Division of Energy Employees Occupational Illness Compensation  
Branch of Medical Benefits Adjudication and Bill Processing (BMBABP)  
Quarterly Provider Conference Call  
Meeting Minutes

<table>
<thead>
<tr>
<th>Program/Area:</th>
<th>Branch of Medical Benefits Adjudication and Bill Processing (BMBABP)</th>
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<tr>
<td>Meeting Purpose:</td>
<td>Guidance, education and communication of policy regarding the rendering of medical benefits.</td>
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<tr>
<td>Meeting Date(s)/Time(s):</td>
<td>September 11, 2018 (1:00pm - 2:00pm EST) and September 12, 2018 (2:00pm - 3:00pm EST)</td>
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<td>Meeting Location:</td>
<td>Teleconference</td>
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<td>Meeting Facilitator:</td>
<td>Toni Eason, Chief, BMBABP</td>
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| Meeting Presenters: | Miriam Givens, Unit Manager, Medical Benefits Adjudication  
Dionne Perry, Unit Manager, Medical Bill Processing |
| Agenda Topic(s): | • Amended Home Health Care Authorization Requests  
• Conflict of Interest |

Presentation Discussion:

1. Amended Home Health Care Authorization Requests [presenter: Miriam Givens]  
   - EEOICPA Procedure Manual: Chapter 30- Home and Residential Health Care  
   Multiple authorization requests have been submitted which lack clarity regarding whether the request is a new request or the request is a revision to a previous submission. The Prior Authorization Request form is updated to reflect the status of the submission. Added to the top of form are two checkboxes, titled: “New” and “Amended”. One box should be selected when submitting a Prior Authorization Request form. A “New” Prior Authorization Request is when an initial (first time authorization request) for a specific home health care medical benefits is submitted. An “Amended” Prior Authorization Request is when there is a request to increase or decrease the frequency of services (level) to a previously submitted request. An appropriately completed Prior Authorization Request Form and all accompanying required medical documentation should be forwarded to the DEEOIC bill payment contractor via fax or EDI.

2. Authorized Representative Conflict of Interest Guidance [presenter: Dionne Perry]  
   A conflict of interest can arise when a duly appointed Authorized Representative (AR) has direct financial interests arising out of the acceptance of a claim, even if those interests are only potential in nature, aside from the representational fees permitted under EEOICPA.

DEEOIC provides AR information on conflict of interest in the initial AR acknowledgment letter. Claimants may only designate one AR at a time. To change their existing AR, a claimant must submit a written and signed request to their respective Claims Examiner (CE). The request must include the name and contact information of the designated new appointee.

Reference: Federal EEOICPA Procedure Manual Chapter 10- Resource Centers, Chapter 12- Representative Services, and Chapter 30- Home and Residential Health Care