



2021 ANNUAL REPORT TO CONGRESS

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THE HONORABLE PRESIDENT OF THE SENATE

THE HONORABLE SPEAKER OF THE HOUSE OF REPRESENTATIVES

I have enclosed the Department of Labor's Annual Report to Congress on the fiscal year 2021 operations of the Office of Workers' Compensation Programs. The report covers administration of the Federal Employees' Compensation Act as required by Section 8152 of that Act, the Black Lung Benefits Act as required by Section 426(b) of that Act, the Longshore and Harbor Workers' Compensation Act as required by Section 42 of that Act, and the Energy Employees Occupational Illness Compensation Program Act, for the period October 1, 2020, through September 30, 2021.

The information in this report is available to Congress and the public in near real-time from the OWCP website.

- Federal Employees' Compensation Act Program: <https://www.dol.gov/agencies/owcp/dfec>
- Black Lung Program: <https://www.dol.gov/agencies/owcp/dcmwc>
- Energy Program: <https://www.dol.gov/agencies/owcp/energy>
- Longshore Program: <https://www.dol.gov/agencies/owcp/dlhwc>

Separate enclosures contain the annual audit reports for the fiscal year 2021 financial statements of the Longshore and Harbor Workers' Compensation Act Special Fund and the District of Columbia Workmen's Compensation Act Special Fund accounts (as required by Sections 42 and 44(j)).

This report both fulfills the requirements of the respective laws and provides a comprehensive source of information on the administration and operation of federal workers' compensation programs.

A handwritten signature in blue ink, appearing to read "C. J. Godfrey".

Christopher J. Godfrey
Director, Office of Workers' Compensation Programs

Enclosures

DIRECTOR'S MESSAGE

I am pleased to submit the Office of Workers' Compensation Programs' (OWCP) Annual Report to Congress for fiscal year 2021. This report provides an overview of OWCP activities and performance in each of the agency's programs – the Federal Employees' Compensation (FECA), Longshore and Harbor Workers' Compensation (Longshore), Coal Mine Workers' Compensation (Black Lung), and Energy Employees Occupational Illness Compensation (Energy) programs.

I am very proud of what the agency accomplished in fiscal year 2021 amidst the transition to the administration of President Joseph Biden and the ongoing response to the coronavirus disease 2019 (COVID-19) pandemic. In the following paragraphs, I will highlight a few of the agency's noteworthy accomplishments.

First, OWCP leadership completed 36 town halls with employees from throughout the agency to establish robust employee engagement and to understand the challenges facing the agency workforce at the beginning of a new administration. From these conversations, OWCP began to design a new mentorship program and to create new opportunities for employee training and professional development. OWCP also began to implement Executive Order 13985, "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government" and Executive Order 14038, "Diversity, Equity, Inclusion, and Accessibility in the Federal Workforce," signed by President Biden on January 20 and June 25, 2021, respectively. OWCP developed new policies and procedures to strengthen the diversity of the agency workforce, especially agency leadership, and laid the groundwork for several new initiatives aimed to improve Diversity, Equity, Inclusion, and Accessibility in the OWCP workplace and strengthen customer experience and service delivery for claimants from underserved communities and demographic groups.

In the FECA program, our incredible federal employees worked tirelessly to maintain the agency's response to the COVID-19 pandemic. After the American Rescue Plan Act (ARPA) of 2021 was signed into law by President Biden on February 8, 2021, the FECA program issued FECA Bulletin 21-09, "Processing FECA Claims for COVID-19 under the American Rescue Plan Act of 2021," on April 28, 2021, which streamlined the process for federal workers diagnosed with COVID-19 to establish coverage under the FECA. ARPA funding also allowed the FECA program to hire over 170 new Claims Examiners to expedite claims processing. As of July 5, 2022, the FECA program has provided nearly \$55M in total compensation to over 85,000 federal workers for COVID-19-related claims.

Furthermore, the FECA program established a special claims unit to handle all claims from law enforcement officers and other first responders injured during the January 6, 2021, attack on the United States Capitol. This measure aimed to provide timely and consistent handling of these claims, which included not only immediate physical and psychological injuries, but also the even more challenging adjudication of claims related to delayed psychological injury resulting from the traumatic stress of those events. As of July 5, 2022, 82 claims have been received and 81 of those have been resolved.

Lastly, the FECA program began implementation of new Pharmacy Benefits Management (PBM) services, an initiative which will greatly improve OWCP support to claimants and reduce costs for taxpayers. OWCP benefits from the PBM's negotiated drug prices, leading to lower drug costs in FECA claims and agency chargeback bills. The PBM also improves convenience for claimants and adds additional drug safety checks and controls, an important safeguard against opioid misuse. Lastly, the new PBM provides a call center which handles inquiries from claimants, pharmacies, and prescribers. Claimants now have more access to discuss medication related questions with nurses and treatment options with specialized physicians. In fiscal year 2021, the FECA program managed all these initiatives, while meeting or exceeding the targets for all nine of their performance measures and paying over \$2.939B in total compensation and benefit payments to over 183,000 beneficiaries.

In fiscal year 2021, Longshore program made important changes to improve administration of the program and support for injured workers. After several years of flat appropriated funding for the program, the Longshore program was able to hire 12 new Claims Examiners in fiscal year 2021. The program also continued efforts to transition from antiquated, paper document submission to modernized, more efficient, electronic document submission. The program also expanded outreach to key stakeholders and delivered monthly reports to industry employers and insurance carriers, improving timely reporting of injuries to workers and timely payment of benefits to workers in fiscal year 2021.

The Longshore program met or exceeded the targets for all four performance measures for which final data has been received in fiscal year 2021. The program oversaw 540 insurance carriers and self-insured employers, including reports of over 59,000 injuries and deaths in the Longshore and Defense Base Acts and payment of approximately \$1.321B in total compensation.

The Black Lung program made significant improvements to modernize program administration. The Black Lung program implemented a more cost effective, faster, and more secure process for the electronic, rather than paper, transfer of claims and claim exhibits with the Office of Administrative Law Judges and the Benefits Review Board. Similarly, the Black Lung program completed a nationwide scanning process to convert all paper claim files into a digital format, producing cost savings and a more secure case file management environment. In fiscal year 2021, the Black Lung program met or exceeded the targets for all timeliness and quality performance measures and provided payment of nearly \$200M in total compensation and medical benefits, while servicing more than 30,000 beneficiaries.

The Energy Employees Occupational Illness Compensation Program Act "Energy" program undertook several initiatives to improve customer experience and service delivery for claimants. The Energy program extended the use of telemedicine for routine medical appointments, developed a new plan to collect customer experience feedback from claimants, and expanded access for claimants to their case files through the digital Employees' Compensation Operations and Management Portal. On top of these initiatives, the Energy program met or exceeded the targets for all five performance measures while paying \$1.725B in total compensation and medical benefits to 17,783 claimants.

Next year, I look forward to reporting on new accomplishments in the Office of Workers' Compensation Programs in fiscal year 2022. Through the efforts of our talented and dedicated workforce, I am confident that we will provide positive updates on our efforts to implement Executive Order 14058, "Transforming Federal Customer Experience and Service Delivery To Rebuild Trust in Government," better serve federal firefighters and other federal employees engaged in fire protection activities, strengthen the OWCP workforce through hiring, improve program support for Native American claimants and tribal communities, revise the Black Lung coal mine operator self-insurance program, procure new Medical Physician Network and Medical Bill Processing services, and more.

Please do not hesitate to contact me or my office if you have any questions or concerns regarding the Office of Workers' Compensation Programs.

Thank you,



Christopher J. Godfrey
Director
Office of Workers' Compensation Programs

FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

INTRODUCTION

In 1916, President Woodrow Wilson signed the first comprehensive law protecting federal workers from the effects of work injuries. Amended several times, with the most recent substantive changes made in 1974, the Federal Employees' Compensation Act (FECA) now provides workers' compensation coverage to approximately 2.6 million federal employees.

The Act provides the following benefits:

- Wage-replacement payments at 66 2/3 percent of the employee's salary or 75 percent if there is a qualified dependent.
- Payments for reasonable and necessary medical treatment related to the injury.
- Vocational rehabilitation training and job-placement assistance to help disabled workers return to gainful employment.
- Compensation for permanent impairment of limbs and other parts of the body.
- Compensation for survivors of employees due to a work-related death.

The FECA also provides coverage to Peace Corps and AmeriCorps Volunteers in Service to America; federal petit and grand jurors; volunteer members of the Civil Air Patrol, Reserve Officer Training Corps Cadets, Job Corps, and Youth Conservation Corps enrollees; and non-federal law enforcement officers when injured under certain circumstances involving crimes against the United States.

For over a century, the FECA program has continuously evolved to meet its commitment to federal employees and agencies, while minimizing the human, social, and financial costs of work-related injuries. This report highlights the FECA program's activities and accomplishments in fiscal year 2021.

BENEFITS AND SERVICES

The primary goal of the FECA program is to assist federal employees who have sustained work-related injuries or disease by providing financial and medical benefits, as well as assistance with returning to work. In traumatic injury claims where the evidence establishes disability, the Act requires a Continuation of Pay (COP) of the injured worker's salary for up to 45 days if the disability extends through that period. If the disability continues after 45 days, or where the evidence establishes disability in cases of occupational disease, the injured worker must file a claim for compensation and the FECA program will process that claim. Compensation for wage loss is paid at 66 2/3 percent of the employee's salary if there are no dependents or at 75 percent if there is at least one qualified dependent. The program compensates injured workers for permanent impairment of limbs and other parts of the body, and it provides benefits to survivors in the event of work-related death. FECA benefits also include payment for services and medications that are likely to cure, give relief, reduce the degree or the period of disability, or aid in lessening the amount of monthly compensation.

The FECA program is the exclusive remedy by which federal employees may obtain disability, medical, and survivor benefits from the federal government for workplace injuries or illnesses. The program carries out claims adjudication, disability management, and return-to-work support. The claims adjudication process involves receipt and review of the claim, development of the facts including medical documentation where appropriate, and a formal adjudication decision. Individuals who disagree with a formal decision may exercise their appeal rights by requesting:

1. Reconsideration by a Claims Examiner (CE) not previously associated with the case; or
2. An oral hearing or a review of the written record by the Branch of Hearings and Review in the FECA National Office; or
3. Review of final decisions for or against the payment of benefits by the Employees' Compensation Appeals Board, an independent entity in the Department of Labor (DOL).

If a case is accepted and disability is involved, the program auto-assigns a COP Nurse who makes a three-point contact: the nurse communicates with the injured worker, the attending physician, and the employer to determine if the disability will persist. If so, the staff makes a referral to a full-time nurse to assist with medical appointments and facilitate certain treatment.

If it appears that the injured worker will not return to work within a reasonable timeframe or can work in a limited capacity but the employer cannot accommodate his or her restrictions, the nurse works with the CE to refer the case to vocational rehabilitation. Vocational rehabilitation counselors perform labor skills assessments and assist the worker in finding new positions in the labor market.

For long-term disability cases, the FECA program dedicates resources to thoroughly review the medical evidence and question the physician on the claimant’s wage-earning capacity. As part of that review, the FECA program can arrange for second opinion medical examinations to assess any changes in the injured worker’s medical condition and fitness for work. The goal of the FECA program staff is to return every worker to gainful employment or accurately determine any loss of wage-earning capacity.

FUNDING

The Office of Workers’ Compensation Programs (OWCP) pays FECA benefits from the Employees’ Compensation Fund (ECF), which is funded from two sources. One portion of the ECF is a direct appropriation under extensions of FECA for certain groups such as War Hazards Compensation Act claimants, non-Federal law enforcement officers, Job Corps enrollees, and certain Federally supported volunteers. The funding is deposited into and assumes the attributes of the ECF and remains available until expended. The other portion of the ECF is from offsetting collections reimbursed from agencies. OWCP bills agencies each August for benefits paid for their employees from the ECF, and most agencies, other than the U.S. Postal Service (USPS) and other non-appropriated fund agencies, include those chargeback costs in their next annual appropriation request to Congress. Agencies do not make remittances to the ECF until the first month of the subsequent fiscal year (or later, when Congress enacts an agency’s full-year appropriation after the subsequent fiscal year begins).

FECA administrative funding is provided from two sources. One portion of the administrative funding is provided under OWCP’s annual Salaries and Expenses appropriation. The other portion of administrative funding is derived from reimbursements from agencies such as USPS and other corporations or instrumentalities required under 5 U.S.C. 8147(c) to pay an amount for its fair share of the cost of administration.

FECA Table 1 highlights chargeback costs billed in Chargeback Year 2021. FECA Table 2 provides a comparison of OWCP funding allocated for FECA program administration.

FECA TABLE 1 - FECA BENEFITS PAID AND CHARGED TO EMPLOYING AGENCIES, CHARGEBACK YEAR 2021¹

Agency	2021
USPS	\$1.311 billion
Department of Veterans Affairs	\$192 million
Department of Homeland Security	\$177 million
Department of Justice	\$93 million
Department of Agriculture	\$57 million
Department of Interior	\$44 million
Department of Defense	\$449 million
All Others	\$248 million
Total	\$2.572 billion

¹ The figures in the chart are rounded.

FECA TABLE 2 - OWCP ALLOCATED FUNDING FOR ADMINISTERING/OPERATING THE PROGRAM, FISCAL YEAR 2021¹

Allocated Funding	2021
Number of Employees (Full-time Equivalent (FTE) staff) ²	758
Salaries and Expenses ³	\$102.7 million
“Fair Share” (FECA Special Benefits Account) - for the development/operation of automated data management and operations support systems, periodic roll case management, and program integrity	\$80.3 million
American Rescue Plan Act (ARPA) of 2021 ⁴ - to carry out Coronavirus Disease 2019 related worker protection activities	\$11.1 million
Total Allocated Funding for FECA Program Administration⁵	\$194.1 million

¹ The dollar amounts in the chart are rounded.

² The FTE totals include FECA Salaries and Expenses, FECA Fair Share, and ARPA.

³ In August 2020 OWCP merged the Division of Federal Employees’ Compensation and the Division of Longshore and Harbor Workers’ Compensation into one Division of Federal Employees’, Longshore and Harbor Workers’ Compensation (DFELHWC), which was appropriated \$115.4 million, of which DOL allocated \$102.7 million to FECA program administration.

⁴ The ARPA provided a total of \$30,265,074 and 183 FTE to remain available until September 30, 2023. The remaining funds not apportioned in fiscal year 2021 will be reserved for fiscal years 2022 and 2023.

⁵ Support costs for legal, investigative, and other kinds of services from the Employees’ Compensation Appeals Board, the Office of the Solicitor, the Office of Inspector General, and the U.S. Treasury are not included.

DOL’s Agency Financial Report provides additional information on the FECA program’s finances:

<https://www.dol.gov/sites/dolgov/files/OPA/reports/2021annualreport.pdf>

ACCOMPLISHMENTS & PERFORMANCE

The FECA program’s key performance measures revolve around three fundamental tenets of workers’ compensation:

1. Learn about the injury as soon as possible;
2. Provide timely access to treatment; and
3. Return the injured worker to pre-injury status both economically and medically.

Rapid Intake of Forms

Shortening the duration of time between when the injury occurs and when the FECA program learns of it will improve the speed with which the program can authorize benefits when needed. On January 9, 2020, the Office of Management and Budget created the Protecting Employees, Enabling Reemployment (PEER) initiative to create an opportunity for the heads of federal departments and agencies to recommit to a safety- and health-conscious federal workforce. The PEER initiative directed all agencies to use the OWCP Employees’ Compensation Operations and Management Portal (ECOMP) to file claims. Use of ECOMP allows the FECA program to track how long it takes the employer to submit the notice of injury to DOL.

Additionally, ECOMP allows the program to standardize FECA claims processing for everyone and expedite submissions to the program for faster entitlement decisions and benefit payments; allows the elimination of the unnecessary costs of maintaining redundant information technology systems across the federal government in favor of one streamlined platform; allows the program to reduce improper payments of workers’ compensation benefits by requiring all financial data necessary to issue accurate payments; and allows for rapid communications with the injured worker about the dangers of opioids, the status of their medical claims, and other critical information.

Faster Delivery of Benefits

The FECA program's focus on delivering benefits faster is what drives the workforce. To measure performance, the FECA program looks at how promptly staff adjudicates benefit claims. The prompt adjudication of claims filed for wage-loss compensation is of particular importance to help ensure that the worker does not undergo unnecessary financial hardship.

FECA Table 3 presents claims, benefit payment, and medical bill processing totals, including the timeliness of authorization for medical treatment, for 2021.

FECA TABLE 3 - CLAIMS INTAKE, BENEFITS PAID, AND MEDICAL BILL PROCESSING, 2021¹

Claims, Benefits Paid, and Medical Bill Processing		2021
Claims	New claims from injured/ill federal workers or their survivors	96,457
	Initial wage-loss claims received	15,982
Benefits	Number of beneficiaries	183,359
Benefit Payment Outlays	Compensation payments	\$2.023 billion
	Medical and rehabilitation services benefit payments	\$772 million
	Death benefit payments to surviving dependents	\$144 million
	Total compensation and benefit payments	\$2.939 billion
Medical Bill Processing	Number of medical bills processed	2,546,477
	Number of newly active enrolled medical providers	8,718
	Number of total active enrolled medical and pharmacy providers (end of fiscal year)	62,360
	Percent of medical bills processed within 28 days	99.8%

¹ The table presents claims and medical bill processing information by fiscal year and benefit payment outlays by chargeback year. Benefit payment outlays include both payments billed to employing agencies and payments not billed to employing agencies. The dollar amounts are rounded.

Return-to-Work

The PEER Initiative outlines seven areas in which federal agencies and the USPS are expected to improve or maintain performance, including increasing the timely filing rate for wage-loss claims, increasing the rate of return-to-work outcomes during the initial 45-day post-injury COP period for traumatic injury cases, and improving the rate at which employees return to work in cases of moderate to severe injury or illness.

FECA Table 4 measures the FECA program's performance on form intake, timely delivery of compensation benefits, and return-to-work for all agencies.

FECA TABLE 4 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2021

Performance Measures	2021 Target	2021 Result
Percent of traumatic injury cases adjudicated within 45 days	90%	97%
Percent of basic non-traumatic injury cases adjudicated within 90 days	85%	95%
Percent of extended non-traumatic injury cases adjudicated within 180 days	75%	80%
Percent of wage-loss claims adjudicated within 14 days (claims not requiring further development)	90%	94%
Percent of wage-loss claims adjudicated within 90 days (all claims)	90%	98%
Percent of Notices of Initial Injury filed by employer within 10 working days	98%	99%
Percent of wage-loss claims filed by employer within five working days	98%	98%
Percent of federal employees with work-related injuries or illnesses that are employed within two years	92%	92%
Percent increase in the rate of return-to-work outcomes for injured federal workers during the initial 45-day post-injury period for traumatic injuries	68.44%	70.00%

Leveraging Information Technology Systems: One Approach for All Federal Employers

ECOMP became the single portal for filing workers' compensation claims for all federal agencies and has over 250,000 registered users. ECOMP has made significant enhancements for both the employing agencies and injured workers. ECOMP provides near real-time communications between the employing agency, the injured worker, and DOL staff – allowing document submission and tracking of communication to help ensure a timely response and more expedient case actions. ECOMP also provides claimants with direct access to images of their entire casefile.

The FECA program integrated ECOMP with OWCP's Medical Bill Processor and Pharmacy Payor for a seamless one-stop experience for the injured worker that allows greater transparency. After signing on to ECOMP, the injured worker can check the status of case actions, view payment history, receive correspondence from the CE, review their full casefile, and also check the status of all medical and pharmacy related bills.

ECOMP also expanded its user base within OWCP providing the other three programs (Energy, Black Lung, and Longshore) with access to basic case data, and the Energy and Black Lung programs with a direct connection to the Medical Bill Processor and Pharmacy Payor for stakeholders in those programs.

Additional improvements are already underway to provide authorized representatives in the FECA, Longshore, and Energy programs with access to OWCP case file documents.

Providing Improved and Consistent Customer Service

The FECA program has made ongoing changes in recent years to improve the experience for our stakeholders:

1. Implemented a consolidated jurisdiction, which allows claimants to stay with the same CE across all of their workers' compensation claims, as well as throughout the lifecycle of each claim. Specifically, the program assigns cases in round-robin fashion regardless of physical location of the injured worker or CE, allowing for both equitable distribution of workload and lessening the need to change CE case assignments. Stakeholders benefit from working with a single CE that is familiar with the entire life of a claim.
2. Created a Centralized Phone Queue for callers with no case numbers, to provide case numbers and facilitate immediate redirection and access to CEs. In association with this, implemented a "Live Call Pick Up" requirement for CEs to answer 25% of the calls they receive at the time they come in.
3. Mandated that agencies file claims electronically via ECOMP and enhanced ECOMP to be a one-stop portal for case information, document imaging, and medical/pharmacy information. ECOMP also allows agency injury compensation specialists to see documents added to the case files, in a dashboard, to allow for quicker response time in service of the injured worker.

These changes drive improvements in customer service by increasing transparency for the claimant and increasing the responsibility and personal accountability of CEs for their own cases, creating an incentive to make timely and appropriate actions.

PROGRAM MANAGEMENT AND INTEGRITY

Responding to the Coronavirus Disease 2019 Pandemic

In fiscal year 2020, while transitioning nearly all of its own employees to a 100% telework (remote work) environment, the FECA program was faced with processing workers' compensation claims for those federal workers who contracted Coronavirus Disease 2019 (COVID-19) while in the performance of their federal duties. The FECA program created a COVID-19 Task Force to review claims, handle them with compassion, and adjudicate them fairly and consistently. In order to create this Task Force and manage the claims, the FECA program had to divert personnel and other resources from non-COVID-19 claims.

On March 11, 2021, the President signed the ARPA, which contained language that provided broader coverage for federal workers diagnosed with COVID-19 to establish coverage under the FECA and also included a funding provision whereby those claim costs were charged to the ECF, without charging those expenses back to the employing federal agencies. The FECA program acted swiftly, developing and publishing consistent procedures to review cases, and reviewing all non-accepted cases filed prior to passage of the ARPA to ensure maximum coverage under the law. The program also updated ECOMP with a claims filing pathway specific to COVID-19 claims that made providing the information necessary to adjudicate claims quickly, clear, and easy for federal employees. To ensure this new broad coverage was well known to federal workers, the FECA program conducted extensive outreach to federal agencies, employee unions, and advocacy groups.

Aggressive Fraud Detection

The FECA program processes \$3 billion in payments annually; reducing fraud and improper payments is a high priority. The FECA program utilizes a robust analytics platform to detect problematic trends and anomalous billing patterns from medical providers and works with Inspectors General government-wide to support prosecution efforts.

In order to keep pace with nefarious providers, the FECA program continues to detect new and emerging fraud schemes and to implement controls to curtail them. The program began by implementing a tiered reimbursement rate and prior authorization for compounded drugs in 2016, and then applying restrictions on herbal supplements in 2017. In fiscal year 2018, the FECA program implemented exception-based policies after monitoring rapid increases in spending on often unnecessary and overpriced medication “convenience kits” and other physician-dispensed drugs. In fiscal year 2019, the FECA program issued three circulars to similarly address increased spending on:

1. Unnecessary prescriptions that have an inexpensive over-the-counter alternative available;
2. “Prescription medical devices” that were being billed to bypass controls on convenience kits and compounded medications; and
3. Shutting down a loophole on unlisted physician-dispensed drugs that began to be used to bypass other controls.

In fiscal year 2020, the FECA program continued to focus on fraudulent pharmaceutical practices by enforcing maximum quantities for certain prescription kits. In fiscal year 2021, needed controls were placed on durable medical equipment rentals and platelet injection services.

These and other collective policy controls and investments, beginning with addressing compounded drugs in 2016, have had tremendous success - total chargeback levels were lowered again in 2021 to just under \$2.6 billion, the lowest level in over a decade, despite medical and wage inflation during that same period. The results of these combined efforts are therefore effectively saving taxpayers hundreds of millions of dollars annually compared to the \$3 billion chargeback levels in 2015.

CHALLENGES

The DOL Office of Inspector General (OIG) has identified deficiencies for the past several years, based upon its testing of controls related to FECA program CEs review of continuing eligibility, accuracy of compensation payments, accuracy of schedule award payments, and accuracy of final payments for terminated claims. The most recent DOL OIG’s Special Report on the FECA Special Benefit Fund, published on November 3, 2021, contains more information about testing the program’s controls: <https://www.oig.dol.gov/public/reports/oa/2022/22-22-001-04-431.pdf>.

Reviews of continuing eligibility have historically been a pain point for the program. In turn, this issue has led to legislative proposals spanning across multiple Administrations over the last 20 years. The result has been a steady population of claimants whose benefits amount to approximately \$2 billion annual cost to taxpayers. Because the FECA program has continued to have limited funding within its budget allocation to address this issue while still addressing other workload concerns, the program expects this issue to continue.

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LONGSHORE)

INTRODUCTION

Enacted in 1927, the Longshore and Harbor Workers' Compensation Act (LHWCA) provides compensation for lost wages, medical benefits, and rehabilitation services to longshore, harbor, and other maritime workers who are injured during their employment or who contract an occupational disease related to employment. The Act also provides survivor benefits if the work-related injury or disease causes the employee's death. An authorized self-insured employer or an authorized insurance carrier directly pays these benefits in most cases; in particular circumstances, the industry-financed Longshore Special Fund pays these benefits.

The original law, entitled the Longshoremen's and Harbor Workers' Compensation Act, was enacted to provide coverage to certain maritime employees injured while working over navigable waters who had been excluded from state workers' compensation coverage by the Supreme Court (*Southern Pacific Co. v. Jensen*, 244 U.S. 205 (1917)). Over the years, there have been extensions to the Act granting coverage to certain additional employees including:

- The Defense Base Act (DBA) of August 16, 1941, extended benefits to employees working outside the continental United States. This primarily covers all private employment on U.S. military bases overseas, land used for military purposes in U.S. territories and possessions, and U.S. Government contracts overseas.
- The Nonappropriated Fund Instrumentalities Act of June 19, 1952, extended benefits to civilian employees in Armed Forces post exchanges, service clubs, etc.
- The Outer Continental Shelf Lands Act of August 7, 1953, extended benefits to employees of firms working on the outer continental shelf of the United States, such as offshore drilling enterprises engaged in the exploration for and development of natural resources.
- The District of Columbia Workmen's Compensation Act (DCCA), passed by Congress on May 17, 1928, extended coverage to private employment in the District of Columbia. As the District passed its own workers' compensation act effective July 26, 1982, the Office of Workers' Compensation Programs (OWCP) handles claims only for injuries before that date.

BENEFITS AND SERVICES

Except in a small percentage of cases, the Longshore program does not pay benefits directly; rather, self-insured employers and insurance carriers pay compensation and medical benefits. The program is responsible for overseeing the private administration of claims and implementing the policies, regulations, and procedures necessary for the authorization and monitoring of the approximately 540 insurance carriers and self-insured employers that provide workers' compensation protection. This includes oversight of over \$3.9 billion held in security deposits as well as administration of two carrier/ employer-funded funds - the Longshore and District of Columbia Special Funds - that collect approximately \$95 million in annual assessments and disburse payments to approximately 2,880 recurring benefit recipients. Longshore Table 1A highlights lost-time injuries in fiscal year 2021 and the number of those injuries that are covered by the DBA; Longshore Table 1B highlights benefit payments for calendar year 2021.

LONGSHORE TABLE 1A - LOST-TIME, FISCAL YEAR 2021

Lost Time Injuries	2021
Number of injuries and deaths reported	39,414
Number of injuries and deaths under the DBA	18,596

LONGSHORE TABLE 1B - BENEFIT PAYMENTS, 2021

Benefits Payments	2021
Number of cases with workers and/or survivors in receipt of benefit payments	42,052
Total compensation paid ¹	\$1,321,780,599
Wage-loss and survivor benefits ¹	\$1,020,521,117
Medical benefits ¹	\$301,259,442
Payments by Sources of Compensation	2021
Insurance companies ¹	\$842,661,628
Self-insured employers ¹	\$381,809,874
LHWCA Special Fund	\$91,468,513
DCCA Special Fund	\$5,740,544

¹ Figures are for calendar year 2021, which does not correspond to federal fiscal years.

Note: For the Longshore Special Fund assessment billing purposes, as required by Section 44 of LHWCA, insurance carriers and self-insured employers report compensation payments made during the calendar year under the Acts to the Department of Labor by June for the previous calendar year. Insurance carriers and self-insured employers also report compensation and medical benefit payments for the DCCA Special Fund on a calendar year basis.

FUNDING

OWCP administers two funds for the Longshore program: the Longshore Special Fund, which was established in the Treasury under Section 44 of the LHWCA; and a separate fund applying only to cases arising under the DCCA. The proceeds of the Longshore Special Fund cover:

- Annual adjustments in compensation for permanent total disability or death that occurred before the effective date of the 1972 amendments (Section 10(h));
- Second injury claims (Section 8(f));
- Cases involving employer insolvency (Section 18(b));
- Rehabilitation assistance (Sections 39(c) and 8(g)); and
- The cost of independent medical examinations (Section 7(e)).

The Longshore Special Fund is financed through a variety of sources:

1. Fines and penalties;
2. \$5,000 payments by employers for each instance in which a covered worker dies and there are no survivors eligible for benefits;
3. Interest payments on Fund investments; and
4. An annual assessment of authorized insurance carriers and self-insurers, which is the largest source.

Longshore Tables 2A and 2B highlight Longshore and DCCA Special Fund Expenditures for fiscal year 2021.

LONGSHORE TABLE 2A - LONGSHORE SPECIAL FUND EXPENDITURES, FISCAL YEAR 2021

Longshore Special Fund	2021
Total benefits paid	\$91,468,513
Second injury claim (section 8(f)) payments	\$80,220,854

LONGSHORE TABLE 2B - DCCA SPECIAL FUND EXPENDITURES, FISCAL YEAR 2021

DCCA Special Fund	2021
Total benefits paid	\$5,740,544
Second injury claim (section 8(f)) payments	\$4,698,068

In April 2020, the Longshore program redesignated its nine district offices by consolidating them into three larger compensation districts with three suboffices in each district. This redesignation allowed the program to better balance workloads across the program. Longshore Table 3 provides a summary of OWCP allocated funding for Longshore program administration in fiscal year 2021.

LONGSHORE TABLE 3 - OWCP ALLOCATED FUNDING, FISCAL YEAR 2021

Allocated Funding	2021
Number of employees (Full-time equivalent staff)	64
Longshore General Salaries and Expenses ¹	\$12.7 million
Longshore Special Fund Salaries and Expenses	\$2.2 million
Total OWCP Allocated Funding for Longshore Program Administration ²	\$14.9 million

¹ In August 2020 OWCP merged the Division of Federal Employees Compensation and the Division of Longshore and Harbor Workers' Compensation into one Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC), which was appropriated \$115.4 million, of which DOL allocated \$12.7 million to Longshore program administration.

² Support costs for legal, investigative, and other kinds of services from the Office of Administrative Law Judges, Benefits Review Board, the Solicitor's Office, and the Office of Inspector General are not included.

DOL's Agency Financial Report provides additional information on the Longshore program's finances:
<https://www.dol.gov/sites/dolgov/files/OPA/reports/2021annualreport.pdf>

ACCOMPLISHMENTS AND PERFORMANCE

The Longshore program continues to improve the efficiency of its processes by leveraging technology to oversee and track compliance with the Act and its extensions, while also improving the speed at which it assists stakeholders in resolving issues that arise in claims.

Oversight and Tracking of First Report of Injury

The Longshore program utilizes a set of measures to help oversee the private administration of claims. The First Report of Injury measure tracks the time from the date of injury or death, or the date of the employer's knowledge of the injury and the onset of the disability, to the date the written notice of injury was received by the Longshore program. While the Longshore program can influence this measure through outreach and technical assistance, the work associated with the measure is the responsibility of insurance carriers and self-insured employers.

In order to maximize efficiencies with its claims management system, OWCP Workers' Compensation System (OWCS), the Longshore program revised its performance measures and targets in fiscal year 2020. The revisions shorten the timeframes for self-insured employers and insurance carriers to submit key workers' compensation injury documentation (from 30 days to 20 days). The Longshore program maintained those same measure and target in fiscal year 2021. Longshore Table 4 presents the First Report of Injury targets and results for fiscal year 2021.

LONGSHORE TABLE 4 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2021

Performance Measures	2021 Target	2021 Result
Percent of First Report of Injury filed within 20 days for DBA cases	88%	94%
Percent of First Report of Injury filed within 20 days for non-DBA cases	88%	91%

Intervention and Dispute Resolution

A principal function of the Longshore program is to intervene in claims to resolve disputes between claimants and self-insured employers or insurance carriers. These interventions resolve issues that delay payment and facilitate compliance with the Act. OWCS' efficient workflow designs streamline and modernize the manner in which the program tracked and processed intervention requests. The Longshore program uses an informal conference process to review the facts in each case, define the disputed issues and the positions of the parties concerning those issues, and encourage voluntary resolution by means of agreement and/or compromise. The program conducted informal conferences for approximately 2,300 claims in fiscal year 2021.

Compliance and Penalty Enforcement

The Longshore program can assess a civil monetary penalty when an employer or insurance carrier fails to timely report a work-related injury or death (33 U.S.C. 930(e)) or fails to timely report its final payment of compensation to a claimant (33 U.S.C. 914(g)). The OWCS claim management system allows the program to identify untimely filed First Reports of Injury and automatically issue pre-penalty letters to the employers and insurance carriers to notify employers and insurance carriers that they may be subject to assessment of a civil penalty for the late or missing report. The Longshore program provides employers and insurance carriers an opportunity to explain why a penalty is not warranted before a penalty is assessed.

In fiscal year 2021, the program continued to measure the performance of program staff in identifying possible instances of untimely filed First Reports. These measures track the timeliness of Longshore staff in determining if the self-insured employer or insurance carrier should be assessed a civil penalty for suspected failure to timely submit required documentation of injuries and payments. Longshore Table 5 shows the targets and results for the resolution of penalty determinations for First Report of Injury and the Final Payment of Compensation for fiscal year 2021.

LONGSHORE TABLE 5 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2021

Performance Measures	2021 Target	2021 Result
Percent of penalty determinations for First Report of Injury resolved within 90 days	85%	93%
Percent of penalty determinations for Notice of Payment resolved within 90 days	85%	96%

STAKEHOLDER ENGAGEMENT AND OUTREACH

The Longshore program continued to expand its outreach activities in the area of compliance assistance. To improve the timeliness of First Payment of Compensation and First Report of Injury, the Longshore program continued to assign National Office claims examiners to review cases and hold quarterly meetings with industry representatives to identify improvement opportunities. The stakeholders received this effort well, as it helped them to understand where gains in performance are possible.

The Longshore program invited major stakeholders, including insurance companies, to meetings throughout the year to discuss and resolve DBA challenges, such as timely payment of benefits to foreign workers and their families in areas with cultural differences, communications obstacles, limited banking and infrastructure, and lack of available medical care. The discussions also focused on timely reporting of injuries, timely payment of benefits, and sharing best practices. The Longshore program staff, at both the national and district office levels, participated in educational programs directed toward stakeholders for purposes of increasing awareness and technical skills across the community.

The program also continued to generate monthly reports to facilitate the review of performance results with industry executives, employers, and insurance carriers. Sharing this information resulted in greater compliance with the performance standards. Performance for submission of First Report of Injury for DBA claims increased from 81% in fiscal year 2020 to 94% in fiscal year 2021; performance for non-DBA claims increased from 90% in fiscal year 2020 to 91% in fiscal year 2021.

PROGRAM MANAGEMENT AND INTEGRITY

The Longshore program continued to focus on administering Special Fund obligations under the statute, making significant technological improvements for electronic claims and document submission, and making claims easier to file and oversee, while also addressing the impact of the coronavirus disease 2019 (COVID-19) pandemic on program operations in fiscal year 2021.

Management of Claims during the COVID-19 Pandemic

The Longshore program expanded its remote operations as a result of the COVID-19 pandemic. In fiscal year 2021, the entire federal Longshore workforce worked remotely. This was achieved in great part due to the OWCS claims management system, its imaging capabilities, and the system's functionality, which allowed leadership to assign and shift work virtually. Additionally, the program centralized its Outgoing Correspondence Center (OCC) paving the way for 100% of the outgoing mail to be issued remotely. The ability to alter the OCC location also benefited the program, as on a number of occasions the program was forced to process outgoing mail from other locations due to temporary COVID-19 associated office closures. The program continued to provide its stakeholders with a fully paperless filing system that allowed stakeholders to upload all new injury or existing claims via the program's electronic claim and document submission portal.

Insurance Authorization, Risk Securitization, and Management of the LHWCA and DCCA Special Funds

The Longshore program authorizes private employers to self-insure and insurance carriers to provide coverage for benefits required under the law while overseeing proper collateralization to ensure the continuing provision of benefits for covered workers in case of insolvency. Further, the Longshore program administers, provides oversight, and protects the solvency and financial strength of the Longshore and DCCA Special Funds through annual industry assessments authorized under the LHWCA.

Information Technology Modernization

The Longshore program continued to leverage technology to facilitate claims submission and document management through the updates and upgrades of the new case management system. The program continued to benefit from its centralized OCC and virtual case create center. The ability to create cases from a remote location enhanced the program's ability to continue operations without interruptions associated with COVID-19.

OWCP Workers' Compensation System: During fiscal year 2021, the Longshore program continued to improve OWCS, an integrated case and document system. A major focus of the improvements was within the fiscal portion of the application. With the implementation and improvement in OWCS for handling payments from the Longshore Special Fund, the program has been able to increase the efficiency of payment processes at the office level. Also, during the last half of fiscal year 2021, the program began to incorporate ECOMP into OWCS, which allows stakeholders to view their case data and documents online and to appoint representatives to do the same. Over 1,400 Longshore claimants and 21 attorneys/law firms have registered for access to ECOMP. This functionality promises to assist stakeholders and their representatives in obtaining case documents and tracking their claims without the need to contact the program, allowing Longshore staff to devote more time to more critical tasks.

Electronic Document Submission: The Longshore program continued partnering with its larger stakeholders to reduce the time and cost associated with mailing and processing paper correspondence and forms used in the later life of a claim. For stakeholders that already stored their documents in digital format, the program offered to accept documents electronically through a direct network connection. This significantly reduced mail time and eliminated the expense and burden of processing paper documents. The program received 52% of correspondence and forms in digital format in fiscal year 2016. In fiscal year 2020, the Longshore program increased the percentage to 79%, and in fiscal year 2021, 89% of correspondence was submitted in digital format. The Longshore program will continue to establish these connections with any stakeholder that wishes to participate in this process.

Electronic Document Transmission with the Office of Administrative Law Judges: In fiscal year 2020, the Longshore program began an initiative with the Office of Administrative Law Judges (OALJ) to exchange documents in a digital format, including OWCP referral of Longshore cases to OALJ for formal adjudication. In exchange, OALJ provided OWCP with decisions and orders, remands, and settlement approvals electronically. Previously, 100% of referrals to the OALJ were in a paper format; beginning in April 2020 the program sent all referrals to OALJ electronically. This initiative allowed the Longshore program and OALJ to send and receive documents in a more timely manner and supported the program's move to remote operations. In fiscal year 2021, the Longshore program, the OALJ, and the Benefits Review Board continued to refer cases electronically, mainly through the use of SharePoint, and continue efforts to implement a longer-term, system-to-system transfer solution.

CHALLENGES

The Longshore program worked through the issues that came with deployment of its new claims management system, OWCS, including challenges such as accurate data reporting, automating penalty processes, serving of compensation orders, and mailing correspondence to stakeholders. To address such challenges and technical backlog incurred during the development of the OWCS, the program continues to work with the Office of the Chief Information Officer and has developed a stabilization plan for resolution of defects as well as the deployment of system enhancements to improve efficiencies for the internal and external users.

Since 2018, the program experienced a reduction in Full-time Equivalent staff appropriated to the program, the equivalent to the program losing approximately 15 staff positions. This impacts the Longshore program's ability to maintain current appropriated staffing and productivity levels. In order to address the challenges raised by the reduction in workforce dating back to 2018, the program hired 12 new claims examiners in fiscal year 2021. These newly hired claims examiners participated in an extensive training program, coupled with mentoring by experienced Longshore staff.

BLACK LUNG BENEFITS ACT (BLACK LUNG)

INTRODUCTION

The Office of Workers' Compensation Programs' (OWCP's) Black Lung program has administered Part C of the Black Lung Benefits Act (BLBA) for more than 40 years. Part C provides lifetime disability compensation and medical treatment benefits to miners totally disabled due to pneumoconiosis (commonly called black lung disease) arising out of coal mine employment, and compensation to their eligible survivors. Liability for compensation generally rests with the last coal mine employer to employ the miner for a cumulative period of at least one year or their insurance carrier. The Social Security Administration (SSA) administered the initial government-paid program contained in Part B. The BLBA has been amended several times over the years to shift responsibility to the Department of Labor (DOL) and update eligibility requirements and funding mechanisms.

- The BLBA of 1972 simplified eligibility criteria for all claims filed with the SSA under Part B, and transferred the processing of new claims to DOL in 1973 under Part C.
- The Black Lung Benefits Reform Act of 1977 mandated that all pending and denied Part C claims be reopened and reviewed using less stringent interim medical criteria.
- The Black Lung Benefits Revenue Act of 1977 created the Black Lung Disability Trust Fund (Trust Fund), financed by an excise tax on coal mined and sold in the United States. It also permitted miners approved under Part B to apply for medical benefits available under Part C.
- The 1981 Amendments to the Coal Mine Health and Safety Act of 1969 tightened eligibility standards, eliminated certain burden of proof presumptions, and temporarily increased the excise tax on coal to address the problem of mounting insolvency of the Trust Fund.
- The Black Lung Consolidation of Administrative Responsibilities Act of 2002 placed the administration of both Parts B and C with DOL. This made permanent a 1997 memorandum of understanding between SSA and DOL that transferred responsibility for managing Part B claims to DOL.
- The Affordable Care Act of 2010 amended the BLBA by restoring two provisions that had been eliminated by the 1981 Amendments. It reinstated the provision that dependent survivors are automatically entitled to benefits if the miners were entitled to benefits at the time of their deaths. It also restored a rebuttable presumption that a miner's total disability or death was due to pneumoconiosis upon proof that the miner worked at least 15 years in qualifying coal mine employment and suffered from a totally disabling respiratory or pulmonary impairment.

The Black Lung program now administers both Parts B and C of the BLBA. Part B provides monthly compensation to beneficiaries who filed claims on or before July 1, 1973. Part C covers all other beneficiaries and provides both compensation and medical services.

BENEFITS AND SERVICES

Each year, the Black Lung program receives thousands of applications for benefits from coal mine workers and their survivors. The majority of the applications are either new claims by a miner (the first time the claimant has filed) or subsequent miner claims (the claimant has filed at least once before). In addition, a smaller number of successor claims and survivor entitlement claims (previously called conversions) are submitted each year.¹

Black Lung program claims, which are often contested by coal mine operators, are only approved when the evidence establishes that the miner is totally disabled by pneumoconiosis arising out of coal mine employment or, in the case of a successor claim, that the miner's death was attributable to the disease. The approval rate for Black Lung claims was 32.1% in fiscal year 2021. Furthermore, in fiscal year 2021, the number of Part B beneficiaries declined by 14.4% and benefit payments decreased by 13.2% from fiscal year 2020. The number of Part C beneficiaries decreased by 3.2% in fiscal year 2021, while benefit payments decreased by 8% from fiscal year 2020.

¹ A successor claim is a survivor's claim filed on a miner's record by another person; a survivor entitlement claim or conversion occurs when a dependent survivor is automatically entitled to benefits.

In calculating benefits, the Black Lung program must consider whether the beneficiary receives other compensation for pneumoconiosis. If a miner receives state workers' compensation for a coal mine dust-related respiratory disability, any federal Black Lung benefit received for that disease is offset or reduced by the amount of the state benefit on a dollar-for-dollar basis. In addition, claims may be offset due to other federal benefits or earnings offsets. Black Lung Table 1 reflects the total number of beneficiaries for Part B and Part C and benefit payment amounts paid out of federal funds. In fiscal year 2021, 932 claims were either partially or fully offset; 94.3% of these offsets were due to concurrent state benefits.

BLACK LUNG TABLE 1 - BENEFITS, PARTS B AND C, FISCAL YEAR 2021

Benefits	Part B	Part C
	2021	2021
Total number of beneficiaries	5,912	24,463
Benefit payments		
Compensation benefit payments	\$50,596,434.93	\$118,865,397.94
Medical benefit payments ¹	Not Applicable	\$30,449,773.45
Total compensation and medical benefit payments	\$50,596,434.93	\$149,315,171.39

¹ Part C medical benefit payments include payments made for cases accepted under both Part B and Part C.

FUNDING

Black Lung benefits are paid for with general revenues from the U.S. Treasury (Part B claims) or by responsible mine operators (RMOs) or the Trust Fund (Part C claims). Black Lung Table 2 reflects Part B and Part C enacted funding and expenditures.

BLACK LUNG TABLE 2 - ALLOCATED FUNDING AND EXPENDITURES, FISCAL YEAR 2021¹

Allocated Funding and Expenditures			2021
Part B - Special Benefits for Disabled Coal Miners - General Revenue Allocated Funding and Expenditures	OWCP Allocated Funding	Number of Employees (Full-time Equivalent (FTE) staff)	13
		OWCP Allocated Funding	\$4.7 million
	Benefits - Compensation		\$50.6 million
	Total		\$55.3 million
Part C - Black Lung Disability Trust Fund - Allocated Funding and Expenditures	OWCP Allocated Funding and Expenditures	Number of Employees (FTE staff)	156
		OWCP Administrative Funding	\$38.3 million
		Other Administrative Expenditures ²	\$31.8 million
		Total	\$70.1 million
	Trust Fund - Payments to the Treasury	1-year obligation payments to Treasury (for advances and interest)	\$2,217.0 million
		Bond payments	\$120.0 million
		Total Payments to the Treasury	\$2,337.1 million
Benefits - Compensation and Medical Benefits ³		\$149.3 million	
Total		\$2,556.4 million	

¹ Funding totals are post-sequestration. The dollar amounts in the chart are rounded.

² Other administrative expenses include legal, financial, and investigative support provided by the Office of the Solicitor, the Office of Administrative Law Judges, the Benefits Review Board, the Office of Inspector General, and the Department of the Treasury. These amounts are transferred to the appropriate agencies.

³ Includes only Trust Fund compensation and benefits (excluding collections from responsible coal mine operators for benefits paid by the Trust Fund on an interim basis, refunds for OWCP administrative costs paid, and other miscellaneous reimbursements). Excluded are self-insured mine operator and insurance carrier payments. Part C medical benefit payments include payments made for cases accepted under both Part B and Part C.

Part B - General Revenues

In fiscal year 2021, Part B expenditures, paid for with general revenues from the U.S. Treasury, came to \$55.3 million, down 12.2% from the previous year. The program used 91.5% of expenditures to pay benefits and the remaining 8.5% covered administrative expenses.

Part C - Black Lung Disability Trust Fund

Created by the Black Lung Benefits Revenue Act of 1977, the Trust Fund pays Part C benefits in cases where the program cannot identify an RMO or where the liable operator does not meet its payment obligations. It also covers claims filed with DOL based on pre-1970 employment. The Secretaries of Labor, Treasury, and Health and Human Services (HHS) jointly administer the Trust Fund.

Trust Fund generated revenues from several sources including:

1. An excise tax on mined coal that is sold or used by producers in the United States;
2. Funds collected from RMOs for monies they owe the Trust Fund including reimbursement of interim benefits paid by the Trust Fund and payments of various fines, penalties, and interest;
3. Refunds collected from beneficiaries due to an overpayment; and
4. Repayable advances obtained from Treasury's general fund when Trust Fund expenses exceed revenues.

Black Lung Table 3 contains a breakdown of Trust Fund revenues in fiscal year 2021.

BLACK LUNG TABLE 3 - TRUST FUND REVENUES, FISCAL YEAR 2021¹

Revenues	2021
Excise tax collections	\$286 million
Other RMO collections - interim benefits, fines, penalties, interest	\$2.2 million
Repayable advances from Treasury	\$2,201.1 million
Total revenues	\$2,489.3 million

¹ The dollar amounts in the chart are rounded.

For over 20 years until the end of 2018, the coal excise tax rates were \$1.10 per ton of underground-mined coal and \$0.55 per ton of surface-mined coal sold, with a cap of 4.4% of the sales price. Beginning January 1, 2019, the coal excise tax reverted to the pre-1985 rates of \$0.50 per ton of underground-mined coal and \$0.25 per ton of surface-mined coal sold, with a limit of 2.0% of total sales. As a result, excise tax collections decreased by 43.7% between fiscal years 2018 and 2019, from \$384.4 million to \$216.6 million, respectively. Then effective January 1, 2020, the coal excise tax rates were increased again to the pre-2019 higher rates of \$1.10 per ton of underground-mined coal and \$0.55 per ton of surface-mined coal. In accordance with the laws in effect as of the end of fiscal year 2021, the tax rates reverted to the lower amounts after December 31, 2021, though the Inflation Reduction Act, signed August 16, 2022, raised them to the pre-2019 rates permanently. Advances from Treasury decreased by \$12.2 million between fiscal years 2010 and 2021. Overall, the decreases in excise tax collections and repayable advances from Treasury combined to result in a total revenue decrease of 5.2% between fiscal year 2020 and fiscal year 2021.

DOL's Agency Financial Report provides additional financial information on the Trust Fund.
<https://www.dol.gov/sites/dolgov/files/OPA/reports/2021annualreport.pdf>

ACCOMPLISHMENTS AND PERFORMANCE

In fiscal year 2021, the Black Lung program continued to focus on strategic operational initiatives designed to enhance overall productivity, boost program efficiency and cost saving measures, and improve decision quality. These initiatives, which included claims inventory management, information technology (IT) and process improvements, and office space reduction, are discussed below.

The Operational Environment

After a period of annual increasing claim volumes, incoming claims reached 7,386 in 2017, before declining moderately to 6,673 in 2018. Incoming claims increased slightly in fiscal year 2019, when the program received 6,806 claims. In fiscal year 2020, the clinics that typically serve as a conduit for filing claims scaled back operations during the coronavirus disease 2019 (COVID-19) pandemic. As a result, incoming claims for fiscal year 2020 declined 21.6% from the prior year to 5,336. Fiscal year 2021 saw a modest increase of incoming claims compared with the pandemic low in fiscal year 2020 with 5,552 claims filed. This represented a 4.0% increase year over year.

In addition, economic factors resulted in 13 coal company bankruptcies since 2013, which increased the number of claims accepted and handled by the Trust Fund for six of the bankrupt companies. Bankruptcies are especially challenging for the Black Lung program because the program must handle claims timely and appropriately, so that there are no disruptions to benefit payments expected by the beneficiaries.

The program implemented key strategic operational initiatives in fiscal year 2021 designed to enhance overall productivity and boost program efficiency.

Claims Inventory Management

In the pre-pandemic years prior to fiscal year 2020, the program experienced high levels of incoming claims along with the loss of experienced staff, which resulted in a large inventory of claims pending a decision. Accordingly, the program has focused on inventory management to effectively reduce the number of claims pending. At the end of fiscal year 2019, there were 5,079 claims pending a decision. Fiscal year 2020 saw a 14.1% reduction in pending claims, with 4,364 claims pending at year-end. Also, in fiscal year 2020, the Black Lung program transitioned from the term Proposed Decisions and Orders (PDOs) to the term "decisions," for statistical purposes only, because it allows for the inclusion of survivor entitlements (claims previously known as "conversions" that occur when a dependent survivor is automatically entitled to benefits) when assessing workload and productivity. Using the new statistical measure, the program issued 6,114 decisions in fiscal year 2020. Due to the pandemic related overall drop in incoming claims, there were fewer claims in posture for a decision in fiscal year 2021 than in pre-pandemic fiscal years. Overall, the program issued 5,559 decisions in fiscal year 2021, which is notably more decisions issued than the total incoming claims for the year.

In fiscal year 2018, the program worked with Departmental leadership to develop a new DOL Strategic Plan Goal that created a five-year plan to address pending claims inventory management. In response to the goal outlined in the fiscal years 2018-2022 DOL Strategic Plan under Strategic Objective 3.1, the program sought to reduce the number of claims pending for more than 365 days as a percentage of the total pending claims inventory. Past efforts resulted in a reduction from 20% to 12% in the first two years. Unique challenges associated with the COVID-19 pandemic, including widespread cancellation of Black Lung medical exams, made it difficult to build on the progress of prior years. The program completed fiscal year 2020 with 14.7% of the claims pending for over 365 days. Despite the significant and continuing pandemic related challenges in fiscal year 2021, the program further reduced the aged claims to 622 of 4,431 total pending claims, ending the year at 14.0% pending over 365 days.

In fiscal year 2021, the program emphasized four performance measures that highlight adjudication “touch times” rather than a focus only on overall timeliness. These “touch time” measures focus on both the length of time between claim receipt and claim development actions, and the issuance of a decision after the completion of claim development. The intent of these measures is to focus on actions that drive the completion of claim development and decision issuance, thereby decreasing overall claim processing time. As outlined in Black Lung Table 4, the program exceeded the targets for the four measures.

BLACK LUNG TABLE 4 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2021

Performance Measures	2021 Target	2021 Result
Average number of days to issue Notice of Claim following claim receipt for all Responsible Operator Merit claims	65	34
Average number of days to complete medical authorization after receipt of provider selection for all Responsible Operator Merit claims	20	10
Average number of days to complete Schedule for the Submission of Additional Evidence following completion of initial claim development for all Responsible Operator Merit claims	65	46
Average number of days to complete PDO following completion of all claim development for all Responsible Operator Merit claims	40	35

Information Technology and Process Improvements

In collaboration with the Office of Administrative Law Judges (OALJ) and the Office of the Assistant Secretary for Administration and Management/the Office of the Chief Information Officer, the program created a new process for receiving OALJ decisions in electronic rather than paper format. On December 7, 2020, the program fully implemented the eFile/eServe system. The new process allows for electronically transferring claims and claim exhibits to and from OALJ and the Benefits Review Board (BRB). This results in quicker communication and response time between parties and as well as a more secure method of sending and receiving claim files. The change allows the Black Lung program to process decisions and take appropriate follow-up actions without the need for staff to be physically present in the office. The COVID-19 pandemic has highlighted the benefits of fully digital case files and a fully electronic hearing process. Additionally, the digital exchange of case files has enabled costs associated with shipping paper files between agencies to be decreased to almost zero.

Office Space Reduction

The Black Lung program has been developing a space reduction plan to facilitate modern claims processing. The ambitious plan will reduce office space by approximately 68%. The two offices in Kentucky will be combined into one space, which consolidates space, staff, and equipment. The new office space will also be shared with the Mine Safety and Health Administration (MSHA) to further reduce costs. Cost savings will be achieved not only through reduced space expenses, but through redistribution of equipment such as copiers, fax machines, and other office equipment no longer needed.

STAKEHOLDER ENGAGEMENT

The Black Lung program is committed to providing a high-quality customer experience – for its claimants and beneficiaries as well as its many external stakeholders, including medical providers, RMOs, and insurance carriers. The program is also dedicated to a professional and collaborative relationship with its federal partners and internal DOL organizations including: the SSA; HHS’ National Institute for Occupational Safety and Health (NIOSH); the Health Resources and Services Administration (HRSA); MSHA; OALJ; the Office of the Solicitor (SOL); and the BRB. In fiscal year 2021, the Black Lung program continued outreach to and collaboration with these groups. The program coordinated with MSHA on a COVID-19 vaccination program among Black Lung’s miner community. Additionally, the Black Lung program maintained its efforts to make stakeholders aware of program services and benefits through routine website publications and additionally created two new posts for DOL’s Facebook page.

Medical providers are a key component of the Black Lung program – both in providing medical data to determine whether the miner has compensable totally disabling pneumoconiosis and in providing medical services to approved beneficiaries. Section 413(b) of the BLBA requires OWCP to provide each miner who files a claim with the opportunity to undergo a complete pulmonary evaluation at no cost to the miner. Ongoing communication with medical providers and dissemination of information to both internal and external stakeholders is always important, but this communication has been vital in mitigating the impact of the COVID-19 pandemic on the program. The program continued to update the list of approved diagnostic physicians by requesting accurate certification and specialty information to help ensure that highly qualified doctors were available to perform medical evaluations. Additionally, the program coordinated with HRSA and the National Coalition of Black Lung and Respiratory Disease Clinics to understand the pandemic’s impact on provider clinic operations to ensure that program processes were consistent with mitigating the impact of the pandemic to the greatest extent possible.

PROGRAM MANAGEMENT AND INTEGRITY

The Black Lung program continued to strengthen program management and integrity in fiscal year 2021. Areas of focus included continued implementation of quality assurance measures; payment integrity audits; IT initiatives; modernized policy pertaining to RMO oversight; and continued scrutiny of medical bill processing.

Quality Assurance

The program continued to work on strengthening the integrity of its adjudication process by reviewing claim decisions for quality before the release of the PDO and conducting annual reviews for quality assessments across all district offices.

Spot Audits: The Black Lung program continued to use spot audits as a precursor to the annual accountability review process and to provide an additional means of monitoring decision quality on a regular basis. Under this program, approximately 5% of decisions are randomly selected by district office managers for review before issuance of a PDO. In addition, the program reviews all decisions involving a diagnosis of complicated pneumoconiosis— an especially severe form of black lung disease characterized by large lesions in the lungs— as part of the spot audit initiative. In fiscal year 2021, the program exceeded its goal of achieving an error rate below 2% for spot audit reviews.

Annual Accountability Review: The program conducts an annual accountability review to target quality assurance improvement. Conducting the review of all district offices on an annual basis allows the program to identify areas for correction, training, and process improvement and to implement uniform, program-wide solutions. Additionally, the review is virtual, saving both time and money for the program. The goal of the review is to not only analyze the quality and consistency of work among the various offices, but to also provide supervisors with a collection of valuable data they can use for the development of strategic training sessions and in preparation for end-of-year performance reviews.

In fiscal year 2021, the program made key changes to its accountability review measurement system in order to best capture both positive accomplishments and areas that need improvement. These changes resulted in the accountability review presenting a more accurate reflection of the program’s performance.

Efforts to Address Improper Payments and Payment Accuracy

The Black Lung program continued to utilize updated methods in fiscal year 2021 to increase detection and recovery of duplicate payments and other overpayments. These methods were focused on three audits, which included a monthly medical bill audit, spot audits of medical bills, and a fiscal year-end improper payment audit. The monthly medical bill audit randomly sampled 120 medical bills and covered all bill types processed by the Black Lung program. The medical bill payment section in the National Office performed spot audits throughout the year to ensure that the services provided by the OWCP medical bill processing contractor were performed at a level acceptable under program and more stringent federal government standards. In addition, the fiscal year-end improper payment audit randomly sampled an additional 504 medical bill records for compliance. These audits had an impact on detecting improper payments, and successfully lowered the percentage of improper payments in the program.

Efforts to Reduce Responsible Mine Operator and Claimant Debt

In fiscal year 2021, the program prioritized the timely and accurate resolution of outstanding responsible operator and claimant debt. As a result, the program resolved \$20 million in aged debt during the year. To further improve the debt collection process, the Black Lung program collaborated with the Treasury Department to develop a method of utilizing Treasury's Central Receivable Services (CRS). The CRS system will allow the program to seamlessly refer overpayments for timely collection and fully comply with all federal regulations requiring debts owed to the program to be referred to the Treasury within 120 days. Claims examiners will no longer be responsible for the time-consuming efforts of debt collection and will be able to focus on more critical tasks, freeing them up for enhanced customer service responsibilities. The Black Lung program expects to begin use of the CRS system in early fiscal year 2022.

Responsible Mine Operator Oversight

Coal mine operators must self-insure or purchase commercial insurance, or they are subject to civil money penalties (specified in 20 C.F.R. 726.302) for each day of noncompliance. Under the Act, the Secretary of Labor can authorize a coal mine operator to self-insure after an analysis of the company's application and supporting documents. The program evaluates whether it should authorize a RMO to self-insure, monitors insurance policy coverage, and oversees RMO's timely payment of benefits as required.

In fiscal year 2021, the program continued to implement a new process for authorizing RMO self-insurance that set security amounts based on operators' actuarial-estimated liabilities and financial health or risk of default. Steps were also taken to update the actuarial assumptions (based on historical Trust Fund claims data) posted on the program's website. This information is utilized by stakeholders to create actuarial reports estimating potential liability amounts and is a vital factor in ensuring RMOs adequately secure their liabilities.

In order to efficiently assess self-insurance requirements, the program undertook extensive research of all coal mine operators authorized to self-insure since program implementation in 1973. To ensure accurate and systematic access to information, the program digitized all historical information and security documentation related to the self-insurance program.

Black Lung Table 5 outlines the current information concerning RMOs for fiscal year 2021.

BLACK LUNG TABLE 5 - RESPONSIBLE MINE OPERATORS, FISCAL YEAR 2021

Responsible Mine Operators (RMOs)	2021
Number of active RMOs authorized to self-Insure (at year-end) ¹	18
Number of commercial insurance policies with a Federal Black Lung endorsement attached	1,078
Number of Covered Chief Beneficiaries paid by RMOs (does not include eligible dependents)	5,946

¹ RMOs or parent companies who are actively mining.

Information Technology

During fiscal year 2021, the Black Lung program enhanced its nationwide scanning process to fully digitize all claims by scanning all paper cases in all offices. Modernization efforts also included the implementation of new business intelligence reporting platform software to enhance the program's reporting and data analytics capabilities. In addition, the program launched a self-insurance database, as well as developed and tested artificial intelligence software aimed at streamlining business processes. These IT improvements are more fully described below. In fiscal year 2021, the program:

- Completed the nationwide scanning process to convert all paper claim files to digital, which are housed in the OWCP Imaging System. All eight district offices and the National Office have transitioned to 100% digital case files, saving on office space and providing for a more secure environment for case file documents.
- Completed development and implementation of a self-insurance database system to timely and accurately identify liable coal mine operators and insurance carriers, process self-insurance applications, conduct appropriate monitoring of self-insured operators, and support revisions to the self-insurance evaluation process.
- Implemented Microsoft Power Business Intelligence software for use by all managers and supervisors on April 1, 2021, and all claims examiners by August 2, 2021, which modernized the program's current data reporting and data analysis methods by providing expanded capabilities for National Office and district office staff to obtain ad hoc and standardized reporting data more efficiently. This business intelligence software also further increased the program's ability to identify trends, potential issues, and to respond to customer service needs more effectively in a timely manner.
- Completed testing and development of Microsoft Azure Cognitive Artificial Intelligence software with a goal to increase the program's data integrity and streamline internal business processes. The program expects to complete full implementation in fiscal year 2022.

Medical Bill Processing

Timely and accurate medical bill processing is a critical element in the administration of the Black Lung program. In fiscal year 2021, the program (through the Central Bill Processing contract) processed 59,627 Black Lung medical bills, of which OWCP processed 96.9% within 28 days. Additionally, OWCP enrolled 4,665 new active medical providers to provide services to beneficiaries, bringing the total of actively enrolled medical and pharmacy providers to 16,485.

Furthermore, in fiscal year 2021, the program continued to follow updates to the provisions governing payment of professional and outpatient medical services which were finalized in 2020. Updates had previously gone into effect which governed the payment of medical equipment, prescription drugs, and inpatient medical services. The program managed to realize savings of \$9 million in fiscal year 2021 alone due to the changes, which modernized payment formulas and brought practices in line with industry standards.

CHALLENGES

The Black Lung program faces unique challenges related to the financial condition of the Trust Fund, which is in excess of \$6 billion in debt. In fiscal year 2021, the program implemented core initiatives (including further work on updating the Responsible Operator self-insurance process and streamlining debt-collection processes, as noted above) aimed at protecting and improving the position of the Trust Fund. Nonetheless, these initiatives represent an ongoing process that will continue to be a focus in forthcoming fiscal years.

REGULATORY INITIATIVES

Medical Testing Standards under the Black Lung Benefits Act

In September of 2019, OWCP published a Request for Information in the Federal Register seeking public input by January 2020 on updating the standards for administering and interpreting medical testing done in connection with claims for benefits under the BLBA. During fiscal year 2021, OWCP partnered with SOL and NIOSH in continuing to assess public feedback and to subsequently draft a Notice of Proposed Rulemaking reflecting modernized testing standards. OWCP also held several collaborative meetings with SOL and NIOSH throughout the year in furtherance of those goals. OWCP continues to develop the draft Notice of Proposed Rulemaking with expected publication in 2023.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT (ENERGY)

INTRODUCTION

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) was enacted in October 2000. The Department of Labor (DOL) began providing benefits under Part B of the EEOICPA on July 31, 2001. Part B compensates current or former employees (or their eligible survivors) of the Department of Energy (DOE), its predecessor agencies, and certain vendors, contractors, and subcontractors, who were diagnosed with a radiogenic cancer, chronic beryllium disease, beryllium sensitivity, or chronic silicosis as a result of exposure to radiation, beryllium, or silica while employed at covered nuclear weapons facilities. The law also provides compensation to individuals (or their eligible survivors) awarded by the Department of Justice (DOJ) under Section 5 of the Radiation Exposure Compensation Act (RECA). Part E of the EEOICPA, enacted on October 28, 2004, compensates DOE contractor/subcontractor employees (or their eligible survivors) and uranium miners, millers, and ore transporters for occupational illnesses that are linked to toxic exposures at covered DOE or uranium facilities. Implementation of the EEOICPA involves the coordinated efforts of four federal agencies:

- DOL, through the Office of Workers' Compensation Programs (OWCP), has primary responsibility for the adjudication of claims for compensation, payment of benefits for conditions covered by Part B and Part E, and determining covered DOE facilities.
- DOE's role is to designate Atomic Weapons Employer facilities, provide information to identify covered facilities, and provide DOL and the Department of Health and Human Services (HHS) with verification of covered employment and relevant information on exposures.
- DOJ notifies beneficiaries who have received an award of benefits under RECA Section 5 of their possible EEOICPA eligibility and provides RECA claimants with the information required by DOL to complete the claim development process.
- HHS, through the National Institute for Occupational Safety and Health (NIOSH), establishes procedures for estimating radiation doses and designating new Special Exposure Cohort (SEC) classes; develops guidelines to determine the probability that cancer was caused by workplace exposure to radiation; and carries out dose reconstruction for cases referred by DOL. HHS also provides administrative services and other necessary support to the Advisory Board on Radiation and Worker Health (ABRWH). The ABRWH advises HHS on the scientific validity and quality of dose reconstruction efforts, and receives and provides recommendations on petitions requesting additional classes of employees for inclusion as members of the SEC.

BENEFITS AND SERVICES

To determine whether an individual is eligible for benefits under the EEOICPA, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) program staff must analyze both the employee's employment history and medical evidence.

A covered employee who qualifies for benefits under Part B may receive a one-time lump-sum payment of \$150,000, plus medical expenses related to an accepted, covered condition. Survivors of these workers may also be eligible for a lump-sum compensation payment. Part B also provides for payment of \$50,000 to uranium workers (or their eligible survivors) who received an award from DOJ under Section 5 of RECA.

In some Part B cases, NIOSH must estimate an individual's radiation dose so the DEEOIC staff can determine whether it is "at least as likely as not" that the individual contracted cancer because of exposure to radiation at a covered facility. In other cases, claimants may qualify for benefits as part of a class of employees in the SEC. Congress established the SEC in the EEOICPA legislation to allow for the compensation of eligible cancer claims without the completion of a radiation dose reconstruction. To qualify for compensation under the SEC, a covered employee must have one of 22 specified cancers and have worked for a certain period of time at a facility designated in the statute or as a class added to the SEC.

Part E provides benefits to employees of DOE contractors and subcontractors (or their eligible survivors) for illnesses determined to have resulted from exposure to toxic substances at a covered DOE facility. Uranium miners, millers, and ore transporters may also be eligible to receive Part E benefits. Benefits are provided for any illness if it can be determined that it was "at least as likely as not" that work-related exposure to a toxic substance was a significant factor in causing, contributing to, or aggravating the illness or death of an employee. In addition, the EEOICPA provides that any determination made under Part B to award benefits (including RECA Section 5 claims) is an automatic acceptance under Part E for causation of the illness, if the employee also meets the employment criteria.

Under Part E, a covered employee may be eligible to receive compensation for the percentage of impairment that is related to a covered illness, as well as any illness, injury, impairment, or disease shown by medical evidence to be a consequence of an accepted Part E illness. Eligible employees receive \$2,500 for each percentage point of impairment related to the accepted condition(s). Also, covered employees may be eligible to receive wage-loss benefits of \$15,000 for any year in which they made less than 50% of their baseline wage, as a result of a covered illness, and \$10,000 for any year in which they made more than 50% but less than 75% of that baseline wage. The maximum payable compensation under Part E is \$250,000 for all claims relating to any individual employee. Workers who are covered by both parts can receive a total of \$400,000 in compensation (\$150,000 for Part B and \$250,000 for Part E). In addition to monetary compensation, the program pays medical benefits for covered illnesses.

Part E survivor benefits include a basic lump sum of \$125,000. Survivors may receive \$25,000 in additional benefits if the deceased employee had, at normal retirement age under the Social Security Act, at least 10 aggregate calendar years of wage loss of at least 50% of his or her baseline wage. If an employee had 20 or more such years, the additional amount paid to eligible survivors may increase to \$50,000. The maximum Part E compensation benefit for survivors is \$175,000.

Claims and Benefits

From its inception to the end of fiscal year 2021, DEEOIC awarded approximately 131,000 claimants compensation and medical benefits totaling over \$20.24 billion. This included \$12.99 billion in compensation and \$7.25 billion in medical expenses. Part B compensation accounts for approximately \$7.33 billion (since 2001) of the \$12.99 billion, and Part E accounts for approximately \$5.67 billion (since October 28, 2004). In fiscal year 2021, DEEOIC provided benefits to 17,783 individual claimants (including lump sum, impairment, wage-loss, or medical benefits).

While the Energy program is experiencing a general downward trend in the number of new claims, the overall workload is not decreasing. A substantial number of prior claims now require additional or ongoing review based on new information, although the program does not count them as new claims. For instance:

1. New policies or procedures and changes to the NIOSH dose reconstruction methods result in coverage to individuals who may have previously been denied;
2. The addition of new classes of employees to the SEC can result in the need for re-review of old claims; and
3. There have been more requests for claim reopening, which a claimant can request at any time after a final decision.

These instances result in a re-review of existing or previous cases and often newly recommended and final decisions, in effect extending the period of time over which the Energy program staff actively works such claims. Energy Table 1 displays information on the number of claims and approvals in fiscal year 2021.

ENERGY TABLE 1 - CLAIMS AND APPROVALS, FISCAL YEAR 2021

Claims and Approvals	Part B	Part E
	2021	2021
Number of new claims	3,035	3,895
Number of claims approved (Final)	1,845	7,565
Percent of claims approved (of those issued a Final Decision each year)	37%	47%
Number of claimants who received compensation during the year	1,671	6,085

In addition to the growing number of prior claims requiring additional or ongoing review, the annually increasing cumulative number of approved claims increases the workload related to ongoing case management. This increasing workload primarily consists of:

1. Consequential condition claims, which are additional medical conditions claimed as a result of previously accepted medical conditions but are not counted as new claims; and
2. Medical authorizations granting approval of medical benefit requests for accepted medical conditions (e.g., home health care, durable medical equipment, and other treatments) that require review, determination, and oversight.

The number of consequential condition claims (Parts B and E combined) for fiscal year 2021 is 17,695. Additionally, the program made lump sum compensation payments for 1,671 claims. Energy Table 2 shows the total benefit payments in fiscal year 2021.

ENERGY TABLE 2 - BENEFIT PAYMENTS, FISCAL YEAR 2021

Benefit Payments	Part B	Part E
	2021	2021
Lump sum compensation benefit payments ¹	\$176,301,896	\$445,522,965
Medical benefit payments ²	\$911,772,824	\$191,968,281
Total compensation and medical benefit payments	\$1,088,074,719	\$637,491,247

¹ Excludes payments made by DOL for DOJ RECA Section 5 claims. DOL serves as a pass-through and utilizes the compensation fund established under the EEOICPA for DOJ's payments of \$100,000 to qualifying RECA Section 5 claimants as provided for in 42 U.S.C. § 7384u(d). These payments totaled over \$12.4 million in fiscal year 2021.

² Part B medical payments represent payments made for cases accepted under both Part B and Part E. Part E medical payments represent payments made for Part E only.

FUNDING

The EEOICPA account funds both Energy program benefits and administrative costs. Administrative expenditures cover the Washington, D.C., headquarters; five Final Adjudication Branch (FAB) offices; four district offices; and 11 Resource Centers (RCs) nationwide that are operated by a contractor. Energy Table 3 provides OWCP administrative expenditures for fiscal year 2021.

ENERGY TABLE 3 – OWCP ADMINISTRATIVE EXPENDITURES, FISCAL YEAR 2021

Administrative Expenditures	2021
Part B	
Number of employees (Full-time Equivalent (FTE) staff)	207
Part B administrative expenditures ¹	\$57.3 million
Part E²	
Number of employees (FTE staff)	207
Part E administrative expenditures ¹	\$72.7 million
Total	
Number of Employees (FTE staff)	414
Total OWCP administrative expenditures ³	\$130.0 million

¹ Funding for HHS responsibilities under the EEOICPA is provided for in that agency's appropriation. Expenditures include Ombudsman B and E.

² Part E funding includes funding for the Advisory Board on Toxic Substances and Worker Health.

³ Funding totals are post-sequestration.

DOL's Agency Financial Report provides additional information on the Energy program's finances:

<https://www.dol.gov/sites/dolgov/files/OPA/reports/2021annualreport.pdf>

ACCOMPLISHMENTS AND PERFORMANCE

During fiscal year 2021, the Energy program faced the challenge of providing timely claims adjudication and benefits delivery during the coronavirus disease 2019 (COVID-19) pandemic. The program modified operations to expand the use of telemedicine and virtual technical assistance and outreach through the RCs. Despite these challenges, the Energy program continued to make significant improvements in the areas of claims adjudication and the provision of medical and home health care benefits.

Management of Claims during the COVID-19 Pandemic

In response to the COVID-19 pandemic, the Energy program issued bulletins that provided guidance on the use of telemedicine and modified RC operations in order for the continued timely adjudication of claims and award of medical benefits.

Telemedicine Bulletins: In fiscal year 2021, the Energy program issued four Bulletins related to the use of telemedicine in response to the COVID-19 public health emergency. The program recognized the need to implement temporary procedures to allow for the use of telemedicine in place of face-to-face examinations for home and residential healthcare and durable medical equipment evaluations, as well as in lieu of face-to-face examinations for routine medical appointments between physicians and DEEOIC claimants. Accordingly, the Energy program extended the expiration date of each of these Bulletins through the end of fiscal year 2021 and will continue to do so until such time as pandemic restrictions are lifted and are no longer necessary.

Operating Status of Resource Centers: Throughout the COVID-19 pandemic, the RCs remained fully operational and committed to ensuring that the needs of claimants, Authorized Representatives, and stakeholders are met, and that claimants continued to receive the assistance needed to allow for timely adjudication of their claims. RC staff continued to be available by telephone to answer questions, file claim forms, and conduct services necessary to continue operations. When claimants needed to transmit documents, the Energy program initiated a process that allowed stakeholders to leave those documents at the door of the RC for staff members to pick them up. When COVID-19 restrictions eased, the RCs opened to visitors, by appointment only. In addition, the RCs have implemented virtual outreach strategies, including working with local organizations to put information about the program on their websites and in their newsletters. Energy Table 4 presents the RC’s technical assistance accomplishments for fiscal year 2021.

ENERGY TABLE 4 – RESOURCE CENTER ACCOMPLISHMENTS, FISCAL YEAR 2021

Activity	2021
Claims filed	7,987
Telephone calls received	139,198
Follow-up actions with claimants conducted	126,970
Occupational history interviews conducted	3,258

Adjudication

One of the major functions of the Energy program is to determine whether an individual qualifies for Part B and/or Part E benefits. For claims filed under Part B, district office staff collects, develops, and evaluates employment and illness data following the EEOICPA criteria and relevant regulations and procedures. The district offices then issue recommended decisions to claimants. Claims may also be filed under Part B for the \$50,000 RECA supplement.

The Energy program can act relatively quickly on claims involving “specified cancers” at SEC facilities because the EEOICPA provides a presumption that any of the 22 listed specified cancers incurred by an SEC worker was caused by radiation exposure at the SEC facility. As of September 30, 2021, the SEC covered 129 classes of employees at 79 facilities. During fiscal year 2021, NIOSH added one new class of employees to the SEC. When NIOSH adds a new class of employees to the SEC, DOL reviews all potentially affected cases and determines whether the employee in question meets the criteria for inclusion in the new class. DOL reopens any previously denied claim meeting the new SEC class definition for additional development.

For cases involving claimed cancers that are not covered by SEC provisions under Part B (including cancers incurred at a non-SEC facility, a non-specified cancer incurred at an SEC facility, or an employee who did not have sufficient employment duration to qualify for the SEC designation), there is an intervening step to determine causation called “dose reconstruction.” In these instances, once DOL determines that a worker was a covered employee and that he/she had a diagnosis of cancer, DOL refers the case to NIOSH so that NIOSH can estimate the individual’s radiation dose. After NIOSH calculates a dose estimate for the worker, DOL takes this estimate and applies the methodology promulgated in the HHS probability of causation regulation to determine if the dose estimate met the statutory causality test. The standard is met if the cancer was “at least as likely as not” related to covered employment, as indicated by a determination of at least 50% probability.

Adjudication under Part E involves collecting, developing, and evaluating data to determine exposure and causation. This includes assessing health effects, utilizing the Site Exposure Matrices (SEM), assessing exposure evidence to make findings, and establishing causation. As part of adjudication, DEEOIC makes referrals to Toxicologists, who provide analysis and an opinion on health effects. In addition, DEEOIC makes referrals to an Industrial Hygienist (IH) who utilizes expertise and knowledge to make well-rationalized unbiased opinions on the nature, frequency, and duration of exposure. In fiscal year

2021, DEEOIC made 2,556 referrals to an IH. The Energy program also uses the services of a contractor to coordinate referrals of cases to qualified medical specialists. A Contract Medical Consultant (CMC) is a contracted physician who conducts a review of case records to render opinions on medical questions. The function of a CMC is to provide clarity to claims situations in the absence of pertinent or relevant medical evidence from other sources that support the claim. In fiscal year 2021, the Energy program made 1,937 referrals to a CMC.

Recommended and Final Decisions

The district offices issue a recommended decision to approve or deny a specific claim. The FAB must review each recommended decision. Individuals who disagree with the recommended decision on a claim may object by requesting an oral hearing or a review of the written record from the FAB. The FAB issues a final decision on each claim either awarding or denying benefits. The FAB may also remand a decision to the district office if further development of the case is necessary. A claimant may challenge the FAB’s final decision by requesting reconsideration or reopening of the claim or may file a petition for review of a final decision with the appropriate U.S. District Court.

Of the claims on which the FAB issued final decisions in fiscal year 2021, DOL approved benefits for 37% of Part B claims and 47% of Part E claims. Energy Table 5 provides the number of reviews, hearings, and decisions by type for fiscal year 2021.

ENERGY TABLE 5 - REVIEWS, HEARINGS, AND DECISIONS, FISCAL YEAR 2021

Parts B and E	2021
Number of claims with a Recommended Decision - District Office	19,214
Number of claims with a Final Decision - FAB	20,977
Number of Reviews of the Written Record requests received - FAB	717
Number of oral hearings conducted - FAB	391
Number of remands - FAB	427

The Energy program continued its strong record of performance, focusing on both timeliness and quality standards for the claims adjudication and decision-making processes in both the district offices and the FAB. In fiscal year 2021, the program referred 947 claims to NIOSH. Energy Table 6 presents performance targets and results for claims adjudication measures for fiscal year 2021.

ENERGY TABLE 6 - PERFORMANCE MEASURE RESULTS, FISCAL YEAR 2021

Performance Measures	2021 Target	2021 Result
Average number of days between filing date and final decision for cases not sent to NIOSH when a hearing is not held - Parts B and E	170	165
Average number of days to process initial claims - Parts B and E	100	79
Percent of final hearing decisions issued in formal hearings within 150 days of the hearing request	90.00%	98.45%
Percent of sampled Part B and Part E initial claims rated as being accurate	90.00%	92.00%
Percent of sampled Part B and Part E initial claims with final decisions rated as being accurate	90.00%	97.00%

Medical Bill Processing

In addition to adjudicating claims, the Energy program is responsible for seeing that beneficiaries receive the appropriate benefits – in terms of both compensation and medical benefits. As part of the Energy program benefit structure, OWCP pays for home health care services to severely ill covered employees where medically necessary. The volume of these requests continues to increase due to the aging claimant population and their physical needs. Seeing that beneficiaries receive prompt authorization for medical treatment, and that OWCP pays providers quickly and correctly, is critical to the administration of EEOICPA. Energy Table 7 presents medical bill processing information for fiscal year 2021.

ENERGY TABLE 7 – MEDICAL BILL PROCESSING ACTIVITY, FISCAL YEAR 2021

Volume	2021
Number of medical bills processed	928,944
Percent of medical bills processed within 28 days	92.5%
Number of newly active enrolled medical providers	4,790
Number of total active enrolled medical and pharmacy providers (end of year)	18,384

Medical Benefits and Home Health Care Management

The volume of requests for medical benefits continues to increase due to the growing home health care industry and the program’s elderly claimant population. Given instances of fraud previously seen in the home health care and medical bill sectors, it is important that the program verify the services provided to claimants.

Consequently, the Energy program centralized the processes for these requests in the Branch of Medical Benefits in the National Office. Staff is comprised of bill payment and coding analysts who assist with making sure payments to providers are timely and accurate, and medical benefit examiners who are responsible for adjudicating medical benefit claims. They are further supported by the Performance Management Branch which consists of program integrity analysts that complete audits and analysis in order to reduce potential provider waste, fraud, or abuse; quality assurance analysts that oversee the analysis and tracking of claim examiner performance; and data reporting analysts responsible for all general reporting and data analytic needs. In fiscal year 2021, the program rated 90% of sampled Part B and Part E home health care authorizations as accurate, meeting the target of 90%.

STAKEHOLDER ENGAGEMENT, CUSTOMER EXPERIENCE, OUTREACH, AND TRAINING

During fiscal year 2021, the Energy program continued to engage with stakeholders and partners through various means. The Branch of Outreach and Technical Assistance developed and conducted training for DEEOIC staff, facilitated development of comprehensive outreach plans, including local outreach by RCs as well as facilitating online webinars, and conducted customer experience surveys in order to improve customer satisfaction and service delivery. Additionally, the Branch collaborates with the Joint Outreach Task Group (JOTG), a group comprised of DOL representatives and partner agencies that meet regularly to plan and coordinate outreach efforts.

Stakeholder Engagement and Customer Experience

The Office of Management and Budget (OMB) identified DEEOIC as a High Impact Service Provider (HISP) in fiscal year 2019. OMB issued guidance to HISPs (OMB Circular A-11, Section 280 “Managing Customer Experience and Service Delivery”) to incorporate the principles of customer experience into their organizations and ensure that customer experience practices are integrated into program delivery.

To act upon the commitment to stakeholders and to fulfill HISP requirements, the Energy program created a Customer Experience (CX) Team within the Branch of Outreach and Technical Assistance consisting of a Stakeholder Engagement Analyst and a Customer Experience Strategist. The Energy program finalized the hiring for this team in fiscal year 2021. The mission of this team includes soliciting feedback from stakeholders, conducting analyses of data, and making data-driven recommendations for programmatic and procedural improvements.

In fiscal year 2021, the CX Team developed a plan for robust customer feedback collection. The team established an internal system for obtaining Paperwork Reduction Act clearance under OWCP’s generic clearance which fast tracks approval and is now able to generate approved surveys in a short period of time. The first feedback collection compliant with OMB Circular A-11, Section 280 occurred in July 2021. CX data collected from these surveys was published quarterly on performance.gov and the program met all HISP reporting requirements. Additionally, the team analyzed the results from the July 2021 survey and generated a final report with recommendations.

Outreach

The Energy program implements a multifaceted approach to outreach, allowing the program to reach new potential claimants and to educate existing stakeholders. Through coordination within the program’s National and district offices, the RCs, and partner agencies within the JOTG, the program drafted an outreach plan. The purpose of the outreach is to:

1. Educate potential claimants and current beneficiaries about the program, assist with filing claims, and provide an understanding of the adjudication process; and
2. Inform health care providers (including physicians and home health care organizations) about EEOICPA benefits as well as their responsibilities in prescribing care and providing services.

The Energy program has implemented many strategies, events, and mechanisms to reach stakeholders. In fiscal year 2021, due to nation-wide social distancing requirements, the program was not able to conduct in-person outreach; however, the program continued its monthly webinar series. The program presented and moderated discussions related to the adjudication of claims, the people and processes involved including coordination with our partner agencies, and program updates. Energy Table 8 presents details on the webinar series sponsored by the Energy program in fiscal year 2021.

ENERGY TABLE 8 – ENERGY PROGRAM SPONSORED OUTREACH, FISCAL YEAR 2021

2021 Energy Program Sponsored Outreach		
Online Webinar Topic and Date	Principal Audience	Number of Participants
October 2020 Role of Authorized Representative and the RCs	Authorized Representatives and all Stakeholders	112
November 2020 Website Tools and Resources	All Stakeholders	107
December 2020 RECA	All Stakeholders	71
January 2021 Establishing Survivorship under Parts B and E	All Stakeholders	90
February 2021 DEEOIC District Office Roles and Responsibilities	All Stakeholders	126
March 2021 DEEOIC Final Adjudication Branch Roles and Responsibilities	All Stakeholders	88
April 2021 Medical Benefits/Home and Residential Health Care	Physician Offices and all Stakeholders	242
May 2021 Policy Directives	All Stakeholders	118
June 2021 Medical Billing/Reimbursement Processing	Physician Offices and all Stakeholders	232
July 2021 Stakeholder Update	All Stakeholders	153
August 2021 NIOSH and U.S. DOL Ombudsman	All Stakeholders	161
September 2021 Medical Health Science Unit – The role of the Health Physicist and Toxicologist	All Stakeholders	97

Joint Outreach Task Group

The JOTG consists of representatives from the DOL’s Energy program, DOL’s Office of the Ombudsman for EEOICPA, NIOSH, and the Ombudsman to NIOSH for the EEOICPA, DOE, and DOE’s Former Worker Program. Once the COVID-19 pandemic required social distancing, the JOTG looked for ways to conduct training and outreach virtually. The JOTG participated in a number of program webinars and members presented information regarding their agency’s role in the adjudication of claims under the EEOICPA. Energy Table 9 displays JOTG sponsored outreach activities completed in fiscal year 2021.

ENERGY TABLE 9 – JOTG SPONSORED OUTREACH, FISCAL YEAR 2021

2021 JOTG Sponsored Outreach Events		
Online Webinar Topic and Date	Principal Audience	Number of Participants
November 2020 U.S. DOE Records Search	All Stakeholders	107
December 2020 U.S. DOJ RECA	All Stakeholders	71
August 2021 NIOSH and U.S. DOL Ombudsman	All Stakeholders	161

DEEOIC Staff Training and Development

Citing the need for new staff education to assist with the claim's development process, including the need to modernize outdated training material, the Energy program made several improvements during fiscal year 2021. The primary delivery mechanism for staff guidance had been an outdated Intranet page and training courses were in no distinct order. Throughout fiscal year 2021, the program categorized and labeled courses, leading to a more intuitive training experience. This action led to increased traffic and better engagement of staff within the program. In conjunction with a new training landing page, the Energy program developed 12 new asynchronous lessons. The lessons were published to supplement face-to-face instructions for incoming staff, ensured the program provided updated policy information to its staff, and served as refresher courses for experienced staff. Courses include instruction on writing better correspondence with claimants, developing claims for survivors, and providing effective telephone communication.

PROGRAM MANAGEMENT AND INTEGRITY

Information Technology and Program Enhancements

The Energy program made significant strides in expanding and enhancing its use of Information Technology to improve program performance and better meet customer needs. Accomplishments include:

Energy Compensation System: The Energy Compensation System (ECS) is the claims management application used by the Energy program. It houses information on the development, adjudication, and compensation of all Energy claims. There were 11 software release updates to ECS during fiscal year 2021, predominately related to improving system operations and claims management. The Energy program commenced planning and requirement development sessions for the creation of a new ancillary medical benefits module. Once implemented, the module will allow for greater adjudicatory capability within ECS. Additionally, the module will enhance the reporting capabilities of the Branch of Medical Benefits for home health care, durable medical equipment, general medical, and rehabilitative therapy.

Energy Document Portal and the Central Mail Room: The Energy Document Portal (EDP) allows the Energy program claimants to upload documents directly into their imaged case files. Electronically submitted documents are available to claims staff immediately after the document upload is complete, thus eliminating the delays of mailing. While the claimants can currently submit documentation and correspondence through the EDP, claim forms require an original signature, which must be submitted through the mail or in person. The program uses a Central Mail Room (CMR) to process incoming correspondence and transmit it to the OWCP Imaging System (OIS) for electronic access. Energy Table 10 shows the number of documents submitted through EDP and through the CMR.

ENERGY TABLE 10 - EDP AND CMR ACTIVITY, FISCAL YEAR 2021

Activity	2021
EDP documents received	101,509
CMR documents transmitted to OIS	83,921

OWCP Imaging System: The OIS is a web-based application that enables Energy program staff to view electronic images of documents associated with case files. In fiscal year 2021, OIS was expanded to include documents from OWCP's medical bill processing contractor, so documents relating to medical treatment could be viewed in the case file.

Correspondence Creation and Tracking System: The Correspondence Creation and Tracking System (CCAT) is a tool that pulls case-specific information from the ECS and places it within correspondence issued to various stakeholders, leading to a reduction in errors and faster correspondence creation time. The first release of CCAT occurred in September 2016. In fiscal year 2021, over 39,559 documents were created using CCAT. Additionally, several letters regarding adjudication of home health care benefits were added to CCAT.

OWCP Employees' Compensation Operations and Management Portal: In fiscal year 2020, OWCP expanded the Employees' Compensation Operations and Management Portal (ECOMP) to provide some case information for Energy program claimants as well as direct access to medical and pharmaceutical bill pay information for Energy and Black Lung programs' claimants. During fiscal year 2021, the program utilized ECOMP to provide claimants access to their digital case files, reducing the time it takes for claimants to see their case files and the staff burden in copying and mailing case files to claimants. Additionally, the Energy program sought to maximize the ease with which claimants could view and obtain information in their case file, while maximizing the protection of personal information. This led to greater transparency and provided the claimants with the means to quickly access case records.

Center for Construction Research and Training: Formerly called the Center to Protect Workers' Rights, the Center for Construction Research and Training (CPWR) has continued its work under contract with the Energy program. The program tasked the CPWR with electronically tracking all evidence collected or received in support of a contractor or subcontractor relationship with the DOE. The web-accessible database identifies and confirms the existence of contractual relationships between contractor and subcontractor employers and certain covered facilities and is available to claims examiners for use in the adjudication of claims. Additionally, the database is available to the public to view the contractors and subcontractors and the sites at which they have worked. In 2018, the Energy program shifted priorities from only adding subcontractors to the database to finding additional documentation to strengthen the evidence showing contractual relationships between contractor and subcontractor employers and certain covered facilities. In fiscal year 2021, CPWR added 390 new subcontractors to the database with a total of 13,887 contractors and subcontractors and responded to 74 requests for assistance from claims examiners. Additionally, a total of 3,298 claims examiners and members of public viewed the database 33,269 times.

Site Exposure Matrices Database: During fiscal year 2021, the Energy program continued to enhance the SEM database by reviewing and adding or adjusting profiles for the various decontaminated and decommissioned DOE sites. Closure profiles improve the data for this type of decommissioning work, which is significantly different from work performed during operational production. The program updated 57 site profiles during for fiscal year 2021 and significantly increased the content for several DOE sites, including:

1. Mound Plant;
2. Nevada Test Site;
3. Savannah River Site;
4. Y-12 National Security Complex Plant;
5. Area IV of the Santa Susana Field Lab; and
6. Kansas City National Security Campus.

The program received 61 SEM email inquiries and 19 public Internet Assessable SEM (IAS) inquiries during fiscal year 2021. Based on these inquiries, 13 site profiles were updated. The Energy program updated the IAS twice in fiscal year 2021, (during November 2020 and May 2021). As of September 30, 2021, the SEM housed information on more than 16,643 toxic substances or chemicals used at 139 DOE sites and approximately 4,000 additional RECA sites (including uranium mines, mills, ore buying stations, and ore transporters covered under the EEOICPA). The SEM Library contains 42,903 records, including 26,466 electronic numbered documents; the records include classified documents and documents containing information in support of chemical properties applied to all sites.

DOL and Paragon Technical Services, its SEM contactor, continued to collaborate with the Advisory Board on Toxic Substances and Worker Health to improve health effect and facility-specific toxic substance exposure data available in the SEM database. Updates to the SEM based on this collaboration are performed as the need arises and not based on any set schedule.

OMBUDSMAN

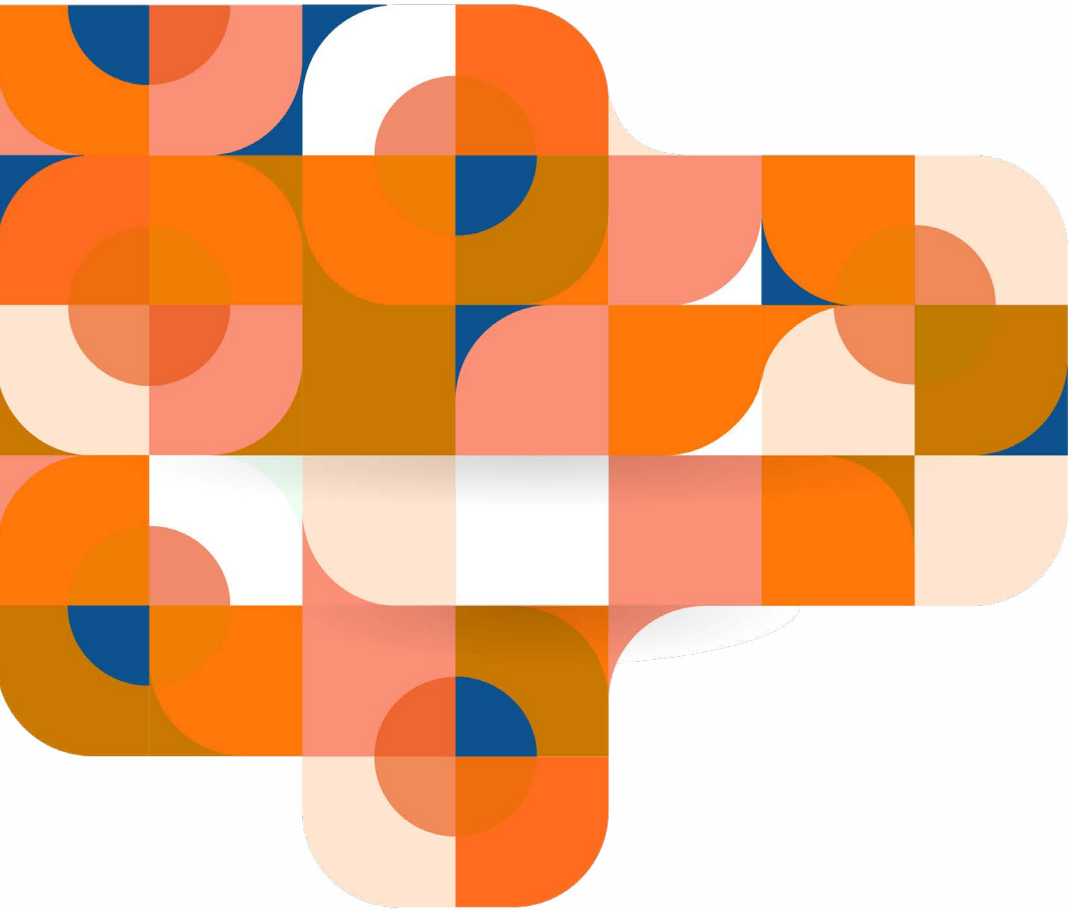
The National Defense Authorization Act for Fiscal Year 2005 (Public Law 108-375) created an Office of the Ombudsman at DOL for a period of three years to provide information to claimants, potential claimants, and other interested parties on the benefits available under Part E of the EEOICPA. Subsequent legislation permanently extended the term of the Ombudsman's office. The National Defense Authorization Act of 2009 expanded the authority of the Office to also include Part B.

The Office of the Ombudsman is within DOL, but independent from OWCP. It reports annually to Congress on complaints, grievances, and requests for assistance. The Energy program continues to work directly with the Ombudsman's office to promptly resolve any issues and concerns stemming from the Ombudsman's findings.

ADVISORY BOARD ON TOXIC SUBSTANCES AND WORKER HEALTH

The National Defense Authorization Act of 2015 (Public Law 113-291), as amended, modified the EEOICPA to include Section 3687, creating the Advisory Board on Toxic Substances and Worker Health to advise the Secretary of Labor (as delegated by Executive Order 13699) concerning technical aspects of the Energy program. The Advisory Board is charged with advising the Secretary on six statutorily-specified technical issues related to EEOICPA: DOL's SEM; medical guidance for claims examiners with respect to the weighing of medical evidence of claimants; evidentiary requirements for claims under Part B related to lung disease; the work of IHS, staff physicians, and consulting physicians to ensure quality, objectivity, and consistency; the claims adjudication process generally, including review of procedure manual changes prior to incorporation into the manual and claims for medical benefits; and such other matters as the Secretary considers appropriate.

For fiscal year 2021, the Board submitted two sets of recommendations to the Secretary. From these recommendations, the Department agreed to update health effect data available on the SEM, establish a presumptive standard for COVID-19 as a consequential condition of certain occupational illnesses, and adopt a measure of respiratory disease for application in assessing permanent impairment. The Advisory Board sunsets on December 19, 2024 (Public Law 115-91). For more information, see the Advisory Board's website at: <https://www.dol.gov/agencies/owcp/about/AdvisoryBoard>.



APPENDICES

APPENDICES

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APPENDIX A TABLES

Federal Employees' Compensation Act (FECA) Program Tables

**TABLE A1 — FEDERAL EMPLOYEES' COMPENSATION ROLLS, FISCAL YEARS 2012 — 2021
(CASES AT END-OF-YEAR)**

Type	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Periodic Roll	49,436	47,511	46,415	45,412	43,656	42,577	41,417	40,168	37,847	38,058
Long-Term Disability	45,490	43,726	42,762	42,128	40,524	39,572	38,551	37,441	35,256	35,334
Death	3,946	3,785	3,653	3,284	3,132	3,005	2,866	2,727	2,591	2,724

**TABLE A2 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM SUMMARY OF CLAIMS ACTIVITY,
FISCAL YEARS 2012 — 2021**

Incoming Cases	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Cases Created	115,697	113,880	114,316	112,332	109,249	108,406	106,956	100,534	90,744	96,457
Traumatic	99,832	98,203	100,124	98,974	96,750	95,962	94,811	89,166	80,686	86,886
Occupational Disease	15,757	15,579	14,488	13,549	13,084	12,402	12,146	11,283	9,919	9,454
Fatal Cases	108	98	93	103	128	120	91	71	131	212
Wage-Loss Claims Initiated	19,806	18,703	18,895	17,988	16,934	16,801	16,762	16,335	14,597	15,982

**TABLE A3 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM EXPENDITURES AND ALLOCATED FUNDING,
FISCAL YEARS 2012 — 2021 (\$ THOUSANDS)**

Category	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Expenditures	\$3,184,480	\$3,106,876	\$3,103,626	\$3,173,085	\$3,264,535	\$2,995,372	\$3,164,346	\$3,096,789	\$3,057,540	\$3,030,965
Total Benefits	3,024,890	2,949,366	2,944,428	3,013,578	3,202,966	2,940,947	3,110,035	3,039,017	2,985,745	2,967,484
Compensation Benefits	1,955,968	1,904,397	1,854,931	1,943,121	1,930,729	1,879,237	2,000,724	2,005,406	2,097,577	2,042,171
Medical Benefits	928,957	911,618	959,403	951,308	1,106,487	908,927	949,490	883,859	745,841	788,959
Survivor Benefits	139,965	133,351	130,094	167,899	165,751	152,784	159,822	149,752	142,327	136,354
Total Allocated Funding	159,590	157,510	159,198	158,517	162,689	169,005	173,858	177,447	177,447	194,086
American Rescue Plan Act of 2021	Not Applicable (N/A)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11,101
Salaries and Expenses	97,442	98,308	97,242	98,447	100,519	102,330	102,670	102,670	102,670	102,727
Fair Share	62,148	59,202	61,956	60,070	62,170	66,675	71,188	74,777	74,777	80,257

TABLE A4 — FEDERAL EMPLOYEES' COMPENSATION PROGRAM CHARGEBACK COSTS, BY MAJOR FEDERAL AGENCY, CHARGEBACK YEARS¹ 2012 — 2021 (\$ THOUSANDS)

Agency	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Total Costs	\$3,005,857	\$2,927,296	\$2,894,429	\$2,987,192	\$3,001,244	\$2,780,096	\$2,780,902	\$2,731,820	\$2,624,192	\$2,571,500
U.S. Postal Service	1,320,011	1,305,073	1,306,840	1,382,944	1,410,617	1,282,076	1,303,681	1,278,975	1,239,317	1,311,251
Department of the Navy	239,855	222,803	213,717	206,012	196,612	189,311	180,078	171,819	162,500	178,370
Department of Veterans Affairs	200,569	199,368	202,300	213,914	219,188	196,957	200,125	195,300	190,103	191,533
Department of Homeland Security	178,037	183,968	181,225	196,190	216,461	206,142	215,095	220,286	208,427	177,253
Department of the Army	178,289	166,731	162,699	164,437	158,791	148,834	146,479	140,325	131,676	128,962
Department of the Air Force	133,305	126,470	120,541	118,230	112,217	102,811	99,690	97,839	93,862	92,893
Department of Justice	117,253	115,768	119,872	124,399	123,960	119,900	121,820	125,260	125,579	93,206
Department of Transportation	102,258	93,652	89,411	88,862	85,767	81,207	78,613	76,094	73,597	35,849
Department of Agriculture	73,875	72,365	70,725	69,234	70,621	65,645	61,012	60,556	56,011	57,121
Department of Defense, other	69,788	66,517	64,820	63,719	62,359	56,809	56,337	54,181	51,672	48,749
All Other Agencies	392,617	374,581	362,280	359,252	344,650	330,405	317,972	311,185	291,448	256,312

¹ A year for chargeback purposes is from July 1 through June 30.

Longshore Program Tables

TABLE B1 — LOST TIME INJURIES, FISCAL YEARS 2012 — 2021

Lost Time Injuries	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Lost-time injuries and death reported	29,287	28,145	27,212	23,939	24,333	27,237	28,208	30,682	34,553	39,414
Number of cases of injury and death reported under the Defense Base Act	12,122	11,549	7,876	5,867	6,089	6,622	6,694	8,448	15,336	18,596

TABLE B2 — TOTAL INDUSTRY COMPENSATION AND BENEFIT PAYMENTS UNDER THE LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT (LHWCA)¹, 2011 — 2020² (\$ THOUSANDS)

Year	Payments By Self-Insured Employers	Payments By Insurance Carrier	Total Payments
2011	\$425,581	\$710,330	\$1,135,912
2012	\$430,853	\$801,902	\$1,232,755
2013	\$417,776	\$927,417	\$1,345,193
2014	\$429,307	\$961,542	\$1,390,849
2015	\$420,839	\$892,886	\$1,313,724
2016	\$415,506	\$879,868	\$1,295,374
2017	\$406,737	\$865,076	\$1,271,813
2018	\$413,349	\$737,983	\$1,151,332
2019	\$424,283	\$696,627	\$1,120,910
2020	\$404,819	\$671,379	\$1,076,198

¹ Includes disability compensation payments under the LHWCA and all other extensions to the Act, except the District of Columbia Workmen's Compensation Act (DCCA), which includes both disability compensation and medical benefit payments.

² The industry reports payments to the Department of Labor (DOL) on a calendar year basis.

TABLE B3 — NATIONAL AVERAGE WEEKLY WAGE (NAWW) AND CORRESPONDING MAXIMUM AND MINIMUM COMPENSATION RATES AND ANNUAL ADJUSTMENTS UNDER SECTIONS 6(B), 9(E), AND 10(F) OF LHWCA, FISCAL YEARS 2013 — 2021

Year	NAWW	Maximum Payable ¹	Minimum Payable	Annual Increase in NAWW ²
2013	\$662.59	\$1,325.18	\$331.30	2.31%
2014	\$673.34	\$1,346.68	\$336.67	1.62%
2015	\$688.51	\$1,377.02	\$344.26	2.25%
2016	\$703.00	\$1,406.00	\$351.50	2.10%
2017	\$718.24	\$1,436.48	\$359.12	2.17%
2018	\$735.89	\$1,471.78	\$367.94	2.46%
2019	\$755.38	\$1,510.76	\$377.69	2.65%
2020	\$780.04	\$1,560.80	\$390.02	3.26%
2021	\$816.35	\$1,632.70	\$408.18	4.65%

¹Maximum became applicable in death cases (for any death after September 28, 1984) under the LHWCA Amendments of 1984. See 33 U.S.C. § 906(b)(1). Section 9 (e)(1) provides that the total weekly death benefits shall not exceed the lesser of the average weekly wages of the deceased or the benefits that the deceased would have been eligible to receive under section 6(b)(1). Maximum in death cases not applicable to DCCA cases (Keener v. Washington Metropolitan Area Transit Authority, 800 F.2d 1173 (D.C. Cir. (1986)).

²5% statutory maximum increase applicable in fiscal year 1985 under section 10(f) of LHWCA, as amended. The maximum increase does not apply to DCCA cases (see note 1, above).

**TABLE B4 — LHWCA SPECIAL FUNDS' EXPENDITURES, FISCAL YEARS 2012 — 2021
(\$ THOUSANDS)¹**

Year	Total	Second Injury Cases ²	Pre-Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
2012	\$122,667	\$111,143	\$1,341	\$2,323	\$7,861	3,946
2013	\$120,532	\$109,501	\$1,245	\$2,066	\$7,719	3,842
2014	\$118,802	\$109,286	\$1,172	\$1,689	\$6,656	3,643
2015	\$113,865	\$104,695	\$1,048	\$1,543	\$6,579	3,639
2016	\$110,114	\$99,483	\$962	\$1,083	\$6,577	3,547
2017	\$108,229	\$91,995	\$1,025	\$748	\$8,732	3,340
2018	\$101,843	\$89,137	\$1,725	\$751	\$9,959	3,116
2019	\$97,697	\$85,498	\$1,640	\$393	\$9,541	3,001
2020	\$98,315	\$86,728	\$1,550	\$109	\$9,665	2,839
2021	\$91,557	\$80,221	\$708	\$107	\$10,521	1,936

¹DOL reports Special Fund expenditures shown in this table on a cash basis, i.e., expenses are recognized when paid.

²Section 8(f) payments to employees who sustain second injuries that, superimposed on a pre-existing disability, result in a greater degree of permanent disability or death.

³Section 10(h) of the Act requires that compensation payments in permanent total disability and death cases, when injury or death is caused by an employment event that occurred before the enactment of the 1972 amendments, be adjusted to conform with the weekly wage computation methods and compensation rates put into effect by the 1972 amendments. The Special Fund pays 50% of any additional compensation or death benefit paid because of these adjustments.

⁴In cases where vocational or medical rehabilitation services for permanently disabled employees are not available otherwise, and for maintenance allowances for employees undergoing vocational rehabilitation, sections 39(c) and 8(g) of the Act authorize the cost of these services to be paid by the Special Fund.

⁵For cases where DOL ordered impartial medical exams or reviews (section 7(e) of the Act) and where the otherwise liable private payer cannot pay a compensation award due to default (section 18(b)), the expenses or payments resulting from these actions may be covered by the Special Fund. Also included as "Other" expenditures of the Funds are disbursements under section 44(d) to refund assessment overpayments in fiscal years 2003 - 2006. The program excluded disbursements from proceeds of employer securities redeemed under section 32 of the Act. These monies are exclusively for payment of compensation and medical benefits to employees of companies in default.

Note: Special Fund expenditure totals for some years, as shown above, may differ from those reported to Congress in the Appendix to the President's Budget. The figures here are from year-end Status of Funds reports while the President's Budget reflects total outlays as reported to the Department of Treasury and may include technical adjustments made by Treasury or the Office of Management and Budget.

TABLE B5 — DCCA SPECIAL FUNDS' EXPENDITURES, FISCAL YEARS 2012 — 2021 (\$ THOUSANDS)¹

Year	Total	Second Injury Cases ²	Pre-Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
2012	\$8,726	\$8,005	\$475	\$1	\$245	473
2013	\$8,444	\$7,736	\$441	\$0	\$266	455
2014	\$8,200	\$7,487	\$412	\$6	\$296	437
2015	\$8,371	\$7,154	\$389	\$0	\$828	429
2016	\$7,200	\$6,445	\$360	\$0	\$93	420
2017	\$5,825	\$5,759	\$361	\$0	\$459	405
2018	\$7,005	\$5,468	\$575	\$0	\$960	370
2019	\$6,477	\$5,063	\$481	\$0	\$933	359
2020	\$6,195	\$4,972	\$452	\$0	\$924	344
2021	\$5,892	\$4,698	\$204	\$0	\$990	235

¹ DOL reports Special Fund expenditures shown in this table on a cash basis, i.e., expenses are recognized when paid.

² Section 8(f) payments to employees who sustain second injuries that, superimposed on a pre-existing disability, result in a greater degree of permanent disability or death.

³ Section 10(h) of the Act requires that compensation payments in permanent total disability and death cases, when injury or death is caused by an employment event that occurred before the enactment of the 1972 amendments, be adjusted to conform with the weekly wage computation methods and compensation rates put into effect by the 1972 amendments. The Special Fund pays 50% of any additional compensation or death benefit paid because of these adjustments.

⁴ In cases where vocational or medical rehabilitation services for permanently disabled employees are not available otherwise, and for maintenance allowances for employees undergoing vocational rehabilitation, sections 39(c) and 8(g) of the Act authorize the cost of these services to be paid by the Special Fund.

⁵ For cases where DOL ordered impartial medical exams or reviews (section 7(e) of the Act) and where the otherwise liable private payer cannot pay a compensation award due to default (section 18(b)), the expenses or payments resulting from these actions may be covered by the Special Fund. Also included as "Other" expenditures of the Funds are disbursements under section 44(d) to refund assessment overpayments in fiscal years 2003 - 2006. The program excluded disbursements from proceeds of employer securities redeemed under section 32 of the Act. These monies are exclusively for payment of compensation and medical benefits to employees of companies in default.

Note: Special Fund expenditure totals for some years, as shown above, may differ from those reported to Congress in the Appendix to the President's Budget. The figures here are from year-end Status of Funds reports while the President's Budget reflects total outlays as reported to the Department of Treasury and may include technical adjustments made by Treasury or the Office of Management and Budget.

TABLE B6 — LHWCA SPECIAL FUNDS' ASSESSMENTS, 2011 — 2020 (\$ THOUSANDS)¹

Year	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Year
2011	\$123,000	\$666,985	2010
2012	\$124,000	\$770,364	2011
2013	\$123,000	\$857,003	2012
2014	\$118,000	\$946,294	2013
2015	\$110,000	\$908,059	2014
2016	\$110,000	\$953,833	2015
2017	\$114,000	\$961,033	2016
2018	\$107,000	\$948,926	2017
2019	\$100,000	\$832,150	2018
2020	\$94,000	\$820,509	2019

¹ Annual assessments of employers and insurance carriers are the largest single source of receipts to the Special Funds. Other receipts to the Funds include fines and penalties, payments for death cases where there is no person entitled under the Act to the benefit payments, interest earned on Fund investments, overpayment and third party recoveries, and monies received from redemption of securities under section 32 of the Act to pay compensation due to employees of companies in default. These payments constitute a small portion of the total receipts of the Special Funds.

² Assessments, as shown here, are not receipts to the Fund that were received during a given calendar year, but total assessments that are receivable from employers and insurance carriers based on the Special Fund assessment formula as prescribed under section 44(c) of the Act.

³ The program based annual industry assessments before calendar year 1985 on each employer's or insurance carrier's total disability compensation and medical benefit payments under the Act during the preceding year. The LHWCA Amendments of 1984 revised the method for computing assessments in two ways. Effective in calendar year 1985, the program applied the revised method for calculating industry assessments and based assessments on disability compensation payments only, thereby excluding medical benefits from the computation. Also, the program added a factor for section 8(f) payments attributable to each employer/carrier to the assessment base.

TABLE B7 — DCCA SPECIAL FUNDS' ASSESSMENTS, 2011 — 2020 (\$ THOUSANDS)¹

Year	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Year
2011	\$8,000	\$3,540	2010
2012	\$8,000	\$3,085	2011
2013	\$9,000	\$4,775	2012
2014	\$5,000	\$3,404	2013
2015	\$8,000	\$2,910	2014
2016	\$6,000	\$2,338	2015
2017	\$6,000	\$2,269	2016
2018	\$7,000	\$1,082	2017
2019	\$5,000	\$1,983	2018
2020	\$6,000	\$2,057	2019

¹ Annual assessments of employers and insurance carriers are the largest single source of receipts to the Special Funds. Other receipts to the Funds include fines and penalties, payments for death cases where there is no person entitled under the Act to the benefit payments, interest earned on Fund investments, overpayment and third party recoveries, and monies received from redemption of securities under section 32 of the Act to pay compensation due to employees of companies in default. These payments constitute a small portion of the total receipts of the Special Funds.

² Assessments, as shown here, are not receipts to the Fund that were received during a given calendar year, but total assessments that are receivable from employers and insurance carriers based on the Special Fund assessment formula as prescribed under section 44(c) of the Act.

³ The program based annual industry assessments before calendar year 1985 on each employer's or insurance carrier's total disability compensation and medical benefit payments under the Act during the preceding year. The LHWCA Amendments of 1984 revised the method for computing assessments in two ways. Effective in calendar year 1985, the program applied the revised method for calculating industry assessments and based assessments on disability compensation payments only, thereby excluding medical benefits from the computation. Also, the program added a factor for section 8(f) payments attributable to each employer/ carrier to the assessment base.

Black Lung Program Tables

TABLE C1 — PART C BLACK LUNG CLAIM DECISIONS AT THE DISTRICT DIRECTOR LEVEL, FISCAL YEARS 2012 — 2021

Year	Total Approvals ^{TF}	Total Approvals ^{RO}	Total Approvals ¹	Merit Denials ²	Non-merit Denials ^{TF,3}	Non-merit Denials ^{RO,3}	Total Denials	Survivor Entitlements ⁴	Total Decisions	Approval Rate ⁵
2012	97	632	729	2,565	229	1,780	4,574	Not Applicable (N/A)	5,303	13.75%
2013	87	566	653	2,361	184	1,573	4,118	N/A	4,771	21.67%
2014	92	518	610	2,664	224	1,719	4,607	N/A	5,217	18.63%
2015	157	728	885	2,222	240	2,037	4,499	N/A	5,384	28.48%
2016	249	877	1,126	2,706	364	2,150	5,220	N/A	6,346	29.38%
2017	343	915	1,258	3,153	594	2,054	5,801	N/A	7,059	28.52%
2018	258	1,113	1,398	2,761	542	1,975	5,278	N/A	6,676	33.61%
2019	181	1,014	1,195	2,458	460	2,126	5,044	N/A	6,239	32.71%
2020	225	793	1,018	2,241	517	1,860	4,618	478	6,114	31.24%
2021	204	684	888	1,879	515	1,723	4,117	554	5,559	32.09%

^{TF} Black Lung Disability Trust Fund liability

^{RO} Responsible coal mine operator (RMO) liability

¹ Approvals do not include survivor entitlements (previously called “conversions”) of miner to survivor benefits under 422(l) of the Act..

² Merit denials: claims that received a Proposed Decision and Order (PDO) after all evidence is considered.

³ Non-merit denials: claims that are abandoned or withdrawn before a PDO.

⁴ Survivor Entitlements reported beginning in fiscal year 2020. “Survivor Entitlements” means miners’ dependent survivors who are automatically entitled to benefits (previously called “conversions”). Figure includes Part C Trust Fund Survivor Entitlements, Part C Responsible Operator Survivor Entitlements, and Part B Survivor Entitlements.

⁵ Effective fiscal year 2015, approval rates are calculated using approved and denied claims and do not include withdrawn and abandoned claims (non-merit decisions). The program applied this change retroactively to approval rate calculations for fiscal years 2013, 2014, and 2015.

TABLE C2 — PART C NUMBER OF BENEFICIARIES, FISCAL YEARS 2012 — 2021¹

Class of Beneficiary		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Part C Primary Beneficiaries²	Miners	6,375	6,083	5,917	5,974	6,363	6,792	7,262	7,751	7,951	7,866
	Surviving Spouse	17,553	16,137	14,801	13,558	12,510	11,554	10,661	9,886	9,148	8,562
	Others	1,178	1,158	1,142	1,123	1,108	1,084	1,039	1,006	976	919
	Total Primary Beneficiaries	25,106	23,378	21,860	20,655	19,981	19,430	18,962	18,643	18,075	17,347
Dependents of Primary Beneficiaries	Dependents of Miners	4,939	4,746	4,703	4,871	5,237	5,700	6,147	6,576	6,735	6,667
	Dependents of Surviving Spouse	593	564	510	483	483	459	435	402	384	385
	Dependents of Others	106	101	101	102	97	90	81	78	71	64
	Total Dependents	5,638	5,411	5,314	5,456	5,817	6,249	6,663	7,056	7,190	7,116
Total, Part C Beneficiaries		30,744	28,789	27,174	26,111	25,798	25,679	25,625	25,699	25,265	24,463

¹ As of the end of the fiscal year on September 30.

² Active claims, including those paid by a RMO, cases paid by the Trust Fund, cases in interim pay status, cases that are being offset due to concurrent Federal or state benefits, and cases that have been temporarily suspended. It does not include Medical Benefit Only beneficiaries.

TABLE C3 — PART B NUMBER OF BENEFICIARIES, FISCAL YEARS 2014 — 2021¹

Class of Beneficiary		2014	2015	2016	2017	2018	2019	2020	2021
Part B Primary Beneficiaries	Miners	957	784	622	509	408	325	277	215
	Surviving Spouse	11,015	9,382	8,012	6,784	5,790	4,847	4,049	3,352
	Others	3,075	2,898	2,774	2,590	2,433	2,272	2,126	1,972
	Total Primary Beneficiaries	15,047	13,064	11,408	9,883	8,631	7,444	6,452	5,539
Dependents of Primary Beneficiaries	Dependents of Miners	582	467	358	283	214	165	134	106
	Dependents of Surviving Spouse	421	366	303	257	222	189	163	130
	Dependents of Others	254	227	221	207	193	177	147	137
	Total Dependents	1,257	1,060	882	747	629	531	454	373
Total, Part B Beneficiaries		16,304	14,124	12,290	10,630	9,260	7,975	6,906	5,912

¹ As of the end of the fiscal year on September 30.

TABLE C4 — CLAIMS FILED UNDER THE BLACK LUNG BENEFITS ACT, FISCAL YEARS 2012 - 2021

Year	New Claims	Refiled Claims ¹	Successor Claims ²	Survivor Entitlements ³	Total
2012	2,176	2,140	494	559	5,369
2013	2,544	2,655	624	597	6,420
2014	2,877	3,458	589	470	7,394
2015	2,860	2,879	601	478	6,818
2016	3,334	3,114	573	427	7,448
2017	3,021	3,287	600	478	7,386
2018	2,588	3,345	317	423	6,673
2019	2,580	3,471	296	459	6,806
2020	1,783	2,853	213	487	5,336
2021	1,765	2,984	254	549	5,552

¹ Refiled Claim: the claimant has filed at least once before.

² Successor Claim: a subsequent claim filed on a miner's record by another person.

³ Survivor Entitlements (previously called "conversions"): some dependent survivors are automatically entitled to benefits. Beginning in fiscal year 2020, figure includes both Part B and Part C survivor entitlements.

Energy Program Tables

TABLE D1 — PART B PROCESSING ACTIVITY ON ALL ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT (EEOICPA) CASES/CLAIMS ISSUED, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2021

Case Status/Claims Activity	Case ¹	Claim ²
Total Received	114,105	179,529
Number of Cases/Claims with Final Decisions Issued – Final Adjudication Branch (FAB)³	108,741	165,032
Final Approved	58,023	89,724
Final Denied	50,718	75,308
Number of Cases/Claims with Recommended Decisions Issued – District Offices⁴	933	2,375
Recommended Decision to Approve	165	647
Recommended Decision to Deny	768	1,728
Completed Initial Processing - Referred to National Institute for Occupational Safety and Health (NIOSH)⁵	1,453	7,057
Pending Initial Processing In District Office⁶	3,014	5,273
Lump Sum Compensation Payments	54,819	83,803

¹“Case” counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a “claim.” (One case may have multiple survivor claims).

²“Claim” counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

³ Each case or claim also received a recommended decision by a district office.

⁴ Each case or claim still pending a final decision by the FAB.

⁵ Counts only the first trip to NIOSH.

⁶ Includes remanded cases now in development and closed cases.

TABLE D2 — PART B EEOICPA CASES/CLAIMS WITH APPROVED DECISIONS AND PAYMENTS BY CATEGORY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2021

Category	Number of Approved Cases ¹	Percentage of Total Final Approvals by Case	Number of Approved Claimants	Number of Paid Claimants ¹	Total Compensation Paid to Claims ² (\$ thousands)	Percentage of Total Compensation Paid to Claims
Radiation Exposure Compensation Act (RECA)³	8,596	14.8%	13,840	13,026	\$441,493	6.0%
Special Exposure Cohort Cancer (CN)	29,232	50.4%	48,816	47,227	\$4,364,347	59.6%
Dose Reconstructed Cancer (CN)	12,634	21.8%	18,023	15,866	\$1,688,031	23.0%
Beryllium Disease (CBD)⁴	2,504	4.3%	3,265	3,216	\$371,766	5.1%
Beryllium Sensitivity-Only (BS)⁵	2,024	3.5%	2,030	Not Applicable (N/A)	N/A	N/A
Silicosis (CS)	1,265	2.2%	1,449	1,404	\$172,190	2.3%
Multiple Conditions⁶	1,768	3.0%	2,301	3,064	\$289,953	4.0%
Total	58,023	100.0%	89,724	83,803	\$7,327,782	100.0%

¹ There is not a direct correlation between the number of approved cases and the number of paid claimants for two reasons: (1) more than one claimant can receive payment on a single approved case, and (2) the program approved some cases before September 30, 2020, but the program did not issue payments.

² Represents total lump sum compensation payments from Energy Employees Occupational Illness Compensation program inception to September 30, 2021.

³ RECA cases are not counted in any other category of this table.

⁴ Cases approved for both CBD and BS are counted in the CBD category, only.

⁵ The Division of Energy Employees Occupational Illness Compensation only provides medical monitoring for Beryllium Sensitivity (BS), and therefore there is no monetary compensation.

⁶ Cases counted in the Multiple Conditions category were approved for CN and CBD, or CN and CS, or CBD and CS, or CN and BS, or CS and BS.

TABLE D3 — PART B EEOICPA CLAIMS WITH FINAL DECISION TO DENY, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2021

Reason for Denial	Number of Claims
Employee Did Not Work at a Covered Department of Energy (DOE) Facility Atomic Weapons Employer Facility, or Beryllium Vendor or Did Not Work During a Covered Time	10,271
Alleged Survivor Not an Eligible Beneficiary	9,561
Claimed Condition Not Covered Under Part B of EEOICPA	9,006
Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50%	23,900
Medical Evidence is Insufficient to Establish Entitlement	11,671
Causation other than Probability of Causation	10,899
Total	75,308

TABLE D4 - PART E STATUS CASES/CLAIMS WITH APPROVED DECISIONS AND PAYMENTS, PROGRAM INCEPTION THROUGH SEPTEMBER 30, 2021

Case Status/Claims Activity	Case ¹	Claim ²
Total Received	106,609	149,790
Number of Cases/Claims with a Final Decisions Issued - FAB³	99,087	134,837
Approved	52,690	64,251
Denied	46,397	70,586
Number of Cases/Claims with a Recommended Decisions Issued - District Offices⁴	1,430	2,778
Recommended to Approve	375	808
Recommended to Deny	1,055	1,970
Completed Initial Processing⁵	1,168	4,877
Pending Initial Processing in District Office⁶	5,000	7,853
Number of Compensation Payments (Unique Cases & Claims)	42,599	48,122
Lump Sum Allocations (Unique Cases & Claims)	20,413	22,027
Wage-loss Allocations (Unique Cases & Claims)	3,755	4,497
Impairment Allocations (Unique Cases & Claims)	26,100	26,191
Payment Amounts		
Total Wage-loss Payment Amounts	\$190,358,263	
Total Lump Sum Payment Amounts	\$2,343,108,636	
Total Impairment Payment Amounts	\$3,133,171,915	
Total Compensation Payment Amounts	\$5,666,449,112	

¹ "Case" counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a "claim." (One case may have multiple survivor claims).

² "Claim" counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

³ Each case or claim also received a recommended decision by a district office.

⁴ Each case or claim still pending a final decision by the FAB.

⁵ Completed Initial Processing refers to cases sent to NIOSH, and cases with Recommended Decision, Final Decision, or cases closed.

⁶ Includes remanded cases now in development and closed cases.

TABLE D5 - PART E PROCESSING ACTIVITY ON ALL EEOICPA CASES/CLAIMS RECEIVED AND PAYMENTS, FISCAL YEAR 2021¹

Processing Activity	Case ²	Claim ³
	2021	2021
Referrals to NIOSH ⁴	459	569
Number of Compensation Payments (Unique Cases & Claims)	6,042	6,085
Lump Sum Allocations (Unique Cases & Claims)	692	730
Wage-loss Allocations (Unique Cases & Claims)	131	135
Impairment Allocations (Unique Cases & Claims)	5,219	5,220
Remands	1,400	1,456
Payment Amounts		
Total Wage-Loss Payment Amounts	\$4,418,234	
Total Lump Sum Payment Amounts	\$65,515,686	
Total Impairment Payment Amounts	\$375,589,046	
Manual Payment Amounts	\$0	
Total Compensation Payment Amounts	\$445,522,965	

¹ Activity statistics capture actions made during fiscal year 2021 only, therefore the number of activities reported do not add up to the total number of cases/claims received during fiscal year 2021. (Many activities recorded occurred on cases/claims received prior to fiscal year 2021).

² "Case" counts are numbers of employees (or survivors of employees) whose work and illness or death are the basis for a "claim." (One case may have multiple survivor claims).

³ "Claim" counts are greater than case counts because they include numbers of employees and all survivors of employees who filed for benefits.

⁴ Part E claims awaiting Part B NIOSH Return for further evidence.

APPENDIX B **ACRONYMS**

ABRWH	Advisory Board on Radiation and Worker Health	FAB	Final Adjudication Branch
ARPA	American Rescue Plan Act of 2021	FTE	Full-time Equivalent
BRB	Benefits Review Board	HRSA	Health Resources and Services Administration
CBD	Beryllium Disease	HISP	High Impact Service Provider
BS	Beryllium Sensitivity or Beryllium Sensitivity-Only	IH	Industrial Hygienist
BLBA	Black Lung Benefits Act of 1972	IT	Information Technology
CPWR	Center for Construction Research and Training, formerly called the Center to Protect Workers' Rights	IAS	Internet Accessible SEM
CMR	Central Mail Room	JOTG	Joint Outreach Task Group
CRS	Central Receivable Services	LHWCA	Longshore and Harbor Workers' Compensation Act
CE	Claims Examiner	MSHA	Mine Safety and Health Administration
COP	Continuation of Pay	NAWW	National Average Weekly Wage
CMC	Contract Medical Consultant	NIOSH	National Institute for Occupational Safety and Health
COVID-19	Coronavirus Disease 2019	N/A	Not Applicable
CCAT	Correspondence Creation and Tracking System	OIS	OWCP Imaging System
CX	Customer Experience	OWCS	OWCP Workers' Compensation System
DBA	Defense Base Act	OALJ	Office of Administrative Law Judges
DOE	Department of Energy	OIG	Office of Inspector General
HHS	Department of Health and Human Services	OMB	Office of Management and Budget
DOJ	Department of Justice	SOL	Office of the Solicitor
DOL	Department of Labor	OWCP	Office of Workers' Compensation Programs
DCCA	District of Columbia Workmen's Compensation Act	OCC	Outgoing Correspondence Center
DEEOIC	Division of Energy Employees Occupational Illness Compensation	PDO	Proposed Decision and Order
CN	Dose Reconstructed or Special Exposure Cohort Cancer	PEER	Protecting Employees, Enabling Reemployment
ECF	Employees' Compensation Fund	RECA	Radiation Exposure Compensation Act
ECOMP	Employees' Compensation Operations and Management Portal	RC	Resource Center
ECS	Energy Compensation System	RMO	Responsible Mine Operator
EDP	Energy Document Portal	CS	Silicosis
EEOICPA	Energy Employees Occupational Illness Compensation Program Act	SEM	Site Exposure Matrices
FECA	Federal Employees' Compensation Act	SSA	Social Security Administration
		SEC	Special Exposure Cohort
		USPS	U.S. Postal Service

APPENDIX C LOCATION AND DISTRICT OFFICES LIST

FECA PROGRAM LOCATIONS: 15 OFFICE LOCATIONS

Long Beach, California
San Francisco, California
Denver, Colorado
Washington, District of Columbia
Jacksonville, Florida
Chicago, Illinois
New Orleans, Louisiana
Boston, Massachusetts
Kansas City, Missouri
New York, New York
Cleveland, Ohio
Philadelphia, Pennsylvania
Dallas, Texas
Houston, Texas
Seattle, Washington

BLACK LUNG PROGRAM: EIGHT DISTRICT OFFICES

Denver, Colorado
Pikeville, Kentucky
Mount Sterling, Kentucky
Columbus, Ohio
Greensburg, Pennsylvania
Johnstown, Pennsylvania
Charleston, West Virginia
Parkersburg, West Virginia

ENERGY PROGRAM: FOUR DISTRICT OFFICES

Denver, Colorado
Jacksonville, Florida
Cleveland, Ohio
Seattle, Washington

LONGSHORE PROGRAM: THREE COMPENSATION DISTRICTS WITH NINE DISTRICT SUBOFFICES

Eastern Compensation District

Boston, Massachusetts
New York, New York
Norfolk, Virginia

Southern Compensation District

Jacksonville, Florida
New Orleans, Louisiana
Houston, Texas

Western Compensation District

Long Beach, California
San Francisco, California
Seattle, Washington



OFFICE OF THE WORKERS' COMPENSATION PROGRAMS
UNITED STATES DEPARTMENT OF LABOR

