

# A Report on EEOICPA Claimants' Medical Benefits

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*Prepared by  
Energy Employees Claimant Assistance Project*

*September 17, 2018*

## Executive Summary

In July and August 2018 the Alliance for Nuclear Worker Advocacy Groups (ANWAG) and the Energy Employees Claimant Assistance Project (EECAP) conducted a survey of EEOICPA claimants on their experience with EEOICPA medical benefits. This report provides an analysis and evaluation of these survey results. Methods of analysis include content and quantitative analysis.

431 individuals viewed the survey. Of these, 96 individuals began the survey. Of these, 57 individuals met the criteria and completed the survey.

Some of the major findings are:

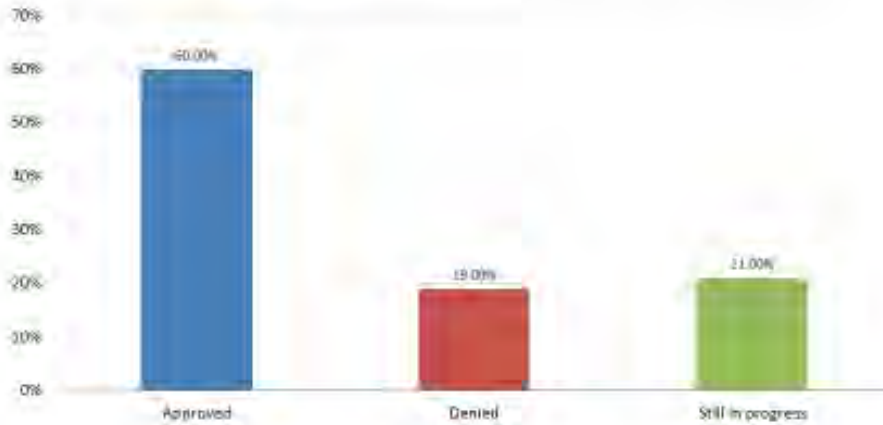
- 60% of workers applying were approved for medical benefits.
- 66% of workers receiving medical benefits had problems either getting their medical benefits approved or paid.
- 86% of workers felt they did not receive a reasonable explanation why their medical benefits were denied or not paid.
- 57% of workers' doctors did not accept the EEOICPA benefits card.
- 60% of workers used other types of insurance or paid out of pocket rather than use the EEOICPA benefits card.
- 71% of workers thought DOL did not give them enough information to track their covered medical expenses to verify they have been paid correctly.

## Have workers' problems improved in the past two years?

In September 2016 EECAP did a survey that included some of the same questions. A comparison of the two surveys showed:

- In 2016 67% of workers reported having problems using their medical benefits.
- In 2018 66% of workers reported having problems getting medical benefits approved or paid.
- In 2016 workers reported 30% of the problems with medical benefits were resolved to their satisfaction.
- In 2018 workers reported 21% of the problems with medical benefits were resolved to their satisfaction.

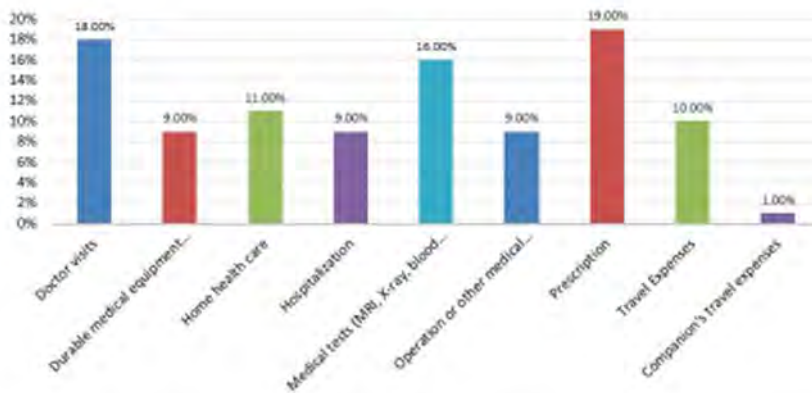
### Was your application for medical benefits approved or denied?



Mean : 1.617 | Confidence Interval @ 95% : [1.382 - 1.852] | Standard Deviation : 0.822 | Standard Error : 0.120



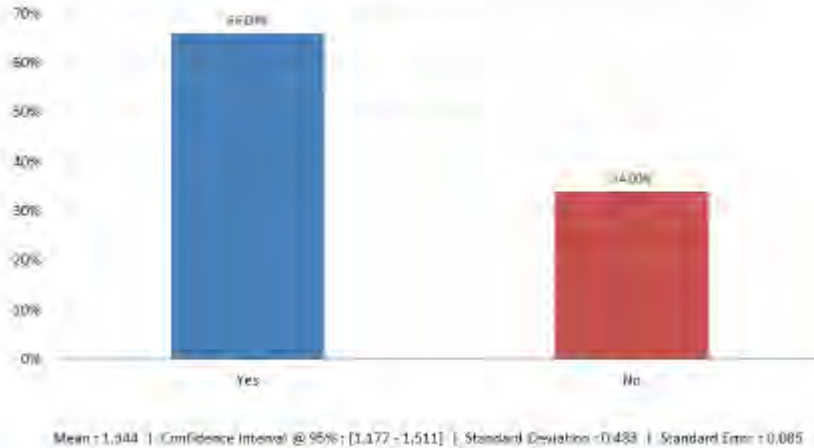
### I have received the following medical benefits through EEOICPA:



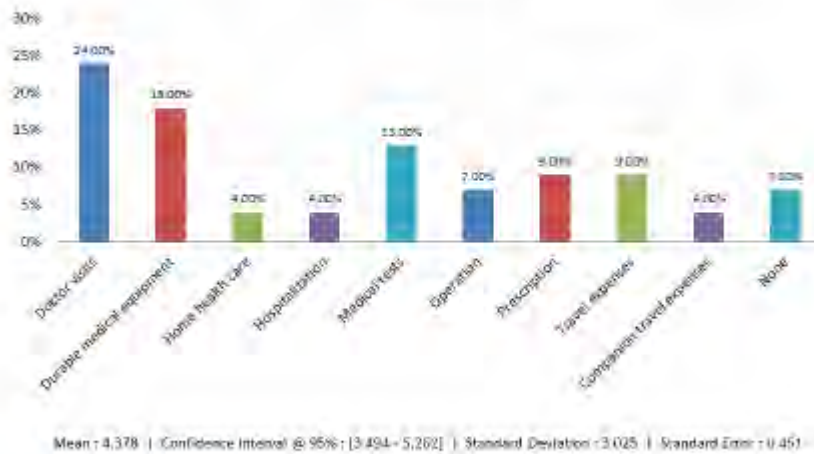
Mean : 4.521 | Confidence Interval @ 95% : [4.031 - 5.012] | Standard Deviation : 2.426 | Standard Error : 0.250

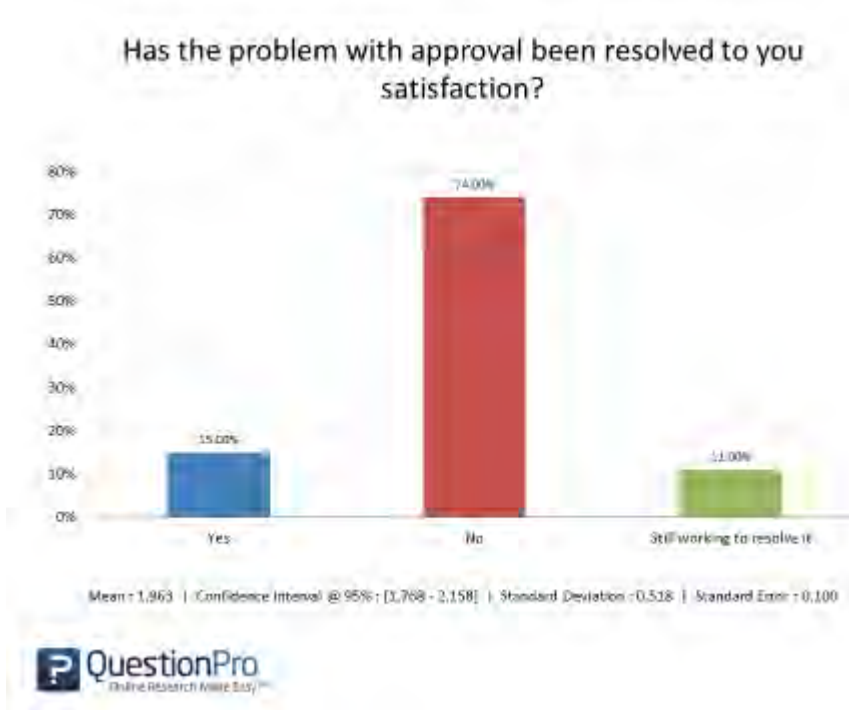


### Have you had problems getting any of your medical benefits approved or paid by DEEOIC?



### Which medical benefits have you had trouble getting approved?





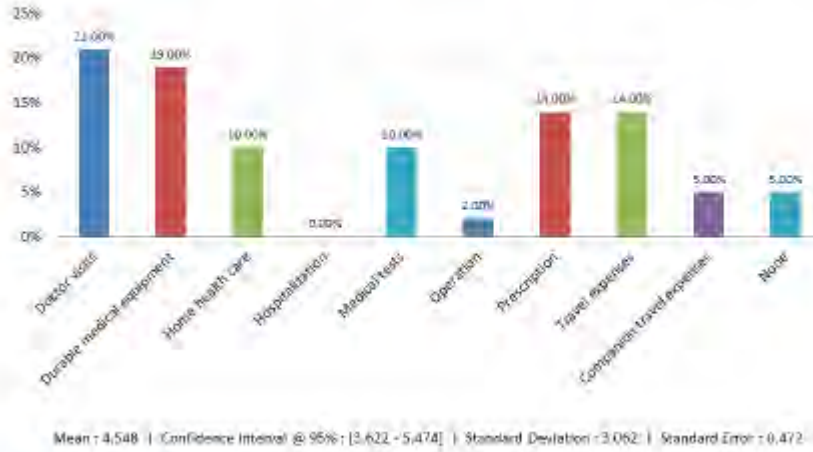
## Workers report why their application for medical benefits was denied:

- I was approved for skin cancer only. Denied for hearing loss because I was classified as Engineer. Denied COPD. Denied Prostrate Cancer. They are minaaaly (sic) for hourly employees even if monthly employees are in the same areas most of the time where loud noise exist in machine shops. Plus all kinds of chemical exposures. It's all in the classification of the employee sadly.
- I don't really know for sure.
- I was less than 50% on my dose reconstruction by NIOSH. I was exposed to radiation at the time of the worst nuclear accident in US history. I worked at the SRE reactor Santa Susana Area 4 on July 13, 1959. I am a live witness to the accident. John Pace 208-403-8097 [johnpace382@gmail.com](mailto:johnpace382@gmail.com)
- Job title, Doctors not willing to write letter, too sick to deal with the situation.
- DOL Nurse Consultant lied that I drive and swim, therefore, I don't need home care. My wife has driven me to/from LA FITNESS long before my claims for home care was filed in August 2017. I am nearly blind with shortness of breath from exposure to beryllium and colorectal pain & bleeding, requiring 5 4500cc soap/water enemas a day for bowel movement since mid-1985. I received my DOL white card on 11/17/2010, but no doctor/hospital and travel agency honors it. Now, based on Mr. Nicholas Brereten, RN and BSN, DOL nursing consultant's recommendation, DOL Medical Consultant, Ms. Ramona Franks denied my 3 claims for home care. I called/phoned my EEOICP Rep and CNS to contact Colorado Nurse Licensing Board to have Mr. Breleton's RN license suspended or provoked. Apparently, neither of them wants to make enemy out of the US

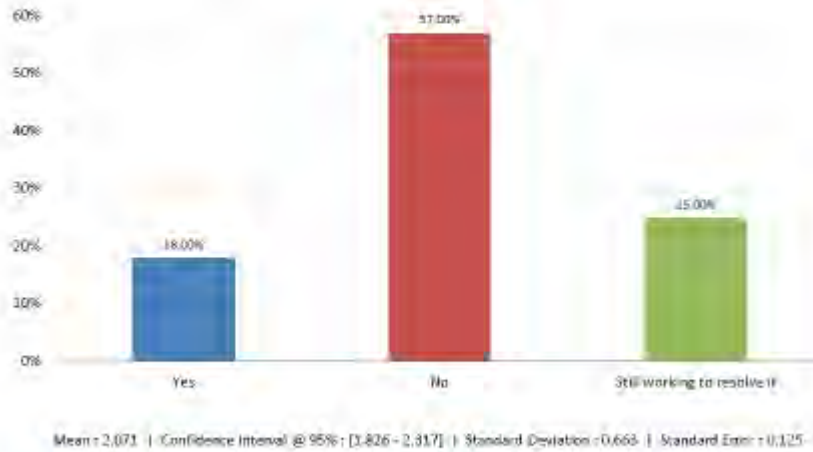
DOL/EEOICP for their other clients. Mr. Brereton, RN, BSN cannot override my medical doctor's prescription in addition to his lies that I can drive and swim. I am scheduled for cervical stenosis with Dr. SanDhu, MD/PhD/prof. and Dir. of Neurosurgery at Georgetown University Hospital. I am preparing myself for the surgery. As such, I am 76, nearly bed-ridden and near blind. I fell on my staircase on last Thanksgiving Day (11/23/2017). My right 2 toes was broken, pain and swelling. I was taken to an ER of Shady Grove Hospital to confirm the injury. I have seen an orthopedic MD and podiatrist. Had to stop my hydrotherapy and wading the pool (3'6"-4'6" depth). I need home care very badly. After I called Ms. Franks, She failed to return my calls about the lies on the second denial. I called her manager Miriam Givens, Health Benefits Manager for 30 minutes on 7/12/2018. Please give this urgent message to IG. Thank you. I am a PhD nuclear engineer, I spoke with you a couple of times. Thank you. U.C.

- I am Dr. David M. Manuta, FAIC, the OWCP/EEOICPA Authorized Representative for Dr. C. Dr. C's Accepted condition (radiation induced cataracts) resulted in the receipt of a white medical card. Mr. Nicholas Brereton, RN, BSN DEFIED Dr. C's personal physician's orders (based on a Letter of Medical Necessity) and HE ZEROED OUT ALL OF THE REQUESTED HOURS in the three (3) tiers of Home Health Care available in the EEOICPA. It MUST BE STATED THAT Mr. Brereton HAS NEVER PERFORMED A HANDS ON PHYSICAL EXAMINATION OF DR. C. It is my considered opinion that Mr. Brereton DOES NOT HAVE THE AUTHORITY TO OVER-RIDE THE PROFESSIONAL OPINION OF A PHYSICIAN WHO HAS PERFORMED HANDS-ON PHYSICAL EXAMINATIONS OF DR. C FOR MANY YEARS. I have already told the DEEOIC leadership in DC that had Mr. Brereton ACTED IN THIS BRAZEN MANNER IN A HOSPITAL SETTING that (unless the patient was in immediate danger/life-threatening condition) HE WOULD LIKELY HAVE BEEN TERMINATED. I have NO IDEA WHY Mr. Brereton allegedly FELT COMPELLED TO ACT IN THE MANNER I AM ALLEGING. Dr. C has fallen once (and was seriously injured) during this recent period of time where his application for medical benefits was Denied three (3) times. A discussion with Office of the Inspector General (OIG) is requested in order that we correct this injustice wrought upon Dr. C and that, as applicable, Mr. Brereton be punished for his alleged act. Sincerely, David M. Manuta, Ph.D., FAIC President, Manuta Chemical Consulting, Inc. 431 Gordon Avenue Waverly, OH 45690-1208 USA Tel: 1.740.947.7998 (Voice) Tel: 1.740.352.2991 (Mobile) Fax: 1.740.947.1565 <http://www.dmanuta.com> E-mail: [dmanuta@dmanuta.com](mailto:dmanuta@dmanuta.com) or [mc2@dmanuta.com](mailto:mc2@dmanuta.com) Better Business Bureau Accredited Business/A+ Rating Fellow, Membership Chair, and Chairman of the Board, American Institute of Chemists (AIC) Board of Directors Member and President, Association of Consulting Chemists and Chemical Engineers (ACC&CE) Board of Directors Member, Heritage Council, Science History Institute HUBZone Reseller/Distributor of Chemicals and Supplies, ThermoFisher Scientific, LLC, No. 961249-001
- Year of eligibility
- Year of eligibility

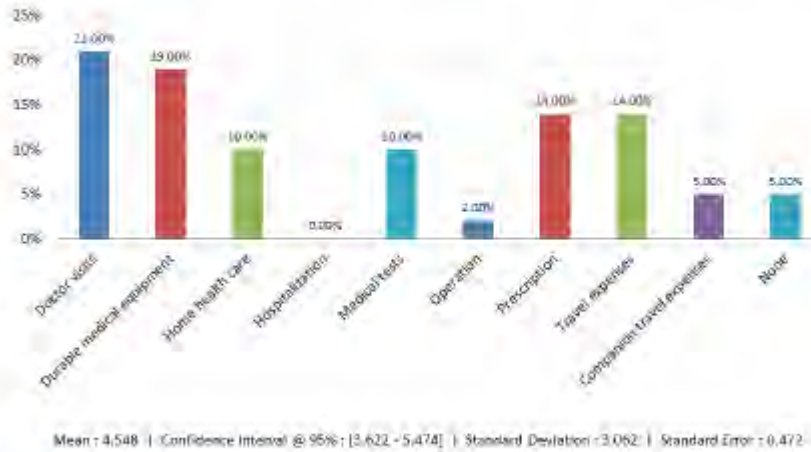
### Which medical benefits have you had trouble getting paid?



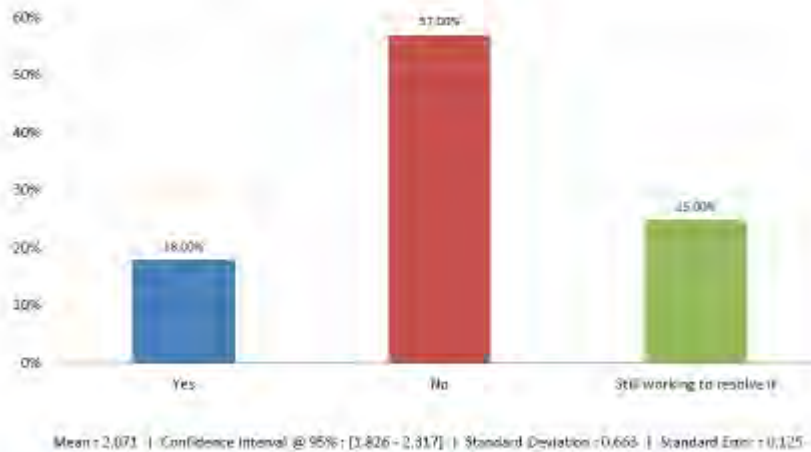
### Was the problem with payment been resolved to your satisfaction?



### Which medical benefits have you had trouble getting paid?

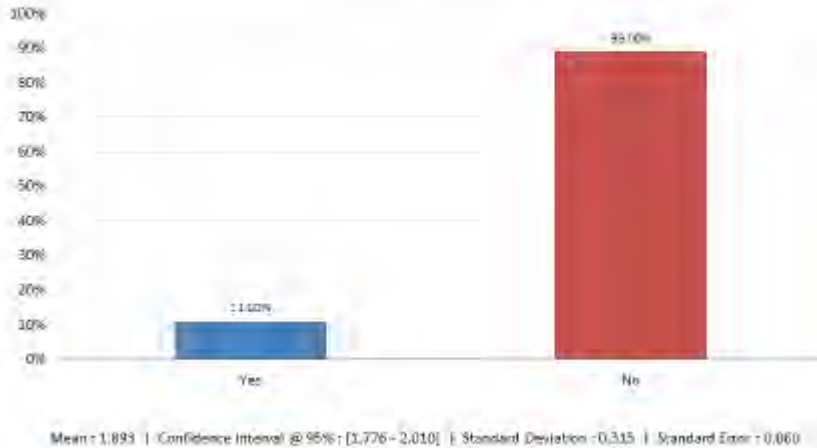


### Was the problem with payment been resolved to your satisfaction?





Did you receive a reasonable explanation for benefit denial or non-payment?



Reasons Reported  
for Claim Denial

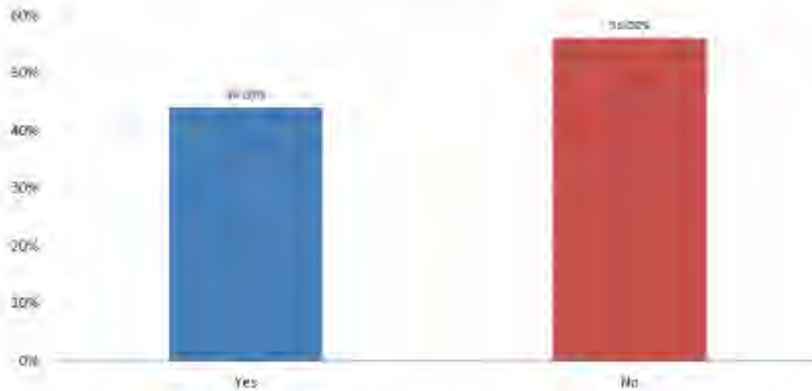
### Workers report why medical benefits were denied or not paid:

- One year later, the medical suppliers were still waiting for approval. I gave the DOL a copy of my medical prescriptions but I was never reimbursed. The reasons were always that I didn't complete the forms satisfactory.
- Conduent withheld a portion of my payment for hearing aid batteries and listed it as a "Fee Reduction Amount".
- We were told that the wrong Diagnosis codes are being billed, but they are not the wrong codes. My therapy is being paid, but the Doctor treatments are not being paid. Using the SAME ICD-10 codes! For 2-1/2 years, my Doctor has NOT been paid!
- Waiting for response from Claims Examiner
- Doctors do not accept the card. I only get doctors and hospital at National Jewish to accept my card and I have to travel for that appointment.
- Department of Labor supposedly outlawed receiving prescriptions by mail. The claims process is so onerous that I pay my own.
- Delay in getting health benefits at certain providers Some providers dropped out of program for lack of payment .Continuance of health benefits then postdate so you lose visits. Have to renew every eight weeks with Imn and prescription from doctor. Puts you in a hard spot trying to get approved before runs out then takes a month to get letter of approval in mail. Providers afraid they will not get paid as

it has happened in past so they will not continue till get approval letter takes too long.

- Skin cancer treatments only pay portion of my bills Don't take white card in San Diego treatment
- The billing office in Kentucky, plus the general office in Oak Ridge, TN., plus my caseworkers in Jacksonville, FL. cannot or will not give me a reason WHY my doctor has not been paid in TWO AND 1/2 YEARS!!!
- None
- When I received my card I called and was told the only coverage would be for reoccurring cancer.
- Wrong code, after being told the exact codes to use.
- They said it was not a covered condition.
- Previously approved DME needed to be replaced. DOL said I would need a completely new authorization with medical justification, testing and chart notes to replace the DME.
- They should have bundled and they would not pay all.
- Don't know if my primary care is being covered by the white card. No way to find out the cause was under Medicare before I received the white card. I know that Nssp, there has been no problem with their exams. I gave the business office the info to charge the white card but to know if they are ???, I haven't any idea as to them charging white card or my Medicare.
- Slow pay on medical test because of incorrect coding. Initial denial of physician visit and medical test because physician was de-listed from program.

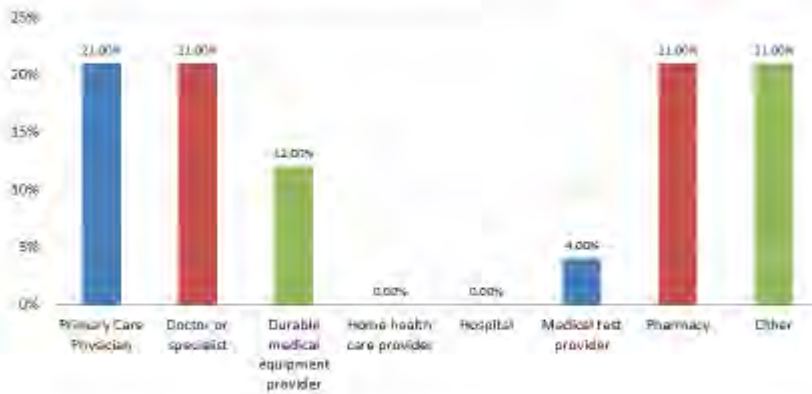
### Do all your medical benefits providers accept your EEOICPA white card?



Mean : 1.562 | Confidence Interval @ 95% : [1.388 - 1.737] | Standard Deviation : 0.504 | Standard Error : 0.089



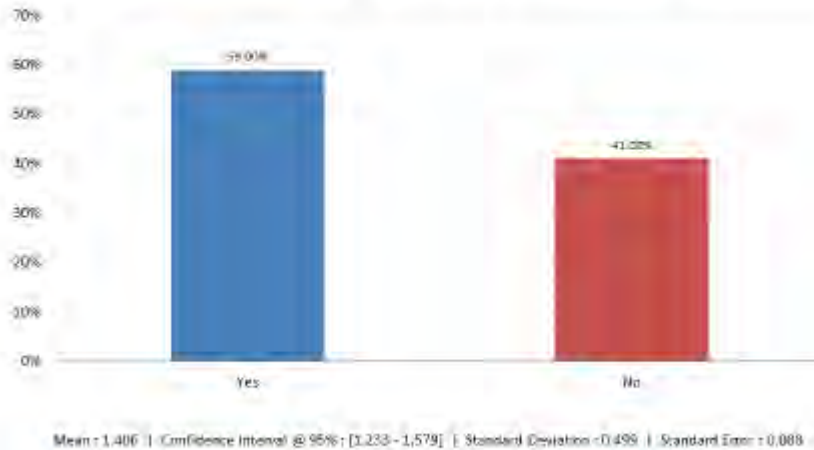
### Which medical benefit providers do NOT take your EEOICPA white card?



Mean : 4.375 | Confidence Interval @ 95% : [3.234 - 5.536] | Standard Deviation : 2.903 | Standard Error : 0.592



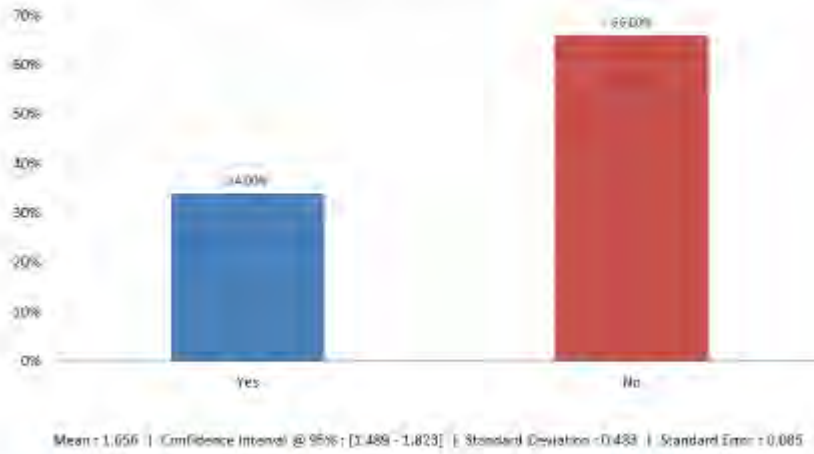
Have you ever used another type of insurance (VA, Medicare, Medicaid, private) or paid out of pocket for medical benefits rather than using your EEOICPA white card?



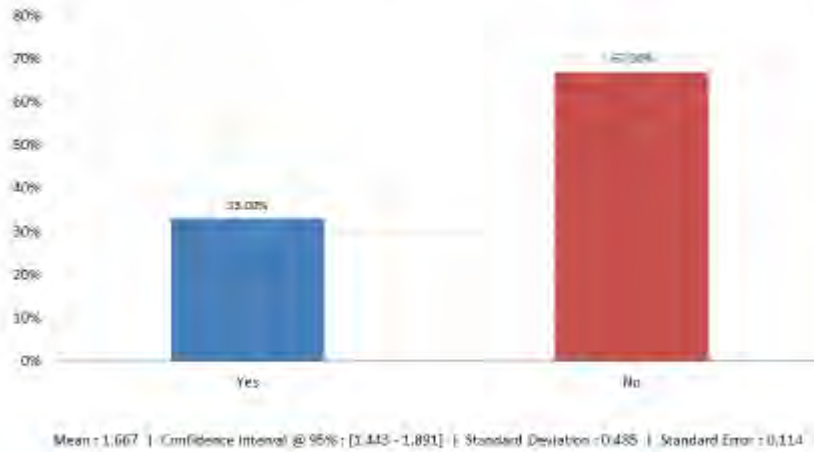
### Reasons Workers gave for not using the EEOICPA white card:

- At all of my visits to my pulmonary doctor. Also when I went to take the test to be evaluated for the program
- Miracle Ear does not take the white card.
- 1. I didn't know if certain things were covered. 2. Part of my illnesses have not been approved and I have been paying for Doctor visits, tests, x-rays, and medication.
- No one accepts
- Insurance does not know how to bill EEOICPA
- Too long for claims examiner to make a decision-test or service already provided while waiting on the decision doctors needed results
- White card was not accepted.
- I was told I only have coverage for cancer
- Some illnesses are not on medical card and related to injury.
- Because they would not pay. And we paid or got sent to collections
- The doctor's office keep messing up... they take Medicare and VA card first.
- DOL has been so difficult to deal with I risk losing my physician because of billing problems.
- The provider would not accept the medical card and I had to pay up front and then be reimbursed from EEOICA.

### Have you ever been contacted about an EEOICPA billing problem ?

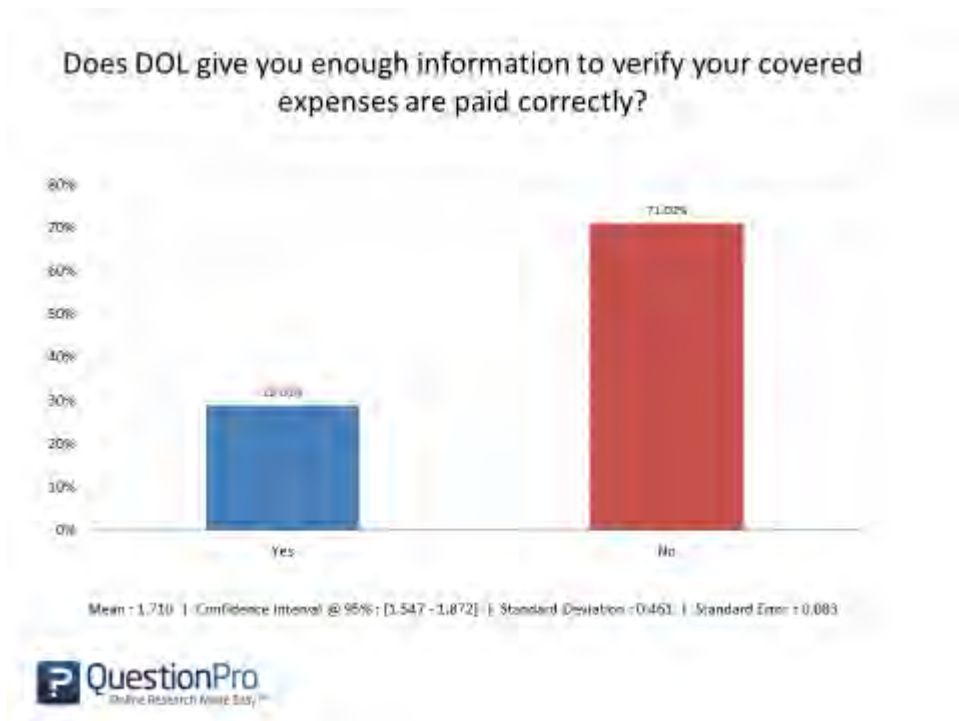


### Was the billing problem resolved to your satisfaction?



## Billing problems reported by workers:

- Doctor not being paid
- Ordered my prescriptions and was told that I had to pay for them as the pharmacy could no longer bill the government
- Lack of payment to provider sometimes they have Medicare card also so they just bill them.
- Reimburse part of my claim, that I paid after my insurance claim
- Wrong code given to provider for illness always denied.
- Keep asking for more information from doctors
- DOL refused to pay for routine care for my accepted condition because of differences in ICD 9 to ICD 10 codes.
- Hospital contacted me because DOL did not pay bill for diagnostic testing for 6 months. Hospital threatened to send bill to collection agency



## Workers provided the following statements on EEOICPA medical benefits:

- I would ask that the program become more available and more assessable to our needs and in a timely fashion. I have had to use my health insurance for everything. I just have the card. My primary doctor never received payments
- DOL does not provide complete coverage for approved expenses.
- 1. My Doctor needs to be paid. 2. My additional illnesses need to be approved.
- Better communication.
- Help with getting coverage from primary care physicians. I do not have any help
- It is a slow process that people just give up on and use their regular insurance even knowing that EEOICPA should be responsible for the bill. Have to get approval every eight weeks on some services is ridiculous. If you are really sick and have no one to fight for you are at a disadvantage as your problems are just forgotten. Had applied to be Advocate to Washington and heard this from many different people and some lawyers that I have dealt with. Once lawyers get money that is the end of their help on most part.
- Long process and not accepted here, months to get reimbursed
- My Doctor is sick and tired of not being paid. He still treats me, but has NOT BEEN PAID IN 2-1/2 YEARS!!! I cannot get any answer or any help and neither can his in-house Insurance Biller.
- I, nor my wife are trained to get maximum benefits under the EEOICPA. EVERY worker should have someone from the DOL TRULY help understand and benefit from each and every part of the Act. Workers are neglected in this. DOL people are most often negligent concerning their own promised deadlines, but quickly enforce deadlines upon sick workers. This is very insulting.
- I can't get what I desperately need for my illness due to mix up in codes between my provider and the Energy Employees Occupational Illness Compensation committee that approves what I need after they have been told repeatedly what the correct codes are from an Energy Employees Occupational Illness Compensation employee. So much confusion and miscommunication and I still don't have what I need.
- Once you are sick everything should be covered. We should not have to fight for this assistance.
- Good program. Need to move the Hanford date up to cover more employees.
- It should not be so difficult to get occupational therapy, physical therapy, speech therapy, and pulmonary therapy. Instead of following the doctor's order they approve one visit for assessment then wait to approve more visits. This delays the therapy by weeks to months. Then they do the same process again when further therapy visits are required. This again delays care and interrupts therapy.
- The medical card isn't very good to me as I can't get a dermatologist to accept the medical card, then they don't pay all my expenses I was out.
- Problems with impairment need to be addressed.
- I haven't had any problems with benefits
- Too complicated to use. I never know if I need prior approval for a test. Prescriptions are the only thing I don't have problems with.

## One worker sent the following statement after the survey closed:

I wanted to give you an update concerning the problem getting my Doctor paid for over two years. Actually, in October it would have been three years.

The woman in DC who called me actually did some research and saw where my doctor had not been paid. She did some testing with different ICD-10 codes and found one that would "go with" the CPT codes and DOL would pay for it. Before she called me to let me know, she called the doctor's office and spoke to his in-house Insurance Coder and gave her the code to rebill all the dates of service that had not been paid.

I was ecstatic!! Finally!! My Doctor was going to get paid! I asked her what the problem was and she said that the coder had been leaving off a code on her bills. That was somewhat confusing because I had taken each approved diagnosis code in ICD-9 and gotten the related ICD-10 code. One for one. There were no codes left out. So I was very curious. However the woman said that they had started paying him.

I went on vacation for 8 days and then came back and made an appointment to see my Doctor. I couldn't wait to find out which code she had not been billing.

Well.....as it turns out, the woman from DOL/DC told my doctor's insurance coder to ADD a new code. This NEW code was never approved by DOL. This NEW code was never diagnosed. AND, this NEW code is not accurate at all. I DO NOT HAVE THIS CONDITION!!!!

So when I went into the exam room, the Doctor and I discussed this. He is very concerned. It is fraud for him to bill using a code for a diagnosis that I do not have, I have never had, and DOL never approved. Yet he is starting to receive payments for this code.

His concern - and mine also - is that he is committing fraud by billing on this code EVEN THOUGH DOL TOLD HIM TO.

If he were ever audited and my chart was examined by an auditor, my Doctor could actually be fined and his license be suspended. This is illegal and he and I and his insurance coder know it.

The Insurance Coder told the woman from DOL that I do not have that condition and was never diagnosed with it and she told her to go ahead and bill with it.

This is wrong. I am glad that my doctor is being paid, but this is actually fraudulent.

I don't know what to do. The thing is - we do not have any documentation of her instructions. The DOL/DC woman told her verbally on the phone. So I suggested that she call her back and ask for these instructions in writing - at least by email. That would help to protect my Doctor in case of an audit.



If I protest loudly about this to DOL, they may withdraw the payments and refuse to pay him in the future.

So one BIG problem has been solved and we are left with another HUGE problem.

Do you have any suggestions on how to handle this? It was a long battle to get him paid and now we have this issue that is pretty serious.