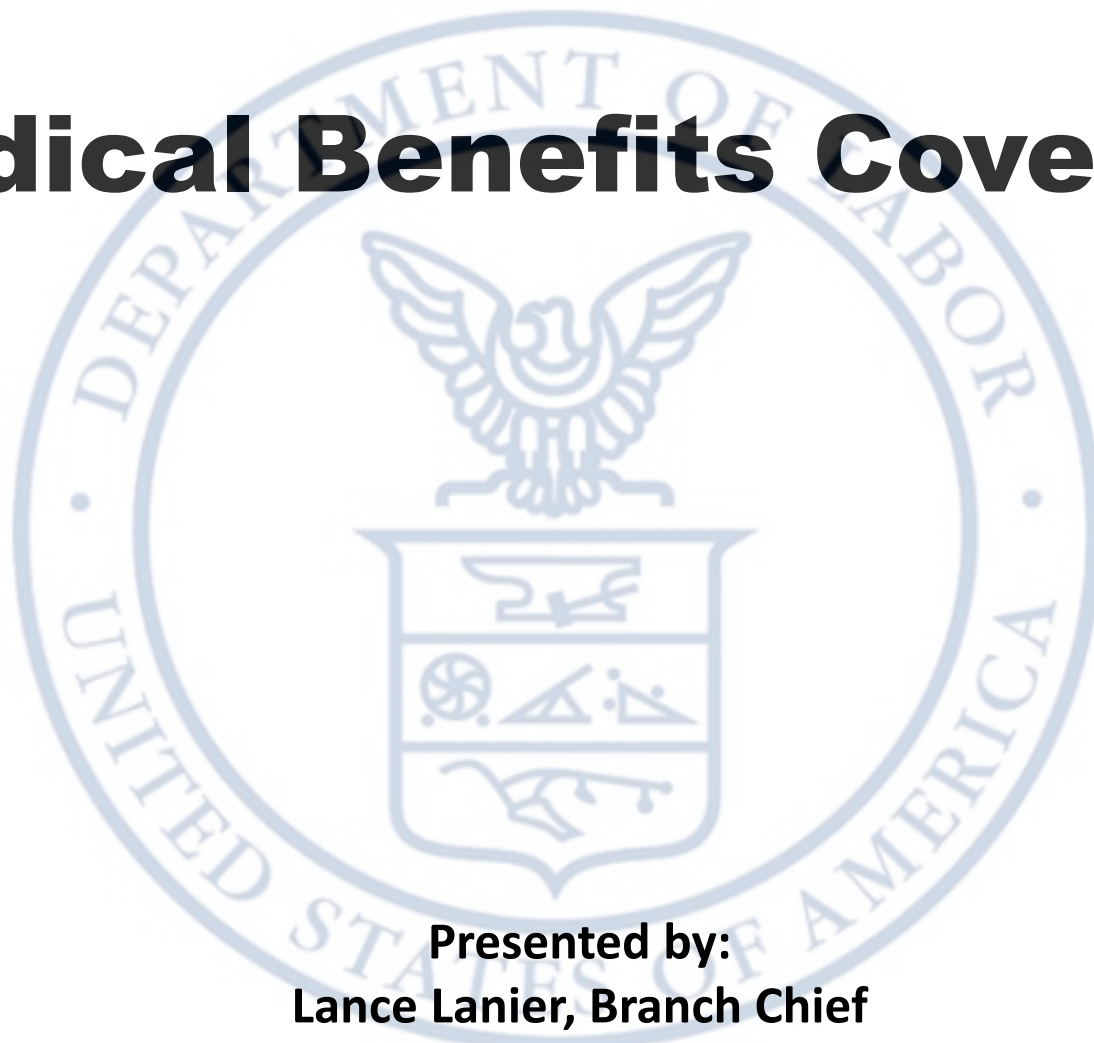




# Medical Benefits Coverage



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

Out of Pocket Reimbursement

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**

Additional Information

Home Healthcare

Durable Medical Equipment

Ancillary Medical Services

Travel Expenses



## 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

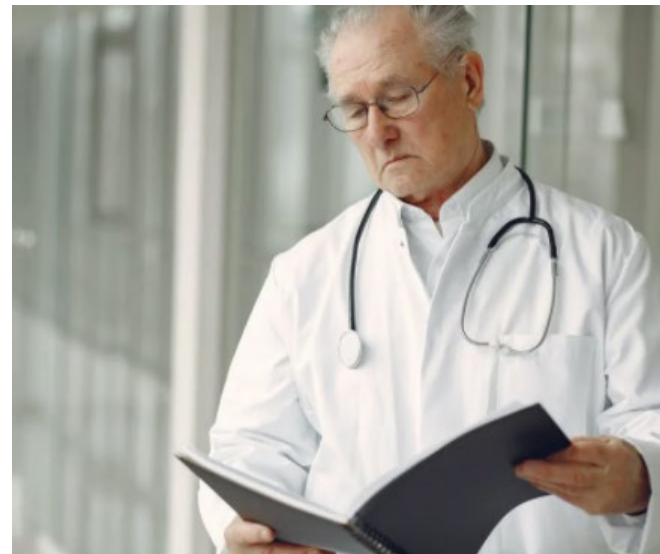
Medical Second Opinions

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](mailto:DEEOIC-Outreach@dol.gov)

Thank you very much for attending!