



RELEASE – TRANSMISSION OF FEDERAL (EEOICPA) PROCEDURE
MANUAL VERSION 5.1:

EEOICPA TRANSMITTAL NO. 21-02

September 20, 2021

EXPLANATION OF MATERIAL TRANSMITTED:

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) is issuing this Transmittal to notify staff of the publication of Federal (EEOICPA) Procedure Manual (PM) Version 5.1 (v5.1) which replaces v5.0, effective the date of publication of this transmittal.

Following are the content edits that make up PM v5.1:

- As a result of internal DEEOIC role changes, the roles of Senior Claims Examiner (SrCE), Medical Scheduler (MS), and Payee Change Assistant (PCA) have been removed throughout multiple chapters of the PM. Each has been replaced with their new corresponding role, specifically, Claims Examiner Specialist (CES) and Claims Assistant (CA), as necessary.
- Multiple Chapters throughout the PM have been updated to remove outdated references to Final Adjudication Branch (FAB) Claims Examiner (CE).
- **Chapter 2 – The EEOICPA**
 - Ch. 2.3a has been edited to organizationally identify the Medical Benefits Adjudication Branch (MBAU) as the National District Office. The language in v5.0 previously read:
 - a. *District Offices (DO). DEEOIC has four DOs, which are located in Cleveland, Ohio; Denver, Colorado; Jacksonville, Florida; and Seattle, Washington. Each DO is managed by a District Director (DD), who reports to the National Administrator of Field Operations (NAFO.) Exhibit 2-1 contains a list of addresses, telephone numbers, and fax numbers for the DOs.)*

It has been updated in v5.1 to:

- a. *District Offices (DO). DEEOIC has four claim adjudication DOs, which are located in Cleveland, Ohio; Denver, Colorado; Jacksonville, Florida; and Seattle, Washington. Each DO is managed by a District Director (DD), who reports to the National Administrator of Field Operations (NAFO.) Exhibit 2-1 contains a list of addresses, telephone numbers, and fax numbers for the DOs.) The Medical Benefits Adjudication Unit (MBAU) is located in Washington D.C.*

(National District Office) and is managed by the Chief, Branch of Medical Benefits (BMB).

- Ch. 2.4b(5)(c) has been edited to organizationally identify the Medical Benefits Adjudication Branch (MBAU) as a National District Office. The language in v5.0 previously read:

(c) The Medical Benefits Adjudication Unit (MBAU) provides medical benefits adjudication and decisions regarding requests for medical care or equipment that requires preauthorization.

It has been updated in v5.1 to:

(c) The Medical Benefits Adjudication Unit (MBAU) provides medical benefits adjudication and decisions regarding requests for medical care or equipment that requires preauthorization. The MBAU is located at the National District Office in Washington D.C.

- **Chapter 6 – Processing Mail**

- Ch. 6.5d(3) has been updated to reflect new procedures for the handling of Privacy Act requests. The language in v5.0 previously read:

(3) Privacy Act. The Privacy Act of 1974, 5 U.S.C. §552a, applies to an individual seeking information about him or herself. The law provides an individual the right to access records maintained in federal systems of record (e.g., claim files) that are retrievable by his or her name or other personal identifiers.

Examples of Privacy Act requests received by DEEOIC include requests for a copy of a case file or a specific document from a case file (e.g., CMC report, SSA records). Privacy Act requests may be submitted by claimants, an AR or authorized third parties.

- (a) Handling document requests. In instances when a claimant, AR or authorized third party is seeking a copy of the entire case file record, or a specific document in a case file, the CE is to:*
 - (i) Access ECS to determine if the case file has an imaged component.*
 - (ii) Copy relevant documents from the paper case file and/or OIS.*
 - (iii) Determine what information, if any, needs to be redacted.*
 - (iv) Before copies are sent, the CE/FAB Hearing Representative (HR) reviews the case file and the redacted copies, and completes a Data Release Form (Exhibit 6-2). The CE/HR then provides a copy of the redacted case file to the appropriate Supervisory CE,*

Senior CE, or HR for review to ensure the documents are appropriately redacted. A cover letter outlining the claimant's appeal rights is to be included. The CE/HR is only permitted to release documents that have been reviewed, and whose release has been approved by the appropriate Disclosure Officer or his/her designee. The Data Release Form is to be bronzed into the appropriate case record in OIS.

It has been updated in v5.1 to:

(3) Privacy Act. The Privacy Act of 1974, 5 U.S.C. §552a, applies to an individual seeking information about him or herself. The law provides an individual the right to access records maintained in federal systems of record (e.g., claim files) that are retrievable by his or her name or other personal identifiers.

Examples of Privacy Act requests received by DEEOIC include requests for a paper or electronic copy of a case file, or a specific document from a case file (e.g., CMC report, SSA records). Privacy Act requests may be submitted by claimants, an AR or authorized third parties.

- (a) Handling Privacy Act requests. The CE is to ensure the request is properly indexed in OIS, and access ECS to determine if the case file has an imaged component. If the case is not fully imaged, he/she requests that the case file be recalled for imaging. The CE then sends an email to zzOWCP-DEEOIC-PA-REQUESTS-ALL as notification that a Privacy Act request has been received. This is required for tracking purposes and to initiate the start of the review. The initial and final reviewers will typically be contractor employees within the email group.*
- (b) Initial Review. When the initial reviewer receives the email notification, he or she documents the request on the Privacy Act Request Tracking Worksheet and initiates review. If the reviewer has questions or needs to clarify the request, he or she contacts the CE via email.*

The documents to be copied are selected in the OIS case file, and all documents are then reviewed and redacted, as appropriate. The reviewer then completes and signs the DEEOIC Data Release Form, and uploads the form into the OIS case record. He or she then notifies the final reviewer via email at zzOWCP-DEEOIC-PA-REQUESTS-ALL.

- (c) Final Review. The final reviewer reviews the document (s) to ensure they are responsive to the Privacy Act request, and ensures any redactions are appropriate. Upon completion, he or she signs the DEEOIC Data Release Form and uploads the form into the OIS case record. He or she then drafts a Privacy Act response letter and emails the relevant documents to*

the Imaging Process Operator and Lead General Clerk that the documents are ready to be printed and mailed.

- (d) *Printing and Mailing the Response. Imaging Process Operator or Lead General Clerk saves the document(s) to an encrypted CD and mails the CD, along with the Privacy Act response letter, to the requestor. On the same day, he or she mails a separate letter to the requestor providing the encryption password to access the files on the CD. Both letters are to be saved to the OIS case record. Once the letters are imaged into OIS, the CE will see the documents as “unreviewed” and know that the Privacy Act request response is complete. The CE then selects “Review Complete” in OIS for the response letters.*

- **Chapter 7 – Case Creation**

- The final paragraph of Ch. 7.5 has been updated to reflect how staff can locate Energy Compensation System (ECS) case create Standard Operating Procedures (SOPs.) The language in v5.0 previously read:

For a systematic guide to ECS case create procedures, refer to the Claim Form Entry and Initial Review (Red Pane Review) instructions located in the ECS Procedures folder available to DO staff on the shared drive.

It has been updated in v5.1 to:

For a systematic guide to ECS case create procedures, refer to the Claim Form Entry and Initial Review (Red Pane Review) section of the ECS Standard Operating Procedures (SOPs) available to staff.

- **Chapter 11 – Initial Development**

- Ch. 11.9 has been edited to remove the listing of letters and forms currently available in CCAT. The language in v5.0 previously read:

9. *Correspondence Creation and Tracking System (CCAT.)* *CCAT is an internal form and correspondence generator within ECS that is used to generate certain standardized forms and correspondence letters. The system populates various fields with information already contained within ECS, such as names and addresses, while allowing the user to input other claim-specific information. In addition, CCAT also contains samples of these forms and letters.*

- a. *Below, in alphabetical order, are the forms and letters currently available in CCAT:*

- (1) *Alternative Filing Acknowledgement Letter*

- (2) *AR Acknowledgement Letter*
- (3) *Change of Address Acknowledgement Letter*
- (4) *Claim Acknowledgement Letter*
- (5) *DEEOIC Case Transfer Sheet*
- (6) *DME Authorization Letter*
- (7) *EE-8 and EN-8 Smoking History Questionnaire*
- (8) *EE-9 and EN-9 Race/Ethnicity Questionnaire*
- (9) *EE-10 and EN-10 Claim for Additional Wage-Loss and/or Impairment Benefits under the EEOICPA*
- (10) *EE-11A and EN-11A Form (Impairment)*
- (11) *EE-16 and EN-16 Form*
- (12) *Hearing Request Acknowledgement Letter*
- (13) *Hearing Transcript Letter*
- (14) *HHC Authorization Letter*
- (15) *Home Hospice Authorization Letter*
- (16) *Letter to DOJ for RECA Award Confirmation*
- (17) *Lump Sum Payment Acknowledgement Letter*
- (18) *Medical Travel Reimbursement Authorization Letter*
- (19) *Not Claiming Impairment and/or Wage-Loss Letter*
- (20) *Physician Letter*
- (21) *Rehabilitative Service Authorization Letter*
- (22) *Residential Care Facility Authorization Letter*
- (23) *Review of Written Record Acknowledgement Letter*
- (24) *Untimely Hearing Request Letter*

It has been updated in v5.1 to:

9. Correspondence Creation and Tracking System (CCAT.) CCAT is an internal form and correspondence generator within ECS that is used to generate certain standardized forms and correspondence letters. The system populates various fields with information already contained within ECS, such as names and addresses, while allowing the user to input other claim-specific information. In addition, CCAT also contains samples of these forms and letters. A complete list of letters and forms currently available can be viewed in CCAT.

- **Chapter 13 – Establishing Covered Employment**

- Ch. 13.3 has been edited to expand guidance regarding the role of Form EE-3 and additional employment evidence in claim development, and to provide clarification on steps taken when no Form EE-3 is received. The language in v5.0 previously read:

3. Comparing Initial Claimed Employment to the Covered Facilities Database. The first step the CE takes in assessing covered employment is determining which claimed employment listed on the EE-3 Employment History form corresponds with a covered AWE, Beryllium Vendor, or DOE facility. The CE does this by comparing what the claimant has communicated on the EE-3 with the facilities identified on the DOE EEOICPA Covered Facilities Database. The link to access this database can be found on the DEEOIC website. It can also be found in the EPOD, which is referenced in paragraph 6 of this chapter.

It has been updated in v5.1 to:

3. Comparing Initial Claimed Employment to the Covered Facilities Database. The first step the CE takes in assessing covered employment is determining which claimed employment listed on the EE-3 Employment History form corresponds with a covered AWE, Beryllium Vendor, or DOE facility. The CE does this by comparing what the claimant has communicated on the EE-3 with the facilities identified on the DOE EEOICPA Covered Facilities Database. DEEOIC staff may find the link to access this database on the DEEOIC public website. Staff may also find information relating to covered facilities by accessing the EPOD. In the absence of a completed EE-3, the CE may perform their comparative analysis using other written submissions from the claimant describing the employee's work history. If a claimant has not provided any employment information for review, the CE must obtain a completed EE-3 or other written submission from the claimant discussing the employee's work history at a covered facility.

- **Chapter 21 – Impairment Ratings**

- Ch. 21.4d(2) has been updated to reflect the credentialing change for impairment rating physicians. The language in v5.0 previously read:

- (2) *Rating Physician Qualification. A physician who performs an impairment evaluation must satisfy certain criteria. In order for a CE to accept an impairment rating, the rating physician must hold a valid medical license and Board certification/eligibility in his/her field of expertise (e.g., toxicology, pulmonary, neurology, occupational medicine, etc.). In addition, the physician must meet at least one of the following criteria: certified by the American Board of Independent Medical Examiners (ABIME); possess knowledge and experience in using the AMA's Guides; or possess the requisite professional background and work experience to conduct such ratings.*
- (a) *A CE may determine the qualifications of the physician upon receipt of a letter or a resume demonstrating that the physician has a medical license and meets the requisite program requirements. There is no need to submit copies of his/her medical license or other certification.*
- (b) *If a physician does not possess ABIME certification, the physician must submit a statement certifying and explaining his/her familiarity and years of experience in using the AMA's Guides.*

It has been updated in v5.1 to:

- (2) *Rating Physician Qualification. A physician who performs an impairment evaluation must satisfy certain criteria. In order for a CE to accept an impairment rating, the rating physician must hold a valid medical license and board certification in his/her field of expertise (e.g., Pulmonary, Neurology, Occupational Medicine, etc.). In addition, the physician must meet at least one of the following criteria: certified by the American Board of Independent Medical Examiners (ABIME) or the International Academy of Independent Medical Evaluators (IAIME); possess knowledge and experience in using the AMA's Guides; or possess the requisite professional background and work experience to conduct such ratings.*
- (a) *A CE may determine the qualifications of the physician upon receipt of a letter or a resume demonstrating that the physician has a medical license and meets the requisite program requirements. There is no need to submit copies of his/her medical license or other certification.*
- (b) *If a physician does not possess ABIME or IAIME certification, the physician must submit a statement certifying and explaining his/her familiarity and years of experience in using the AMA's Guides.*
- Ch. 21.8d has been updated to clarify guidance on impairment ratings for secondary specified cancers approved under the Special Exposure Cohort (SEC.) The language in v5.0 previously read:
- d. *Metastatic Bone Cancer.*

- (1) *In situations where the CE accepts a case under the SEC provision based on metastatic (secondary) cancer, i.e. metastatic bone or metastatic renal cancer, often the primary source of the metastatic cancer will prove to be the prostate. If the CE does not accept the prostate cancer due to a lack of a causative link and because prostate cancer is not an SEC-specified cancer, it is important that the CE ensure that a physician does not apply the non-covered prostate cancer in an impairment rating. A physician or CMC may only consider the accepted condition of SEC metastatic cancer for the impairment rating.*

It has been updated in v5.1 to:

d. *Secondary “specified” cancers approved under SEC class*

- (1) *When a CE accepts that a secondary cancer is a “specified” cancer under the SEC provision (e.g. metastatic bone or renal cancer) the CE may not accept the primary cancer as a compensable illness unless it is approved through a Probability of Causation finding of 50% or greater, or the cancer is the result of toxic substance exposure (biological or chemical). When weighing an impairment rating involving an accepted secondary “specified” cancer under the SEC provision, without a finding that the primary cancer is also a compensable Part E illness, the CE must ensure that the qualified physician only rates the effect of the secondary cancer using the 5th edition of the AMA’s Guides to the Evaluation of Permanent Impairment. Under this circumstance, the CE should initiate development if a rating physician refers to the assignment of a percentage of whole-person impairment for an unaccepted primary cancer from a Table or other guidance from the Guides that is specific to the unaccepted primary cancer.*

- Ch. 21.8e has been added to clarify that a six-minute walk test is an acceptable mechanism in rating impairment for respiratory disorders. The new language reads:

e. *Respiratory Disorders. A 6-Minute Walk Test (6MWT) is an acceptable mechanism to measure the VO₂max for the purposes of rating a disorder of the respiratory system (Chapter 5 of AMA’s Guides).*

- Ch. 21.9 has been updated to provide guidance on the evaluation of impairment reports. The language in v5.0 previously read:

9. *Receipt of the Impairment Evaluation. Upon completion of the impairment evaluation by a physician, the CE reviews the report to assure that it contains all the information necessary to meet DEEOIC’s criteria for a valid impairment. The CE reviews the impairment evaluation to determine the following: whether the opening*

physician possesses the requisite skills and requirements to provide a rating as set out in paragraph 4d(2); whether the evaluation was conducted within one year of receipt by the DEEOIC; whether the report addresses the covered illness or illnesses; whether the whole person percentage of impairment is explained with a clearly rationalized medical opinion as to its relationship to the covered illness or illnesses, and whether the medical opinion is supported by medical evidence in the case file.

- a. Incomplete Ratings. If the impairment rating report is unclear or lacks rationalized medical analysis in support of the offered conclusion, additional clarification is required. In such instances, the CE returns the impairment rating evaluation to the rating physician with a request for clarification, explaining what areas are in need of remedy. If the employee's choice physician submitted the insufficient report and no response is received, or it is returned without sufficient clarification, the CE notifies the physician and the employee of the need for additional justification. If a response is not forthcoming, the CE may issue a RD to deny the impairment claim for an insufficient impairment report. If the CMC submits an incomplete report, the CE notifies the CMC of the deficiency and requests a more comprehensive report.*

It has been updated in v5.1 to:

9. Evaluation of Impairment Rating. The role of the CE is to evaluate a submitted impairment report to decide whether the physician's opinion of whole-person impairment is consistent with the weight of medical evidence and can support a recommendation to award lump-sum compensation. This weighing of the medical evidence must occur for ratings from both the employee's choice physician or that of a CMC. Assigning the weight of medical evidence to an impairment rating requires the CE to obtain the necessary documentation to ensure that the general requirements for an impairment rating, as discussed in this chapter, are satisfied. The CE may then proceed to evaluate the weight of other factors that would allow the CE to conclude that the physician has offered a well-rationalized opinion. When conducting a comparative analysis of the physician's impairment rating to other objective evidence available in the case file, the CE may assign weight to an opinion that aligns with available evidence on the employee's functional capacities or other information present in the case file. Furthermore, the CE assigns greater weight to a whole-person impairment that the CE can interpret as reasonably conforming to explicit guidance communicated in the AMA's Guides. In the absence of explicit guidance or instruction regarding the application of the AMA's Guides to justify a particular rating, the CE is to defer to the judgment of the rating physician.

- a. A qualified rating physician may use professional discretion when deciding how to apply the AMA's Guides in the absence of explicit guidance regarding how to apply clinical or diagnostic data in calculating a whole-person impairment; however, a physician may not deviate from instructions or methods that the AMA's Guides state are explicitly*

necessary for assigning a particular impairment rating. The CE may compare diagnostic test measures referenced by a rating physician to ensure that the test measures accurately align to a specific impairment range or percentile of impairment, as reported in an applicable table or instruction from the AMA's Guides. Documented inconsistencies or potential errors in the application of the AMA's Guides lessen the weight of an impairment opinion and require the CE to initiate development.

- b. The AMA's Guides specify the parameters for assessing ADL functionality so a physician can gauge the assignment of a percentage of impairment (Table 1-2 pg.4). A rating physician referring to ADL functionality must relate any discussion of the severity of ADL dysfunction to the activities cited specifically in the AMA's Guides. Moreover, the severity of any reported ADL dysfunction must align with other objective information in the case file that describes the employee's functional capacity. Where the CE identifies an obvious contradiction between the ADL deficits communicated in an impairment report versus other available objective evidence, further development is appropriate. A rating physician's discussion of functional limitations or an employee's capacity to complete ADLs must also align reasonably to the assigned scale or grade that the AMA's Guides explicitly requires for the impairment. However, when the AMA's Guides do not communicate a clear requirement or communicate that the physician has discretion to assign a percentage of impairment within a particular range, the CE is to defer to the judgment of the physician.*

For situations where a documented contradiction exists between the manner in which the physician communicates their understanding of ADL functionality and other available objective evidence contained in the case file, the CE has to assign less weight to the physician's opinion. The CE is to initiate development that seeks clarification from the physician. For example, the AMA's Guides explains that for some ratings, an individual must be fully dependent on others for self-care. If a physician refers to this standard in justifying a particular percentage of impairment, and upon review of the case file there is documented evidence that the claimant has independent ADL functionality, this is a reason for the CE to assign less weight to the physician's opinion and to undertake development.

- c. Upon identification of a deficiency in the application of the AMA's Guides by a CMC or an employee's physician, the CE is to initiate development. The purpose of development is to communicate to the rating physician any question(s) regarding the application of the AMA's Guides or to provide the physician with an opportunity to consider new evidence. Upon receipt of any response, the CE must weigh whether any clarification overcomes the concerns with the initial impairment rating. For any CMC opinion*

deemed insufficient after further development, the CE refers the matter to the Policy Branch for a review by the CMC Contract Manager.

If the employee's chosen physician does not respond to further development requests or submits a response to which the CE cannot assign the weight of medical evidence because of an explicit defect in the application of the AMA's Guides, the CE is to make a referral for a CMC file review. Upon receipt of the second opinion, the CE is to conduct a comparative analysis of the competing whole-person impairment ratings by the employee's chosen physician and the CMC. The opinion to which the CE assigns the greatest weight will be used to calculate the whole-person impairment benefits awarded. In the event the CE assigns equal weight to the opinions of the employee's physician and CMC, the CE refers the issue to a Referee Specialist for review per established procedure.

- **Chapter 24 – Recommended Decisions**

- Ch. 24.7a(4)(a) has been edited to clarify that when a recommended decision is awarding medical benefits, the Conclusions of Law are to include the effective eligibility date. The language in v5.0 previously read:

(a) When the conclusion is to accept a claim, the CE must include the amount of payable lump-sum compensation or award of medical benefits effective the date of filing, and under what Part of the Act the benefit is being awarded.

It has been updated in v5.1 to:

(a) When the conclusion is to accept a claim, the CE must include the amount of payable lump-sum compensation or award of medical benefits with the effective eligibility date, and under what Part of the Act the benefit is being awarded.

- **Chapter 25 – FAB Review Process**

- Ch. 25.3 has been edited to accurately communicate the current operational structure of the FAB, and provide updates to the existing FAB roles responsible for case adjudication functions. The language in v5.0 previously read:

3. Organization. The FAB is a NO organization with DO locations (FAB-DOs) in: Jacksonville, Florida; Cleveland, Ohio; Denver, Colorado; and Seattle, Washington. The FAB-DO is a distinct entity with a separate operational and management structure. In addition to the FAB-DOs, a NO FAB (FAB-NO) is located in Washington, D.C. The FAB Chief is located in the Washington, D.C., office and oversees the operations of the FAB-NO and the four FAB-DOs.

a. The FAB Chief and Assistant Branch Chiefs:

- (1) *Coordinate the administration of the four FAB-DOs and the FAB-NO. Oversee policy implementation, manage adjudication timeliness, and ensure general compliance with FAB procedures.*

Hearing requests received by FAB-DOs are sent to the FAB-NO for assignment. A hearing coordinator, as designated by the FAB Chief, manages the assignment of hearings nationwide.

Reconsideration requests are forwarded to FAB-NO, Attn: FAB Ops, and are assigned to an office different from that which issued the FD.

- (2) *Can redistribute certain case files at their discretion to ensure balanced caseloads among the four FAB-DOs and the FAB-NO.*

b. FAB Offices:

- (1) *Review RDs, conduct hearings, reviews of the written record, and issue FDs or Remand Orders on reviewed cases. The cases reviewed by FAB, and the cases for which FAB conducts hearings, can originate from any DO. A FAB HR can be assigned a hearing anywhere in the nation; not just in his or her FAB office's jurisdiction.*

It has been updated in v5.1 to:

3. *Organization.* *The FAB is a NO organization with five units located in: Jacksonville, Florida; Cleveland, Ohio; Denver, Colorado; Seattle, Washington; and Washington, D.C. The FAB Chief oversees the operations of the FAB.*

a. The FAB Chief and Assistant Branch Chiefs:

- (1) *Coordinate the administration of the FAB. Oversee policy implementation, manage adjudication timeliness, and ensure general compliance with FAB procedures.*
- (2) *Redistribute case files at their discretion to ensure balanced caseloads among the five FAB units.*

b. FAB Unit Offices:

- (1) *Review RDs, conduct hearings, reviews of the written record, and issue FDs or Remand Orders on reviewed cases.*

- Ch. 25.4 has been edited to accurately communicate that FAB automates incoming case assignments on a rotational basis. The language in v5.0 previously read:

4. Processing, Monitoring, and Transferring Case Files. When a DO issues a RD, it will forward the entire case file to its affiliated FAB-DO or the FAB-NO, as directed, for review and issuance of a FD. Because each FAB office, including the FAB-NO, is separate and distinct from the DOs, each maintains a separate mail and file operation.

It has been updated in v5.1 to:

4. Processing, Monitoring, and Transferring Case Files. FAB automates the assignment of incoming cases with claim assignments distributed from the four regional district office units on a rotational basis to HR staff located in any of the FAB unit offices to ensure equitable work distribution.

- **Chapter 28 – Medical Bill Process**

- Ch. 28 is being reissued in its entirety. The chapter has been reorganized and consolidated to more effectively communicate procedures relating to the processing of medical bills arising from the treatment of accepted work related illness(es). A summary of chapter edits are as follows:
 - Updates references to Medical Bill Processing Unit (MBPU) responsibilities, including the management and oversight of medical bill processing systems, transaction coding and the Bill Processing Agent (BPA) contractor.
 - Eliminates references to medical adjudication functions that Claims Examiner (CE) or other staff no longer perform.
 - Describes the function and operation of automated bill processing systems using treatment suites and a fee schedule for bill payment.
 - Clarifies the procedure for conducting a review of contested fee schedule reductions submitted by medical providers
 - Provides updated guidance on processing timely submitted medical bills.
 - Adds updated procedures for handling provider debarment and suspension
 - Provides new staff guidance on a uniform process for submitting medical bill processing issues or questions to the MBPU for response.

- **Chapter 29 – Ancillary Medical Benefits**

- Ch. 29 is being reissued in its entirety. It has been renamed and its material consolidated and reorganized to more efficiently address reimbursement claims for a wide variety of ancillary medical benefits, services and expenses, as follows:
 - Consolidates and clarifies information needed by Medical Benefits Examiners (MBEs) and the DEEOIC BPA for expeditious review and processing of reimbursement claims for all ancillary medical benefits.
 - Consolidates information related to a variety of durable medical equipment (DME) claims, with the exception oxygen DME, into one section addressing all DME reimbursement requests.

- Condenses and simplifies language related to reimbursement claims for Oxygen DME and oxygen therapy services.
- Consolidates language related to reimbursement claims for a variety of rehabilitative therapy services (with the exception of oxygen therapy); including, physical, occupational, speech, and massage therapy, as well as acupuncture treatment.
- Removes guidance regarding developmental steps from each individual section of the previous version (v5.0) and consolidates this guidance into one simplified development process for all reimbursement claims.
- Adds new guidance regarding DEEOIC process for internal review of claims for organ transplants and experimental treatments.
- Adds new guidance pertaining to the adjudication of non-fee schedule services and supplies, including prescription drugs not covered within the OWCP treatment suites.
- Adds guidance previously found in Ch. 28 – Medical Bill Process, regarding claims for reimbursement of medical record procurement expenses.

- **Chapter 33 – Compensation Payments**

- Ch. 33.3 has been edited to update the address to which claimants return a Form EN-20; to provide additional guidance regarding how an EN-20 is to be processed for minors; and to provide additional guidance regarding the handling of EN-20s that have been determined to be deficient. Based on these changes, the subsections of Ch. 33.3 have been renumbered accordingly. The language in v5.0 previously read:

3. *Processing the EN-20. Upon issuance of a FD awarding compensation, the FAB enters the AOP amount in ECS. ECS generates the EN-20 (Acceptance of Payment Form) and the EE-20 (award letter), which FAB mails to the claimant, along with the FD. ECS will automatically assign an AOP sent date to correspond with the issuance date of the FD. As part of the electronic document retention process, the appropriate staff person will electronically image (a/k/a bronze) the cover letter, FD, and a copy of the EN/EE-20 for viewing in OIS. If the claimant requests another EN-20, it is permissible to send a photocopy or facsimile to the claimant, for signature, however, it must be returned by mail, bearing an original payee signature, with no changes or alterations to the information contained on the original EN-20.*

If a claimant or AR inadvertently returns an EN-20 to a RC, or to the CMR in London, KY, staff in these facilities will upload the document through the EDP, then mail the original document to the appropriate DO via regular mail.

- a. *DO Mailroom Handling. The FD cover letter instructs the claimant to return the completed EN-20 to the DO that issued the RD. Upon receipt of the completed EN-20, mailroom staff date stamps the form (AOP Received Date), in the upper right corner, using an ink date stamp.*
- b. *ECS Routing. Once the completed EN-20 is bronzed into the OIS case record, the document automatically appears in the OIS Unreviewed Document Tab of the ECS-assigned DO or FAB CE, for initial review.*

- (1) *Accuracy of Payment Data.* The CE reviews the signed EN-20, in OIS, (or the original document if so desired,) to determine if the form contains correct payment data, and that the form has been correctly completed by the payee, examining each of the following items:
- (a) Case ID
 - (b) *Payee name.* The Payee Name, as it appears at the top of the Form EN-20, must be listed as one of the account holder names provided in the Account Information section. In the event the payee name is not listed as an account holder, the CE contacts the payee for an explanation. If it is determined that the payee wants his/her payment to be deposited in a third-party account, a Payment Memorandum is prepared, and bronzed into OIS, explaining the name variance. The only exception to this requirement is when the EN-20 is signed by an approved POA and the payment is being deposited in the POA's bank account.
 - (c) Payee SSN.
 - (d) *Verification of Account Information:* "type account" block is checked ("C" for checking, "S" for savings) and the routing and account numbers are listed correctly, with no trace-overs, or corrections.
 - (e) EN-20 is signed and dated. (If the form is signed by an individual with POA, refer to the POA process below).

If the CE, SrCE, FO, or DD wishes to examine the original EN-20, because the OIS document is not clear, that individual obtains the original document from the DO folder, then returns the original document to the DO folder, when finished.

- c. *Deficient EN-20.* Minor deficiencies in claimant-provided information, other than items (a) through (e), above, can often be explained by a memorandum to the case file without having to return an EN-20 to the claimant. However, if the CE determines that a significant deficiency exists in one of the above-described items, the CE/FO prepares a letter to the claimant explaining the EN-20 deficiency and the corrective action required for the payment to proceed. In either case, the CE bronzes the memorandum, or the claimant letter, to OIS. The CE also annotates the OIS description field identifying the EN-20 as defective. When returning a defective EN-20 to a payee, a new copy of the EN-20 is to be provided for

the claimant's use. If a modification of the original EN-20 is required, due to incorrect information provided by the FAB, the DO POC contacts the FAB and requests that a corrected EN-20 be mailed to the payee. In this instance, the FAB office is responsible for sending a new EN-20 to the claimant and imaging a copy of the corrected EN-20 into OIS.

(1) Signature by POA. If the EN-20 contains a signature by a POA, either the FO, or the CE (at the DD's discretion) conducts a document review to ascertain whether the individual who signed the EN-20 has the legal authority to sign on behalf of the payee. To accomplish this, the CE identifies and reviews the legal document authorizing an individual as POA. If such a document does not exist in the case file, the FO/CE undertakes development to obtain this information. Upon receipt of a document identifying the designated POA, the FO/CE prepares a cover memorandum and sends the memorandum, the EN-20, and the POA documents, (via facsimile), to the NO Policy Branch, for referral to the SOL. The DO memorandum requests a review of the POA documents to determine their legal sufficiency as they pertain to the signing of an EN-20. The person preparing the memorandum ensures that it is bronzed into OIS. At the time of referral to the Policy Branch, the FO/CE enters a 7-day "reminder" in ECS.

(2) The Policy Branch fiscal staff acts as the NO POC for any follow-up inquiries from the DO. Staff within the Policy Branch are responsible for routing POA requests to the SOL for review and response. Upon review, the SOL responds directly to the requesting DO, via facsimile.

(a) If the SOL determines that the POA documentation is deficient for any reason, the CE sends a letter to the claimant (with a copy to the POA), advising that the SOL has determined the POA documents to be unacceptable, and stating the reason why. The CE does not send a copy of the Solicitor's opinion to the claimant. Upon notification to the claimant, of a deficient POA, the CE deletes the "AOP received date" from ECS.

(b) All documents pertaining to the acceptance or rejection of a POA are imaged and stored in OIS, separate from the payment documents, and are specifically identified as POA documents.

d. Check Requests. In accordance with Department of Treasury Regulations, individuals requesting payment by check can only be approved for such under limited circumstances, and upon written request from the payee.

An exception was granted by Treasury for check requests by law firms that receive multiple payments (refer to 3d (6) below), and for payments made to foreign addresses (refer to 4e, below).

- (1) In the event that a claimant contacts the DO, by letter or telephone call, requesting payment by check, the request is routed to the responsible CE. The CE is to inform the payee that compensation payments are delivered via EFT, unless the claimant meets one of two exceptions:
 - (a) Payment by electronic funds would impose a hardship because of the individual's inability to manage an account at a financial institution due to a mental impairment; or,*
 - (b) Payment by electronic funds imposes a hardship because the individual lives in a remote geographic location lacking the infrastructure to support electronic financial transactions.**
- (2) If the claimant states that one of these two exceptions is applicable, the CE instructs the claimant to return the signed and completed EN-20 (leaving the EFT section blank), to the DO accompanied by a signed letter which:
 - (a) Requests payment by check;*
 - (b) States which of the above two exceptions applies;*
 - (c) States the mailing address for the check.**
- (3) Upon receipt of a satisfactory letter, which meets the above criteria, and which accompanies a properly executed EN-20 (minus the EFT information) the letter and EN-20 are bronzed into OIS, and the EN-20 is sent to the FO for review. If approved, the FO notifies the CE, via OIS, that the request for payment by check is approved.*
- (4) Unsolicited letters from claimants, requesting payment by check, that do not meet the above exceptions [(items d (1)(a) and (b))], require a telephone call to the claimant explaining the limited exceptions to the EFT rule. If the claimant states that he/she meets one of the exception criteria, the claimant submits a new signed letter, specifically requesting payment by check, citing the applicable exception.*

- (5) *If, after the CE has explained the limited exceptions to a claimant and upon receipt of a letter deemed deficient or lacking in explanation, the CE refers the letter to the Policy Branch and requests that the NO contact the payee.*
 - (6) *It is the responsibility of the DD in each DO to prepare procedural guidance for the law firms within their jurisdiction that regularly submit check requests to DEEOIC. This includes advising the firms as to what specific information should be contained in cover letters to be used when requesting payment by check. (See 3d above)*
- e. *EFT. If the FO finds that the EN-20 and associated payment documents are acceptable for payment processing, the FO sends a notification to the Pay Change Assistant (PCA) for continuation of the payment process. If the case is designated "Terminal" in ECS, the FO directs the CE to prepare an Expedited Processing Payment Transaction Form (EPPTF) for use by the NO. If the DO is unable to process the payment through ECS, an EPPTF is prepared for use by the NO. The payment forms available for use in creating expedited and exception payments, (samples of which are found in the Appendix), are as follows:*
- (1) *Expedited Payments – Expedited Processing PTF (Exhibit 33-1)*
 - (2) *Expedited Payments to third-party account names or alias names – Expedited Processing PTF, Third Party Accounts (Exhibit 33-2)*
 - (3) *Exception Payments (Non-ECS Payments) – Exception Processing PTF (Exhibit 33-3)*

Further instructions pertaining to exception processing of payments, by the NO, appear in section 8, below.

It has been updated in v5.1 to:

3. *Processing the EN-20. Upon issuance of a FD awarding compensation, the FAB enters the AOP amount in ECS. ECS generates the EN-20 (Acceptance of Payment Form) and the EE-20 (award letter), which FAB mails to the claimant, along with the FD. ECS will automatically assign an AOP sent date to correspond with the issuance date of the FD. As part of the electronic document retention process, the appropriate staff person will electronically image (a/k/a bronze) the cover letter, FD, and a copy of the EN/EE-20 for viewing in OIS. If the claimant requests another EN-20, it is permissible to send a photocopy or facsimile to the claimant, for signature, however, it must be returned by mail, bearing an original payee signature, with no changes or alterations to the information contained on the original EN-20.*

The FD Cover Letter instructs claimants to return the completed Form EN-20 to the CMR. If a claimant, or AR, inadvertently returns an EN-20 to a RC, staff at the RC forward the form, via mail, to the CMR. Should a completed EN-20 arrive at the DO, the DO mailroom uploads the form into OIS. FOs are to oversee that the DO mailroom maintain the hardcopy Form EN-20 for the period required under agency record retention guidance, and that it is properly destroyed thereafter. DEEOIC retains the imaged version of a Form EN-20 permanently in OIS.

The FD Cover Letter instructs claimants to return their completed Form EN-20 to the CMR address. If a claimant, or AR, inadvertently returns an EN-20 to a DEEOIC RC, staff at the RC are to mail the form to the CMR. In those instances where a claimant mails a completed EN-20 to a DO address, the DO mailroom uploads an electronic image of the form into OIS and indexes it by Category (i.e., Form & Claims) and Subject (i.e., EE/EN-20). The DO mailroom then forwards the form to DO fiscal operations. DO FOs are to maintain the hardcopy form for the period required under agency record retention guidance and then destroy the form, as an imaged version will be permanently maintained in OIS.

- a. OIS Routing. Once a completed EN-20 is uploaded to OIS, at the CMR or by a DEEOIC staff person, the form will appear in OIS as an “Unreviewed” document requiring review by the assigned DO CE or FAB HR. The DO CE, or FAB HR, is responsible for initial review to ensure that OIS indexing is correct so that payment processing may begin.*
- b. Initial Review of the EN-20. Once the completed EN-20 saved into the OIS case record, the document automatically appears in the OIS Unreviewed Document Tab of the ECS-assigned staff person for initial review.*
 - (1) Accuracy of Payment Data. The CE or designated staff person reviews the signed EN-20, in OIS, (or the original document if so desired,) to determine if the form contains correct payment data, and that the form has been correctly completed by the payee, examining each of the following items:*
 - (a) Case ID*
 - (b) Payee name. The payee name must be listed as one of the account holder names provided in the Account Information section. In the event the payee name is not listed as an account holder, or the CE has additional questions, he/she contacts the payee for clarification. If it is determined that the payee wants his/her payment to be deposited in a third-party account, a Payment Memorandum is prepared, and uploaded into OIS, explaining the name variance. (The only exception to this requirement is when the EN-20 is*

signed by an approved POA and the payment is being deposited in the POA's bank account.)

- (c) Payee SSN.*
- (d) Verification of Account Information: "type account" block is checked ("C" for checking, "S" for savings) and the routing and account numbers are listed correctly, with no trace-overs, or corrections.*
- (e) EN-20 is signed and dated by the payee. (If the form is signed by an individual with POA, refer to the POA approval process below).*

If a minor child is the payee, a parent or legal guardian must sign the EN-20. For a parent to sign on behalf of a minor child, the case must document that the person signing the form is a biological or adoptive parent. If the minor child has a legal guardian, the guardian will need to document their legal authority to serve on behalf of the child before DEEOIC may authorize payment. Any individual signing on behalf of a minor child under a court appointment of guardianship must present the legal instrument permitting their authority to sign the EN-20. This document must then undergo review in accordance with the POA review procedure discussed in this chapter to ensure its legal sufficiency.

- c. Deficient EN-20. In reviewing the EN-20, the staff person, assigned by the DO to process the payment is responsible for evaluating the accuracy and sufficiency of the completed form. Issues with the form that the reviewing staff person interprets as minor technical errors, including grammatical or spelling mistakes, are not to impede the processing of the form. The staff person evaluating the EN-20 can document the identification of such errors in a brief memo-to-file denoting their existence. However, if the person reviewing the form identifies a significant deficiency with the content of the EN-20, payment processing is to stop and development must occur with the payee. Major deficiencies can involve any number of issues that may result in the DEEOIC staff person questioning the sufficiency of an EN-20. Major deficiencies include, but are not limited to, incorrect payment amounts, illegible handwriting, unknown or unclear signatories, mismatching signatures, cross-outs or obvious alteration of form information, or problems with EFT routing/account numbers. Upon a determination that the EN-20 contains a major deficiency, the staff person processing the form must prepare a letter to the payee, rejecting the deficient form, identifying the deficiency, and requesting that the payee*

submit a new, corrected Form EN-20. The staff person mailing the letter will upload an electronic copy to OIS and this will serve to document the needed corrective action. Upon rejecting the Form EN-20, the staff person is to update the OIS description field that corresponds with the deficient form clearly identifying that document as defective and unusable for payment processing.

- d. Signature by POA. If the EN-20 contains a signature by a POA, the FO conducts a document review to ascertain whether the individual who signed the EN-20 has the legal authority to sign on behalf of the payee. To accomplish this, the CE identifies and reviews the legal document authorizing an individual as POA. If such a document does not exist in the case file, the FO/CE undertakes development to obtain this information. Upon receipt of a document identifying the designated POA, the FO/CE prepares a cover memorandum and sends the memorandum, the EN-20, and the POA documents (via facsimile) to the NO Policy Branch, for referral to the SOL. The DO memorandum requests a review of the POA documents to determine their legal sufficiency as they pertain to the signing of an EN-20. The person preparing the memorandum ensures that it is uploaded into OIS. At the time of referral to the Policy Branch, the FO/CE enters a 7-day “reminder” in ECS.*
- (1) The Policy Branch fiscal staff acts as the NO POC for any follow-up inquiries from the DO. Staff within the Policy Branch are responsible for routing POA requests to the SOL for review and response. Upon review, the SOL responds directly to the requesting DO, via facsimile.*
- (a) If the SOL determines that the POA documentation is deficient for any reason, the CE sends a letter to the claimant (with a copy to the POA), advising that the SOL has determined the POA documents to be unacceptable, and stating the reason why. The CE does not send a copy of the Solicitor’s opinion to the claimant. Upon notification to the claimant, of a deficient POA, the CE deletes the “AOP received date” from ECS.*
- (b) All documents pertaining to the acceptance or rejection of a POA are imaged and stored in OIS, separate from the payment documents, and are specifically identified as POA documents.*
- e. Check Requests. In accordance with Department of Treasury Regulations, individuals requesting payment by check can only be approved for such under limited circumstances, and upon written request from the payee.*

An exception was granted by Treasury for check requests by law firms that receive multiple payments (refer to 3d (6) below), and for payments made to foreign addresses (refer to 4e, below).

- (1) In the event that a claimant contacts the DO, by letter or telephone call, requesting payment by check, the request is routed to the responsible CE. The CE is to inform the payee that compensation payments are delivered via EFT, unless the claimant meets one of two exceptions:*
 - (a) Payment by electronic funds would impose a hardship because of the individual's inability to manage an account at a financial institution due to a mental impairment; or,*
 - (b) Payment by electronic funds imposes a hardship because the individual lives in a remote geographic location lacking the infrastructure to support electronic financial transactions.*
- (2) If the claimant states that one of these two exceptions is applicable, the CE instructs the claimant to return the signed and completed EN-20 (leaving the EFT section blank), to the DO accompanied by a signed letter which:*
 - (a) Requests payment by check;*
 - (b) States which of the above two exceptions applies;*
 - (c) States the mailing address for the check.*
- (3) Upon receipt of a satisfactory letter, which meets the above criteria, and which accompanies a properly executed EN-20 (minus the EFT information) the letter and EN-20 are uploaded into OIS, and the EN-20 is sent to the FO for review. If approved, the FO notifies the CE, via OIS, that the request for payment by check is approved.*
- (4) Unsolicited letters from claimants, requesting payment by check, that do not meet the above exceptions [(items d (1)(a) and (b))], require a telephone call to the claimant explaining the limited exceptions to the EFT rule. If the claimant states that he/she meets one of the exception criteria, the claimant submits a new signed letter, specifically requesting payment by check, citing the applicable exception.*

(5) *If, after the CE has explained the limited exceptions to a claimant and upon receipt of a letter deemed deficient or lacking in explanation, the CE refers the letter to the Policy Branch and requests that the NO contact the payee.*

(6) *It is the responsibility of the DD in each DO to prepare procedural guidance for the law firms within their jurisdiction that regularly submit check requests to DEEOIC. This includes advising the firms as to what specific information should be contained in cover letters to be used when requesting payment by check. (See 3d above)*

f. *EFT. If the FO finds that the EN-20 and associated payment documents are acceptable for payment processing, the FO sends a notification to the designated staff person for continuation of the payment process. If the case is designated "Terminal" in ECS, the FO directs the CE to prepare an Expedited Processing Payment*

Transaction Form (EPPTF) for use by the NO. If the DO is unable to process the payment through ECS, an EPPTF is prepared for use by the NO. The payment forms available for use in creating expedited and exception payments, (samples of which are found in the Appendix), are as follows:

(1) *Expedited Payments – Expedited Processing PTF (Exhibit 33-1)*

(2) *Expedited Payments to third-party account names or alias names – Expedited Processing PTF, Third Party Accounts (Exhibit 33-2)*

(3) *Exception Payments (Non-ECS Payments) – Exception Processing PTF (Exhibit 33-3)*

Further instructions pertaining to exception processing of payments, by the NO, appear in section 8, below.

- Ch. 33.4 has been updated to align with new payment procedures. The language in v5.0 previously read:

4. *Creating the EFT Payment.*

a. *PCA Data Entry: The PCA enters the following items in the ECS payment screen:*

(1) *AOP received date (i.e., date the EN-20 was date-stamped as received at the DO).*

- (2) *Banking Information pertaining to the recipient's financial institution (bank or credit union).*
 - (a) *Bank or Credit Union Name.*
 - (b) *ACH (Federal Reserve Bank) Routing Number.*
 - (c) *Recipient's account number.*
 - (d) *Type of account: Checking or Savings. (Payments may also be made to money market accounts, as long as no third-party routing system is involved and the account type can be classified as checking or savings.)*
- (3) *Names listed on EN-20 for all account-holders. [Note: For wire transfer (Fed Wire) payments, the Payee Name on the EN-20 must match one of the Account Holder names.]*
- b. *PCA Verification. Upon PCA submission of the data in ECS, the CE automatically receives a "Payment Pending" item in their ECS work queue.*
- c. *Verification of Federal Reserve Bank Routing Number. The FO (or designated alternate) verifies the authenticity of the bank routing number, listed on the EN-20, through the Federal Reserve Financial Services website: Search for ACH Participants. Once verification of the routing number is complete, the FO memorializes the verification in an ECS Note. The Federal Reserve website is found at: <https://www.frb services.org/EPaymentsDirectory/agreement.html>.*

It has been updated in v5.1 to:

- 4. *Creating the EFT Payment.*
 - a. *CA Data Entry: The CA enters the following items in the ECS payment screen:*
 - (1) *AOP received date (the "Submission date" as recorded in OIS.)*
 - (2) *ACH (Federal Reserve Bank) Routing Number.*
 - (3) *Recipient's account number.*
 - (4) *Type of account: Checking or Savings. (Payments may also be made to money market accounts, as long as no third-party routing*

system is involved and the account type can be classified as checking or savings.)

- (5) Names listed on EN-20 for all account-holders. [Note: For wire transfer (Fed Wire) payments, the Payee Name on the EN-20 must match one of the Account Holder names.]*
- b. CA Verification. Upon CA submission of the data in ECS, the CE automatically receives a “Payment Pending” item in their ECS work queue.*
- c. Verification of Federal Reserve Bank Routing Number. The FO (or designated alternate) verifies the authenticity of the bank routing number, listed on the EN-20, through the Federal Reserve Financial Services website: Search for ACH Participants. Once verification of the routing number is complete, the FO captures a screen shot or download of the website search result and uploads the image to the OIS claim record. The Federal Reserve website is found at:
<https://www.frbservices.org/EPaymentsDirectory/agreement.html>.*
- Ch. 33.6 has been updated to reflect new fiscal procedures regarding the roles authorized to certify payments. The language in v5.0 previously read:

6. Completing the ECS Payment. Once the PCA has verified the accuracy and completeness of the information provided on the EN-20, and entered the payment data in ECS, the CE receives a “Pending Payment” item in their work queue. The CE verifies the banking information (account number, routing number, and account type) by re-entering it in ECS. The CE creates the payment in ECS and routes the payment to a Senior CE for Certification. After certification, the payment is routed to an FO for Verification, then to a DD (or an individual with DD privileges), for Authorization. As each individual (CE, SrCE, and FO) completes their function in ECS, the next designated user automatically receives a pending payment item in their ECS work queue. Each individual, who completes their respective payment step in ECS, is responsible for examining the payment documents and affirming that the payment amount and associated data, recorded on the EN-20, appears correctly on the ECS payment screen. Once the DD completes the authorization step, the payment is automatically added to the weekly batch payments for that DO and the payment is authorized for issuance by the Department of Treasury.

It has been updated in v5.1 to:

- 6. Completing the ECS Payment. Once the CA has verified the accuracy and completeness of the information provided on the EN-20, and entered the payment data in ECS, the CE receives a “Pending Payment” item in their work queue. The CE verifies the banking information (account number, routing number, and account type) by re-entering it in ECS. The CE creates the payment in ECS and routes the payment to a*

certifying CE, manager or CES. After certification, the payment is routed to an FO for verification, then to a DD (or an individual with DD privileges), for authorization. As each individual (CE, SCE or CES, and FO) completes their function in ECS, the next designated user automatically receives a pending payment item in their ECS work queue. Each individual, who completes their respective payment step in ECS, is responsible for examining the payment documents and affirming that the payment amount and associated data, recorded on the EN-20, appears correctly on the ECS payment screen. Once the DD completes the authorization step, the payment is automatically added to the weekly batch payments for that DO and the payment is authorized for issuance by the Department of Treasury.

- Ch. 33.7 has been updated to eliminate the need for an “authorization date” in OIS. The language in v5.0 previously read:

7. Entering and Identifying Payments in OIS. Payments completed at both the DO and the NO are to be bronzed in OIS and identified as follows:

- a. DO Payments. At the time a payment is Authorized by the DD (or an approved person with the DD role), the EN-20, and any associated correspondence or memoranda associated with the final EN-20, are to be bronzed and saved as a “final payment” documents in OIS. When adding these documents to OIS, they are to be labeled with a unique identifier consisting of the letters “PMT” followed by the first 4 letters of the payee’s last name, the last 4 numbers of the payee SSN, and the Authorization Date as it appears in ECS. For example, the EN-20 for a payment to someone named Jones, with a “last 4” of 9876, and an Authorization Date of 01/01/2014 would be stored in OIS as follows:*

<i>Category:</i>	<i>Forms & Claims</i>
<i>Subject:</i>	<i>EN-20</i>
<i>Description:</i>	<i>PMT JONE9876, 01-01-2014</i>

The purpose of this unique identification is to allow for easy identification of the final EN-20 and associated documents used in the creation of the ECS payment.

It has been updated in v5.1 to:

7. Entering and Identifying Payments in OIS. Payments completed at both the DO and the NO are to be saved in OIS and identified as follows:

- a. DO Payments. At the time a payment is Authorized by the DD (or an approved person with the DD role), the EN-20, and any associated correspondence or memoranda associated with the final EN-20, are to be saved in OIS. When adding these documents to OIS, the description field must contain a unique identifier consisting of the letters “PMT” followed*

by the first 4 letters of the payee's last name, the last 4 numbers of the payee SSN. For example, the EN-20 for a payment to someone named Jones, with a "last 4" of 9876 would be stored in OIS as follows:

Category: Forms & Claims

Subject: EN-20

Description: PMT JONE9876

The purpose of this unique identification is to allow for easy identification of the final EN-20 and associated documents used in the creation of the ECS payment.

For
RACHEL D. POND
Director, Division of
Energy Employees Occupational
Illness Compensation