization

Medical Benefits

- Covers cost of medical treatment linked to accepted work-related illness
 - 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, and misc expenses (tolls, parking, baggage, etc.)
- Durable Medical Equipment
 - Wheel chairs, hospital beds, oxygen and supplies

Additional Benefits

- Modification to vehicle or home
- Extended care facility
 - Residential nursing home, assisted living facility, etc
- Hospice
- Home Health Care (HHC)
 - Skilled nursing-LPN, RN
 - Personal assistance-HHA, PCA
- Rehabilitative therapies
 - Physical/Occupation therapy



Provider Selection

- Claimant may choose provider
 - Provider listing of currently enrolled providers available via DEEOIC website
 - Must notify the DEEOIC in writing of any treating physician change, along with rationale or justification for the change
- DEEOIC does NOT endorse or sponsor medical providers
- Providers must meet simple requirements to enroll as a provider with the DEEOIC central bill processor
 - Licensing credentials
 - Accept electronic payments
- Home health, DME, home/auto modification and other ancillary service requests require pre-authorization



Enrolled Providers

- Claimants do not have to pay out of pocket costs for treatment with enrolled providers
- Bills processed electronically
 - Program pays bills based on established fee schedule (provider and claimant reimbursement)
 - Patient not responsible for difference between charged amount versus schedule fee payment
- Enrollment information available on DEEOIC website



Claimant Out of Pocket Reimbursement

- Claimant may obtain reimbursement for out of pocket costs for treatment of **accepted illness**
 - OWCP-915 for medical and prescription expenses
 - Include detailed description of services (statement of services/bill from provider is ideal)
 - Prescription Medication reimbursement require 11 digit NDC, day supply and quantity (non-prescription /OTC medications may not have an NDC)
 - Proof of payment required
 - OWCP-957 for travel expenses
 - Include receipts for airfare, lodging, rental car, gas (if rental approved), and all expenses exceeding \$75
 - Travel authorized at federal per diem

Reimbursement Address

- Identify case file number
- Claimant submitted reimbursement requests should be mailed to:

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

Regulatory Change

- Regulatory change to EEOICPA
 - Final Rule published: February 8, 2019
 - Went into effect: April 9, 2019
- Updated existing regulations
- Removed obsolete terms
- Updated references
- Incorporated policy and procedural changes which have occurred since the regulations were last updated in 2006

EE-17A Form Overview

- Form EE-17A, Claim for Home Health Care, Nursing Home, or Assisted Living Benefits, is to be completed by an employee claimant with an accepted claim for medical benefits under EEOICPA
 - This form will only be used by employees that are requesting home health care benefits for the first time.
- The EE-17A is to be completed by the claimant, the claimant's authorized representative or power of attorney.
 - The form is available on DEEOIC's website and will be mailed to claimants with their condition acceptance package.



Office of Workers' Compensation Programs (OWCP)

CLAIM FOR HOME HEALTH CARE, NURSING HOME, OR ASSISTED LIVING BENEFITS UNDER THE ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT		U.S. Department of Labor Office of Workers' Compensation Programs Division of Energy Employees Occupational Illness Compensation	
Instructions To claim for home health care, nursing home or assisted living benefits, please indicate below which benefits you are claiming, provide the requested contact information for your treating physician, sign and date the bottom of this form and mail it to: DOL DEEOIC Central Mail Room Correspondence, P.O. Box 8306, London KY 40742-8306. DO NOT WRITE IN SHADED AREAS.			
		OMB Control No: 1240-0002 Expiration Date: 03/31/2022	
Employee's Information			
Name (Last, First, Middle Initial)		Social Security Number: XXX-XX- - - - -	
Address (Street, Apt. #, P.O. Box)		DEEOIC Case ID#:	
(City, State, Zip Code)		Telephone Number(s) Home: () - Other: () -	
Type of Medical Benefit Claimed (Check appropriate box)			
I hereby request Home Health Care, Nursing Home, or Assisted Living benefits that are directly related to my DEEOIC accepted condition(s) and ordered by my treating physician. I acknowledge it is my responsibility to ensure that all requested medical documentation is submitted in support of my claim for these benefits.			
<input type="checkbox"/> Home Health Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Nursing Home			
Treating Physician of Record			
Physician Name (Last, First, Middle Initial)		Telephone Number(s): Office: () - Other: () -	
Address (Name of Facility, Street, Suite #, P.O. Box)			
(City, State, Zip Code)		Note: Your physician must be either an M.D. or D.O.	
Employee Declaration			
Any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud to obtain benefits provided under EEOICPA, or who knowingly accepts benefits to which that person is not entitled, is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine, imprisonment, or both. Any change to the information provided on this form, once it is submitted, must be reported immediately to the district office responsible for the administration of the claim. I hereby make a claim for benefits under EEOICPA and affirm that the information I have provided on this form is true. I authorize any physician or hospital (or any other person, institution, corporation or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Workers' Compensation Programs.			
_____ Employee Signature		_____ Date	
Page 1		Form EE-17A January 2015	

EE-17B Form Overview

- Form, EE-17B, Physician's Certification of Medical Necessity
 - Is to be completed by the treating physician (identified by the claimant in form EE-17A, or subsequent change of treating physician request) that is prescribing home health care services for an employee. This Form is a declaration of the need for home health care services.
- The Form cannot be completed by the claimant, the claimant's representatives or the home health care provider.



Office of Workers' Compensation Programs (OWCP)

**PHYSICIAN'S CERTIFICATION OF MEDICAL
NECESSITY UNDER THE ENERGY EMPLOYEES
OCCUPATIONAL ILLNESS COMPENSATION
PROGRAM ACT**

U.S. Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation



Instructions		OMB Control No: 1240-0002 Expiration Date: 03/31/2022	
Please provide the identifying information requested below, indicate the date of your face-to-face physical examination of your patient, check either the box requesting an in-home assessment or the other box indicating you are attaching a Letter of Medical Necessity, sign and date the bottom of this form. For additional instructions, see page 2. DO NOT WRITE IN SHADED AREAS.			
Patient Information			
Name (Last, First, Middle Initial)		Date of Birth: _____ DEEOIC Case I.D. _____ SSN: XXX-XX- _____ (Last Four Only)	
Address (Street, Apt. #, P.O. Box)		Telephone Number(s)	
(City, State, Zip Code)		Home: () - Other: () -	
Treating Physician Information			
Physician Name (Last, First, Middle Initial)		Telephone Number(s):	
Address (Name of Facility, Street, Suite #, P.O. Box)		Office: () - Other: () -	
(City, State, Zip Code)		Circle One: M.D. or D.O.	National Provider Identifier:
DEEOIC Accepted Conditions			
Date of Physician's Examination, and Request for Assessment or Letter of Medical Necessity (check appropriate box)			
Date of Face-to-Face Physical Examination:		<input type="checkbox"/> In-home Assessment Requested Before prescribing home health care, nursing home or assisted living services for my patient, I am requesting an in-home assessment to assist me in determining the need for services related to the DEEOIC accepted condition(s) listed above.	
		<input type="checkbox"/> Letter of Medical Necessity Attached I have attached a Letter of Medical Necessity that contains both a plan of care and the rationale for my conclusion that the prescribed home health care, nursing home or assisted living services are medically necessary for treatment of the DEEOIC accepted condition(s) listed above.	
Physician Declaration			
By signing this Form EE-17B, I acknowledge that: the above-named patient is currently under my care for the DEEOIC accepted condition(s) listed above; I have personally examined this patient on the date indicated above; I have read the DEEOIC Home Health Care Letter to Physicians; I understand that DEEOIC only pays for care that is medically necessary for treatment of DEEOIC accepted conditions; and I understand that DEEOIC cannot pay for care for any condition that may be a consequence of DEEOIC accepted condition(s) until specifically claimed for and accepted by DEEOIC. I have attached copies of the relevant medical documentation and objective testing supporting my attached Letter of Medical Necessity (if I have provided one).			
_____		_____	
Physician Signature		Date	

Policy Alignment

- In accordance with Home and Residential Health Care (HRHC) Chapter 30, PM version 3.1
- EEOICPA Circular 19-03: Targeted Case Management
 - Effective Date: April 25, 2019
 - Reimbursement coordinates with EEOICPA regulatory guidance

Targeted Case Management

Targeted Case Management (TCM) is a process of facilitating services that will assist eligible Division of Energy Employees Occupational Illness Compensation (DEEOIC) claimants to gain access to needed medical, social, educational, and other services directly related to their DEEOIC accepted condition(s).

- ▶ TCM is appropriate when there are multiple disciplines of care supplied by single or multiple service providers.
- ▶ TCM service providers consist of health care professionals, to include: skilled nurses, home health aides/personal care attendants, rehabilitative therapists, and other licensed/certified service professionals.
- ▶ The DEEOIC will authorize TCM services at a maximum of 15 minutes per week.
- ▶ TCM services may not exceed 26 units for a 6-month period without written medical justification.

Targeted Case Management

▶ Reimburses

- ▶ Initial evaluation of claimant's multiple disciplinary Plan of Care
- ▶ Identification of appropriate multi-disciplined care services to satisfy a physician prescribed Plan of Care.
- ▶ Facilitation of multi-disciplinary care to ensure compliance with physician prescribed care plan including recommended adjustments of service needs and communication with service providers to coordinate services

Targeted Case Management

- ▶ Examples of billable Services, but not as TCM:
 - ▶ Initial Assessments for Home Health Care
 - ▶ Development of Plans of Care
 - ▶ Transportation to and from a claimant's residence and or any travel with the claimant to locations outside the home.
 - ▶ Periodic monitoring of adherence to care plan
 - ▶ Reassessments of ongoing care needs
 - ▶ Direct provision/delivery of professional care, medical, educational, social, or other services DEEOIC has authorized for reimbursement.
 - ▶ Ongoing education the claimant and/or their family.

Targeted Case Management

- ▶ Services **NOT** included in TCM fee schedule base costs:
 - ▶ Supervision of home healthcare staff/contractors including certification of service notes or other documentation.
 - ▶ Routine monitoring, quality control or auditing of staff/contractors in the performance of their standard duties by more credentialed staff.
 - ▶ Services relating to provider credentialing with applicable state and federal laws.

Targeted Case Management

▶ TCM Services:

- ▶ *DEEOIC defined TCM services to align with common health industry billing definitions, codes and practices.*
- ▶ *DEEOIC funds many services previously billed using TCM through the fee schedule using different coding that more appropriately align with the specific service a provider is performing. Moreover, DEEOIC considers certain activities, including employee/contractor supervision, continuing professional licensing or education requirement or monitoring of performance, to be included in the cost of performing authorized Home Health Aid or Registered Nursing Care. Authorized services performed must align to the appropriate fee schedule service to allow DEEOIC to process charges for payment.*

Home Health Care (HHC) Request

- Always require pre-authorization by DOL
- Initial HHC pre-authorization requests require submission of the EE-17A and EE-17B forms
- Claimant must identify his/her treating physician's information on form EE-17A to initiate a home health care authorization request.
 - Temporary emergency requests continue to be handled separately and can be submitted directly through the central bill processor without forms EE-17A or EE17B (but if extended home health care will likely be required, we recommend filing the forms simultaneously with the temporary emergency authorization request).



Home Health Care (HHC) Request

- The treating physician will then submit letter of medical necessity and/or Plan of Care using form EE-17B.
- The Plan of Care should include”:
 - Level of care required i.e., RN, LPN, HHA/PCA or other
 - Frequency of care required i.e., number of hours per day, per week 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 (HHC) Review

- Evaluation by Medical Benefits Examiner
- Medical necessity –
 - Prescribed by **treating** physician
 - Linked to accepted illness(es)
 - Evidence of physical examination performed within the last 60 days
 - Medical justification must demonstrate the need for services
- Insufficient evidence to document medical need triggers development
 - Nurse Consultation Referral
 - Physician asked to clarify medical need



Home Health Care (HHC) Authorizations

- ▶ Written authorization mailed to claimant, physician, AR/POA (if applicable) & provider
 - Describes authorized service level/duration
 - Granted in 6 month increments or less depending on medical evidence
 - Billing instruction included

- ▶ Service charges payable ONLY during authorized dates
 - DOL may back-date authorization in certain situations
 - Bills must be accompanied by service/progress notes
 - Service/Progress notes must include a written narrative of the unique care being provided for each day the provider is in the home



Conflict of interest

- Any person or family member providing payable services cannot be designated as the Authorized Representative. This is considered a conflict of interest.
- A conflict of interest includes Authorized Representatives who work for or are contracted by an individual, organization or entity that concurrently receives monetary payment from DEEOIC for services, supplies or other resources affiliated with any claim.
 - This includes a representative who is a family member or other relative of the claimant receiving a wage, contractual payment, or fee from a medical service provider that the DEEOIC has granted authorization to provide in-home health services for that claimant.



Resources

▶ **Conduent Web Bill Processing Portal:**

- <https://owcpmed.dol.gov>
- (866) 272-2682

▶ **DEEOIC web site**

- <http://www.dol.gov/owcp/energy/>
- **EEOICPA Circular 19-03**
- https://www.dol.gov/owcp/energy/regs/compliance/circular_19-03.htm
- **Forms**
- https://www.dol.gov/owcp/energy/regs/compliance/claim_forms.htm
 - **“How To Guide: EE-17A & EE-17B”**
www.dol.gov/owcp/energy
- **Email Question/Concerns**
- DEEOICbillinquires@dol.gov



UNITED STATES
DEPARTMENT OF LABOR

Office of Workers' Compensation Programs (OWCP)

