



Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation
U.S. DEPARTMENT OF LABOR

HOME AND RESIDENTIAL
HEALTH CARE SERVICES
UNDER THE ENERGY EMPLOYEES
OCCUPATIONAL ILLNESS
COMPENSATION PROGRAM ACT

Home and Residential Health Care Services Under the Energy Employees Occupational Illness Compensation Program Act

GENERAL INFORMATION

Under the **Energy Employees Occupational Illness Compensation Program Act (EEOICPA)**, eligible claimants are entitled to medical benefits recommended by a qualified physician that the U.S. Department of Labor's Division of Energy Employees Occupational Illness Compensation (DEEOIC) determines are likely to:

- Cure;
- Give relief to; or
- Reduce the degree or the period of the accepted illness.

DEEOIC is responsible for ensuring that claimants who have an accepted illness receive appropriate and necessary medical care. When your claim is accepted, a DEEOIC Medical Benefits Examiner assigned to your case will work closely with you to ensure proper provision of medical benefits under the law. Medical care can include Home and Residential Health Care (HRHC) services.

WHAT IS HOME AND RESIDENTIAL HEALTH CARE?

HRHC includes medically appropriate care, from qualified providers either in the home or in an authorized HRHC facility, to treat an accepted work-related illness. This includes:

- Home health care;
- Care in a skilled nursing facility;
- Care in an assisted living facility; and
- Hospice care.

WHEN CAN I APPLY FOR HOME AND RESIDENTIAL HEALTH CARE?

A covered employee can seek HRHC once DEEOIC has accepted a work-related illness and there is a medical need for such care.

DO I NEED PREAPPROVAL TO BILL FOR HOME AND RESIDENTIAL HEALTH CARE?

Yes. We must preapprove payment for HRHC services.

NOTE: If you receive care without preapproval for billing and later seek reimbursement, you may not receive full cost reimbursements if you paid more than the allowable fee scheduled rates.

To request authorization to bill for HRHC, you or a properly designated authorized representative must complete and submit Form EE-17A

HOW DO I SUBMIT A REQUEST TO BILL FOR HOME AND RESIDENTIAL HEALTH CARE?

To request authorization to bill for HRHC, you or a properly designated authorized representative must complete and submit [Form EE-17A, Claim for Home Health Care, Nursing Home, or Assisted Living Benefits](#). (Note: This form is not required for re-authorizations.) On the form, indicate which benefits you are seeking; provide the name, address, and telephone number of the physician responsible for medical management of your HRHC services; sign and date the bottom of the form; and submit it.

Web: DEEOIC's Energy Document Portal at https://eclaimant.dol.gov/portal/?program_name=EN

Mail: U.S. Department of Labor OWCP/DEEOIC
PO Box 8306
London, KY 40742-8306

The EE-17A form is available at <https://www.dol.gov/owcp/energy/regs/compliance/EEOICPFForms/ee-17a.pdf>.

NOTE: You do not have to submit Form EE-17A to initiate a request to bill for in-home hospice care. To initiate an authorization request to bill for **in-home hospice care**, your DEEOIC-enrolled provider of hospice services must submit a request (electronically or via mail) to medical bill contractor at U.S. Department of Labor OWCP/DEEOIC; PO Box 8304; London, KY 40742-8304. The authorization request must include a Hospice Certification specifying the individual's prognosis for life expectancy as 6 months or less, and clinical information supporting the medical prognosis.

DO I NEED A PHYSICAL EXAMINATION FOR AUTHORIZATION TO BILL FOR HOME AND RESIDENTIAL HEALTH CARE?

Yes. A treating physician must conduct a face-to-face physical examination in support of any request to bill for HRHC within 60 days before submitting an HRHC authorization request.

WHAT INFORMATION MUST MY TREATING PHYSICIAN PROVIDE TO SUPPORT MY REQUEST TO BILL FOR HOME AND RESIDENTIAL HEALTH CARE?

Your treating physician must submit a completed [Form EE-17B, Physician's Certification of Medical Necessity](#), (Note: This form is not required for re-authorizations). The physician should sign and date the EE-17B form and submit it.

Web: DEEOIC's Energy Document Portal: https://eclaimant.dol.gov/portal/?program_name=EN

Mail: U.S. Department of Labor OWCP/DEEOIC
PO Box 8306
London, KY 40742-8306.

The EE-17B form is available at <https://www.dol.gov/owcp/energy/regs/compliance/EEOICPFForms/ee-17b.pdf>.

Along with
Form EE-17B,
the physician
must attach
a Letter of
Medical Necessity

Along with Form EE-17B, the physician must attach a **Letter of Medical Necessity** that contains both a plan of care and the rationale for why the prescribed home health care, nursing home, or assisted living services are medically necessary to treat the DEEOIC-accepted condition(s). The letter must include:

- **Type of Care Required.** The letter must explain why the specific service is required in the home versus outside the home or at a facility that provides a higher level of care, such as a nursing home or assisted living facility. For example, for in-home services, perhaps you cannot travel to a clinic or physician's office, or you need medical services on an hourly, daily, or unpredictable basis.
- **Level of Care Required.** The letter of medical necessity must specify the appropriate level of care you require. Care services may include:
 - **Skilled Nursing Services (RN/LPN):** To assess your medical condition, administer prescription medications, dress wounds, administer intravenous medications, provide other services appropriate to the level of medical credentials attained by this skilled provider, etc.
 - **Assistive Health Care Personnel (home health aide/personal care attendant/certified nursing assistant):** To assist with activities of daily living, including mobility within the household, dressing and undressing, toileting, bathing, and meal preparation.
 - **Home Therapeutic Services:** Such as physical therapy, occupational therapy, speech therapy, respiratory therapy, or any other professional therapeutic service, which requires home delivery when the claimant is medically unable to travel outside the home.
 - **Targeted Case Management (TCM):** The coordination of multidisciplinary HRHC services to help you access necessary medical, social, educational, and other services directly related to your accepted condition(s).
 - **Assisted Living Facilities:** A system of housing and limited care, for people who need some assistance with activities of daily living but don't need care in a residential nursing home.
 - **Nursing Home, Skilled Nursing Facility, and Rehabilitation Hospital:** Facilities where skilled nurses and therapy staff treat, manage, observe, and evaluate medical care.
 - **Hospice:** A public agency or private organization that cares for terminally ill people whose medical prognosis indicates a life expectancy of 6 months or less. Hospice care emphasizes palliative care (relief of pain and uncomfortable symptoms) and end-of-life counseling, as opposed to curative care.
- **Frequency of Service.** The number of times each level of HRHC service will be performed, (e.g., daily, weekly, monthly, intermittently as needed, etc.).

Once we approve payment for HRHC services, you may choose any licensed medical provider

- **Duration of Care.** The number of minutes or hours required to perform the HRHC service at the frequency prescribed. For example, a home health aide is required 4 hours each day, 5 days per week, to assist with daily living activities; or a nurse is required 2 hours a day, 3 days per week, to clean, dress, and evaluate wounds.
- **Period of Required Care.** The length of time for which the HRHC care is required. For example, your physician prescribes home health aide services for 6 months. For assisted living or nursing home requests, the physician must describe the relative permanency of the claimant’s medical need for such care.
- **Conditions Requiring Care.** The letter of medical necessity must list the accepted medical condition(s) and the care prescribed for each condition; physician notes describing your general health, prognosis, and changes since your last exam; and measurements, observations, and test results, which support the need for HRHC specific to your accepted condition(s). The physician should also describe any effect that noncovered illnesses have on the claimant’s need for HRHC services and must try to differentiate those from services required because of the accepted condition(s).
- **Evidence of a recent Face-to-Face Examination.** The letter of medical necessity should include evidence of a face-to-face medical examination by your treating physician within 60 days of the letter’s date.

CAN I CHOOSE FROM ANY HOME AND RESIDENTIAL HEALTH CARE PROVIDER?

Yes. Once we approve payment for HRHC services, you may choose any licensed medical provider. You may change HRHC providers at any time. However, you must notify us in writing and include the new provider’s name and contact information, and the reason for the change.

CAN I REQUEST CHANGES TO AN APPROVED LEVEL OF HOME AND RESIDENTIAL HEALTH CARE?

Yes. You must submit a written request for any changes to an approved level of home health care that includes medical documentation from your treating physician that explains the basis for any change in your current care plan.

ONCE DEEOIC APPROVES PAYMENT FOR HOME AND RESIDENTIAL HEALTH CARE SERVICES, IS MY APPROVAL PERMANENT?

No. Approval for HRHC services is not permanent. We can authorize payment for home health care for up to 6 months, and residence in an assisted living facility, or nursing home care, for up to 12 months.

HOW DO I RENEW AUTHORIZATION TO BILL FOR HOME AND RESIDENTIAL HEALTH CARE SERVICES?

To request renewal of your authorization to bill for HRHC services, you must have another face-to-face evaluation with your treating physician within 60 days before your existing authorization ends, and your treating physician must submit updated medical information and the results of that evaluation to DEEOIC. Your Medical Benefits Examiner will notify you 60 days before your existing HRHC authorization ends that you need to request a renewal and an updated letter of medical necessity.

There may be circumstances that require payment for HRHC on an emergency basis

CAN DEEOIC APPROVE AN EMERGENCY AUTHORIZATION OF HOME AND RESIDENTIAL HEALTH CARE SERVICES?

Yes. There may be circumstances that require payment for HRHC on an emergency basis—for example, if you need immediate home care after leaving the hospital, or if your condition suddenly requires an urgent change in the level or frequency of currently authorized services.

To approve an emergency billing authorization, DEEOIC's Bill Processing Agent must receive (by fax or letter) an emergency care order from your treating physician or a hospital discharge order signed by a physician. The letter of medical necessity or hospital discharge order must describe the medical need for emergency HRHC. The agent will forward the request to your Medical Benefits Examiner, who will evaluate your request. The Medical Benefits Examiner can grant authorizations to bill for emergency HRHC in 30-day increments, for no more than 90 days.

HOW CAN I FIND OUT IF A HOME AND RESIDENTIAL HEALTH CARE PROVIDER HAS ENROLLED IN THE ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM?

Go to <https://owcpmed.dol.gov/portal/provider/search>. You should also check with your HRHC provider.

HOW CAN A HOME AND RESIDENTIAL HEALTH CARE PROVIDER OBTAIN ENROLLMENT AND BILLING INFORMATION?

If the HRHC provider you wish to use is not enrolled in the program, they can obtain enrollment and billing information by calling our Bill Processing Agent at 1-866-272-2682 or contacting one of the Resource Centers listed at the end of this flyer. Enrollment forms are available at <https://owcpmed.dol.gov>.

DOES DEEOIC ENDORSE A PARTICULAR PROVIDER OR CERTIFY PROVIDERS OF HOME AND RESIDENTIAL HEALTH CARE SERVICES?

No. We do not endorse or sponsor any HRHC provider or any other entity providing medical services.

WHO PAYS FOR THE COST OF HOME AND RESIDENTIAL HEALTH CARE?

DEEOIC pays for care that is medically necessary to treat DEEOIC-accepted conditions. However, you must directly pay for any costs for care unaffiliated with your accepted illness, or bill to private insurance or other government health programs such as Medicare or Medicaid.

We pay costs associated with the treatment of accepted medical conditions from the EEOICPA compensation fund

NOTE: We cannot pay for care for any condition that may be a consequence of a DEEOIC-accepted condition until you file a specific claim for that "consequential illness" and it is accepted.

If seeking reimbursement from multiple providers, you must complete a separate form for each medical provider

HOW ARE HOME AND RESIDENTIAL HEALTH CARE BILLS PAID?

If your HRHC provider has enrolled in the program, we will pay them directly based upon our fee schedule. If your HRHC provider has not enrolled in the program, you can obtain reimbursement for your out-of-pocket expenses for covered medical care by completing [Form OWCP-915, Claim for Medical Reimbursement](#). Along with Form OWCP-915, you must submit the following items (attach them securely to the form):

- Provider's itemized billing statement,
- Evidence of receipt of payment to your provider (cash receipt, front-and-back copy of your canceled check, or a copy of your credit card receipt), and
- Evidence of your method of payment.

If seeking reimbursement from multiple providers, you must complete a separate form for each medical provider.

Mail the completed Form OWCP-915, *Claim for Medical Reimbursement*, with attachments, to:

U.S. Department of Labor OWCP/DDEOIC
PO Box 8304
London, KY 40742-8304

The OWCP-915 form is available at <https://www.dol.gov/owcp/dfec/regs/compliance/OWCP-915.pdf>.

You will be reimbursed by check unless you elect payment via electronic funds transfer deposited directly into your checking or savings account. This is a much faster and more secure way to receive reimbursement. To obtain the **Direct Deposit Sign-Up Form 1199A**, go to <https://www.dol.gov/owcp/energy/regs/compliance/EEOICPForms/SF1199A.pdf>.

CAN DEEOIC REVIEW MY HOME AND RESIDENTIAL HEALTH CARE AUTHORIZATION AT ANY TIME?

Yes. We can review HRHC billing authorizations at any time.

WHOM DO I CONTACT FOR HELP WITH MY HOME AND RESIDENTIAL HEALTH CARE BENEFITS?

Contact DEEOIC's Branch of Medical Benefits, Medical Benefits Adjudication Unit, by telephone at 1-888-805-3389 or by mail at:

U.S. Department of Labor OWCP/DDEOIC
PO Box 8306
London, KY 40742-8306

**DDEOIC
District Offices**

Cleveland District Office

1001 Lakeside Ave
Suite 350
Cleveland, OH 44114
Telephone: 216-802-1300
Toll-Free: 1-888-859-7211
Fax: 216-802-1308

Denver District Office

PO Box 25601
One Denver Federal Center, Bldg. 53
Denver, CO 80225-0601
Telephone: 720-264-3060
Toll-Free: 1-888-805-3389
Fax: 720-264-3099

Jacksonville District Office

400 W Bay St
Room 722
Jacksonville, FL 32202
Telephone: 904-357-4705
Toll-Free: 1-877-336-4272
Fax: 904-357-4704

Seattle District Office

300 5th Ave
Suite 1050E
Seattle, WA 98104-2397
Telephone: 206-373-6750
Toll-Free: 1-888-805-3401
Fax: 206-224-1216

**DEEOIC
Resource
Centers and
Regional
Jurisdiction**

DEEOIC has established 11 Resource Centers nationwide to assist employees and their families apply for benefits under the EEOICPA. If you need help with any part of your EEOICPA claim, including the medical billing process, you may contact one of the Resource Centers. They can help in-person or over the telephone, regardless of where you live. You should contact the Resource Center in the state of your last claimed employment. The list below shows the Resource Centers and the states they cover:

California Resource Center

7027 Dublin Blvd
Suite 150
Dublin, CA 94568
Telephone: 925-606-6302
Toll-Free: 1-866-606-6302
Fax: 925-606-6303
California, Hawaii

Hanford Resource Center

303 Bradley Blvd
Suite 206
Richland, WA 99352
Telephone: 509-946-3333
Toll-Free: 1-888-654-0014
Fax: 509-946-2009
Alaska, Oregon, Washington

Portsmouth Resource Center

1200 Gay St
Portsmouth, OH 45662
Telephone: 740-353-6993
Toll-Free: 1-866-363-6993
Fax: 740-353-4707
*Ohio, Michigan, Minnesota,
Puerto Rico, West Virginia, Wisconsin*

Denver Resource Center

8758 Wolff Ct
Suite 101
Westminster, CO 80031
Telephone: 720-540-4977
Toll-Free: 1-866-540-4977
Fax: 720-540-4976
*Colorado, Iowa, Kansas, Nebraska,
Oklahoma, Wyoming*

Idaho Resource Center

1820 E 17th St
Suite 250
Idaho Falls, ID 83404
Telephone: 208-523-0158
Toll-Free: 1-800-861-8608
Fax: 208-557-0551
*Idaho, Montana, North Dakota,
South Dakota, Utah*

Savannah River Resource Center

1708-B Bunting Dr
North Augusta, SC 29841
Telephone: 803-279-2728
Toll-Free: 1-866-666-4606
Fax: 803-279-0146
*Florida, Georgia, North Carolina,
South Carolina*

Española Resource Center

412 Paseo De Onate
Suite D
Española, NM 87532
Telephone: 505-747-6766
Toll-Free: 1-866-272-3622
Fax: 505-747-6765
New Mexico, Texas

Las Vegas Resource Center

1050 E Flamingo Rd
Suite W-156
Las Vegas, NV 89119
Telephone: 702-697-0841
Toll-Free: 1-866-697-0841
Fax: 702-697-0843
Arizona, Nevada

Paducah Resource Center

125 Memorial Center
Paducah, KY 42001
Telephone: 270-534-0599
Toll-Free: 1-866-534-0599
Fax: 270-534-8723
Illinois, Indiana, Kentucky, Missouri

Oak Ridge Resource Center

800 Oak Ridge Turnpike
Suite C-103
Oak Ridge, TN 37830
Telephone: 865-481-0411
Toll-Free: 1-866-481-0411
Fax: 865-481-8832
*Alabama, Arkansas, Louisiana,
Mississippi, Tennessee, Virginia*

New York Resource Center

6000 N Bailey Ave
Suite 2A, Box #2
Amherst, NY 14226
Telephone: 716-832-6200
Toll-Free: 1-800-941-3943
Fax: 716-832-6638
*Connecticut, Delaware, Maine,
Maryland, Massachusetts,
New Hampshire, New Jersey, New York,
Pennsylvania, Rhode Island, Vermont*