Medical Benefits Coverage

Presented by:
Lance Lanier, Branch Chief
Branch of Medical Benefits; DEEOIC

Lesson Objectives

- Provide an overview of accepted conditions and medical benefits available to claimants.
- Examine the provider selection process and out of pocket reimbursement.
- Discuss home health care requests, billing, and renewals.

Office of Workers' Compensation Programs (OWCP)

Routine Medical Care

Medical Services

Prescription Medications

US Department of Labor
Office of Workers' Compensation Programs
Division of Energy Employees Occupational Illness Compensation

Medical Benefits Identification Card

John Doe

Case Number: 1234567890
Pharmacy BIN: 610084
DEEOIC Group ID #: OWCP1222

No Co-Pay/No Deductible

MISUSE OF CARD IS PUNISHABLE BY LAW

Home Healthcare

Durable Medical Equipment

Ancillary Medical Services

Travel Expenses

Out of Pocket Reimbursement

Additional Information

Accepted Conditions

- Medical Care. An employee who meets the statutory conditions of coverage is entitled to medical care consisting of services, appliances, and supplies prescribed or recommended by a qualified physician considered likely to cure, give relief, or reduce the degree or the period of that condition, and which DEEOIC considers likely to cure, give relief, or reduce the degree or the period of that illness.

Medical Benefits

- Covers cost of medical treatment linked to accepted work-related illness
  - Routine medical care - including office visits, diagnostic services (lab and radiology services)
  - Prescription medications
  - Other services including inpatient care, outpatient services (chemotherapy, radiation treatment, etc.),
- Medical travel expenses
  - Transportation, lodging, meals, and misc. expenses (tolls, parking, baggage, etc.)
- Durable Medical Equipment
  - Wheel chairs, hospital beds, oxygen and supplies

Additional Benefits

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

DEEOIC DOES NOT ENDORSE, RECOMMEND OR REQUEST ANY SPECIFIC TREATMENT FOR ANY CLAIMANT, BUT ONLY REVIEWS/APPROVES COMPENSABILITY OF MEDICALLY NECESSARY TREATMENTS PRESCRIBED BY PHYSICIANS.

Provider Selection

- Claimant may choose provider
  - Provider listing available via DEEOIC website
  - Must notify the appropriate District Office in writing of any provider change
- DEEOIC does NOT endorse or sponsor medical providers
- Providers must meet simple requirements to enroll as a provider
  - Licensing credentials
  - Accept electronic payments
- Home health, DME, home/auto modification and other ancillary service requests require pre-authorization

Claimant Out-of-Pocket Reimbursement

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

Reimbursement Address

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

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

Home Health Care

Home HealthCare Requests

Home HealthCare Authorization

Home HealthCare Review

Home HealthCare Renewal

Home Healthcare Request

- Require pre-authorization by DOL before services are provided
  - Emergency requests handled separately-initiated by calling the Bill Processing Agent and speaking to the Triage Nurse
- Submit letter of medical necessity or Plan of Care from treating physician
  - Claimant must identify his/her treating physician's information on form EE-17A
  - Level of care required i.e., RN, LPN, HHA/PCA or other
  - Frequency of care required i.e., number of hours per day, per week for each type or level of care
  - Time period for which you will require in-home care
  - Medical evidence from non-treating physician is of reduced probative value

Home Healthcare Review

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

Authorization for Billing

- Written notice mailed to claimant & provider
  - Describes billable service level/duration
  - Granted in 6-month increments or less depending on medical evidence
  - Billing instruction included
- Service charges payable ONLY during authorized dates
  - DOL may back-date authorization in certain situations
  - Bills must be accompanied by service/progress notes
  - Service/Progress notes must include a written narrative of the unique care being provided for each day the provider is in the home

Home Healthcare Renewals

- Request for re-authorization submitted 30-60 days **BEFORE** expiration of current care
  - Updated Plan of Care from provider
  - Accompanied by updated medical rationale for continued in-home care given recent physical exam
  - Temporary extension may be granted to allow for development

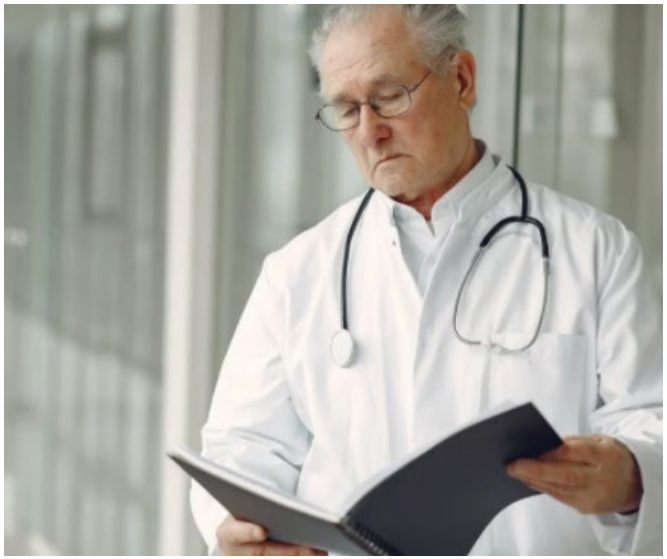
Additional Information

- Provider Selection
- Enrolled Providers
- Conflict of Interest

- Representative Activities
- Medical Second Opinions
- Resources

Enrolled Providers

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



Conflict of Interest

- Any person or family member providing payable medical services to a beneficiary or potential beneficiary cannot be designated as that individual's Authorized Representative. This is considered a conflict of interest.

Representative Activities

- Request services related to accepted condition
- Ensures medical necessity is documented clearly
- Add consequential illnesses when appropriate
- Work with treating physician
- Respond to development letters
- Professional interactions
- Interact with client on actual needs

Medical Second Opinions

- DEEOIC Medical Benefits Examiners (MBEs) are instructed to always work with prescribing or treating physicians to complete any claim for medical benefits.
- If, for any reason, the prescribing or treating physician is unable to provide the clarifications, support or details required by the MBE to make a decision on the claim, then a Second Opinion Referral may occur.
  - Second Opinions are conducted by licensed physicians and are intended to provide specific medical necessity-related details required so the MBE can determine the compensability of the claim in accordance with our statute, regulations and policies.

Resources

- **Conduent Web Bill Processing Portal:**
  - https://owcpmed.dol.gov
  - (866) 272-2682

- **DEEOIC website**
  - http://www.dol.gov/owcp/energy/
  - General program information
  - Forms
  - Sample decisions
  - Resource Center Contact Information

Questions

Questions can also be submitted to DEEOIC-Outreach@dol.gov

Thank you very much for attending!