

OWCP

Annual Report to the Congress

FISCAL YEARS 2013, 2014 and 2015

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OFFICE OF WORKERS' COMPENSATION PROGRAMS
UNITED STATES DEPARTMENT OF LABOR

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I am pleased to submit the Department of Labor's Office of Workers' Compensation Programs (OWCP) Annual Report for Fiscal Years 2013, 2014, and 2015 to Congress. This report provides an overview of OWCP's activities for all four of its programs.

Every day, OWCP touches the lives of thousands of injured and ill workers and their families, by providing or overseeing the delivery of workers' compensation and benefits from offices across the country. Over the next five years, nearly one million of these workers or their survivors will rely on OWCP for compensation, medical treatment, and assistance in returning to work. Claimants come to OWCP during what may be one of the most difficult times in their lives – when they have suffered an injury on the job or become ill because of their work. They are concerned about their health, their income, their job status, their ability to recover and/or return to work, and the support they can provide to their families. These workers deserve our medical and financial support, our compassion and respect, and consistent treatment under the law.

OWCP offers eligible workers compensation, medical benefits and assistance with returning to gainful employment, if and when feasible. Each of OWCP's four programs serves a different set of workers, often from a variety of locations, which might otherwise be underserved or inconsistently treated under other workers' compensation laws. The Division of Federal Employees' Compensation (FECA program) has proudly served injured or ill federal employees for 100 years. Program beneficiaries work in a variety of fields – they are FBI agents, postal workers, office workers, emergency responders, forest rangers, air traffic controllers, and many others. The Division of Longshore and Harbor Workers' Compensation (Longshore program) serves those engaged in maritime work, such as dockworkers, longshoremen, oil rig workers, as well as government contractors outside of the United States and certain employees working on the outer Continental Shelf. The Division of Coal Mine Workers' Compensation (Black Lung program) supports coal miners, both underground and surface, construction workers, and transportation workers who are regularly exposed to respirable coal mine dust and who have “black lung disease” or pneumoconiosis. The Division of Energy Employees Occupational Illness Compensation (Energy program) serves current and former nuclear weapons workers who have been exposed to radiation or toxic chemicals at covered Department of Energy facilities, such as nuclear physicists, uranium miners and millers, and the plumbers, electricians, office workers, janitors and others who maintained the facilities.

OWCP strives to provide each worker with excellent customer service, timely and accurate decisions on claims, prompt payment of benefits, and, where appropriate, opportunities for returning to work. The success of OWCP flows from the effectiveness of our top-notch staff of approximately 1,550 federal employees and several thousand contractors. They perform a variety of functions, each of which is necessary to protect the interests of injured and ill workers and their families. Regardless of their roles, OWCP's employees work hard and are committed to meeting the needs of our claimants and beneficiaries. At OWCP, we are always seeking to improve our delivery of services and benefits. We are leveraging knowledge across the four programs, maximizing resources and minimizing duplication, and increasingly using data and analysis to strengthen our programs and focus on the areas most needed by the workers we serve.

I am proud to lead OWCP. Our mission is an important one and we remain committed to serving our claimants, beneficiaries, and their families.

Gary A. Steinberg,
Deputy Director, OWCP



FEDERAL EMPLOYEES' COMPENSATION ACT

Introduction

In 1916, President Woodrow Wilson signed the first comprehensive law protecting federal workers from the effects of work injuries. Amended several times, most recently in 1974, the Federal Employees' Compensation Act (FECA) now provides workers' compensation coverage to approximately 2.8 million federal employees. FECA also provides coverage to Peace Corps and VISTA volunteers, federal petit and grand jurors, volunteer members of the Civil Air Patrol, Reserve Officer Training Corps Cadets, Job Corps, Youth Conservation Corps enrollees, and non-federal law enforcement officers when injured under certain circumstances involving crimes against the United States.

For 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 FY 2013, FY 2014, and FY 2015.

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. FECA benefits include payment for all reasonable and necessary medical treatment for work-related injury or disease. In timely-filed traumatic injury claims, the Act requires the employing agency to continue the injured worker's regular pay during the first 45 calendar days of disability. If the disability continues after 45 calendar days, or in cases of occupational disease, the program will make payments to replace lost income. Compensation for wage loss is paid at two-thirds of the employee's salary if there are no dependents, or three-fourths if there is at least one dependent. The program provides a monetary award to injured workers for permanent impairment of limbs and other parts of the body as well as benefits to survivors in the event of work-related death. Training and job placement assistance are available to help injured workers return to gainful employment.

The FECA program is the exclusive remedy by which federal employees may obtain disability, medical, and/or survivor benefits from the federal government for workplace injuries or illnesses. Program activities, including claim adjudication, disability management, return-to-work support, and related activities, are carried out in 12 district offices around the country. Decisions for or against the payment of benefits may be appealed to the Employees' Compensation Appeals Board (ECAB), an independent body in the Department of Labor (DOL).

FECA Table 1 presents claims and benefit payment information for FY 2013, FY 2014, and FY 2015. While the volume of new claims decreased slightly over the three-year period, total benefit payments increased.

FECA Table 1
Claims and Benefit
Payments, FY 2013, FY 2014,
and FY 2015

Claims, Benefits, and Benefits Outlays		FY 2013	FY 2014	FY 2015
Claims	New claims from injured federal workers or their survivors – Cases Created	113,782	114,316	112,332
	Wage-loss claims received	18,703	18,895	17,988
Benefits	Number of beneficiaries	239,000	229,000	227,000
Benefit outlays	Long-term wage replacement or dependent benefit payments	\$1,900 million	\$1,800 million	\$1,800 million
	Medical and rehabilitation services benefit payments	\$935 million	\$993 million	\$1,089 million
	Death benefit payments to surviving dependents	\$133 million	\$149 million	\$113 million
	Total Compensation and Benefits (actual obligations)	\$2,900 million	\$2,900 million	\$3,100 million

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Funding

FECA benefits are paid from the Employees' Compensation Fund. Agencies are billed each August for benefits paid for their employees from the Fund, and most agencies, other than the U.S. Postal Service (USPS) and non-appropriated fund agencies, include those chargeback costs in their next annual appropriation request to Congress. Remittances to the Fund are not made until the first month of the subsequent fiscal year (or later, when an agency's full-year appropriation is enacted after the subsequent fiscal year begins). The annual DOL appropriation makes up any difference between prior year remittances and current year need, which is affected by federal wage increases and medical cost inflation. FECA Table 2 highlights chargeback costs billed in Chargeback Year (CBY) 2013, CBY 2014, and CBY 2015.

FECA Table 2
FECA Benefits Charged to
Employing Agencies, CBY
2013, CBY 2014, and
CBY 2015

Agency	CBY 2013	CBY 2014	CBY 2015
USPS	\$1,305 million	\$1,307 million	\$1,383 million
Department of Defense	\$583 million	\$562 million	\$552 million
Department of Veterans Affairs	\$199 million	\$202 million	\$214 million
Department of Homeland Security	\$184 million	\$181 million	\$196 million
Department of Justice	\$116 million	\$120 million	\$124 million
Department of Transportation	\$94 million	\$89 million	\$89 million
Department of Agriculture	\$72 million	\$71 million	\$69 million
All Others	\$374 million	\$362 million	\$360 million
Total	\$2,927 million	\$2,894 million	\$2,987 million

FECA Table 3 provides a comparison of OWCP administrative expenses in FY 2013, FY 2014, and FY 2015. Administrative expenditures account for approximately five percent of total program costs.

FECA Table 3
OWCP Administrative
Expenditures, FY 2013, FY
2014, and FY 2015

Administrative Expenditures	FY 2013	FY 2014	FY 2015
# of Employees (FTE staffing used)	848	797	802
Salaries and Expenses	\$98.2 million	\$97.3 million	\$98.1 million
"Fair Share" Expenditures (FECA Special Benefits Account) – for the development/operation of automated data management and operations support systems, periodic roll case management, and benefit oversight	\$59.2 million	\$62.0 million	\$60.1 million
Total Administrative Expenditures*	\$157.4 million	\$159.3 million	\$158.2 million

*Note – Support costs for legal, investigative, and other kinds of services from ECAB, the Office of the Solicitor, the Office of the Inspector General, and the U.S. Treasury are not included.

DOL's Agency Financial Reports provide additional information on the FECA program's finances.

https://www.dol.gov/_sec/media/reports/annual2014/2014annualreport.pdf
https://www.dol.gov/_sec/media/reports/annual2015/2015annualreport.pdf

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Accomplishments and Performance

To help ensure the FECA program is achieving its mission and providing injured or ill federal workers with the appropriate benefits, agency and program leadership continually evaluate performance and implement strategies to strengthen program delivery. Agency managers use a set of measures to analyze its performance: several are Government Performance and Results Modernization Act of 2010 (GPRAMA); several are Protecting Our Workers and Ensuring Reemployment (POWER) measures, which expired in 2014; and the rest are internal measures. The program's performance as well as major accomplishments and initiatives are discussed below.

Adjudication and Hearings and Review

The claims adjudication process involves the receipt of the claim, a review by a FECA claims examiner to determine if the claim meets the criteria for approval, and a formal decision. Individuals who disagree with a formal decision on a claim may exercise their appeal rights by requesting an oral hearing or a review of the written record from the FECA program's Branch of Hearings and Review. In the interest of improving appeal processing times and efficiency, the program continued to handle hearing requests originating in geographical areas less traveled via telephone. The use of these tools resulted in a speedier appellate process for FECA stakeholders and significant cost savings for the FECA program.

Performance Results

One of the key performance areas that the program focuses on is the prompt adjudication of claims. It uses a variety of measures to assess the time it takes to adjudicate – both at key milestones and overall. Measures and/or targets vary depending on the relative complexity of the case. Traumatic injury cases are generally more straight-forward; non-traumatic injuries tend to be more complex. The standard is to adjudicate “basic” occupational disease cases within 90 days; the standard for extended occupational disease cases is within 180 days.

FECA Table 4
Hearings and Reviews,
FY 2013, FY 2014, and
FY 2015

Hearings and Review	FY 2013	FY 2014	FY 2015
Number of incoming requests for reviews of the written record or oral hearings	Not Applicable (NA)	6,406	6,103
Number of decisions	NA	5,829	6,141
Number of hearings conducted by telephone and video	NA	990	2,565
Number of hearings conducted in person	NA	535	286

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FECA Table 5
Performance Measures –
Adjudication, FY 2013, FY
2014, and FY 2015

Performance Measures – Adjudication	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
Percent of wage-loss claims processed within 75 days (all claims) – GPRAMA measure	90.0%	94.5%	90.0%	93.9%	NA	NA
Percent of wage-loss claims processed within 90 days* (all claims) – GPRAMA measure	NA	NA	NA	NA	90.0%	95.2%
Percent of traumatic injury cases processed within 45 days	90.0%	95.8%	90.0%	95.3%	90.0%	94.7%
Percent of basic non-traumatic injury cases processed within 90 days	85.0%	91.0%	85.0%	89.6%	85.0%	87.8%
Percent of extended non-traumatic injury cases processed within 180 days	75.0%	85.3%	75.0%	81.1%	75.0%	76.3%
Percent of extended non-traumatic injury cases processed within 365 days	98.0%	99.6%	98.0%	98.8%	98.0%	97.0%

*Note – The program changed the way percent of wage-loss claims processed is measured in FY 2015.

Disability Management and Return-to-Work

Since 1996, Disability Management (DM) activities have reduced time loss in new injury cases and assisted with return-to-work. An early intervention nurse reviews every injury case with a wage-loss claim and no return-to-work date. As soon after the injury as practicable, the nurse meets with the injured worker and serves as the human face of OWCP. Coordinating medical care and return-to-work issues, the nurse not only works with the injured employee but also the attending physician and the employing agency. If it seems that the injured worker will not return to work soon, the nurse coordinates the transfer of the case for vocational rehabilitation services and/or more aggressive medical intervention. Vocational rehabilitation counselors help injured workers find new positions when they can no longer perform in their date-of-injury jobs. They arrange training and help to find possible employers.

The FECA program also continued to dedicate resources to the thorough review of long-term disability cases. As part of that review, Periodic Roll Management (PRM) staff arranges second opinion medical examinations to reassess changes in medical condition and fitness for work and recommends referral to vocational rehabilitation and placement assistance with a goal of reemploying injured workers.

FECA Table 6
Disability Management and
Periodic Roll, FY 2013, FY
2014, and FY 2015

	FY 2013	FY 2014	FY 2015
Disability Management			
Number of injured federal employees returned to work as a result of early nurse intervention	8,015	7,447	6,785
Placement of injured workers with new or previous federal employers by vocational rehabilitation counselors	495	414	388
Periodic Roll Reviews			
Number of cases where the disability had either resolved or lessened to the point that return-to-work or adjustment of benefits was possible	2,781	2,564	1,935
Savings resulting from adjustment or termination of benefits due to PRM	\$2.8 million	\$2.4 million	\$2.3 million

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Return-to-Work

Losing skilled employees to injury or illness has numerous costly effects, both direct and indirect. The loss in productivity, increased workers' compensation costs, and loss of professional development for the injured employees strain federal resources. These costs can be lowered by reducing the number and severity of injuries that occur and by facilitating the return-to-work of employees who sustain a workplace injury or illness. Successive Executive Branch initiatives have designated DOL, through OWCP and the Occupational Safety and Health Administration (OSHA), as the lead in improving government-wide safety and return-to-work.

In July 2010, President Barack Obama announced the POWER Initiative, calling on federal agencies to establish ambitious but reachable goals aimed at minimizing the impact of workplace injuries over five years. POWER built on the accomplishments of prior safety, health, and return-to-work initiatives and tasked Executive Branch agencies with the additional objectives of analyzing data, timely filing of wage-loss claims, and returning seriously injured employees to the federal workplace.

To improve return-to-work rates, the FECA program worked with employing agencies on the timely submission of traumatic injury, occupational disease/illness, and wage-loss claims forms (CA-1, CA-2, and CA-7). Earlier receipt of these forms allows the program to promptly initiate intervention and return-to-work services as well as begin claims adjudication and payment processing sooner. For these reasons, POWER included three goals to improve timely submission: percent of Notices of Injury filed within 10 working days; percent of wage-loss claims filed within five work days; and the percent of claim forms filed electronically. By the time the POWER Initiative ended in FY 2014, over 100 agencies were using electronic data interchange systems or the Employees' Compensation Operations and Management Portal (ECOMP) to report injuries electronically. Most of these agencies made immediate significant gains in timeliness subsequent to adoption of electronic filing capability.

The POWER Initiative was successful in reducing government-wide lost production day (LPD) rates and increasing the share of federal employees that returned to work within two years of entering FECA's DM Program. POWER's original four-year target was to increase the overall share of cases returned to work by the 14 largest Executive Branch agencies to 92 percent within two years of the cases' start of management. OWCP established a baseline of 85.8 percent at the beginning of the initiative; performance peaked at 92 percent during the first three years of the POWER initiative. The results decreased to 90.7 percent by the end of the initiative in FY 2014.

In support of the POWER initiative, OWCP established the POWER Return-to-Work Council to serve as a forum for discussion and exchange of best practices; to review the results of analytical studies on return-to-work; and to form a bridge between the workers' compensation and disability hiring personnel. Council members included representatives of the 14 agencies under the POWER initiative, as well as representatives from DOL's Office of Disability Employment Policy (ODEP), OSHA's Office of Federal Agency Programs, and the Office of Personnel Management (OPM). The Council met several times each year to discuss best practices and share information regarding disability hiring and accommodations in their agencies. The POWER Council also worked in support of Executive Order 13548 to increase the federal employment of individuals with disabilities. OWCP collaborated with the OPM Director and ODEP to pursue innovative reemployment strategies and craft and advance policies, procedures, and structures that foster improved return-to-work.

Overall, federal agencies successfully responded to the POWER Initiative and worked constructively with DOL to improve results. A combination of earlier identification and delivery of services to new injury cases, the disability management process and improvements in coordination, and the effective

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use of the POWER initiative to focus federal agencies on performance results all had a positive impact on return-to-work rates. The number of new federal injury claims filed annually with DOL by federal non-postal agencies declined and fewer new injury cases, coupled with shorter average time away from work, dropped gross lost production days.

The POWER initiative expired in FY 2014. In an effort to sustain focus on the areas that were represented by key measures in POWER, OWCP continued to track agency performance and report it on the DOL public facing website. Additionally, the Agency conducted meetings with the Return-to-Work Council so that the discussion between OWCP and federal agencies on return-to-work and other workers' compensation issues could continue.

Labor for America

Labor for America (LFA) is a candidate database for U.S. employers seeking to recruit, hire, and retrain skilled workers who have employment history with the federal government but are unable to return to their prior positions because of a workplace injury. As a recruitment assistance tool, LFA connects private sector businesses and government agencies nationwide with qualified, motivated job seekers. The FECA program fully deployed the LFA web-portal system in 2015.

Performance Results

While FY 2013, FY 2014, and FY 2015 results were still strong, they do reflect the impact of sequestration and a government shutdown as well as the sunset of the POWER initiative. While the FECA program continued to emphasize the importance of disability management and return-to-work, funding constraints and lack of a clear focus made it difficult to sustain the level of success made in the first four years of POWER.

FECA Table 7
Disability Management and
Return-to-Work Results, FY
2013, FY 2014, and FY 2015

Performance Measures – DM and Return-to-Work	FY 2013 Target*	FY 2013 Result*	FY 2014 Target*	FY 2014 Result*	FY 2015 Target*	FY 2015 Result
Percent of Notices of Injury filed by federal employees within 10 work days (non-Postal agencies) – GPRAMA measure	87.8%	86.9%	90.4%	88.8%	90.4%	88.7%
Percent of wage-loss claims filed within five work days (non-Postal agencies) – GPRAMA and POWER measures	75.7%	79.9%	78.0%	82.9%	78.0%	84.4%
Government-wide LPD rate (non-Postal agencies) – POWER measure	34.7 days	34.2 days	34.4 days	31.8 days	34.4 days	30.4 days
Percent of federal employees with work-related injuries or illnesses coming under FECA's DM that are employed within two years (non-Postal agencies) – GPRAMA and POWER measures	93.4%	91.9%	92.0%	90.7%	92.0%	90.3%
Percent of claim forms eligible to be filed electronically in compliance with regulatory requirement (non-Postal agencies) – POWER measure	NA	NA				
CA-1 and CA-2 Forms			95.0%	98.0%	95.0%	94.8%
CA-7 Forms			87.0%	89.0%	87.0%	93.1%

*Return-to-work performance targets were set for federal agencies in FY 2013 and FY 2014 under POWER; however, no formal targets were set in FY 2015 as the initiative expired.

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Customer Service

Quality customer service and customer satisfaction are key components of the FECA program's mission and "Pledge to Our Customers." Each year the program receives well over 1.5 million telephone calls and tens of thousands of written correspondence, and the staff makes every effort to respond promptly and accurately. Telephone calls are handled by Customer Service Representatives (CSRs) in the 12 district offices. The Voice-Over Internet Protocol telephone system, deployed in FY 2011, allows for flexibility in monitoring calls handled by CSRs.

Responding to correspondence is generally the responsibility of the claims examiners, although supervisors and CSRs may also respond, depending on the nature of the incoming letter.

FECA Table 8
Customer Results (Telephone Calls and Correspondence), FY 2013, FY 2014, and FY 2015

Volume	FY 2013	FY 2014	FY 2015
Number of incoming calls received	1.46 million	1.75 million	1.67 million
Number of written responses to routine inquiries	76,000	63,000	64,000
Number of written priority inquiries received	4,900	4,600	4,700

Performance Measures – Calls and Correspondence	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
Average telephone wait times	<=3 minutes	2:35 minutes	<=3 minutes	3:05 minutes	<=3 minutes	3:55 minutes
Percent of calls answered in two days or less	95.0%	93.7%	95.0%	92.1%	95.0%	93.8%
Percent of general written inquiries responded to within 30 days	90%	90%	90%	89%	90%	89%
Percent of written priority inquiries responded to within 14 days	90%	93%	90%	90%	90%	93%

Program Management and Integrity

In FY 2013, FY 2014, and FY 2015, the FECA program continued to make strides in program management, particularly focusing on information technology and medical bill processing. It also continued to take steps to strengthen program integrity, addressing improper payments and protecting personal information.

Information Technology

Between FY 2013 and FY 2015, the FECA program continued to build on its sophisticated information technology claims processing support system – the integrated Federal Employees' Compensation System (iFECS). In addition, iFECS expanded the use of ECOMP to many more agencies allowing for faster claims initiation and reduced data entry errors. Ultimately, this facilitated faster adjudication of claims, which often resulted in expedited recovery and return-to-work for those in need of rehabilitation services. In FY 2014, the program implemented enhancements to the ECOMP web portal system for submitting documents and processing forms. At the end of 2015, federal agencies filed over 300,000 reports of injury and/or illness in ECOMP and uploaded over 1.7 million documents.

Leveraging the ECOMP architecture, the FECA program successfully implemented the Agency Reviewer Imaging (ARi) functionality in FY 2013 and FY 2014. ARi allows employing agency users to access the documents in the FECA workers' compensation file from their own desktop using the ECOMP web portal and a digital rights management license. Agencies enrolled in ECOMP and

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utilizing it to file workers' compensation forms are assigned licenses for ARi. This eliminates the need to either travel to the closest FECA district office to view cases on a kiosk or request copies in writing and wait for them to be mailed out. Each Agency Reviewer in ECOMP can view documents from up to five cases at a time. Users also may utilize ARi to set reminders for themselves based on information that they see in the claim file documents.

Medical Bill Processing

Timely and accurate medical bill processing is critical to the efficient administration of the FECA program, and OWCP continued to achieve operating efficiencies in this area in FY 2013, FY 2014, and FY 2015. Enhancements to the bill processing system implemented changes to the maximum allowable fee for brand name and generic prescription drugs in both 2014 and 2015, resulting in lower overall costs. In FY 2013, FY 2014, and FY 2015, OWCP continued using industry standard coding for diagnoses and procedures to determine whether billed medications and procedures were payable for accepted conditions. OWCP's central bill processing system was routinely updated to ensure prompt and accurate payment as codes were introduced or became obsolete. In FY 2013, FY 2014, and FY 2015, OWCP continued to evaluate and advance bill processing procedures to further align with industry standards as our regulations allow. In addition, OWCP utilized National Correct Coding Initiative (CCI) billing edits to identify and address improper coding of professional services to prevent inappropriate payment.

FECA Table 9
Medical Bill Processing, FY
2013, FY 2014, and
FY 2015

Volume	FY 2013	FY 2014	FY 2015
Number of medical bills processed	4.9 million	4.8 million	5.2 million
Number of enrolled providers – new	688	669	704
Number of total enrolled providers (end of FY)	213,893	215,604	214,119
Average number of workdays to authorize medical treatment	2 days	2 days	3 days
Percent of medical bills processed within 28 days	99.5%	99.9%	99.96%
Cost avoidance due to improvements in medical bill processing	\$73.7 million	\$77.9 million	\$76.1 million

Efforts to Address Improper Payments

OWCP makes every effort to ensure that benefit payments are both timely and accurate. The FECA program processes several billion dollars' worth of payments annually. Reducing improper payments is a high priority for the FECA program and is frequently reviewed and discussed by OWCP senior leadership. In FY 2013, FY 2014, and FY 2015, the FECA program expanded its outreach efforts to employing agencies, stressing the importance of timely and accurate reporting of payment information. It also developed a Program Integrity Unit, staffed with program analysts, to provide greater oversight and analysis of payment accuracy. In addition, the program contracted with a data analytics firm to increase analytic capacity.

In reviewing FECA payment performance, it is important to consider the urgency of FECA payments. FECA wage-loss payments are issued to injured federal employees who are likely not to have any other source of income, so it is imperative that the program issue payments in a timely manner. Thus, in the interest of avoiding hardship to the claimants it serves, the program is constrained in its ability to put additional controls in place to double check payment accuracy, such as a more detailed post-payment review process.

Given this consideration, OWCP consulted with the Office of the Chief Financial Officer (OCFO) in FY 2013 and FY 2014 to develop a sampling methodology and approach to improper payment

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calculation; it also worked with the Office of the Inspector General to establish a methodology for estimating fraud that could be added to the improper payment rate estimate. The Improper Payment Rate (IPR) component for non-fraudulent FECA payments was derived by random sampling with replacement to assure a 90 percent confidence interval with a precision of 2.5 percent.

A number of improper payments in the FECA program were “technically proper” when they were initiated, but due to current payment cycles, the payments could not be adjusted when additional information was received. To help mitigate this issue OWCP worked with the Department of the Treasury to shorten the payment cycles. This change was introduced at the start of the fourth quarter in FY 2015.

FECA Table 10
Improper Payments, FY 2014
and FY 2015

Rate and Value	FY 2014	FY 2015 Results
Estimated improper payment rate	2.5%	2.9%
Estimated dollar value of improper payments	\$72.4 million	\$85.7 million
Overpayments	\$59.9 million	\$81.2 million
Underpayments	\$9.3 million	\$4.5 million
Restitution awarded	\$3.2 million	\$2.8 million

Protecting Personal Information

As the administrator of the FECA program, OWCP is responsible for protecting the personal information of hundreds of thousands of federal employees. The agency has the exclusive authority regarding the access to and disclosure of FECA records, including those in possession of the federal agencies who employ injured workers. OWCP takes its privacy stewardship responsibilities very seriously and requires that each agency requesting to receive FECA data electronically sign a Memorandum of Understanding (MOU) indicating that the agency will abide by OWCP's rules on the disclosure of FECA data. OWCP continues to remain vigilant in seeing that its rules and restrictions on the disclosure of FECA records are followed.

Compounded Medication

In the latter part of FY 2015, the FECA program began to see a trend of increases in costly compounded medication prescriptions. The magnitude and gravity of this issue became apparent to OWCP in September/October of 2015. The narrative in the FY 2016 Annual Report will address the actions the agency has taken to understand and analyze the issues and to develop and implement controls to address claimant safety and the increases in costs to the program.

Legislative and Regulatory Reform

OWCP continued to explore possible changes to the Act in FY 2013, FY 2014, and FY 2015. During this period of time, extensive technical assistance was provided to Congress and hearings were held regarding potential statutory changes to the FECA. While no changes were made during this period, the agency expects to continue to explore ways to improve the FECA program as it enters its second century of serving injured and ill federal workers.

LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT

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. Survivor benefits also are provided if the work-related injury or disease causes the employee's death. These benefits are paid directly by an authorized self-insured employer, through an authorized insurance carrier, or in particular circumstances, by the industry-financed Longshore Special Fund.

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 held 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, extending coverage to certain other employees including:

- The Defense Base Act (DBA) of August 16, 1941, extended benefits to employees working outside the continental United States. Primarily it 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 off-shore drilling enterprises engaged in 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 provided to private employment in the District of Columbia. As the District passed its own workers' compensation act effective July 26, 1982, OWCP handles claims only for injuries prior to that date.

Benefits and Services

The Longshore program works to ensure that injured or ill workers covered by the LHWCA and its extensions receive appropriate wage-loss, survivor and medical benefits. Except in a relatively few cases, the program does not pay benefits directly; rather, disability compensation and medical benefits are paid by self-insured employers and insurance carriers. The program is responsible for overseeing and implementing the plans, policies, regulations and procedures necessary for the authorization and monitoring of the approximately 550 insurance carriers and self-insured employers that provide workers' compensation liability protection. This includes oversight of over \$2.9 billion, held in security deposits, and two carrier/employer-funded trust funds with \$127 million in annual assessments and disbursements and over 3,800 recurring benefit recipients.

LS Table 1 highlights lost-time injuries and benefit payments in FY 2013, FY 2014, and FY 2015. Overall, both the number of lost-time injuries and the number of workers in compensation payment status has decreased between FY 2013 and FY 2015.

While total compensation increased between FY 2013 and FY 2014 from \$1,345 million to \$1,391 million, it decreased in FY 2015 to \$1,314 million.

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LS Table 1A
Lost-Time Injuries, FY 2013, FY 2014, and FY 2015

Lost-Time Injuries	FY 2013	FY 2014	FY 2015
Lost-time injuries reported	28,189	27,349	23,963
Number of cases of injury and death reported under DBA	11,610	7,892	5,864

LS Table 1B
Benefits Payments, FY 2013, FY 2014, and FY 2015

Benefits Payments	FY 2013	FY 2014	FY 2015
Number of maritime and other workers in compensation payment status	15,028	14,672	13,840
Total compensation paid*	\$1,345 million	\$1,391 million	\$1,314 million
Wage-loss and survivor benefits	\$946 million	\$999 million	\$951 million
Medical benefits	\$396 million	\$390 million	\$360 million
Sources of Compensation Paid			
Insurance companies*	\$927 million	\$962 million	\$893 million
Self-insured employers*	\$418 million	\$429 million	\$421 million
LHWCA Special Fund	\$121 million	\$119 million	\$114 million
DCCA Special Fund	\$8 million	\$8 million	\$8 million
DOL Appropriation	\$2 million	\$2 million	\$1 million

*Figures are for Calendar Years (CY) 2013 through 2015, respectively, which do not correspond to federal fiscal years. Note: Total compensation paid does not equal the sum of the sources of compensation due to the different time periods (CY v. FY) by which the various data are reported. For Special Fund assessment billing purposes, as required by Section 44 of LHWCA, compensation and medical benefit payments made by insurance carriers and self-insured employers under the Acts are reported to DOL for the previous calendar year.

Funding – Longshore and DCCA Special Funds

OWCP administers two funds for the Longshore program: the Longshore Special Fund, which was established in the Treasury pursuant to Section 44 of the LHWCA; and a separate fund applying to only cases arising under the District of Columbia Workmen's Compensation Act (DCCA).

The proceeds of the Longshore Special Fund are used to cover:

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

The 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.

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LS Table 2A
Longshore Special Fund
Expenditures, FY 2013, FY
2014, and FY 2015

Longshore Special Fund	FY 2013	FY 2014	FY 2015
Total Benefits Paid	\$121 million	\$119 million	\$114 million
Second injury claim (section 8(f))payments	\$110 million	\$109 million	\$105 million

LS Table 2B
DCCA Special Fund
Expenditures, FY 2013, FY
2014, and FY 2015

DCCA Special Fund	FY 2013	FY 2014	FY 2015
Total Benefits Paid	\$8 million	\$8 million	\$8 million
Second injury claim payments	\$8 million	\$8 million	\$7 million

Administrative expenditures cover the salaries and expenses of the approximately 100 Longshore program employees in 10 district offices and the National Office as well as the cost of legal, audit, and investigative support provided by the Office of Administrative Law Judges (OALJ), the Benefits Review Board (BRB), the Office of the Solicitor (SOL), and the Office of the Inspector General (OIG).

LS Table 3
OWCP Administrative
Expenditures, FY 2013, FY
2014, and FY 2015

Administrative Expenditures	FY 2013	FY 2014	FY 2015
# of Employees (FTE staffing used)	99	95	90
Longshore General Salaries and Expenses	\$10.9 million	\$12.0 million	\$12.0 million
Longshore Special Fund Salaries and Expenses	\$2.1 million	\$2.1 million	\$2.2 million
Total OWCP Administrative Expenditures	\$13.0 million	\$14.1 million	\$14.2 million

*Note – Support costs for legal, investigative, and other kinds of services from the Office of the Administrative Law Judges (OALJ), the Benefits Review Board (BRB), the Office of the Solicitor, and the Office of the Inspector General are not included.

The Department of Labor's Agency Financial Reports provide additional information on the Longshore program's finances.

https://www.dol.gov/_sec/media/reports/annual2014/2014annualreport.pdf
https://www.dol.gov/_sec/media/reports/annual2015/2015annualreport.pdf

Accomplishments and Performance

Longshore program leadership continually reviews organizational performance and develops and implements strategies to shorten timeframes, improve quality, and better meet claimants' and stakeholders' needs. Major work activities include: overseeing and tracking the first report of injury and the first payment of compensation benefits and resolving disputes.

First Report of Injury and First Compensation Payments

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 a Longshore district office. The First Payment of Compensation measure tracks the time it takes the employer or insurance carrier to issue the first payment after the worker becomes disabled or after death. While the Longshore program can influence these measures through outreach and technical assistance, the work associated with the measures is the responsibility of insurance carriers and self-insured employers.

DBA cases continue to present significant challenges for the Longshore program due to both the large volume of cases and the location of the injured workers during fiscal years 2013, 2014, and 2015. Between September 1, 2001 and September 30, 2015, 113,412 DBA cases were reported, including 2,586 deaths, of which 94,304 cases (2,179 deaths) originated in Iraq and Afghanistan. DBA injury and death claims reached a peak in FY 2007 when 15,141 reports were received. Since FY 2013, OWCP has seen a decline in the reports of injury and death. In FY 2015, the DBA program

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received 5,864 claims, significantly less than the peak, but still well above the pre-Afghanistan and Iraq war (FY 2002) total of 347 claims. Even with the decline in the number of reports, DOL and the Department of Defense continued to meet and discuss ways to address Congressional concerns about costs and claims processing throughout FY 2013, FY 2014, and FY 2015.

In addition to the challenges presented by the number of DBA claims, language barriers, security issues, and limited access to injured workers and their dependents mean that these claims typically entail lengthy and more resource-intensive development for employers and carriers. Performance measures focus on the role these employers and carriers play in achieving results. The results for timely reporting for First Reports of Injury filed under the DBA are posted quarterly on the Longshore program's website to promote improved performance.

Dispute Resolution

A principal function of the Longshore program is to resolve disputes between claimants and self-insured employers or insurance carriers. District offices conducted informal conferences for 3,224 claims in FY 2013, 3,176 claims in FY 2014, and 3,076 claims in FY 2015. The informal conference is used to establish the facts in each case, define the disputed issues and the positions of the parties in respect to those issues, and encourage voluntary resolution by means of agreement and/or compromise. The Longshore program continued to work to improve the speed of its process to assist injured workers and employers/carriers to resolve disputed claim issues. Informal dispute resolution is regularly promoted by the program's leadership at industry educational events throughout the year. The program also provides training for its employees to ensure they have the tools and techniques necessary to resolve disputes.

Performance Results

The Longshore program met or exceeded all of its performance measure targets in FY 2013, FY 2014, and FY 2015.

LS Table 4
First Report of Injury, First Payment of Compensation, Dispute Resolution, FY 2013, FY 2014, and FY 2015

Performance Measures	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
First Report of Injury and First Payment of Compensation						
Percent of First Report of Injury filed within 30 days for DBA cases – GPRAMA measure	83%	85%	83%	89%	85%	91%
Percent of first payment of compensation issued within 30 days for DBA cases – GPRAMA measure	62%	67%	62%	63%	65%	67%
Percent of First Report of Injury filed within 30 days for non-DBA cases – GPRAMA measure	85%	86%	85%	87%	85%	89%
Percent of first payment of compensation issued within 30 days for non-DBA cases – GPRAMA measure	85%	87%	85%	87%	85%	88%
Dispute Resolution						
Average number of days to resolve disputed issues in district offices (all cases) – Operating Plan measure	127	112	120	99	120	84
Average number of days to resolve disputed issues in district offices (DBA cases only) – Operating Plan measure	135	126	130	118	130	100

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Customer Service – Outreach

During FY 2013, FY 2014, and FY 2015, the Longshore program continued to expand its outreach activities in the area of compliance assistance. In FY 2014, the program began a new outreach effort to address the problem of uninsured maritime employers, since claims costs for uninsured employers are ultimately absorbed by the industry as a whole, which drives up the cost of LHWCA insurance as well as the cost of doing business. The outreach was designed to simultaneously reach out to state workers' compensation agencies to identify employers who should have LHWCA coverage, and also work directly with industry employers, unions, and trade associations to make them aware of their potential LHWCA coverage responsibilities.

In FY 2015, the program began conducting quarterly performance calls with employers and insurance carriers to focus attention on the First Payment of Compensation measure and results and to share best practices.

Major stakeholders, including insurance companies, were invited 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. Throughout FY 2013, FY 2014, and FY 2015, 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 and share DBA carrier results with its larger customers. This resulted in greater compliance with established performance standards.

Program Management and Integrity

Information Technology Modernization

In fiscal years 2013, 2014, and 2015, the Longshore program continued to modernize its case management and communications infrastructure, while also consolidating several of its program functions to improve operational efficiencies. Accomplishments include:

IVR Improvements and Voice-Over Internet Protocol (VOIP) Phone System: In FY 2013, the Longshore program began to implement a new system providing monitoring and reporting capabilities for tracking workforce performance and supporting workload projections. The system deploys VOIP technology and provides a significant reduction in toll calls. It also provides program leadership with the tools needed to offer telework for the majority of its workforce.

Paperless Case File System: The Longshore program completed installation of OWCP Imaging System (OIS) in all of its offices. This initiative uses document imaging technology to automate largely paper-based operations by converting that paper to electronic form. OIS allows the program to improve benefits delivery and customer service, and reduce costs.

Centralization of Case-Creation: Prior to FY 2014, all new injury cases were created by contract staff located in each of the 10 district offices. Through the centralization of these functions in the New York District Office, the program reduced administrative costs while also improving productivity, accuracy, and consistency.

Consolidation of Mail Room Activities: The Longshore program also consolidated its mail room functions in its Jacksonville District Office. Millions of pages of documents are received annually and were previously processed in each of the 10 district offices. Through the centralization of its mail

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room functions, the program reduced contractor costs and is now able to more closely supervise mail operations for consistent, accurate, and timely conversion of paper mail to digital documents in OIS.

Mass Digital Records Transfers: The Longshore program began partnering with its larger stakeholders to reduce the time and cost associated with mailing and processing paper documents. 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. The Longshore program will continue establishing these connections with any stakeholder that wishes to participate in this process.

Legislative and Regulatory Activities

Electronic Transmission of Documents

Improvements in the Longshore program included an IT modernization effort that required new regulations in FY 2015, allowing for the electronic transmission of documents whenever the statute does not require traditional mailing procedures. In the past, stakeholders were required to submit most program-related documentation in hardcopy format. However, since FY 2015, stakeholders (claimants, employers, insurance carrier representatives, plaintiff and defense attorneys, medical providers, etc.) can file most forms and supporting documentation electronically through the Secure Electronic Access Portal (SEAPortal). By accelerating the delivery of documents to the Longshore staff, the claims examiners may intervene sooner to assist with resolution of outstanding issues. The 2015 regulations also allowed stakeholders to waive their right to service of Compensation Orders through the U.S. Postal Service and instead opt for electronic delivery.

Introduction

The Black Lung program has been administering Part C of the Black Lung Benefits Act for over 40 years. The initial program, contained in Part B of the Act, was enacted as part of the Coal Mine Health and Safety Act of 1969 (the Act). This law created a system to compensate victims of dust exposure in coal mines with public funds. Initially administered by the Social Security Administration (SSA), the Act has been amended several times over the years, shifting responsibility to the Department of Labor and amending eligibility requirements and funding mechanisms.

- The Black Lung Benefits Act of 1972 (BLBA) simplified eligibility criteria for all claims filed with the Social Security Administration (SSA) under Part B, and transferred the processing of new claims to the Department of Labor in 1973 under Part C.
- The Black Lung Benefits Reform Act of 1977 (Public Law 95-239) mandated that all pending and denied Part C claims be reopened and reviewed using interim, less stringent, medical criteria.
- The Black Lung Benefits Revenue Act of 1977 (Public Law 95-227) created the Black Lung Disability 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. These amendments made the federal program permanent; however, state benefits continued to offset federal benefits, where they were available.
- The 1981 Amendments to the Act tightened eligibility standards, eliminated certain burden of proof presumptions, and temporarily increased the excise tax on coal to address the problem of a 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 an arrangement between SSA and DOL in a 1997 Memorandum of Understanding transferring responsibility for managing active SSA (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 themselves 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.

Benefits and Services

The Black Lung program administers both Parts B and C of the Black Lung Benefits Act. Part B provides income replacement compensation to beneficiaries who filed claims on or before July 1, 1973. Part C covers all other beneficiaries and provides both monthly wage replacement and medical services. The standard monthly income replacement benefit is adjusted upward to provide additional compensation for up to three eligible dependents. Diagnostic testing is provided to all miner-claimants to determine the presence or absence of black lung disease and the degree of associated disability. These tests include a chest x-ray, pulmonary function study, arterial blood gas study, and a physical examination. Medical coverage for treatment of black lung disease and directly related conditions includes prescription drugs, office visits, and hospitalizations. In addition, with prior approval, durable medical equipment (primarily home oxygen), outpatient pulmonary rehabilitation therapy, and home nursing visits may also be covered.

The Black Lung program's headquarters staff is responsible for setting policy and ensuring responsible mine operators (RMOs) and physicians are in compliance with program guidelines. Program

activities, including claims adjudication and benefits management, are carried out in eight district offices located in coal mining communities in Pennsylvania, West Virginia, Kentucky, Ohio, and Colorado. Claimants and coal mine companies dissatisfied with a district office's decision awarding or denying benefits may request a hearing before DOL's Office of Administrative Law Judges, whose decisions may then be appealed to DOL's Benefits Review Board and the federal court system.

Miners, widows and other claimants may file their claims at any local SSA office or any of the eight Black Lung district offices. They also may telephone one of those offices and have an application mailed to them or complete a form-fillable version on OWCP's website. Applications filed by mail should be sent to the Central Mailroom in London, KY.

Each year, the Black Lung program receives thousands of applications for benefits from coal mine workers or their survivors. The majority of the applications are either new claims (the first time the claimant has filed) or refiled claims (the claimant has filed at least once before). In addition, approximately 1,000 successor claims and survivor conversions are submitted each year.* In FY 2014, the program experienced a 15.2 percent increase in incoming claims (including successor claims and survivor conversions) compared to FY 2013. Most likely this large increase was due to the publishing, at the end of FY 2013, of a Final Rule containing new regulations implementing the amendments to the BLBA included in the Affordable Care Act of 2010. In FY 2015, the number of incoming claims was 7.8 percent less than FY 2014, but was still greater than in FY 2013.

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

Approval rates increased to 21.7 percent in FY 2013 and were 18.6 percent in FY 2014 and 28.5 percent in FY 2015. The rate is higher because withdrawn and abandoned claims are no longer included in the calculation as of FY 2015. Approval rates for FY 2013 and FY 2014 were recalculated to reflect this change. Beneficiaries and commensurate compensation continued to decline in both FY 2014 and FY 2015. In FY 2014, Part B beneficiaries decreased by 18.5 percent and benefit payments decreased 19 percent. In FY 2015, the Part B beneficiary population declined by an additional 12.9 percent and benefit payments decreased another 25 percent. The same general trend holds true for Part C claims, although with less dramatic decreases. Part C beneficiaries decreased by 13.3 percent in FY 2014; compensation dropped by 7 percent. In FY 2015, beneficiaries declined by 18.8 percent and benefits declined 3 percent from FY 2014 levels.

In calculating benefits, the Black Lung program also must consider whether or not the beneficiary receives other compensation. If a miner receives state workers' compensation for pneumoconiosis (Black Lung), 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. In FY 2013, 970 claims were either partially or fully offset; 89.6 percent of these offsets were due to concurrent state benefits. In FY 2014, 938 claims were offset with 91.5 percent due to concurrent state benefits. In FY 2015, 961 claims were offset with 92.4 percent due to concurrent state benefits.

BL Table 1A
Claims, FY 2013, FY 2014,
and FY 2015

Claims	FY 2013	FY 2014	FY 2015
Total # of Claims Submitted	6,420	7,394	6,818
Total # of Decisions	4,760	5,125	5,376
Approval Rates *	21.7%	18.6%	28.5%
Total # of claims offset	970	938	961

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BL Table 1B
Benefits, Parts B and C, FY
2013, FY 2014, and FY 2015

Benefits	Part B			Part C		
	FY 2013	FY 2014	FY 2015	FY 2013	FY 2014	FY 2015
Total number of beneficiaries	18,599	16,304	14,124	28,789	27,174	26,111
Benefit payments						
Compensation benefit payments	\$139.9 million	\$123.9 million	\$109.0 million	\$166.4 million	\$152.4 million	\$142.8 million
Medical benefit payments	NA	NA	NA	\$33.7 million	\$33.3 million	\$34.4 million
Total compensation and medical benefit payments	\$139.9 million	\$123.9 million	\$109.0 million	\$199.7 million	\$185.3 million	\$180.5 million

*Effective FY 2013, approval rates are calculated using approved and denied claims and do not include withdrawn and abandoned claims (non-merit decisions).

Funding

Black Lung benefits are paid for with general revenues from the U.S. Treasury (Part B claims) or by responsible mine operators or the Black Lung Disability Trust Fund (Part C claims).

BL Table 2
Expenditures, FY 2013, FY
2014, and FY 2015

Expenditures			FY 2013	FY 2014	FY 2015
Part B – General Revenue Expenditures	OWCP Administrative Expenses	Number of Employees (FTE staffing used)	15	16	16
		OWCP Administrative Expenditures	\$4.9 million	\$4.8 million	\$4.8 million
	Benefits – Compensation		\$139.9 million	\$123.9 million	\$109.0 million
	Total Expenditures		\$144.8 million	\$128.7 million	\$113.8 million
Part C – RMO Expenditures	Trust Fund Reimbursements (Compensation and Medical Benefits)		\$19.2 million	\$19.4 million	\$16.3 million
Part C – Trust Fund Expenditures*	OWCP Administrative Expenditures	Number of Employees (FTE staffing used)	165	155	153
		OWCP Administrative Expenditures	\$31.1 million	\$30.5 million	\$30.8 million
		Other Administrative Expenditures**	\$24.8 million	\$24.3 million	\$28.9 million
		Total Administrative Expenditures	\$55.9 million	\$54.8 million	\$59.7 million
	Trust Fund – Payments to the Treasury	1-year obligation payments to Treasury (for advances and interest)	\$401.4 million	\$496.5 million	\$585.0 million
		Bond payments	\$452.4 million	\$472.8 million	\$492.5 million
		Total Payments to the Treasury	\$853.8 million	\$969.3 million	\$1,078 million
	Benefits – Compensation and Medical Benefits		\$199.7 million	\$185.3 million	\$180.5 million
	Total Expenditures		\$1,109 million	\$1,209 million	\$1,318 million

*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.

**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 the Inspector General, and the Department of the Treasury. These amounts are transferred to the appropriate agencies.

Part B – General Revenues

In FY 2014, Part B expenditures, paid for with general revenues from the U.S. Treasury, came to \$128.7 million, down 11.1 percent from \$144.8 million in FY 2013. In FY 2015, Part B expenditures decreased by another 11.6 percent to \$113.8 million. Overall, approximately 96 to 97 percent of these expenditures were used to pay benefits; the remaining four to five percent covered administrative expenses.

Part C – Responsible Mine Operator Direct Payments

Section 423 of the BLBA requires that each coal mine operator secure payment of any benefits liability by qualifying as a self insured employer or by insuring the risk with a stock or mutual company, an association, or a qualified fund or individual. Any coal mine operator failing to secure payment is subject to a civil penalty of up to \$1,100 for each day of noncompliance. Under the BLBA, the Secretary of Labor can authorize a coal mine operator to self-insure after an analysis of the company's application and supporting documents. Compensation benefits (income replacement and medical) paid by RMOs or their insurance carriers totaled \$19.2 million in FY 2013 and \$19.4 million in FY 2014. In FY 2015, benefits payments declined to \$16.3 million, a 16 percent decrease from FY 2014.

BL Table 3
Responsible Mine Operators,
FY 2013, FY 2014, and FY 2015

RMOs	FY 2013	FY 2014	FY 2015
# of active RMOs Authorized to Self-Insure (at year end)	53	45*	43^
# of RMOs Insured by Insurance Carriers (at end of year)	1,693	1,566	1,453
# of Covered Beneficiaries (at end of year)	4,670	4,763	4,889

*22 RMOs who are actively mining; 23 legacy liability RMOs.

^17 RMOs who are actively mining; 26 legacy liability RMOs.

Part C – Black Lung Disability Trust Fund

Created by the Black Lung Benefits Revenue Act of 1977, the Black Lung Disability Trust Fund pays Part C benefits in cases where no responsible mine operator can be identified or the liable operator does not meet its payment obligations. It also covers claims filed with DOL based on pre-1970 employment. It is administered jointly by the Secretaries of Labor, the Treasury, and Health and Human Services.

Trust Fund revenues are generated from several sources including: 1) an excise tax on mined coal that is sold or used by producers in the United States (principal source of revenue); 2) funds collected from responsible mine operators for monies they owe the Trust Fund including payments of various fines, penalties, and interest; 3) refunds collected from claimants and beneficiaries due to an overpayment; and 4) repayable advances obtained from Treasury's general fund when Trust Fund expenses exceed revenues.

BL Table 4
Trust Fund Revenues, FY 2013,
FY 2014, and FY 2015

Revenues	FY 2013	FY 2014	FY 2015
Excise Tax Collections	\$533.2 million	\$579.2 million	\$552.4 million
Other RMO Collections – interim benefits, fines, penalties, interest	\$20.1 million	\$21.0 million	\$18.0 million
Repayable Advances from Treasury	\$401.0 million	\$496.0 million	\$585 million
Total Revenues	\$954.3 million	\$1,096 million	\$1,155 million

Trust Fund revenues increased by 14.9 percent between FY 2013 and FY 2014 and by 5.3 percent between FY 2014 and FY 2015. Of the \$200 million increase between FY 2013 and FY 2015, \$19.2 million was because of an increase in excise tax collections and \$184 million was due to advances from the Treasury. Other RMO collections decreased by \$2.8 million. Excise taxes generate sufficient Trust Fund income to cover benefits and administrative expenses. The increase in repayable advances is largely attributable to the costs of repaying the principal and interest on Trust Fund debt.

The Department of Labor's Agency Financial Reports provide additional financial information on the Black Lung Disability Trust Fund.

https://www.dol.gov/_sec/media/reports/annual2014/2014annualreport.pdf

https://www.dol.gov/_sec/media/reports/annual2015/2015annualreport.pdf

Accomplishments and Performance

The Black Lung program focused on both improving the quality of its decision-making and looking for opportunities to streamline its claims adjudication process in FY 2014 and FY 2015. It also strengthened its benefits management program. These accomplishments, and their impact on performance, are discussed below.

Adjudication and Appeals

Adjudication

Given the program's purpose – to ensure that eligible coal miners (and their survivors) who are disabled by pneumoconiosis due to their employment receive compensation – it is essential that the Black Lung program has an efficient, effective and careful claims adjudication process. The goal is to minimize the time it takes to render a decision without sacrificing quality. In FY 2013, FY 2014, and FY 2015, the Black Lung program focused on the time it takes to: 1) process a Black Lung claim (from receipt to rendering a proposed decision and order (PDO)); 2) develop medical evidence; and 3) complete the 413(b) secondary medical review (FY 2015 only). In addition, the quality of the process was assessed based on accountability review results.

For several years, the Black Lung program made significant strides in reducing the average length of time to process a claim. In FY 2013, the program's target for the average number of days to render a PDO was 255 days. Using Critical Path Measurement techniques (setting targets for, and tracking sub-activities of, the adjudication process), the program exceeded this target – achieving a 221 day average overall processing time. The target for FY 2014 was accordingly reduced by almost 14 percent, to 220 days.

However, several factors slowed claims processing times in FY 2014 and continued to have an impact in FY 2015. First, the volume of incoming claims increased over 15 percent in FY 2014 while the number of employees available to adjudicate claims remained stagnant. While the number of incoming claims declined in FY 2015 by nearly eight percent, it still was 6 percent higher than in FY 2013. In addition, the large number of claims in FY 2014 continued to have an impact as they worked their way through the adjudication process. Second, the program implemented several initiatives, including the Section 413(b) pilot, to strengthen the quality of the medical evidence used to determine if a miner is entitled to Black Lung benefits. The pilot requires a pre-decisional supplemental medical evidence review for qualifying claims. Third, the Black Lung program introduced the new OWCP Imaging System towards the end of FY 2014, requiring a significant investment of time in staff training. The familiarization process continued into FY 2015, resulting in decreased productivity for a period of time (see Program Integrity and Management below for additional information on new technology). In addition, due to claim volumes remaining high in FY 2015, OWCP began to experience a backlog on the Black Lung Program in late FY 2015. The agency im-

mediately took action and began to develop and implement strategies to reduce the number of aged claims in early FY 2016.

To better understand the impact of these factors on the claims adjudication process, the Black Lung program tracked sub-activity targets. By breaking the overall process into sub-activities, district office managers could assess when the claim action was “in-house” (being worked on by the claims examiner) and when the claims examiner was waiting for information from external partners (SSA, RMOs, physicians and others). One of these sub-activity measures focuses on specific timeframes for medical testing. The program conducted outreach with the medical community to encourage doctors to accelerate the timeframe for conducting medical examinations as well as improving the quality of their medical reports (see Customer Service below for more information on working with the medical community to strengthen the medical testing process).

Appeals

The Black Lung program tracks how many district office eligibility and responsible operator decisions are challenged by either mine operators or claimants by requesting a hearing before DOL’s Office of the Administrative Law Judges, and then how many are further appealed to the Benefits Review Board. The program uses this information, as well as remands (cases returned to OWCP from the OALJ to be reviewed) to identify opportunities to improve the quality of its decision making.

BL Table 5
Appeals and Remands,
FY 2013, FY 2014, and FY 2015

Appeals (Part C only)	FY 2013	FY 2014	FY 2015
Number of Claims Forwarded to OALJ	1,245	1,018	1,138
Number of Claims Pending (end of FY) – OALJ	2,856	3,150	3,137
Number of Claims Forwarded on to BRB	269	277	359
Number of Claims Pending (end of FY) – BRB	314	199	368

Performance Results

BL Table 6
Performance Measures –
Adjudication, FY 2013, FY
2014, and FY 2015

Performance Measures – Adjudication	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
Average number of days to process Black Lung claims/render a PDO – GPRAMA measure	255 days	221 days	220 days	234 days	235 days	273 days
Average number of days for development of medical evidence	100 days	83 days	85 days	88 days	82 days	86 days
Average number of days to complete the Section 413(b) secondary medical review	N/A	N/A	N/A	N/A	50 days	59 days
Percent of remands processed within 90 days	85%	97%	90%	98%	90%	97%

Benefits Management and Responsible Mine Operator Oversight

Benefits Management

Once it has been determined that a claimant is entitled to receive benefits, the program is responsible for ensuring that the benefits are provided – accurately and on-time. As part of its benefits management program, the Black Lung program conducts Annual Benefit Evaluations (ABE) to assess whether or not beneficiaries are receiving the appropriate benefits. The program tracks the extent to which it is accurately delivering benefits and assesses performance in terms of meeting established standards. In addition, the program monitors the percent of Part B benefits maintenance actions processed in 30 days.

Responsible Mine Operator Oversight

The Black Lung program also is responsible for overseeing the Responsible Mine Operators in an effort to ensure operators are paying benefits, as required. In addition, the program evaluates whether or not an RMO should be authorized to self-insure and monitors insurance policy coverage. In FY 2013, FY 2014, and FY 2015, it continued its Memorandum of Understanding (MOU) with the National Council on Compensation Insurance (NCCI), enabling the program to receive insurance policy data on individual operators for states that mandate such reporting. NCCI's electronic reporting system allowed the Black Lung program to collect information on 1,590 policies, with many of these policies having multiple operators in FY 2014. In FY 2015, the NCCI system allowed the program to access 1,446 commercial insurance policies with Federal Black Lung endorsements.

Performance Results

BL Table 7
Performance Measures –
Benefits Management,
FY 2013, FY 2014, and FY 2015

Performance Measures – Benefits Management	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
Aggregate percent of sampled initial claims processed that meet appropriate standards (based on accountability reviews)	90%	91%	88%	98%	90%	92%
Percent of Annual Benefit Evaluations completed within 30 days	90%	99%	90%	99%	90%	98%

Customer Service

The Black Lung program is committed to providing high quality customer service – to its claimants and beneficiaries as well as its many stakeholders including: medical providers; responsible mine operators and insurance carriers; and federal partners (SSA, the Department of Health and Human Services' National Institute of Occupational Safety and Health (NIOSH) and the Health Resources and Services Administration (HRSA), and internal DOL organizations – the Mine Safety and Health Administration (MSHA), the OALJ and BRB). In FY 2013, FY 2014, and FY 2015, the Black Lung program implemented several initiatives to strengthen outreach to these groups.

Medical providers are a key component of the Black Lung program – both in providing medical data to determine whether or not the miner has compensable totally disabling pneumoconiosis and providing medical services to approved beneficiaries. Section 413(b) of the BLBA requires OWCP to provide each individual miner who files a claim for benefits with the opportunity to undergo a complete pulmonary evaluation at no cost to the miner. In fiscal years 2013, 2014, and 2015, the Black Lung program continued to work with the medical community and program stakeholders

Program Management and Integrity

to improve the quality of these medical evaluations and reports. The program worked with HRSA to encourage the inclusion of medical scheduling timeliness standards in the awarding of grants to clinics partially funded by HRSA. It organized an interagency working group with HRSA and MSHA to evaluate ways in which to increase program efficiency at all levels. The Black Lung program also collaborated to develop on-line training materials for both physicians and claims staff to improve the quality of medical reports and PDOs. The program also continued to update the list of approved diagnostic physicians by requesting accurate certification and specialty information in order to ensure that highly qualified doctors are available to perform medical evaluations. Verification of all physicians on the approved provider list was completed in FY 2015. Procedures were formalized for adding physicians to the list of authorized providers, ensuring the physicians' continuing qualifications, and removing physicians from the list, when appropriate.

The Black Lung program implemented many changes in FY 2013, 2014, and FY 2015 to strengthen program management and program integrity. These changes focused in four general areas: quality assurance, information technology, medical bill processing, and improper payments.

Quality Assurance

In October 2013, a report by the Center for Public Integrity (CPI) indicated that some attorneys for coal operators had been withholding medical evidence if it supported the miner's claim. CPI and ABC News also reported that some physicians, working on behalf of coal operators, had been systematically reading x-rays as negative for complicated pneumoconiosis despite many contrary readings by other experts. Because these physicians were highly regarded and worked at one of the nation's most prestigious hospitals, their reports were often accepted, which resulted in the denial of many claims, particularly at the hearing level. While this hospital suspended its practice of providing x-ray readings to coal companies, OWCP decided to take additional steps to strengthen the integrity of its claims adjudication process.

One of the first steps was to instruct claims staff not to give credit to x-ray readings by the primary doctor in question unless the coal companies responded to the allegations in the CPI report or provided other evidence establishing the credibility of the readings. The program also implemented several strategic initiatives in FY 2014 and FY 2015 focused on quality assurance and overall program integrity. Initiatives include:

Spot Audit: The Black Lung program implemented spot audits to augment the annual accountability review process and provide an additional means of monitoring decision quality on a regular basis. Under this program, approximately five percent of decisions are randomly selected by district office managers for review prior to issuance of a Proposed Decision and Order. In addition, all decisions involving a diagnosis of complicated pneumoconiosis are reviewed as part of the spot audit initiative.

Section 413(b) Pilot Initiative: In February 2014, the Black Lung program launched a pilot program to strengthen the complete pulmonary evaluations given to miners by developing additional medical evidence for claims in which the miner worked at least fifteen years in coal mine employment and the initial medical evaluation supported an award of benefits. In these cases, any additional evidence received from the RMO or claimant is referred to the examining physician who is asked to provide a supplemental report based on the full body of evidence, which the district director then uses in making the Proposed Decision and Order. While this step adds time to the adjudication process, the additional evidence greatly enhances the accuracy of the resulting decision.

Quality Assurance Plan: OWCP signed a formal memorandum of understanding with NIOSH, in September 2015, to develop a Quality Assurance Plan to monitor the integrity of the B reading process. B readers are physicians who have special expertise in reading chest x-rays for the presence of pneumoconiosis (black lung disease). Quality B readings are thus vital to the fair and correct adjudication of claims. Under this program, OWCP tracks B readings regarding complicated pneumoconiosis (the most serious form of the disease) and sends readings that consistently deviate from other B readings to NIOSH for a quality review.

In addition to these initiatives, the Black Lung program began working with the Office of the Solicitor of Labor on a proposed regulation requiring the disclosure of all medical information developed about the miner in connection with a claim for benefits.

Information Technology

The Black Lung program's Automated Support Package (ASP) includes a client-server computer system for all black lung claims, statistical and data processing, telecommunications support, and administrative functions. During FY 2013, FY 2014, and FY 2015, the program implemented a number of changes to the ASP. It:

- Enhanced the ASP. In FY 2013, the program: 1) created monthly reports tracking Administrative Law Judge output; 2) enhanced the codes for actions involving representative payees; 3) improved e-mail services; and 4) upgraded its payment system and general ledger.
- Installed an Integrated Voice Response (IVR) system nationwide. Also, implemented in FY 2013, the IVR system: enables supervisors to monitor calls; allows for better measurement of call handling performance; enhances the deployment of customer service surveys; and provides better timeliness and quality monitoring.
- Launched the Claimant Online Access Link (C.O.A.L.) Electronic Document Submission Portal. This tool allows claimants, responsible operators, insurance companies, medical providers, and benefits counselors to electronically submit documents to black lung case files.
- Implemented the OWCP Imaging System (OIS) Interface. This major improvement created a Central Mail Room for all incoming mail, which images and indexes nearly all claims documents and maintains all documents in electronic format only.
- Initiated Payment Automation Manager format to comply with U.S. Treasury requirements.
- Continued work on the Responsible Operator Blue Card scanning project. These archival records of coal mine employers' Black Lung liability insurance policies are now electronic, allowing for faster search and retrieval to assist in determining liability.
- Revised Form CM-929 to include two new response codes. The form is sent annually to all beneficiaries to ensure that they are being paid the correct monthly benefits.

Medical Bill Processing

OWCP's medical bill processing service continued to improve in operating efficiency and effectiveness. Timely and accurate medical bill processing is a critical element in administration of the Black Lung program. In FY 2013, the program (through the Central Bill Processing contract) processed 206,067 Black Lung medical bills (99.7 percent were processed within 28 days) and avoided \$990,025 in medical costs by further defining the automated edits in the bill processing system. In FY 2014, the program processed 197,800 medical bills (98.8 percent were processed within 28 days) and avoided \$929,783 in medical costs. And, in FY 2015, the program processed 177,323 medical bills (99.7 percent were completed within 28 days) and avoided \$1,099,295 in medical costs.

Efforts to Address Improper Payments and Payment Accuracy

In FY 2013, 2014, and FY 2015, the Black Lung program continued to match its beneficiary file to the SSA Death Master File on a weekly basis. Thus, the program is aware of any deaths in the beneficiary population, maintains the integrity of benefits payments and reduces the incidence of improper payments. The program also continued to maintain the accuracy of payments by updating beneficiary information annually and conducting Annual Benefit Evaluations to minimize erroneous payments. In addition, the program continued its efforts to ensure that payments to beneficiaries requiring assistance are properly utilized, and to evaluate the appointment of representative payees and related expenditure reports to verify that benefits paid on behalf of beneficiaries were used in their best interest.

Program Evaluations

On November 7, 2013, the U.S. House of Representatives' Committee on Education and Workforce requested an investigation by the DOL's Office of Inspector General (OIG) after media reports surfaced alleging misconduct by doctors and lawyers working on behalf of the coal industry. The OIG agreed to review DOL's Black Lung claims process. During FY 2014, the OIG collected data and interviewed DOL personnel in the Black Lung program's National and District Offices, the Office of Administrative Law Judges, and the Benefits Review Board. The OIG's report was released in FY 2015 (<http://www.oig.dol.gov/public/reports/oa/2015/05-15-001-50-598.pdf>). The report contained recommendations for the provision of incentives to physicians for submitting complete and timely reports, online access to miner's SSA earnings records, screening of diagnostic providers, changes to statistical calculation for withdrawn and abandoned claims, electronic transmission of claims records for appeals, and further evaluation of the pilot project. The program has taken action by either implementing or further studying these recommendations. The report also contained recommendations for structural changes to the program that require statutory amendment; the provision of referee exams, increasing claimant legal representation, compensation for partial disability and settlement of claims. The program is working on a study of the impact of legal representation on claims outcomes and timeliness.

Legislative and Regulatory Initiatives

Patient Protection and Affordable Care Act Implementation

In September 2013, the Black Lung program published a Final Rule formally implementing the amendments to the Black Lung Benefits Act included in the Affordable Care Act. These amendments were first proposed by the late Senator Robert C. Byrd, and are commonly known as the Byrd Amendments. These new regulations address:

- Automatic entitlement of certain survivors, including those whose claims were previously denied under the law in effect prior to the Byrd Amendments;
- Invocation and rebuttal standards for the reinstated 15-year presumption as it applies to both miners' and survivors' claims; and
- Changes made to obsolete or unnecessary rules, in accordance with Executive Order 13563. (78 Fed. Reg. 59101, Sept. 25, 2013).

Digital X-Ray Technology

In April 2014, OWCP published a final rule designed to modernize the Black Lung claims process by fully recognizing digital x-ray technology. Because many medical facilities have replaced film-based radiography systems with digital ones, claimants, coal mine operators and OWCP found it increasingly difficult to obtain film-based x-rays for use in Black Lung claims adjudication. The rule remedies that problem by specifying standards for administering, interpreting and transmitting digital chest x-rays. The standards are derived from final rules promulgated by the Department of Health and Human Services for use in the NIOSH Coal Workers' Health Surveillance Program. The rule supplements the standards for film-based chest x-rays, updates obsolete terminology, and eliminates a few outdated provisions applying only to claims filed prior to 1982. (79 Fed. Reg. 21606-15, April 17, 2014).

These regulations are available in their entirety at the OWCP website at: <http://dol.gov/owcp/dcmwc>.

ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT

Introduction

The Energy Employees Occupational Illness Compensation Program Act (EEOICPA) was enacted in October 2000. The Department of Labor began providing benefits under Part B of the EEOICPA, on July 31, 2001. Part B compensates current or former employees (or their survivors) of the Department of Energy, its predecessor agencies, and certain of its 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 facilities. The act also provides compensation to individuals (or their eligible survivors) awarded benefits by the Department of Justice under Section 5 of the Radiation Exposure Compensation Act (RECA). Part E of the EEOICPA, enacted 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 facilities.

Implementation of the EEOICPA is a uniquely intergovernmental activity, involving the coordinated efforts of four federal agencies:

Department of Labor (DOL): DOL, through the Office of Workers' Compensation Programs, has primary responsibility for adjudication of claims for compensation, payment of benefits for conditions covered by Parts B and E, and determining covered facilities.

Department of Energy (DOE): 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 with verification of covered employment and relevant information on exposures.

Department of Justice (DOJ): DOJ notifies beneficiaries who have received an award of benefits under RECA Section 5 of their possible EEOICPA eligibility and provides RECA claimants with information required by DOL to complete the claim development process.

Department of Health and Human Services (HHS): HHS, through the National Institute of Occupational Safety and Health (NIOSH), establishes procedures for estimating radiation doses and designating new SEC classes; develops guidelines to determine the probability that a 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

Overview

To determine whether or not an individual is eligible for benefits under the EEOICPA, the Energy program staff analyzes 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 RECA.

In some Part B cases, an individual's radiation dose must be estimated by NIOSH to determine whether it is at least as likely as not that he/she is ill 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 Special

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Exposure Cohort (SEC). Congress established the SEC in the EEOICPA legislation to allow eligible claims to be compensated without the completion of a radiation dose reconstruction. To qualify for compensation under the SEC, a covered employee must have at least 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 within 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. Also, the Act 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, where the employment criteria are also met. 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. Also covered employees may be eligible to receive wage-loss benefits of \$15,000 for any year in which they made less than 50 percent of their baseline wage, as a result of a covered illness, and \$10,000 for any year in which they made more than 50 percent but less than 75 percent of that baseline wage. The maximum payable compensation under Part E is \$250,000 for all claims relating to any individual employee. In addition to monetary compensation, medical benefits for the covered illness are payable. 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).

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

Claims and Benefits

From its inception to the end of FY 2015, the Energy program awarded compensation and medical benefits to over 101,000 claimants totaling over \$11.8 billion. This included \$9.35 billion in compensation and just over \$2.5 billion in medical expenses. Part B compensation accounts for approximately \$5.78 billion (since 2001) of the \$9.35 billion and Part E accounts for \$3.57 billion (since October 28, 2004). In FY 2015, the program provided benefits to 17,186 individual claimants (including lump sum, impairment, wage loss or medical benefits).

In FY 2013, FY 2014, and FY 2015, the program saw a general downward trend in the number of new claims. Part B claims volume declined by 4 percent and Part E claims volume increased by 2 percent between FY 2013 and FY 2015. Overall, the number of approved claims and benefit payments for both Part B and Part E also declined during this period. Between FY 2013 and FY 2015, Part B benefits payments decreased by 22.6 percent and Part E payments by 10.2 percent.

While the overall new incoming caseload is decreasing, overall caseload is not. A substantial number of prior claims now require additional or ongoing review based on new information, although they are not counted as new claims. For instance, new policies or procedures and changes to the Nation-

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al Institute for Occupational Safety and Health (NIOSH) dose reconstruction methods result in coverage to individuals who may have previously been denied. As a result, the level of effort required to resolve claims has drastically increased. There have also been more requests for reopening at any time after a final decision. When such requests are received, a significant amount of work is required on the part of the claims staff. These instances result in a re-review of existing or previous cases and often new recommended and final decisions, in effect extending the period of time over which such claims are actively worked. Addition of new classes of employees to the Special Exposure Cohort (SEC) can result in the need for re-review of old claims, but again, these are not counted as new claims.

Energy Table 1
Claims, Decisions, and
Approvals, FY 2013, FY 2014,
and FY 2015

Claims, Decisions, and Approvals	Part B			Part E		
	FY 2013	FY 2014	FY 2015	FY 2013	FY 2014	FY 2015
# of New Claims	6,453	5,671	6,181	4,908	4,625	5,011
# of Recommended Decisions (covered applications)	8,103	7,952	5,254	8,459	8,566	6,908
# of Claims that Received Final Decisions*	10,833	8,690	7,635	11,662	10,440	9,871
# of Claims Approved (Final)	6,098	4,248	3,529	5,959	5,300	4,962
% of Claims Approved (of those issued a Final Decision during the FY)	56.3%	48.9%	46.2%	51.1%	50.8%	50.3%
# of claimants who received compensation during the FY	5,934	3,941	3,194	4,047	3,660	2,190

*The methodology previously utilized for calculating the number of final decisions has been improved for increased accuracy. The figures in this table reflect this improved methodology.

Energy Table 2
Benefits Payments, FY 2013,
FY 2014, and
FY 2015

Benefit Payments	Part B			Part E		
	FY 2013	FY 2014	FY 2015	FY 2013	FY 2014	FY 2015
Lump Sum Compensation Benefit Payments*	\$541.7 million	\$366.1 million	\$299.1 million	\$312.4 million	\$267.3 million	\$263.2 million
Medical Benefit Payments**	\$356.2 million	\$370.9 million	\$396.1 million	\$32.6 million	\$39.7 million	\$46.6 million
Total Compensation and Medical Benefit Payments	\$897.9 million	\$737.0 million	\$695.2 million	\$345.0 million	\$307.0 million	\$309.8 million

*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 Section 5 RECA claimants as provided for in 42 U.S.C. § 7384u(d). These payments totaled \$23.0 million in FY 2013, \$21.3 million in FY 2014, and \$18.2 million in FY 2015.

**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.

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Funding

The Energy Employees Occupational Illness Compensation Program Act 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 in Seattle, Washington, Cleveland, Ohio, Denver, Colorado, and Jacksonville, Florida; and eleven Resource Centers operated by a contractor.

Energy Table 3
OWCP Administrative
Expenditures, FY 2013,
FY 2014, and FY 2015

Administrative Expenditures	FY 2013	FY 2014	FY 2015
Part B			
# of Employees (FTE staffing used)	261	259	248
Part B Administrative Expenditures*	\$48.2 million	\$51.7 million	\$50.6 million
Part E			
# of Employees (FTE staffing used)	239	234	227
Part E Administrative Expenditures*	\$68.3 million	\$65.9 million	\$66.6 million
Total			
# of Employees (FTE staffing used)	500	493	475
Total OWCP Administrative Expenditures*	\$116.5 million	\$117.6 million	\$117.2 million

*Excluded are funds for the Office of the Ombudsman of approximately \$1.5 million per year. Funding for the Department of Health and Human Services responsibilities under the EEOICPA are provided for in that agency's appropriation.

Accomplishments and Performance

Adjudication and Decisions

Adjudication

One of the major functions of the Energy program is to determine whether or not an individual qualifies for Part B and/or Part E benefits. For claims filed under Part B, the district office staff collects, develops, and evaluates employment and illness data in accordance with the EEOICPA criteria and relevant regulations and procedures. The district offices then issue recommended decisions to claimants. Claims filed under Part B for the \$50,000 RECA supplement are the least complex to adjudicate.

Claims involving "specified cancers" at SEC facilities also can be acted on relatively quickly 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, 2015, 114 classes of employees at 79 facilities were covered by SECs.

In FY 2013, NIOSH added eight classes of employees for the following facilities:

- Baker Brothers in Toledo, Ohio;
- Battelle Laboratory King Avenue facility in Columbus, Ohio;
- Joslyn Manufacturing and Supply Company in Fort Wayne, Indiana;
- Los Alamos National Laboratory in Los Alamos, New Mexico;
- Mound Plant in Miamisburg, Ohio;
- Nuclear Metals, Inc. in West Concord, Massachusetts;
- Oak Ridge National Laboratory in Oak Ridge, Tennessee; and
- Ventron Corporation in Beverly, Massachusetts.

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During FY 2014, NIOSH added six classes of employees for the following facilities:

- Feed Materials Production Center in Fernald, Ohio;
- Joslyn Manufacturing and Supply Company in Fort Wayne, Indiana;
- Nuclear Metals, Inc. in West Concord, Massachusetts;
- Pantex Plant in Amarillo, Texas;
- Rocky Flats Plant in Golden, Colorado; and
- Sandia National Laboratory in Livermore, California.

In FY 2015, NIOSH added five additional classes of employees for the following facilities:

- General Atomics in La Jolla, California;
- Grand Junction Facilities in Grand Junction, Colorado;
- Dow Chemical Company in Pittsburg, California;
- Hanford Site in Richland, Washington; and
- Westinghouse Electric in Bloomfield, New Jersey

When a new class of employees is added to the SEC, DOL reviews all affected cases and makes a determination on whether the employee in question meets the criteria for inclusion in the new class. Any previously denied claim with employment meeting the new definition is reopened for additional development and new recommended decisions.

For cases involving claimed cancers that are not covered by SEC provisions (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 or she had a diagnosis of cancer, the case is referred to NIOSH so that the individual’s radiation dose can be estimated. 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 statutory causality test is met. 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 percent probability.

Recommended and Final Decisions

The district offices issue a recommended decision to approve or deny a specific claim. Each recommended decision must be reviewed by the FAB. Individuals who disagree with the recommended decision on a claim may exercise their appeal rights by requesting an oral hearing or a review of the written record from the FAB. For each claim, the FAB reviews the evidence of record, the recommended decision, any objections/testimony submitted by the claimant or his/her representative, and issues a final decision 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 final decisions were issued in FY 2013, DOL approved benefits for 56.3 percent of Part B claims and 51.1 percent of Part E claims. In FY 2014, DOL approved benefits for 48.9 percent of Part B claims and 50.8 percent of Part E claims. In FY 2015, DOL approved benefits for 46.2 percent of Part B claims and 50.3 percent of Part E claims.

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Energy Table 4
Reviews, Hearings and
Decisions, FY 2013, FY 2014,
and FY 2015

Parts B and E	FY 2013	FY 2014	FY 2015
Number of Recommended Decisions (covered applications) – district offices	16,562	16,518	12,162
Number of Reviews of the Written Record – FAB	796	724	718
Number of Oral Hearings Conducted – FAB	854	959	631
Number of Final Decisions (covered applications) – FAB	21,495	19,130	17,506

Performance Results

The Energy program continued its strong record of performance, focusing on both timeliness standards and quality for the claims adjudication and decision-making processes in both the district offices and the FAB. The program continues to meet its goals for the average time to process cases not sent to NIOSH, which show an improving trend over the last 5 years. Since a significant portion of the processing time for cases sent to NIOSH is not under OWCP's control, the targets were made contextual for FY 2015.

Energy Table 5
Performance Measures –
Adjudication, FY 2013, FY 2014,
and FY 2015

Performance Measures – Adjudication	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
Average number of days between filing date and final decision for cases sent to NIOSH when a hearing is held – Parts B and E – GPRAMA Measure	550	452	485	469	Contextual	497
Average number of days between filing date and final decision for cases sent to NIOSH when a hearing is not held – Parts B and E – GPRAMA Measure	325	320	315	352	Contextual	352
Average number of days between filing date and final decision for cases not sent to NIOSH when a hearing is held – Parts B and E	365	333	354	316	333	321
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	170	165	166	160	169
Average number of days to process initial claims – Parts B and E	100	101	100	95	100	98
Percent of sampled Part B and Part E initial claims rated as being accurate	85%	92%	85%	96%	90%	92%
Percent of sampled Part B and Part E initial claims with final decisions rated as being accurate	85%	94%	85%	93%	90%	96%
Percent of sampled recommended decisions approved as a result of a new SEC rated as being accurate	85%	100%	85%	96%	90%	91%

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Benefits Management

In addition to adjudicating claims, the Energy program is responsible for seeing that beneficiaries receive the appropriate benefits – both in terms of compensation and medical benefits. As part of the Energy program benefit structure, OWCP provides home health care services, where medically necessary, to severely ill, covered employees. The volume of these requests continues to increase due to the elderly claimant population and their physical needs. Given the high possibility of fraud, waste or abuse in the medical benefits sector, it is important for the program to focus on the quality aspect of the workload to verify the services provided. OWCP intends to thoroughly review all requests for ongoing medical benefits, issue decisions, and evaluate bills and reports for any signs of fraud, waste and abuse. The program also will post regular monthly or quarterly newsletters containing new initiatives or ongoing activities related to medical services in general.

Energy Table 6
Performance Measures, FY
2013, FY 2014, and FY 2015

Performance Measures – Benefits Management	FY 2013 Target	FY 2013 Result	FY 2014 Target	FY 2014 Result	FY 2015 Target	FY 2015 Result
Average annual cost of home health care payments	Contextual	\$86,994	Contextual	\$82,100	Contextual	\$77,552
Percent of sampled Part B and Part E home healthcare authorizations rated as being accurate	85%	95%	85%	92%	90%	91%

Customer Service

The Departments of Labor, Health and Human Services, Energy, and Justice provide assistance to current and potential claimants and surviving family members, to help them understand the EEOICPA and claimants' rights and obligations under the program. FY 2013, FY 2014, and FY 2015 accomplishments are discussed below.

Energy Program Outreach

In recent years the Energy program has expanded its outreach to both the nuclear weapons workers and the healthcare providers. The purpose of the outreach is to: 1) educate potential claimants and current beneficiaries about the program, provide assistance in filing claims, and provide an understanding of the adjudication process; and 2) inform healthcare providers (including physicians and home healthcare organizations) about EEOICPA benefits as well as their responsibilities in prescribing care and providing services. National, regional and district office and resource center employees meet face to face with these communities, hosting town hall meetings and roundtables, and providing on-site technical assistance. The program also posts information and technical assistance on its website.

Town Hall Meetings/Roundtables

In FY 2013, FY 2014, and FY 2015, the program conducted a series of town hall meetings across the country with nuclear weapons workers and their families to help to ensure that qualified workers and their survivors are aware of the program and know how to complete and submit claims. It also reached out to current beneficiaries to share information on medical benefits. In addition, the program conducted several roundtable meetings with physicians and home healthcare providers to explain the benefits provided under the EEOICPA. Participants shared their ideas on how the program can better serve claimants. Issues discussed included the responsibility of the physician in prescribing home healthcare, how to request home healthcare, the services included in a plan of care, how services and durable medical equipment are authorized, and the Privacy Act.

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Energy Table 7A
Energy Program Sponsored
Outreach – FY 2013

Location	Principal Audience	Number of Participants	Purpose	Result
Clarksville, TN	Clarksville Modification Center employees and their families	812	Share information on Clarksville Modification Center SEC	30 new claims
Espanola, NM	Los Alamos Nat'l Laboratory employees and their families		Share information on Los Alamos Nat'l Laboratory SEC	
Oak Ridge, TN	Oak Ridge Nat'l Laboratory employees and their families		Share information on Oak Ridge Nat'l Laboratory SEC	
Pasco, WA	Hanford Engineer Works employees and their families		Share information on Hanford Engineer Works SEC	
Albuquerque, NM	Nuclear weapons workers and their families	828	Share information on how to request payment for medical treatment, home healthcare benefits, and travel expense reimbursement	25 new claims
Farmington, NM				
Grants, NM				
Kayenta, AZ				
Pasco, WA				
Portsmouth, OH				
Santa Fe, NM				
Albuquerque, NM	Physicians and home healthcare providers	158	Share information on EEOICPA benefits and how to better serve claimants	
Denver, CO				
Knoxville, TN				
Portsmouth, OH				
Pasco, WA				

Energy Table 7B
Energy Program Sponsored
Outreach – FY 2014

Location	Principal Audience	Number of Participants	Purpose	Result
Attleboro, MA	Nuclear weapons workers and their families	212	Overview of program, claims adjudication process, medical benefits	27 new claims
Cromwell, CT				
Rochester, NY				
Amherst, NY	Approved beneficiaries	601	Share information on medical benefits	32 new claims
North Augusta, SC				
Denver, CO				
Denver, CO	Rocky Flats employees and their families	430	Share information on Rocky Flats SEC	10 new claims
Farmington, NM	Navajo and other claimants	818	In-person technical assistance	44 new claims
Albuquerque, NM				
Shiprock, NM				
Moab, UT				
Window Rock, AZ				
North Augusta, SC	Physicians and home healthcare providers	41	Share information on EEOICPA benefits and how to better serve claimants	
Amherst, NY				

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Energy Table 7C
Energy Program Sponsored
Outreach – FY 2015

Location	Principal Audience	Number of Participants	Purpose	Result
Westminster, CO	Approved Beneficiaries	120	Share information on EEOICPA benefits and how to better serve claimants	0 new claims
Paducah, KY	Approved Beneficiaries	28	Share information on EEOICPA benefits and how to better serve claimants	0 new claims
Paducah, KY	Physicians and home healthcare providers	17	Share information on EEOICPA benefits and how to better serve claimants	
Shiprock, NM	Nuclear weapons workers and their families	219	Share information on medical benefits	32 new claims
Casper, WY Riverton, WY	Nuclear Weapons Workers	39	In-person technical assistance	4 new claims
Newport News, VA	Newport News and other claimants	12	In-person technical assistance	5 new claims
Grand Junction, CO Moab, UT	Nuclear weapons workers and their families and other claimants	91	Overview of program, claims adjudication process, medical benefits, and in person technical assistance	7 new claims
New Kensington, PA	New Kensington and other claimants	100	In-person technical assistance	30 new claims

Other examples of Energy program outreach activities conducted during FY 2013, FY 2014, and FY 2015 include presentations to personnel at covered facilities and unions, and other community initiatives. Additionally, the district offices and FAB received 137,058 phone calls in FY 2013, 146,630 phone calls in FY 2014, and 141,923 phone calls in FY 2015. Nearly all calls (approximately 99 percent) that required a return call were returned within two business days.

Resource Centers

The Energy program's network of resource centers at major DOE sites provides an initial point-of-contact for workers interested in the program and in-person and toll-free telephone-based assistance to individuals filing claims under the EEOICPA. As of FY 2015, approximately 60 resource center contract employees at 11 sites are available to assist claimants in completing necessary claim forms and gathering documentation that can support their claims. The staff assists with initial claim-filing and Part E occupational history development, and forwards all claims and associated documentation to the appropriate district office. FY 2013, FY 2014, and FY 2015 technical assistance accomplishments are presented below. In addition, the staff also supported town hall meetings and traveling resource centers as well as the Joint Outreach Task Group events.

Energy Table 8
Resource Center
Accomplishments – FY 2013,
FY 2014, and FY 2015

Activity	FY 2013	FY 2014	FY 2015
Claims filed	11,248	10,440	9,743
Telephone calls received	34,640	35,120	35,136
Follow-up actions with claimants conducted	132,398	125,413	113,719
Occupational history interviews conducted	5,650	5,157	4,744

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Website

The Energy program's website provides important information about the EEOICPA statute and regulations, and gives claimants access to brochures, claim forms, the SEM database, the DOL covered facility list, and electronic access to portions of claims files. The website also provides the program's procedure manual; district offices and resource centers; press releases; town hall meetings; medical provider enrollment information; the web bill processing portal; and a web-based page, the Claimant Status Page, which allows claimants access to limited claims information from the Energy Compensation System, the program's electronic claims database. The Joint Outreach Task Group Video Series is also available on the website and includes video segments in which senior management from the DOL, DOE, HHS, the Former Worker Medical Screening Program (FWP), the Ombudsman for NIOSH, and the Ombudsman for the EEOICPA, explain their roles and responsibilities in carrying out duties related to the EEOICPA. Claimants also can view DOL and NIOSH weekly web statistics; payment statistics at the national, state, and facility levels; and the searchable database of the Energy program's final decisions. The website provides links to DOE, DOJ, and NIOSH's websites and toll-free numbers where additional information and assistance can be obtained.

Joint Outreach Task Group

The Joint Outreach Task Group (JOTG) consists of representatives from the Energy program, DOL's Office of the Ombudsman for EEOICPA, NIOSH, and the Ombudsman to NIOSH for the EEOICPA – Part B, DOE, and DOE's FWP. In FY 2013, FY 2014, and FY 2015, it sponsored several town hall meetings and open houses to provide information and clarification regarding the EEOICPA to nuclear weapons workers and their families.

Energy Table 9A
Joint Outreach Task Group
Sponsored Outreach –
FY 2013

Location	Principal Audience	Number of Participants	Purpose	Result
Bolingbrook, IL	Nuclear weapons workers and their families	244	EEOICPA information and clarification	29 new claims
Emeryville, CA				
Livermore, CA				

Energy Table 9B
Joint Outreach Task Group
Sponsored Outreach –
FY 2014

Location	Principal Audience	Number of Participants	Purpose	Result
Pahrump, NV	Nuclear weapons workers and their families	460	EEOICPA information and clarification	41 new claims
Las Vegas, NV				
Spokane, WA				
Richland, WA				

Energy Table 9C
Joint Outreach Task Group
Sponsored Outreach
– FY 2015

Location	Principal Audience	Number of Participants	Purpose	Result
Paducah, KY	Nuclear weapons workers and their families	754	EEOICPA information and clarification	34 new claims
Carlsbad, NM				
Westminster, CO				
Bridgeton, MO				
Amarillo, TX				

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Ombudsman

Under the Defense Authorization Act for Fiscal Year 2005, Public Law 108-375, 42 U.S.C. § 7385s-15, signed into law on October 28, 2004, an Office of the Ombudsman was created 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 and how to obtain those benefits. Subsequent Defense Authorization Acts extended the term of the Ombudsman's office through October 28, 2019. In addition the National Defense Authorization Act of 2009 expanded the authority of the Office to also include Part B. The Office of the Ombudsman is in DOL, but independent from OWCP. It reports annually to Congress on complaints, grievances, and requests for assistance received during the calendar year covered by the report. 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. The Energy program's national office, along with district office and resource center staffs, continued to participate in all Ombudsman-sponsored outreach initiatives by providing claim status updates to claimants, taking new claims, and answering questions as needed.

Program Management and Integrity

The Energy program continued to focus on program management and integrity in FY 2013, FY 2014, and FY 2015. Program leadership focused on strengthening its information technology infrastructure, medical bill processing, and evaluating program activities.

Information Technology

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:

OWCP Imaging System (OIS): In FY 2013, the program piloted a new imaging system, OIS, in the Cleveland district office to evaluate the system's technical capacity and identify the process needs for imaging records. FY 2014, the Energy program deployed OIS to the Denver, Jacksonville, and Seattle district offices, as well as the FAB offices. In FY 2015, the Energy program began transitioning case files from paper case files to electronic case files through OIS. As of the end of FY 2015, 884 cases with 129,777 documents had been converted from paper to fully imaged cases files. The program plans to expand access to case files by extending access to the actual case files in OIS to the Resource Centers. This will allow Resource Center staff to view case activity, which will aid in providing claimants with case status information.

Energy Document Portal (EDP): In FY 2015, OWCP developed the EDP, which 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. The EDP system now receives more than 6,000 documents containing more than 35,000 pages per month that are uploaded, instead of mailed and later scanned into our systems, which we expect will increase our efficiency and claims adjudication timeliness.

Central Mail Room (CMR): The program also implemented the use of a CMR to process incoming correspondence in FY 2014. The CMR is located in London, Kentucky and transmitted over 172,000 documents to OIS in FY 2014 and FY 2015.

Case Create: In March 2014, the case create function was centralized in the Cleveland district office. As of the end of FY 2015, it has created approximately 13,185 claims. By centralizing this

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function in one district office, the program expedited handling of new claims and realized a cost savings. The Seattle district office is the backup office to Cleveland and will assist in an unexpected event or if case volume gets too large.

Energy Compensation System (ECS): The program also continued to make enhancements to ECS to ensure effective administration of compensation benefits to claimants. The system serves as a repository for data related to claims adjudication activities and compensation benefits.

Energy Centralized Printing (ECP): In FY 2015, the program allowed claims examiners to issue certain documents without a wet signature. The ECP was instituted to allow teleworking employees to print claims-related development letters, recommended decisions, and remands while teleworking. These documents are sent to the Outgoing Correspondence Center located in the Seattle District Office where they are printed and mailed.

Secure Access Management Service (SAMS): In FY 2015, the program began piloting the SAMS portal, a method which allows for the sharing of documents to and from NIOSH electronically.

Web-Ex Conferencing Capability: The Energy program's Web-Ex conferencing capability was introduced in FY 2011. Web-Ex, which is a Cisco Systems platform that provides live stream video conferencing capability, allows FAB hearing representatives to conduct oral hearings in "real time" with claimants across the country, without traveling. The program has Web-Ex systems in its district offices, the national office FAB, its headquarters in Washington, D.C., and eight of the 11 resource centers (Oak Ridge; Paducah; Portsmouth; Savannah River; New York; Hanford; Las Vegas; and Espanola).

The program also uses the Web-Ex system to conduct staff meetings and claims examiner training. In FY 2013 and FY 2014, the Department of Energy conducted several "site information sessions" via the Web-Ex for Energy program staff on: the Portsmouth Gaseous Diffusion Plant in Piketon, Ohio; the Paducah Gaseous Diffusion Plant in Paducah, Kentucky; the RECA Mills and the Grand Junction Operations Office in Grand Junction, Colorado; the Monsanto/Dayton Project/Mound facility in Miamisburg, Ohio; the Rocky Flats Plant in Golden, Colorado; the Pinellas Plant in Clearwater, Florida; and the Nevada Test Site in Mercury, Nevada. In FY 2015, the Department of Energy conducted the site informational sessions via Web-Ex for Energy program staff at: Oak Ridge National Laboratory, Oak Ridge Hospital, and Oak Ridge Institute for Nuclear Studies in Oak Ridge, Tennessee; Savannah River Site in Aiken, South Carolina; Kansas City Plant in Kansas City, Missouri; and Los Alamos National Laboratory in Los Alamos, New Mexico.

Center for Construction Research and Training (CPWR): CPWR, formerly called the Center to Protect Workers' Rights, continued its work under contract with the Energy program in FY 2013, FY 2014 and FY 2015. The CPWR was tasked with tracking, in an electronic format, all evidence collected/received in support of a contractor/subcontractor contractual 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. CPWR updated the database with 1,039 subcontractors in FY 2013, 1,136 subcontractors in FY 2014, and 1,613 subcontractors in FY 2015.

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Medical Bill Processing

The OWCP central bill processing service continued to provide a high level of service to eligible claimants and providers in fiscal years 2013, 2014, and 2015. Ensuring that beneficiaries receive prompt authorization for medical treatment and procedures and providers are paid quickly and correctly is critical to the administration of EEOICPA.

Energy Table 10
Medical Bill Processing
Activity – FY 2013, FY 2014,
and FY 2015

Activity	FY 2013	FY 2014	FY 2015
Average time to process medical authorizations	4 days	1 day	1 day
Number of medical bills processed	591,965	591,588	569,496
Percent of bills processed within 28 days	99.5%	99%	99.5%
Enrollment of new providers	241	139	126
Total enrolled providers	139,366	144,363	149,031
Cost avoidance due to improvements in editing of bills	\$12.2 million	\$11.6 million	\$11.4 million

Program Enhancements

The Energy program continued to improve the administration of EEOICPA through the expansion of the Site Exposure Matrices Database. The Energy program also continues to work with SSA to allow SSA to provide the earnings information electronically.

Site Exposure Matrices (SEM) Database: The Energy program continued to enhance its database of “site exposure matrices”, which is a relational database that contains information regarding the toxic substances linked to job categories at particular Department of Energy (DOE) facilities. The SEM was built with the intent of easing claimants’ evidentiary burdens and expediting the claims process. In FY 2013, DEEOIC updated the Internet Accessible SEM (IAS) that is viewable by the public. The IAS website contains the same information on each DOE and RECA site that is used by the DEEOIC, delayed by approximately six months for classification reviews by DOE. Working with DOE to achieve those reviews, the DEEOIC updated the IAS twice during FY 2013. Also during FY 2013, DOL increased SEM filtering capabilities. DOL and public users of SEM can now apply unlimited filters to the data selected for review. This allows users to more finely tune search results, making those results more useful. DOL also added health effect links to certain job tasks and work processes in addition to toxic substances. These enhancements benefit claims evaluation when available documentation does not provide a full toxic profile of a work activity.

In FY 2015, the Energy program continued to enhance the SEM database by adding profiles for 10 new DOE sites (all uranium mill remediation sites). These additions brought the total number of sites in SEM to 128. The program completed updates of the information for 116 of these sites. It also updated the public Internet Accessible SEM (IAS) twice during FY 2015 (October 2014 and May 2015). The IAS website contains the same information on each DOE and RECA site that is used by the program staff, delayed by approximately six months to allow for classification reviews by DOE. During FY2015, members of the public accessed the IAS over 20,000 times and submitted 53 inquiries. Each of those submittals was answered. Some inquiries provided documentation that was used to update SEM, or was used to generate questions to the involved DOE sites that resulted in new information being added to SEM.

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As of September 30, 2015, the SEM housed information on 17,349 toxic substances/chemicals used at 128 DOE sites, 3,548 uranium mines, 47 uranium mills, 23 uranium ore buying stations, and 186 uranium ore transporters covered under the EEOICPA. Many trade name substances were consolidated into generic classes to simplify use of SEM information for these substances.

Expedited Earnings Requests: In FY 2014, the Energy program implemented an agreement with the SSA, whereby SSA no longer required a wet signature or survivorship documentation for earnings requests. In addition, it was agreed that the program could make these requests electronically. In FY 2015, DOL continued to work with SSA to allow SSA to provide the earnings information electronically.

Legislative and Regulatory Initiatives

During FY 2014 and FY 2015, the Energy program continued to work on new regulations designed to generally improve program processing and adjudication. In addition, on December 19, 2014, Congress enacted Public Law 113-291, which provides for the President to establish and appoint an Advisory Board on Toxic Substances and Worker Health. An overview of this board and FY 2015 accomplishments are discussed below.

Advisory Board on Toxic Substances and Worker Health

The National Defense Authorization Act of 2015, as amended, P.L. 113-291, 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) with respect to technical aspects of the EEOICPA program. The Advisory Board is charged with advising the Secretary on four statutorily-specified technical issues related to EEOICPA: DOL's site exposure matrices; medical guidance for claims examiners; evidentiary requirements for claims under subtitle B related to lung disease; and the work of industrial hygienists and staff physicians and consulting physicians to ensure quality, objectivity, and consistency.

In FY 2015, the Department of Labor sought nominations for membership on the Advisory Board on Toxic Substances and Worker Health. In FY 2016, the Secretary of Labor appointed 15 members to serve on the Advisory Board.

A. Tables

FECA Program Tables

Longshore Program Tables

Black Lung Program Tables

Energy Program Tables

B. Litigation

C. Acronyms

D. Office Directory

Note: Unless otherwise stated, the financial information in the appendix tables below may differ from what is reported in the Department of Labor's Consolidated Financial Statement. These differences are due to accrual versus cash basis financial reporting requirements and adjustments made during statement compilation.

Appendix A: Tables

FECA Program Tables

Table A1 Federal Employees' Compensation Rolls, FY 2006 - FY 2015 (Cases at End-of-Year)

Roll Type	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Total Periodic Roll	50,362	51,125	50,263	49,672	49,517	49,488	49,436	47,511	46,415	45,412
Long-Term Disability	44,910	46,258	45,604	45,162	45,263	45,382	45,490	43,726	42,762	40,650
Death	5,452	4,867	4,659	4,510	4,254	4,106	3,946	3,785	3,653	3,284

Table A2 Federal Employees' Compensation Program Summary of Claims Activity, FY 2006 - FY 2015

Incoming Cases	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Cases Created	139,874	134,360	134,013	129,690	127,526	121,290	115,697	113,880	114,316	112,332
Traumatic	119,082	114,592	115,715	112,640	111,121	105,688	99,832	98,203	100,124	98,974
Not Lost Time	67,127	64,896	66,812	64,130	61,067	56,412	47,700	49,139	47,545	46,199
Lost Time	51,955	49,696	48,903	48,510	50,054	49,276	52,132	49,064	52,505	52,689
Occupational Disease	20,592	19,633	18,190	16,951	16,300	15,501	15,757	15,579	14,488	13,549
Fatal Cases	200	135	108	99	105	101	108	98	93	103
Wage-Loss Claims Initiated	19,819	19,104	19,187	18,808	19,861	20,239	19,806	18,703	18,895	17,988

Hearings and Review	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Total Requests for Hearing	6,241	6,556	6,584	6,438	6,501	6,739	6,412	6,406	6,406	6,103
Total Hearing Dispositions	7,424	7,581	6,789	7,085	6,758	6,991	6,961	5,829	5,109	6,141

Table A3 Federal Employees' Compensation Program Obligations, FY 2006 - FY 2016 (\$ thousands)

Type of Obligation	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Total Obligations	\$2,553,930	\$2,707,196	\$2,800,284	\$2,874,754	\$3,015,333	\$3,137,372	\$3,184,480	\$3,106,876	\$3,103,626	\$3,173,085
Total Benefits	119,082	114,592	115,715	112,640	111,121	105,688	99,832	98,203	100,124	98,974
Compensation Benefits	67,127	64,896	66,812	64,130	61,067	56,412	47,700	49,139	47,545	46,199
Medical Benefits	51,955	49,696	48,903	48,510	50,054	49,276	52,132	49,064	52,505	52,689
Survivor Benefits	20,592	19,633	18,190	16,951	16,300	15,501	15,757	15,579	14,488	13,549
Total Administrative Expenditures	200	135	108	99	105	101	108	98	93	103
Salaries and Expenses	19,819	19,104	19,187	18,808	19,861	20,239	19,806	18,703	18,895	17,988
Fair Share	46,699	54,028	53,234	52,128	59,411	55,421	62,148	59,202	61,956	60,070

Table A4 Federal Employees' Compensation Program Chargeback Costs, by Major Federal Agency CBY 2006 - CBY 2015 (\$ thousands)

Federal Agency	CY' 2006	CY' 2007	CY' 2008	CY' 2009	CY' 2010	CY' 2011	CY' 2012	CY' 2013	CY' 2014	CY' 2015
Total Costs	\$2,440,711	\$2,494,096	\$2,572,864	\$2,669,115	\$2,697,107	\$2,875,430	\$3,005,857	\$2,927,296	\$2,894,429	\$2,987,192
U.S. Postal Service	884,078	924,138	978,629	1,055,221	1,101,200	1,240,014	1,320,011	1,305,073	1,306,840	1,382,944
Department of the Navy	244,318	244,037	242,440	240,004	234,251	236,471	239,855	222,803	213,717	206,012
Department of Veterans Affairs	164,091	166,087	175,637	179,922	182,212	186,254	200,569	199,368	202,300	213,914
Department of Homeland Security	156,734	158,529	161,070	164,611	160,502	166,514	178,037	183,968	181,225	196,190
Department of the Army	180,248	178,993	179,503	181,775	177,236	176,941	178,289	166,731	162,699	164,437
Department of the Air Force	126,663	130,298	131,059	131,301	129,323	135,596	133,305	126,470	120,541	118,230
Department of Justice	89,156	94,395	98,825	104,772	104,573	109,850	117,253	115,768	119,872	124,399
Department of Transportation	92,830	93,609	97,931	99,251	97,687	97,457	102,258	93,652	89,411	88,862
Department of Agriculture	70,185	70,802	72,869	73,670	72,876	72,621	73,875	72,365	70,725	69,234
Department of Defense	65,460	62,630	60,737	63,051	63,581	65,331	69,788	66,517	64,820	63,719
All Other Agencies	366,948	370,578	374,164	375,537	373,666	388,381	392,617	374,581	362,280	359,252

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

Longshore Program Tables

Table B1 Total Industry Compensation and Benefit Payments Under LHWCA ¹ CY 2004 - CY 2015² (\$ thousands)

Calendar Year	Payments By Self-Insured Employers	Payments By Insurance Carrier	Total Payments
2004	\$322,520	278,887	\$601,407
2005	\$325,694	325,027	\$650,721
2006	\$368,744	367,625	\$736,369
2007	\$325,544	456,773	\$782,317
2008	\$340,336	504,348	\$844,684
2009	\$388,088	551,716	\$939,804
2010	\$408,534	589,387	\$997,921
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

¹ Includes disability compensation and medical benefit payments under LHWCA, DCCA, and all other extensions to the Act.

² Industry payments are reported to the Department of Labor on a calendar year basis.

Table B2 National Average Weekly Wage (NAWW) and Corresponding Maximum and Minimum Compensation Rates and Annual Adjustments Pursuant to Sections 6(b), 9(e), and 10(f) of LHWCA

Period	NAWW	Maximum Payable ¹	Minim Payable	Annual Adjustment (% Increase in NAWW) ²
11/26/72-9/30/73	\$131.80	\$167.00	\$65.90	--
10/01/73-9/30/74	140.26	210.54	70.18	6.49
10/01/74-9/30/75	149.10	261.00	74.57	6.26
10/01/75-9/30/76	159.20	318.38	79.60	6.74
10/01/76-9/30/77	171.28	342.54	85.64	7.59
10/01/77-9/30/78	183.61	367.22	91.81	7.21
10/01/78-9/30/79	198.39	396.78	99.20	8.05
10/01/79-9/30/80	213.13	426.26	106.57	7.43
10/01/80-9/30/81	228.12	456.24	114.06	7.03
10/01/81-9/30/82	248.35	496.70	124.18	8.87
10/01/82-9/30/83	262.35	524.70	131.18	5.64
10/01/83-9/30/84	274.17	548.34 ¹	137.09	4.51
10/01/84-9/30/85	289.83	579.66	144.92	5.71 ²
10/01/85-9/30/86	297.62	595.24	148.81	2.69
10/01/86-9/30/87	302.66	605.32	151.33	1.69
10/01/87-9/30/88	308.48	616.96	154.24	1.92
10/01/88-9/30/89	318.12	636.24	159.06	3.13
10/01/89-9/30/90	330.31	660.62	165.16	3.83
10/01/90-9/30/91	341.07	682.14	170.54	3.26
10/01/91-9/30/92	349.98	699.96	174.99	2.61
10/01/92-9/30/93	360.57	721.14	180.29	3.03
10/01/93-9/30/94	369.15	738.30	184.58	2.38

Period	NAWW	Maximum Payable ¹	Minim Payable	Annual Adjustment (% Increase in NAWW) ²
10/01/94-9/30/95	380.46	760.92	190.23	3.06
10/01/95-9/30/96	391.22	782.44	195.61	2.83
10/01/96-9/30/97	400.53	801.06	200.27	2.38
10/01/97-9/30/98	417.87	835.74	208.94	4.33
10/01/98-9/30/99	435.88	871.76	217.94	4.31
10/01/99-9/30/00	450.64	901.28	225.32	3.39
10/01/00-9/30/01	466.91	933.82	233.46	3.61
10/01/01-9/30/02	483.04	966.08	241.52	3.45
10/01/02-9/30/03	498.27	996.54	249.14	3.15
10/01/03-9/30/04	515.39	1,030.78	257.70	3.44
10/01/04-9/30/05	523.58	1,047.16	261.79	1.59
10/01/05-9/30/06	536.82	1,073.64	268.41	2.53
10/01/06-9/30/07	557.22	1,114.44	278.61	3.80
10/01/07-9/30/08	580.18	1,160.36	290.09	4.12
10/01/08-9/30/09	600.31	1,200.62	300.16	3.47
10/01/09-9/30/10	612.33	1,224.66	306.17	2.00
10/01/10-9/30/11	628.42	1,256.84	314.21	2.63
10/01/11-9/30/12	647.60	1,295.20	323.30	3.05
10/01/12-9/30/13	662.59	1,325.18	331.30	2.31
10/01/13-9/30/14	673.34	1,346.68	336.67	1.62
10/01/14-9/30/15	688.51	1,377.02	344.26	2.25

¹ Maximum became applicable in death cases (for any death after September 28, 1984) pursuant to LHWCA Amendments of 1984. 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))).

² Five percent statutory maximum increase applicable in FY 1985 under section 10(f) of LHWCA, as amended. Maximum increase not applicable to DCCA cases (see note 1/, above).

Table B3 LHWCA Special Funds' Expenditures' FY 2005 - FY 2015 (\$ thousands)

FY	Total	Second Injury Cases ²	Pre Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
2005	134,549	122,418	1,973	5,002	5,156	4,588
2006	133,270	123,412	1,811	2,749	5,298	4,908
2007	131,920	117,524	1,796	6,715	5,885	4,728
2008	126,933	116,894	1,673	2,330	6,035	4,533
2009	132,688	121,203	1,656	2,832	6,996	4,378
2010	128,110	116,703	1,484	3,183	6,740	4,201
2011	125,329	112,876	1,389	2,821	8,243	4,089
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

Table B4 DCCA Special Funds' Expenditures¹ FY 2006 - FY 2015 (\$ thousands)

FY	Total	Second Injury Cases ²	Pre Amend. Cases ³	Rehab. ⁴	Other ⁵	Number of Second Injury Cases
2005	10,604	9,767	597	0	240	527
2006	10,246	9,418	588	0	240	621
2007	10,087	9,260	613	0	214	603
2008	9,960	9,104	630	0	226	582
2009	10,094	9,197	590	0	306	550
2010	9,388	8,598	548	0	241	516
2011	9,528	8,265	504	4	755	497
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

¹ Special Fund expenditures shown in this table are reported 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 injury, result in the employee's permanent disability or death.

³ Section 10(h) of the Act requires that compensation payments to permanent total disability and death cases, when 7 injury or death is caused by an employment event that occurred prior to 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. Fifty percent of any additional compensation or death benefit paid as a result of these adjustments are to be paid out of the Special Fund accounts.

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 impartial medical exams or reviews are ordered by the Department of Labor (section 7(e) of Act) and where a compensation award cannot be paid due to employer 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 disbursement under section 44(d) to refund assessment overpayments in FY 2003 - FY 2006. Excluded are 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 LHWCA Special Funds' Assessments¹ CY 2005 - CY 2015 (\$ thousands)

CY	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Yr.
2005	\$135,000	\$388,258	CY 2004
2006	125,000	418,714	CY 2005
2007	125,000	471,133	CY 2006
2008	124,000	495,148	CY 2007
2009	125,000	564,798	CY 2008
2010	124,000	621,671	CY 2009
2011	123,000	666,985	CY 2010
2012	124,000	770,364	CY 2011
2013	123,000	857,003	CY 2012
2014	118,000	946,294	CY 2013
2015	110,000	908,059	CY 2014

Table B6 DCCA Special Funds' Assessments¹ CY 2005 - CY 2015 \$ thousands)

CY	Total Industry Assessments ²	Preceding Year Total Industry Payments ³	Assessment Base Yr.
2005	\$11,500	\$5,402	CY 2004
2006	10,500	4,277	CY 2005
2007	10,000	4,185	CY 2006
2008	8,500	4,758	CY 2007
2009	11,500	3,598	CY 2008
2010	7,500	3,437	CY 2009
2011	8,000	3,540	CY 2010
2012	8,000	3,085	CY 2011
2013	9,000	4,775	CY 2012
2014	5,000	3,404	CY 2013
2015	8,000	2,910	CY 2014

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

Black Lung Program Tables

Table C1 Part C Black Lung Claim Decisions at the District Director Level FY 2006-FY 2015

Year	Total Approvals ^{TF}	Total Approvals ^{RO}	Total Approvals ¹	Merit Denials ^{2,4}	Non-merit Denials ^{TF3,4}	Non-merit Denials ^{RO3,4}	Total Denials	Total Decisions	Approval Rate
FY 2006	118	521	639	4,109			4,109	4,748	13.46%
FY 2007	146	462	608	3,739			3,739	4,347	13.99%
FY 2008	114	446	560	2,186	473	1,197	3,856	4,416	12.68%
FY 2009	95	397	492	2,086	113	910	3,109	3,601	13.66%
FY 2010	77	432	509	2,096	126	978	3,200	3,709	13.72%
FY 2011	110	645	755	3,298	167	1,961	5,426	6,181	12.21%
FY 2012	97	632	729	2,565	229	1,780	4,574	5,303	13.75%
FY 2013	87	566	653	2,361	184	1,573	4,118	4,771	21.70%
FY 2014	92	518	610	2,664	224	1,719	4,607	5,217	18.60%
FY 2015	157	728	885	2,222	240	2,037	4,499	5,384	28.50%

^{TF} Black Lung Disability Trust Fund liability

^{RO} Responsible coal mine operator liability

¹ Approvals do not include conversions of miner to survivor benefits under 422(l) of the Act.

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

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

⁴ Merit/non-merit categories were not quantified until FY 2008.

Table C2 Distribution of Part C Black Lung Claims and Disbursements, by State, FY 2013

State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
Alabama	35,759	12	532	\$4,544
Alaska	153	0	5	43
Arizona	2,203	2	75	641
Arkansas	3,867	0	89	760
California	6,519	0	117	999
Colorado	7,156	3	228	1,948
Connecticut	1,011	0	28	239
Delaware	792	1	32	273
District of Columbia	287	0	7	60
Florida	12,106	16	426	3,639
Georgia	1,742	1	103	880
Hawaii	16	0	1	8
Idaho	253	0	9	77
Illinois	32,614	7	604	5,159
Indiana	18,433	12	441	3,767
Iowa	5,165	0	95	812
Kansas	2,187	1	22	188
Kentucky	102,096	277	3,956	33,792
Louisiana	358	0	7	60
Maine	45	0	1	9

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State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
Maryland	6,740	6	161	1,375
Massachusetts	249	1	14	120
Michigan	10,562	5	189	1,614
Minnesota	149	0	6	51
Mississippi	370	0	12	103
Missouri	4,687	0	89	760
Montana	863	1	12	103
Nebraska	131	0	3	26
Nevada	449	1	23	197
New Hampshire	27	0	1	9
New Jersey	4,325	3	128	1,093
New Mexico	2,495	1	59	504
New York	4,063	0	101	863
North Carolina	3,782	10	257	2,195
North Dakota	161	0	2	17
Ohio	55,163	26	1,443	12,326
Oklahoma	3,814	1	65	555
Oregon	630	0	12	103
Pennsylvania	139,274	150	5,289	45,178
Rhode Island	40	0	0	0
South Carolina	1,024	3	87	743
South Dakota	54	0	4	34
Tennessee	22,441	41	709	6,056
Texas	1,793	3	79	675
Utah	4,320	5	142	1,213
Vermont	50	0	2	17
Virginia	47,930	180	2,607	22,269
Washington	1,599	1	37	316
West Virginia	119,927	263	4,966	42,419
Wisconsin	460	0	14	120
Wyoming	2,684	0	82	700
All Other	451	1	5	43
TOTAL	673,469	1,034	23,378	\$199,691

¹ All filings since July 1, 1973, including terminated, nonapproved, and Medical Benefits Only (MBO) claims.

² Active MBO claims as of 9/30/13.

³ Active claims in payment status, excluding MBO claims, as of 9/30/13.

⁴ Disbursements of income and medical benefits for all claims, including claims paid by the Trust Fund and claims in interim pay status. Does not include benefits paid by responsible coal mine operators and insurers.

Table C3 Distribution of Part C Black Lung Claims and Disbursements, by State, FY 2014

State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
Alabama	36,060	8	514	\$4,358
Alaska	153	0	5	42
Arizona	2,211	2	62	526
Arkansas	3,866	0	68	577
California	6,507	0	103	873
Colorado	7,174	2	202	1,713
Connecticut	1,012	0	21	178
Delaware	793	1	27	229
District of Columbia	287	0	7	59
Florida	12,153	13	395	3,349
Georgia	1,750	1	90	763
Hawaii	16	0	1	9
Idaho	253	0	8	68
Illinois	32,751	5	555	4,706
Indiana	18,508	11	404	3,425
Iowa	5,167	0	83	704
Kansas	2,188	1	21	178
Kentucky	104,608	248	3,932	33,338
Louisiana	358	0	6	51
Maine	45	0	1	9
Maryland	6,752	4	148	1,255
Massachusetts	250	1	12	102
Michigan	10,567	3	177	1,501
Minnesota	148	0	2	17
Mississippi	373	0	12	102
Missouri	4,695	0	75	636
Montana	865	1	13	110
Nebraska	131	0	2	17
Nevada	449	1	16	136
New Hampshire	27	0	1	9
New Jersey	4,327	3	106	899
New Mexico	2,526	1	56	475
New York	4,063	0	93	789
North Carolina	3,839	8	246	2,086
North Dakota	161	0	1	9
Ohio	55,384	23	1,295	10,980
Oklahoma	3,820	1	56	475
Oregon	631	0	10	85
Pennsylvania	139,626	118	4,709	39,926
Rhode Island	40	0	0	0
South Carolina	1,045	2	86	729

State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
South Dakota	55	0	5	42
Tennessee	22,713	35	674	5,715
Texas	1,800	2	72	610
Utah	4,353	3	135	1,145
Vermont	50	0	1	9
Virginia	49,079	160	2,549	21,612
Washington	1,601	1	34	288
West Virginia	121,697	212	4,679	39,671
Wisconsin	461	0	12	102
Wyoming	2,685	0	73	619
All Other	451	0	5	42
TOTAL	680,524	871	21,860	\$185,342

¹ All filings since July 1, 1973, including terminated, nonapproved, and Medical Benefits Only (MBO) claims.

² Active MBO claims as of 9/30/14.

³ Active claims in payment status, excluding MBO claims, as of 9/30/14.

⁴ Disbursements of income and medical benefits for all claims, including claims paid by the Trust Fund and claims in interim pay status. Does not include benefits paid by responsible coal mine operators and insurers.

Table C4 Distribution of Part C Black Lung Claims and Disbursements, by State, FY 2015

State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
Alabama	36,384	7	498	4,352,479
Alaska	154	0	5	43,700
Arizona	2,217	1	54	471,956
Arkansas	3,869	0	58	506,915
California	6,521	0	87	760,373
Colorado	7,199	2	176	1,538,226
Connecticut	1,016	0	19	166,058
Delaware	796	1	23	201,018
District of Columbia	287	0	7	61,179
Florida	12,188	11	364	3,181,330
Georgia	1,770	1	85	742,893
Hawaii	17	0	2	17,480
Idaho	258	0	9	78,659
Illinois	32,911	5	505	4,413,658
Indiana	18,572	8	368	3,216,290
Iowa	5,174	0	70	611,794
Kansas	2,192	1	19	166,058
Kentucky	106,885	226	4,062	35,501,546
Louisiana	358	0	4	34,960
Maine	46	0	2	17,480
Maryland	6,773	4	142	1,241,068
Massachusetts	252	0	10	87,399

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State	Total Claims Received ¹	MBO Claims ²	In Payment ³	Total Benefits (\$ 000) ⁴
Michigan	10,575	0	154	1,345,947
Minnesota	148	0	1	8,740
Mississippi	375	0	12	104,879
Missouri	4,705	0	62	541,875
Montana	865	1	13	113,619
Nebraska	132	0	1	8,740
Nevada	452	1	15	131,099
New Hampshire	27	0	1	8,740
New Jersey	4,341	2	93	812,812
New Mexico	2,548	0	53	463,216
New York	4,074	0	79	690,454
North Carolina	3,890	5	225	1,966,481
North Dakota	161	0	0	0
Ohio	55,620	17	1,199	10,479,161
Oklahoma	3,828	1	47	410,776
Oregon	630	0	7	61,179
Pennsylvania	140,390	92	4,156	36,323,098
Rhode Island	40	0	0	0
South Carolina	1,071	1	84	734,153
South Dakota	54	0	3	26,220
Tennessee	23,008	26	627	5,479,928
Texas	1,810	2	69	603,054
Utah	4,385	2	131	1,144,929
Vermont	50	0	1	8,740
Virginia	50,209	137	2,451	21,421,538
Washington	1,603	1	29	253,458
West Virginia	123,396	185	4,494	39,277,190
Wisconsin	462	0	13	113,619
Wyoming	2,696	0	60	524,395
All Other	454	0	6	52,440
TOTAL	687,838	740	20,655	180,523,000

¹ All filings since July 1, 1973, including terminated, nonapproved, and Medical Benefits Only (MBO) claims.

² Active MBO claims as of 9/30/15.

³ Active claims in payment status, excluding MBO claims, as of 9/30/15.

⁴ Disbursements of income and medical benefits for all claims, including claims paid by the Trust Fund and claims in interim pay status. Does not include benefits paid by responsible coal mine operators and insurers.

Table C5 Part C Number of Beneficiaries¹

Class of Beneficiary		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Part C Primary Beneficiaries ²	Miners	10,857	9,744	8,654	7,699	6,967	6,633	6,375	6,083	5,917	5,974
	Widows	27,366	25,556	23,690	21,913	20,495	19,014	17,553	16,137	14,801	13,558
	Others	1,258	1,241	1,230	1,214	1,209	1,182	1,178	1,158	1,142	1,123
	Total Primary Beneficiaries	39,481	36,541	33,574	30,826	28,671	26,829	25,106	23,378	21,860	20,655
Dependents of Primary Beneficiaries	Dependents of Miners	8,088	7,205	6,442	5,726	5,202	5,028	4,939	4,746	4,703	4,871
	Dependents of Widows	874	840	777	723	681	647	593	564	510	483
	Dependents of Others	146	140	132	122	113	110	106	101	101	102
	Total Dependents	9,108	8,185	7,351	6,571	5,996	5,785	5,638	5,411	5,314	5,456
Total, Part C Beneficiaries		48,589	44,726	40,925	37,397	34,667	32,614	30,744	28,789	27,174	26,111

Table C6 Part B Number of Beneficiaries¹

Class of Beneficiary		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Part B Primary Beneficiaries	Miners							1,424	1,163	957	784
	Widows							14,906	12,765	11,015	9,382
	Others	NA	NA	NA	NA	NA	NA	3,349	3,216	3,075	2,898
	Total Primary Beneficiaries							19,679	17,144	15,047	13,064
Dependents of Primary Beneficiaries	Dependents of Miners							881	713	582	467
	Dependents of Widows							544	470	421	366
	Dependents of Others							301	272	254	227
	Total Dependents	NA	NA	NA	NA	NA	NA	1,726	1,455	1,257	1,060
	Total, Part B Beneficiaries	NA	NA	NA	NA	NA	NA	21,405	18,599	16,304	14,124
Total, All Beneficiaries	NA	NA	NA	NA	NA	NA	52,149	47,388	43,478	40,235	

¹ As of September 30 of each year.

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. Does not include MBO beneficiaries.

Table C7 Part C Black Lung Benefits Program Obligations FY 2006 - FY 2015 (\$ thousands)

Type of Obligation	Fiscal Year 2006	Fiscal Year 2007	Fiscal Year 2008	Fiscal Year 2009	Fiscal Year 2010	Fiscal Year 2011	Fiscal Year 2012	Fiscal Year 2013	Fiscal Year 2014	Fiscal Year 2015
Total Obligations	\$1,060,006	\$1,068,295	\$1,070,958	\$7,152,627	\$661,798	\$745,975	\$808,713	\$922,499	\$1,114,575	\$1,229,388
Total Benefits ¹	307,067	291,310	273,232	254,987	238,423	227,397	210,358	199,691	185,342	180,523
Income Benefits ²	265,365	252,020	235,347	221,298	207,801	193,038	179,404	166,369	152,398	142,799
Medical Benefits ³	41,702	39,290	37,885	33,689	30,622	34,359	30,953	33,322	32,944	37,724
Administrative Costs ⁴	57,975	59,772	58,257	57,712	58,618	57,513	59,006	55,996	54,991	59,837
Interest Charges ⁵	694,964	717,214	739,469	0	0	0	0	0	0	0
Bond Payments ⁶				341,939	364,757	400,905	431,486	452,439	472,849	492,482
Principal				337,472	353,424	379,286	394,287	396,403	397,383	395,769
Interest				4,467	11,333	21,619	37,199	56,036	75,466	96,713
One-Yr. Obligation Pmts. ⁷						60,160	107,863	214,372	401,393	496,546
Principal						60,000	107,749	214,000	401,000	496,000
Interest						160	14	372	393	546
Repayable Advances ⁸	445,000	426,000	426,000	6,497,989	60,000	107,749	214,000	401,000	496,000	585,000
Cumulative Debt ⁹	445,000	871,000	1,297,000	6,370,580	6,289,746	6,163,077	6,064,860	6,026,638	5,872,219	5,782,297
Principal				6,158,245	5,864,821	5,533,284	5,245,248	5,035,845	4,733,462	4,426,693
Capitalized interest				212,335	424,925	629,793	819,612	990,793	1,138,758	1,355,604

¹ Excludes collections from responsible mine operators for benefits paid by Trust Fund on an interim basis, refunds for OWCP administrative costs paid, and other miscellaneous reimbursements.

² Monthly and retroactive benefit payments.

³ Includes diagnostic and treatment benefits, and reimbursements to the UMWA Health and Retirement Funds.

⁴ Administrative costs include support for DCMWC, Office of the Inspector General, Office of the Solicitor, Office of Administrative Law Judges, and Benefits Review Board within DOL, and reimbursements to the Department of Treasury and the Social Security Administration.

⁵ Interest charges on repayable advances to the Trust Fund from the Department of Treasury.

⁶ Scheduled repayments of principal and interest on zero-coupon bonds issued to refinance the BLDTF debt as mandated under the Emergency Economic Stabilization Act of 2008 (EESA).

⁷ Repayment of prior year advances, and interest on those advances, to the Treasury as required under EESA.

⁸ Advances from the Department of Treasury. FY 2009 is a one-time non-repayable appropriation under the EESA. Beginning in FY 2010, EESA classifies these advances as one-year obligations that must be repaid to the Treasury.

⁹ Shows the cumulative debt of the Trust Fund to the Department of Treasury. Starting in FY 2009, this debt includes principal and capitalized loan interest related to the zero-coupon bonds issued under EESA and payable to the Bureau of Public Debt.

Note: Detail may not add to totals due to rounding.

Table C8 Funding of the Black Lung Disability Trust Fund FY 2013 (\$ thousands)

Month	Coal Excise Tax Revenue	Treasury Advances	Reimburse. ¹	Total
October 2012	\$7,116	\$0	\$1,210	\$8,326
November 2012	68,172	0	1,143	69,315
December 2012	59,298	0	1,028	60,326
January 2013	55,103	0	1,762	56,865
February 2013	52,772	0	1,441	54,213
March 2013	24,438	0	2,172	26,610
April 2013	52,993	0	2,261	55,254
May 2013	44,778	0	2,601	47,379
June 2013	3,147	0	1,775	4,922
July 2013	42,572	0	1,353	43,925
August 2013	39,909	0	1,650	41,559
September 2013	82,931	401,000	1,748	485,679
TOTALS	\$533,229	\$401,000	\$20,143	\$954,372

Table C9 Disbursements of the Black Lung Disability Trust Fund FY 2013 (\$ thousands)

Month	Income Benefits ²	Medical Benefits: Diagnostic	Medical Benefits: Treatment ³	Total Benefits	Admin. Costs	Interest on Advances	Bond Payments ⁴	One-Year Oblig. Payments ⁵	Total
October 2012	\$14,401	\$496	\$1,876	\$16,773	\$3,965	\$0	\$0	\$0	\$20,738
November 2012	14,692	513	2,434	17,639	4,064	0	0	0	\$21,703
December 2012	14,467	422	2,343	17,232	4,127	0	0	0	\$21,358
January 2013	14,051	478	2,624	17,154	4,669	0	0	0	\$21,822
February 2013	13,991	379	2,044	16,414	4,415	0	0	0	\$20,829
March 2013	13,979	566	2,741	17,287	4,330	0	0	0	\$21,617
April 2013	13,509	484	2,335	16,328	4,066	0	0	0	\$20,394
May 2013	13,803	673	2,798	17,274	5,283	0	0	0	\$22,557
June 2013	13,394	446	1,823	15,663	5,102	0	0	0	\$20,765
July 2013	13,353	504	2,792	16,649	5,450	0	0	0	\$22,098
August 2013	13,365	442	1,755	15,561	5,335	0	0	0	\$20,896
September 2013	13,363	546	1,808	15,718	5,191	0	452,439	214,372	\$687,720
TOTALS	\$166,369	\$5,948	\$27,374	\$199,691	\$55,996	0	\$452,439	\$214,372	\$922,499

¹Reimbursements include collections from RMOs, and fines, penalties, and interest.

²Includes monthly and retroactive benefit payments.

³Treatment expenditures include reimbursements to the United Mine Workers' Health and Retirement Funds.

⁴Repayment of principal and interest on principal for the zero-coupon bonds issued to refinance the BLDTF debt under the Emergency Economic Stabilization Act of 2008 (EESA).

⁵Repayment of prior year advances, including interest on those advances, to the U.S. Treasury as mandated by the EESA.

Table C10 Funding of the Black Lung Disability Trust Fund FY 2014 (\$ thousands)

Month	Coal Excise Tax Revenue	Treasury Advances	Reimburse. ¹	Total
October 2013	\$8,353	\$0	\$1,825	\$10,178
November 2013	58,276	0	1,402	59,678
December 2013	47,594	0	1,353	48,947
January 2014	44,959	0	1,622	46,581
February 2014	52,246	0	3,957	56,203
March 2014	57,344	0	1,292	58,636
April 2014	50,647	0	1,290	51,937
May 2014	35,628	0	1,895	37,523
June 2014	45,313	0	1,195	46,508
July 2014	46,117	0	1,280	47,397
August 2014	41,748	0	2,034	43,782
September 2014	90,944	496,000	1,820	588,764
TOTALS	\$579,169	\$496,000	\$20,965	\$1,096,134

Table C11 Disbursements of the Black Lung Disability Trust Fund FY 2014 (\$ thousands)

Month	Income Benefits ²	Medical Benefits: Diagnostic	Medical Benefits: Treatment ³	Total Benefits	Admin. Costs	Interest on Advances	Bond Payments ⁴	One-Year Oblig. Payments ⁵	Total
October 2013	\$13,633	\$753	\$1,768	\$16,154	\$4,683	\$0	\$0	\$0	\$20,837
November 2013	12,964	668	3,020	16,652	4,502	0	0	0	\$21,154
December 2013	13,004	719	2,047	15,770	4,634	0	0	0	\$20,404
January 2014	12,912	476	1,697	15,085	4,715	0	0	0	\$19,800
February 2014	12,713	563	2,435	15,711	4,474	0	0	0	\$20,185
March 2014	12,953	631	2,057	15,641	5,273	0	0	0	\$20,914
April 2014	12,576	759	2,078	15,413	4,596	0	0	0	\$20,009
May 2014	12,375	647	1,698	14,720	4,596	0	0	0	\$19,316
June 2014	12,326	564	2,354	15,244	4,165	0	0	0	\$19,409
July 2014	12,701	671	2,232	15,604	4,536	0	0	0	\$20,140
August 2014	12,155	586	2,002	14,743	4,356	0	0	0	\$19,099
September 2014	12,086	598	1,921	14,605	4,461	0	472,849	401,393	\$893,308
TOTALS	\$152,398	\$7,635	\$25,309	\$185,342	\$54,991	0	\$472,849	\$401,393	\$1,114,575

¹ Reimbursements include collections from RMOs, and fines, penalties, and interest.

² Includes monthly and retroactive benefit payments.

³ Treatment expenditures include reimbursements to the United Mine Workers' Health and Retirement Funds.

⁴ Repayment of principal and interest on principal for the zero-coupon bonds issued to refinance the BLDTF debt under the Emergency Economic Stabilization Act of 2008 (EESA).

⁵ Repayment of prior year advances, including interest on those advances, to the U.S. Treasury as mandated by the EESA.

Table C12 Funding of the Black Lung Disability Trust Fund FY 2015 (\$ thousands)

Month	Coal Excise Tax Revenue	Treasury Advances	Reimburse. ¹	Total
October 2014	12,135	0	2,142	14,277
November 2014	56,959	0	2,176	59,135
December 2014	46,865	0	1,434	48,299
January 2015	48,614	0	2,405	51,019
February 2015	51,177	0	1,351	52,528
March 2015	48,063	0	1,284	49,347
April 2015	53,063	0	1,079	54,142
May 2015	44,592	0	884	45,476
June 2015	47,352	0	691	48,043
July 2015	49,995	0	961	50,956
August 2015	35,488	0	1,550	37,038
September 2015	58,132	585,000	1,367	644,499
TOTALS	552,435	585,000	17,324	1,154,759

Table C13 Disbursements of the Black Lung Disability Trust Fund FY 2015 (\$ thousands)

Month	Income Benefits ²	Medical Benefits: Diagnostic	Medical Benefits: Treatment ³	Total Benefits	Admin. Costs	Interest on Advances	Bond Payments ⁴	One-Year Oblig. Payments ⁵	Total
October 2014	12,262	1,158	2,156	15,576	4,152	0	0	0	\$19,728
November 2014	11,893	658	1,731	14,282	3,879	0	0	0	\$18,161
December 2014	11,973	872	5,680	18,525	5,081	0	0	0	\$23,606
January 2015	11,846	562	1,861	14,269	5,542	0	0	0	\$19,811
February 2015	12,089	682	2,212	14,983	3,809	0	0	0	\$18,792
March 2015	11,978	736	2,230	14,944	5,368	0	0	0	\$20,312
April 2015	12,201	986	2,723	15,910	5,483	0	0	0	\$21,393
May 2015	12,084	677	2,335	15,096	5,368	0	0	0	\$20,464
June 2015	11,807	553	1,503	13,863	5,483	0	0	0	\$19,346
July 2015	11,665	728	3,124	15,517	5,216	0	0	0	\$20,733
August 2015	11,497	806	1,628	13,931	5,182	0	199,023	0	\$19,113
September 2015	11,504	603	1,520	13,627	5,274	0	293,459	496,546	\$808,906
TOTALS	142,799	9,021	28,703	180,523	59,837	0	492,482	496,546	\$1,030,365

¹ Reimbursements include collections from RMOs, and fines, penalties, and interest.

² Includes monthly and retroactive benefit payments.

³ Treatment expenditures include reimbursements to the United Mine Workers' Health and Retirement Funds.

⁴ Repayment of principal and interest on principal for the zero-coupon bonds issued to refinance the BLDTF debt under the Emergency Economic Stabilization Act of 2008 (EESA).

⁵ Repayment of prior year advances, including interest on those advances, to the U.S. Treasury as mandated by the EESA.

Table C14 Claims filed under Part C of the Black Lung Benefits Act FY 2006-FY 2015

Fiscal Year ¹	New Claims ²	Refiled Claims ³	Successor Claim ⁴	Survivor Conversions ⁵	Total
2006	1,720	1,837	563	642	4,762
2007	1,873	1,889	570	581	4,913
2008	1,670	1,598	522	480	4,270
2009	1,597	1,807	506	444	4,354
2010	2,683	3,088	636	637	7,044
2011	2,410	2,383	635	631	6,059
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

¹ Current regulations became effective January 19, 2001.

² Refiled Claim: the claimant has filed at least once before.

³ Successor Claim: a subsequent claim filed on a miner's record by another person.

⁴ Conversion: some dependent survivors are automatically entitled to benefits.

Energy Program Tables

Table D1 Part B Status of All EEOICPA Applications at the End of FY 2015¹

Case Status/Claims Activity	Case ²	Claim ³
Total Received-Program Inception applications Through 9/30/2015	96,000	151,169
Final Decisions Completed by Final Adjudication Branch (FAB)⁴	90,082	136,384
Final Approved	46,769	72,935
Final Denied	43,313	63,449
Recommended Decisions by District Offices⁵	1,195	2,723
Recommended Decision to Approve	249	773
Recommended Decision to Approve	946	1,950
Completed Initial Processing - Referred to NIOSH⁶	1,694	6,758
Pending Initial Processing In District Office⁷	3,055	5,420
Lump Sum Compensations	43,904	68,517
Total Payment Amounts		\$5,776,583,530

¹ Statistics show the status of all applications filed from program inception through September 30, 2015.

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

⁵ Each case or claim still pending final decision by FAB.

⁶ Counts only the first trip to NIOSH..

⁷ Includes remanded cases now in development and closed cases.

Table D2 Part B Processing Activity During FY 2015 on All EEOICPA Cases/Claims Received Since Program Inception¹

Processing Activity	Case ²	Claim ³
Total Cases/Claims Received-FY 2015	4,419	6,181
Final Decisions by FAB Offices in FY 2015	5,412 ⁴	7,635
Final Approved	2,342	3,529
Final Denied	3,070	4,106
Modification Orders in FY 2015	0	0
Recommended Decisions by District Offices	3,549	5,254
Recommended Decision Only, to Approve	2,583	3,817
Recommended Decision Only, to Deny	966	1,437
Referrals to NIOSH in FY 2015	1,039	1,609
Lump Sum Compensation Payments in FY 2015	2,077	3,151
Remands	326	507

¹ Activity statistics capture actions made during FY 2015 only, therefore the number of activities reported do not add up to the total number of cases/claims received during FY 2015. (Many activities recorded occurred on cases/claims received prior to FY 2015).

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 Total includes cases with recommended decisions in FY 2015.

Note: Recommended Decisions are standalone counts and are not influenced by Final Decision.

Table D3 Part B EEOICPA Cases With Approved Decisions and Payments by Category, Program Inception Through September 30, 2015

Category	Number of Approved Cases ¹	Percentage of Total Final Approvals	Number of Paid Claimants ¹	Total Compensation Paid ² (\$ thousands)	Percentage of Total Compensation Paid
Radiation Exposure Comp. Act (RECA) ³	7,850	16.8%	11,779	\$397,926.15	17.2%
Special Exposure Cohort Cancer (CN)	23,200	49.6%	37,473	\$3,449,074.35	54.7%
Dose Reconstructed Cancer (CN)	10,011	21.4%	14,932	\$1,399,408.68	21.8%
Beryllium Disease (CBD) ⁴	2,236	4.8%	2,927	\$332,323.85	4.3%
Beryllium Sensitivity-Only (BS)	1,902	4.1%	N/A	N/A	N/A
Silicosis (CS)	158	0.3%	200	\$16,500.00	0.3%
Multiple Conditions ⁵	1,412	3.0%	1,206	\$181,350.50	1.8%
TOTAL	46,769	100.0%	68,517	\$5,776,583.53	100.0%

¹ There is not a direct correlation between number of approved cases and number of paid claimants for two reasons: (1) more than one claimant can receive payment on a single approved case, and (2) some cases were approved prior to 9/30/2015, but payments were not issued.

² Represents total lump sum compensation payments from EEOIC program inception to September 30, 2015.

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 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 D4 Part B EEOICPA Cases With Final Decision To Deny, Program Inception Through September 30, 2015

Reason for Denial	Number of Cases
Employee Did Not Work at a Covered DOE Facility and/or Did Not Work During Covered Time Period, or the Employee Worked for an Atomic Weapons Employer (AWE) or Beryllium Vendor ²	6,309
Alleged Survivor Not an Eligible Beneficiary	2,037
Claimed Condition Not Covered Under Part B of EEOICPA	6,688
Dose Reconstruction Reveals the Probability That the Cancer is Related to Employment is Less Than 50 Percent	13,016
Medical Evidence is Insufficient to Establish Entitlement	9,611
Causation other than POC	5,652
TOTAL	43,313

Table D5 Part B Most Prevalent Non-Covered Medical Conditions, EEOIC Program Inception Through September 30, 2015

Non-Covered Medical Condition	Percentage of All Denials For This Condition ¹
Other Lung Conditions	19%
Heart Condition/Failure/Attack/Hypertension	11%
Chronic Obstructive Pulmonary Disease & Emphysema	10%
Asbestosis	7%
Renal Condition or Disorder (Kidney Failure, Kidney Stones)	6%
Hearing Loss	6%
Benign Tumors, Polyps, Skin Spots	4%
Diabetes	4%
Neurological Disorder	4%
Thyroid Conditions (e.g., Hypothyroidism)	3%
Anemia	2%
Back or Neck Problems	2%
Parkinson's Disease	2%
Psychological Conditions	2%
All Other Non-Covered Conditions (Each Less Than 1%) Or "Other (Not Listed)"	15%
No Condition Reported on Claim Form or Blank Condition Type	7%

¹ Based on cases that were denied because claimed condition was not covered under Part B of EEOICPA. This figure excludes cases that have a "covered" condition whereas Table D-4 includes these cases.

Table D6 Part E Status of All EEOICPA Applications at the End of FY 2015¹

Case Status/Claims Activity	Case ²	Claim ³
Total Received-Program Inception applications Through 9/30/2015	86,047	122,100
Final Decisions Completed by Final Adjudication Branch (FAB)⁴	78,373	107,726
Final Approved	39,407	47,436
Final Denied	38,966	60,290
Recommended Decisions by District Offices⁵	1,490	2,656
Recommended Decision to Approve	331	699
Recommended Decision to Deny	1,159	1,957
Completed Initial Processing⁶	1,317	4,686
Pending Initial Processing In District Office⁷	4,915	7,335
Compensation Payments (Unique Cases & Claims)	29,813	32,804
Total Compensation Payment Amts.		\$3,572,668,542
Lump Sum Allocations (Unique Cases & Claims)	15,940	17,194
Total Lump Sum Payment Amts.		\$1,909,797,356
Wage Loss Allocations (Unique Cases & Claims)	3,190	3,844
Total Wageless Payment Amts.		\$155,047,377
Impairment Allocations (Unique Cases & Claims)	15,604	15,618
Total Impairment Payment Amts.		\$1,507,823,809

¹ Statistics show the status of all applications filed from program inception through September 30, 2015

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

⁵ Each case or claim still pending final decision by FAB.

⁶ Completed Initial Processing refers to cases sent to NIOSH, and cases with Recommended decision, Final decision or cases Closed.

⁷ Includes remanded cases now in development and closed cases.

Table D7 Part E Processing Activity During FY 2015 on All EEOICPA Cases/Claims Received Since Program Inception¹

Processing Activity	Case ²	Claim ³
Total Cases/Claims Received-FY 2015	3,394	5,011
Final Decisions by FAB Offices in FY 2015	9,191 ⁴	9,871
Final Approved	4,820	4,962
Final Denied	4,371	4,909
Modification Orders in FY 2015	0	0
Recommended Decisions by District Offices	6,522	6,908
Recommended Decision Only, to Approve	4,974	5,252
Recommended Decision Only, to Deny	1,548	1,656
Referrals to NIOSH in FY 2015⁵	773	964
Compensation Payments (Unique Cases & Claims)	3,729	3,826
Total Compensation Payment Amts.		\$263,216,216
Lump Sum Allocations (Unique Cases & Claims)	849	912
Total Lump Sum Payment Amts.		\$87,186,810
Wage Loss Allocations (Unique Cases & Claims)	275	309
Total Wages Payment Amts.		\$9,328,452
Impairment Allocations (Unique Cases & Claims)	2,605	2,605
Total Impairment Payment Amts.		\$166,700,953
Manual Payments		\$0
Remands	651	752

¹Activity statistics capture actions made during FY 2015 only, therefore the number of activities reported do not add up to the total number of cases/claims received during FY 2015. (Many activities recorded occurred on cases/claims received prior to FY 2015).

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.

⁴Total includes cases with recommended decisions in FY 2015.

⁵Part E claims awaiting Part B NIOSH Return for further evidence.

Note:Recommended Decisions are standalone counts and are not influenced by Final Decision.

Table D8 Part E EEOICPA Cases With Final Decision To Deny, Program Inception Through September 30, 2015

Reason for Denial	Number of Cases
Employee Did Not Work at a Covered DOE Facility and/or Did Not Work During Covered Time Period, or the Employee Worked for an Atomic Weapons Employer (AWE) or Beryllium Vendor ¹	4,656
Alleged Survivor Not an Eligible Beneficiary	5,841
Claimed Condition Not Covered Under Part B of EEOICPA	0
Medical Evidence is Insufficient to Establish Entitlement	9,179
Other Denied	19,290
TOTAL	38,966²

¹DOE federal employees, Atomic Weapons Employees (AWE), and Beryllium Vendors are not Covered under Part E of the EEOICPA.

²A case may have more than one final decision. (For example, a request for modification may result in a second final decision on a case). Therefore, the total number shown does not represent the number of cases with final decisions to deny.

Appendix B: Longshore Program Litigation

Courts of Appeals

Defense Base Act coverage. In *Battelle Memorial Institute. v. DiCecca*, 792 F.3d 214 (1st Cir. 2015), the First Circuit upheld an award of Defense Base Act death benefits to the widow of a facility engineer, a covered employee, stationed in Tbilisi, Georgia, who died in an auto accident while traveling by taxi to shop for groceries. The court found the engineer’s death was covered by the “zone of special danger” doctrine, which applies to risks peculiar to the foreign location, as well as risks that might occur anywhere but in fact occur where the employee is injured. The Benefits Review Board held similarly in a decision in 2014.

Coverage – self-inflicted injuries. An injury “occasioned solely . . . by the willful intention of the employee to injure or kill himself” is not compensable under the Longshore and Harbor Workers’ Compensation Act (LHWCA). 33 U.S.C. § 903(c). In *Kealoha v. Director, OWCP*, 713 F.3d 521 (9th Cir. 2013), the Ninth Circuit held that an employee’s suicide (or injuries sustained from a suicide attempt) is compensable, however, if there is a direct causal link between the suicide (or attempt) and an injury covered by the LHWCA.

Defense Base Act – proper court for initial judicial review of Board appeals. In *Truczinskas v. Director, OWCP*, 699 F.3d 672 (1st Cir. 2012), the First Circuit joined the Second, Seventh, and Ninth Circuits in holding that Benefits Review Board decisions in Defense Base Act claims are reviewed directly by the courts of appeals. The Fourth, Fifth, Sixth, and Eleventh Circuits have held that Board appeals in Defense Base Act cases must be heard initially by district courts.

Situs – adjoining areas. The LHWCA covers injuries “upon the navigable waters of the United States” as well as any “adjoining area customarily used . . . in loading, unloading, repairing, dismantling, or building” vessels. 33 U.S.C. § 903(a). In *New Orleans Depot Services, Inc. v. Director, OWCP*, 718 F.3d 384 (5th Cir. 2013) (en banc), the Fifth Circuit held that only areas that physically “border on,” or are “contiguous with,” the navigable waters of the United States can qualify as a covered “adjoining area.”

Benefits Review Board

Outer Continental Shelf Lands Act coverage. In *Baker v. Gulf Island Marine Fabricators*, 49 Ben. Rev. Bd. Serv. 45 (2015), the Board upheld an ALJ’s finding that a carpenter injured on land while fabricating a component that was later installed on an oil drilling platform on the Outer Continental Shelf was not covered by the LHWCA, as extended by the Outer Continental Shelf Lands Act. This is the first Board decision addressing Outer Continental Shelf Lands Act coverage since articulation of a new test in *Pacific Operators Offshore, LLP v. Valladolid*, 132 S. Ct. 680 (2012).

Defense Base Act coverage. In *Jetnil v. Chugach Management Services, Inc.*, 49 Ben. Rev. Bd. Serv. 55 (2015), the Board upheld an ALJ’s award of benefits under the Defense Base Act for a citizen/resident of the Marshall Islands assigned to work on a restricted access island within that chain of islands. For the first time the Board explicitly applied the “zone of special danger” doctrine to a foreign resident of the locale where the work is being performed.

Maximum Weekly Compensation Rate – 33 U.S.C. § 906. In *Lake v. L-3 Communications*, 47 BRBS 45 (2013), the Board adopted as a nationwide rule the Ninth Circuit’s holding that LHWCA section 6(c)’s phrase “currently receiving compensation” refers to a claimant who is “currently entitled to receive compensation,” regardless of whether such benefits are actually paid. Thus, a benefi-

ciary who is “currently receiving compensation” for permanent total disability or death is entitled to be paid up to the current fiscal year’s maximum rate.

Recreational Vessel Exclusion from Maritime Employment – 33 U.S.C. § 902(3)(F). Section 2(3)(F), amended in 2009, excludes from Longshore coverage individuals employed to repair recreational vessels of any length. In *DeJesus v. Viking Yacht Co., Inc.*, 47 BRBS 51 (2014), the Board applied DOL regulations implementing the amendment (20 C.F.R. §§ 701.501 -.505) and held that vessels built for recreational purposes, but operated at the time of repair as models for potential purchasers, retained their “recreational” status.

Settlements – 33 U.S.C. § 908(i). In *Richardson v. Huntington Ingalls, Inc.*, 48 BRBS 23 (2014), the Board held that the ALJ did not abuse his discretion in approving a settlement under LHWCA section 8(i) even though the ALJ did not independently assess the settlement’s adequacy after a district director had previously rejected essentially the same settlement. The Board concluded that an adjudicator may defer to the judgment of represented parties regarding a settlement’s adequacy and is not required to conduct an actuarial analysis.

Modification – 33 U.S.C. § 922. In *Mitri v. Global Linguist Solutions*, 48 BRBS 41 (2014), the ALJ had issued an order requiring the employer to pay temporary total disability benefits, but also allowing the employer to terminate or reduce those payments without resorting to LHWCA section 22 if the employer determined that the claimant’s condition had changed. Agreeing with the Director, the Board held that the ALJ’s order was unlawful because only an ALJ has the authority to reduce or terminate awards in a contested case.

Defense Base Act coverage – 42 U.S.C. § 1651(a)(5). The Defense Base Act provides for benefits for an employee who works outside the continental United States pursuant to a “contract approved and financed by the United States” under the Foreign Assistance Act of 1961. In *Delgado v. Air Service International, Inc.*, 47 Ben. Rev. Bd. Serv. 39 (2013), the Board agreed with the Director that this provision could apply to a claim even when the United States was not a party to the employee’s contract, but funded it through a cooperative agreement and a grant, so long as the United States approved and funded the contract.

Black Lung Program

Courts of Appeals

2010 Amendments to the BLBA; Automatic Entitlement for Survivors – constitutionality and effective date. In 2010, the Patient Protection and Affordable Care Act (ACA) amended the Black Lung Benefits Act (BLBA) to restore automatic (or “derivative”) survivors’ benefits to the qualified surviving dependents of miners who were awarded BLBA disability benefits. This restoration applied to “claims” filed after January 1, 2005, and pending on or after March 23, 2010. In *Vision Processing LLC v. Groves*, 705 F.3d 551 (6th Cir. 2013), and *U.S. Steel Mining Co. v. Director, OWCP*, 719 F.3d 1275 (11th Cir. 2013), the Sixth and Eleventh held that this restoration (1) did not violate the Fifth Amendment’s Due Process Clause or Takings Clause and (2) applied to survivors’ claims that were filed and pending within the statutory period even if the related miner’s claim was not. The Third and Fourth Circuits had previously reached the same result.

2010 Amendments to the BLBA; Automatic Entitlement for Survivors – subsequent claims. Two courts of appeals rejected the argument that the ACA’s restoration of automatic survivors’ benefits does not apply to subsequent claims by survivors who had previously filed unsuc-

cessful claims on the theory that pneumoconiosis caused the miner's death. In *Marmon Coal Co. v. Director, OWCP*, 726 F.3d 387 (3d Cir. 2013); *Union Carbide Corp. v. Richards*, 721 F.3d 307 (4th Cir. 2013); *Consolidated Coal Co. v. Maynes*, 739 F.3d 323 (6th Cir. 2014); and *Jim Walter Resources, Inc. v. Director, OWCP*, 766 F.3d 1333 (11th Cir. 2014), the Third, Fourth, Sixth, and Eleventh Circuits upheld awards to such survivors on the ground that they had now proved their entitlement to benefits under the new statutory criteria, which provided a different cause of action than the previous unsuccessful claims were based on.

2010 Amendments to the BLBA; Statutory Presumption of Total Disability or Death Due to Pneumoconiosis – invocation. The ACA also restored 30 U.S.C. § 921(c)(4) which provides a presumption of entitlement to miners who (1) are totally disabled by a respiratory condition and (2) worked in underground mines, or surface mines with “substantially similar” conditions, for at least 15 years. The regulation implementing this “15-year presumption,” 20 C.F.R. § 718.305(d)(2), provides that surface mining work is “substantially similar” to underground work if the miner is “regularly exposed to coal-mine dust” while working. In *Central Ohio Coal Co. v. Director, OWCP*, 762 F.3d 483 (6th Cir. 2014), and *Antelope Coal Company/Rio Tinto Energy America v. Goodin*, 743 F.3d 1331 (10th Cir. 2014), the Sixth and Tenth Circuits upheld the regulation as a permissible construction of the statute and consistent with the Department’s longstanding view.

2010 Amendments to the BLBA; Statutory Presumption of Total Disability or Death Due to Pneumoconiosis – rebuttal. The regulation implementing 30 U.S.C. § 921(c)(4)’s 15-year presumption also explains how an employer can rebut the presumption, namely by proving either (1) that the miner does not have pneumoconiosis or (2) that “no part” on the miner’s disability is due to pneumoconiosis. In *Big Branch Resources, Inc. v. Ogle*, 737 F.3d 1063 (6th Cir. 2013), and *West Virginia CWP Fund v. Bender and Director, OWCP*, 782 F.3d 129 (4th Cir. 2015), the Fourth and Sixth Circuits upheld the regulation, rejecting arguments that the second rebuttal method was too demanding.

Benefits Review Board

30 U.S.C. § 921(c)(4)’s fifteen-year presumption – rebuttal. In *Minich v. Keystone Coal Mining Corp.*, 25 Black Lung Rep. 1-149 (2015), the Board upheld 20 C.F.R. § 718.305(d)’s “rule-out” rebuttal standard. Under 20 C.F.R. § 718.305, a miner with 15 years of certain coal mine employment and a totally disabling respiratory or pulmonary impairment is presumed to be totally disabled due to coal workers’ pneumoconiosis. To rebut, an operator must prove either that the miner does not have pneumoconiosis, or that “no part of the miner’s respiratory or pulmonary impairment was due to pneumoconiosis.”

2010 Amendments to the BLBA; Survivors’ Benefits – 30 U.S.C. § 932(l). BLBA Section 932(l) provides that an eligible survivor of a miner who was entitled to receive federal black lung benefits at the time of his death is automatically entitled to survivors’ benefits without having to establish that the miner’s death was due to pneumoconiosis. In *Rothwell v. Heritage Coal Co.*, 25 BLR 1-141 (2014), the Board held that a miner’s award need not be final in order for the survivor to receive benefits under Section 932(l).

Energy Program

District Courts

Weighing of evidence and the 60-day period for seeking judicial review of the denial of Part E claims. In *Smith v. United States Department of Labor*, 928 F.Supp.2d 1236 (D. Nev. 2012), the plaintiff sought to overturn the denial of her claim for survivor benefits under both Parts B and E, because she believed that DEEOIC had arbitrarily and capriciously rejected testimony of her witness who had testified regarding her husband's periods of employment, and argued that this violated its own regulations. In rejecting her claim, DEEOIC had found that the plaintiff had failed to establish that her husband had worked at least 250 days at the Nevada Test Site between 1951 and 1962, so as to qualify as a member of the Special Exposure Cohort under EEOICPA. The district court rejected the plaintiff's arguments, finding that DEEOIC's regulations clearly provide it with discretion to decide whether or not to rely on submitted affidavits in adjudicating claims for benefits and that, in light of the inconsistencies between the affidavits signed by the plaintiff's witness, and between those affidavits and subsequent hearing testimony provided by the witness, DEEOIC's decision to discount the testimony was not a clear error of judgment but instead reflected a thorough consideration of the evidence. The court further found that it did not have jurisdiction to review DEEOIC's denial of the plaintiff's claim under Part E, because her petition was not filed within the 60-day statutory deadline for seeking review of the denial of Part E claims. The court considered the plaintiff's allegation that her attorney had not received a copy of the final decision to be insignificant, noting that DEEOIC's regulations provide that notification to either the plaintiff or her representative constitutes notification to both parties.

Covered employment not found at atomic weapons employer facility. In *Edward Wuy-scik, et al. v. U.S. Dep't of Labor*, 126 F.Supp.3d 507 (W.D. Pa. 2015), the plaintiffs sought review of DEEOIC's October 25, 2013 final decision denying their survivor claims under Part B of EEOICPA on the ground that their deceased mother was not a "covered employee with cancer" because she was not "employed by" an atomic weapons employer, as is required under Part B. Plaintiffs argued that DEEOIC had not followed the statute and regulations when it closed their mother's claim upon her death and instructed the plaintiffs to separately file survivor claims, and DEEOIC was precluded from issuing an unfavorable decision as to their claims after it had already issued a favorable decision on their mother's claim. The Court affirmed DEEOIC's final decision, finding that the plaintiffs had failed to prove that the determination that their mother was not "employed by" an atomic weapons employer was arbitrary or capricious, and that their remaining procedural arguments were meritless.

Appendix C: Acronyms

Advisory Board on Radiation and Worker Health (ABRWH)
 Agency Reviewer Imaging (ARI)
 Automated Support Package (ASP)
 Annual Benefit Evaluations (ABE)
 Back File Conversion (BFC)
 Benefits Review Board (BRB)
 Black Lung Benefits Act of 1972 (BLBA)
 Branch of Automated Data Processing Systems (BAS)
 Center for Construction Research and Training (CPWR), formerly called the Center to
 Protect
 Workers' Rights
 Center for Public Integrity (CPI)
 Central Mail Room (CMR)
 Chargeback Year (CBY)
 Customer Service Representatives (CSR)
 Defense Base Act (DBA)
 Department of Defense (DOD)
 Department of Energy (DOE)
 DOE's Former Worker Medical Screening Program (FWP)
 Department of Health and Human Services (HHS)
 Department of Justice (DOJ)
 Department of Labor (DOL)
 Disability Management (DM)
 District of Columbia Workmen's Compensation Act (DCCA)
 Division of Energy Employees Occupational Illness Compensation (DEEOIC)
 Employees' Compensation Appeals Board (ECAB)
 Employees' Compensation Operations and Management Portal (ECOMP)
 Energy Compensation System (ECS)
 Energy Employees Occupational Illness Compensation Program Act (EEOICPA)
 Federal Employees' Compensation Act (FECA)
 Final Adjudication Branch (FAB)
 Government Accountability Office (GAO)
 Government Performance and Results Modernization Act (GPRAMA)
 Health Resources and Services Administration (HRSA)
 Improper Payment Rate (IPR)
 Integrated Federal Employees' Compensation System (iFECS)
 Internet Accessible SEM (IAS)
 Joint Outreach Task Group (JOTG)
 Labor for America (LFA)
 Longshore and Harbor Workers' Compensation Act (LHWCA)
 Lost production day (LPD)
 Memorandum of Understanding (MOU)

Mine and Health Administration (MSHA)
National Council on Compensation Insurance (NCCI)
National Institute of Occupational Safety and Health (NIOSH)
National Library of Medicine (NLM)
National Office (NO)
Occupational Safety and Health Administration (OSHA)
Office of the Chief Financial Officer (OCFO)
Office of Disability Employment Policy (ODEP)
Office of the Inspector General (OIG)
Office of Management and Budget (OMB)
Office of Personnel Management (OPM)
Office of the Solicitor (SOL)
Office of Workers' Compensation Programs (OWCP)
OWCP Imaging System (OIS)
Overseas Contractors' Compensation Act (OCCA)
Periodic Roll Management (PRM)
Proposed decision order (PDO)
Protecting Our Workers and Ensuring Reemployment (POWER)
Radiation Exposure Compensation Act (RECA)
Resource Centers (RCs)
Responsible Mine Operators (RMOs)
Site Exposure Matrices (SEM)
Social Security Administration (SSA)
Special Exposure Cohort (SEC)
U.S. Postal Service (USPS)
War Hazards Compensation Act (WHCA)

Appendix D: Office Directory

As of June 2017

National Office

U.S. Department of Labor
Office of Workers'
Compensation Programs
200 Constitution Avenue, NW
Washington, DC 20210
202-343-5580
www.dol.gov/owcp

Director, Office of Workers' Compensation Programs

Vacant

Deputy Director, Office of Workers' Compensation Programs

Gary A. Steinberg
Division of Administration and Operations
Vincent Alvarez, Director

Division of Financial Administration

Hari Kadavath, Director

Division of Federal Employees' Compensation

(www.dol.gov/owcp/dfec)

Antonio Rios, Director
Julia Tritz, Deputy Director, Operations and Claims Management
Jennifer Valdivieso, Deputy Director, Program and System Integrity

Division of Coal Mine Workers' Compensation

(www.dol.gov/owcp/dcmwc)

Michael Chance, Director
Gerald Delo, Deputy Director

Division of Longshore and Harbor Workers' Compensation

(www.dol.gov/owcp/dlhwc)

Douglas C. Fitzgerald, Director
Tirzah Leiman-Carbia, Chief, Branch of Financial Management, Insurance and Assessments
Kristina Hall, Acting Chief, Branch of Policy, Regulations and Procedures

Division of Energy Employees Occupational Illness Compensation

(www.dol.gov/owcp/energy)

Rachel P. Leiton, Director
Douglas Pennington, Deputy Director

Region I/II – Northeast

(Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Puerto Rico, Rhode Island, Vermont, Virgin Islands)

APPENDIX D OFFICE DIRECTORY

Regional Office (New York)

Zev Sapir, Regional Director
U.S. Department of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
646-264-3100

New York FECA District Office

Rholanda Basnight, District Director
U.S. Department of Labor
OWCP/DFEC
201 Varick Street, Room 740
New York, NY 10014-0566
212-863-0800

New York Longshore District Office

David Abeijon, District Director
U.S. Department of Labor
OWCP/DLHWC
201 Varick Street, Room 740
Post Office Box 249
New York, NY 10014-0249
646-264-3010

Boston FECA District Office

Mark Foley, District Director
U.S. Department of Labor
OWCP/DFEC
JFK Federal Building, Room E-260
Boston, MA 02203
857-264-4600

Boston Longshore District Office

David Groeneveld, District Director
U.S. Department of Labor
OWCP/DLHWC
JFK Federal Building, Room E-260
Boston, MA 02203
617-624-6750

EEOICPA Resource Center Contract Facility: New York Site

David San Lorenzo, Office Manager
6000 North Bailey Avenue, Suite 2A, Box #2
Amherst, NY 14226
716-832-6200 (Toll-Free 1-800-941-3943)
newyork@dolrc.com

Region III – Mid-Atlantic

(Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)

Regional Office

Kellianne P. Conaway, Regional Director
U.S. Department of Labor, OWCP
Curtis Center, Suite 780 West
170 S. Independence Mall West
Philadelphia, PA 19106-3313
267-687-4093

Philadelphia FECA District Office

Angelo Randazzo, District Director
U.S. Department of Labor
OWCP/DFEC
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308
267-687-4160

Washington FECA District Office – Washington, DC

Abbas Sadiq, District Director
U.S. Department of Labor
OWCP/DFEC
Patriots Plaza II
375 E Street, S.W., Suite 12-300
Washington, DC 20024
202-213-6913

Norfolk Longshore District Office

Theresa Magyar, District Director
U.S. Department of Labor
OWCP/DLHWC
Federal Building, Room 212
200 Granby Mall
Norfolk, VA 23510
757-452-6504

Johnstown Black Lung District Office

Colleen Smalley, District Director
U.S. Department of Labor
OWCP/DCMWC
Greater Johnstown Tech Park
1 Tech Park Drive, Suite 250
Johnstown, PA 15901-1267
814-619-7755 (Toll-Free 1-800-347-3754)

Charleston Black Lung District Office

Carolyn King, District Director
U.S. Department of Labor
OWCP/DCMWC
Charleston Federal Center, Suite 110
500 Quarrier Street
Charleston, WV 25301-2130
304-347-7100 (Toll-Free 1-800-347-3749)

Greensburg Black Lung District Office

Colleen Smalley, District Director
U.S. Department of Labor
OWCP/DCMWC
1225 South Main Street, Suite 405
Greensburg, PA 15601-5370
724-850-3531 (Toll-Free 1-800-347-3753)

Parkersburg Black Lung Sub-District Office

Carolyn King, District Director
U.S. Department of Labor
OWCP/DCMWC
425 Juliana Street, Suite 3116
Parkersburg, WV 276101-5352
304-344-5167 (Toll-Free 1-800-347-3751)

Black Lung (DCMWC) Claimant Service Locations:

U.S. Department of Labor
OWCP/DCMWC
Mine Safety & Health Academy, Rm. G-100
139 Airport Road
Beckley, WV 25802
304-252-9514

U.S. Department of Labor
OWCP/DCMWC
604 Cheat Road
Morgantown, WV 26505
1-800-347-3749

Region IV – Southeast

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Office

Magdalena Fernandez, Regional Director
U.S. Department of Labor, OWCP
400 West Bay Street, Room 943
Jacksonville, FL 32202
904-357-4776

Jacksonville FECA District Office

Tisha Carter, District Director
U.S. Department of Labor
OWCP/DFEC
Charles E. Bennett Federal Bldg.
400 West Bay Street, Room 826
Jacksonville, FL 32202
904-366-0100

Jacksonville Longshore District Office

Kristina Hall, District Director
U.S. Department of Labor
OWCP/DLHWC
Charles E. Bennett Federal Bldg.
400 West Bay Street, Room 63A, Box 28
Jacksonville, FL 32202
904-357-4788

Jacksonville Energy District Office

James Bibeault, District Director
U.S. Department of Labor
OWCP/DEEOIC
Charles E. Bennett Federal Bldg.
400 West Bay Street, Room 722
Jacksonville, FL 32202
904-357-4705 (Toll-Free 1-877-336-4272)

Pikeville Black Lung District Office

Sheila Singleton, District Director
U.S. Department of Labor
OWCP/DCMWC
164 Main Street, Suite 508
Pikeville, KY 1501-1182
606-218-9300 (Toll-Free 1-800-366-4599)

Mt. Sterling Black Lung Sub-District Office

Paula Hamilton, Acting Office Manager
U.S. Department of Labor
OWCP/DCMWC
402 Campbell Way
Mt. Sterling, KY 40353
859-497-8501 (Toll-Free 1-800-366-4628)

EEOICPA Resource Center Contract Facilities:

Paducah Site

Alison Gill, Office Manager
Barkley Center, Unit 125
125 Memorial Drive
Paducah, KY 42001
270-534-0599 (Toll-Free 1-866-534-0599)
paducah@dolrc.com

Savannah River Site

Karen Hillman, Office Manager
1708 Bunting Drive
North Augusta, SC 29841
803-279-2728 (Toll-Free 1-866-666-4606)
srs@dolrc.com

Oak Ridge Site

Courtney Scarbrough, Office Manager
Jackson Plaza Office Complex
800 Oak Ridge Turnpike, Suite C-103
Oak Ridge, TN 37830
865-481-0411 (Toll-Free 1-866-481-0411)
oakridge@dolrc.com

Region V/VII – Midwest

(Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, Ohio, Wisconsin, overseas cases)

Regional Office (Chicago)

Robert M. Sullivan, Regional Director
Annette Prindle, Deputy Director
U.S. Department of Labor, OWCP
230 South Dearborn Street, 8th Floor
Chicago, IL 60604
312-789-2800

Chicago FECA District Office

James Polcyn, District Director
U.S. Department of Labor
OWCP/DFEC
230 South Dearborn Street, 8th Floor
Chicago, IL 60604
312-789-2800

Cleveland FECA District Office

Helen Boberek, District Director
U.S. Department of Labor
OWCP/DFEC

APPENDIX D OFFICE DIRECTORY

1240 East Ninth Street, Room 851
Cleveland, OH 44199
216-902-5600

Cleveland Energy District Office

Karen Spence, District Director
U.S. Department of Labor
OWCP/DEEOIC
1001 Lakeside Avenue, Suite 350
Cleveland, OH 44114
216-802-1300 (Toll-Free 1-888-859-7211)

Columbus Black Lung District Office

Vacant, District Director
U.S. Department of Labor
OWCP/DCMWC
1160 Dublin Road, Suite 300
Columbus, OH 43215-1052
614-469-5227 (Toll-Free 1-800-347-3771)

Kansas City FECA District Office

Jack Mercer, District Director
U.S. Department of Labor
OWCP/DFEC
Two Pershing Square Building
2300 Main Street, Suite 1090
Kansas City, MO 64108-2416
816-268-3040

EEOICPA Resource Center Contract Facility:

Portsmouth Site

Tina Higginbotham, Office Manager
1200 Gay Street
Portsmouth, OH 45662
740-353-6993 (Toll-Free 1-866-363-6993)
portsmouth@dolrc.com

Region VI/VIII – Southwest

(Arkansas, Colorado, Louisiana, Montana, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, Utah, Wyoming)

Regional Office (Dallas)

Dean W. Woodard, Regional Director
John Sullivan, Deputy Director
U.S. Department of Labor, OWCP
525 South Griffin Street, Room 303
Dallas, TX 75202
214-749-4143

APPENDIX D OFFICE DIRECTORY

Dallas FECA District Office

Gloria Taylor, District Director
U.S. Department of Labor
OWCP/DFEC
525 South Griffin Street, Room 100
Dallas, TX 75202
214-749-2320

Houston Longshore District Office

David Widener, District Director
U.S. Department of Labor
OWCP/DLHWC
Mickey Leland Federal Building
1919 Smith Street, Suite 870
Houston, TX 77002
713-651-4650

New Orleans Longshore District Office

David A. Duhon, District Director
U.S. Department of Labor
OWCP/DLHWC
600 S. Maestri Place, Suite 617
New Orleans, LA 70130
504-589-2671

Denver FECA District Office

Nigel Strozier, District Director
U.S. Department of Labor
OWCP/DFEC
P.O. Box 25602
One Denver Federal Center, Bldg. 53
Denver, CO 80225-0602
303-202-2500

Denver Black Lung District Office

Theresa Hobbs, Black Lung Office Manager
U.S. Department of Labor
OWCP/DCMWC
P. O. Box 25603
One Denver Federal Center
Denver, CO 80225-0603
720-264-3100 (Toll-Free 1-800-366-4612)

Denver Energy District Office

Ronnie Sanchez, District Director
U.S. Department of Labor
OWCP/DEEOIC
P.O. Box 25601
One Denver Federal Center, Bldg. 53

APPENDIX D OFFICE DIRECTORY

Denver, CO 80225-0601
720-264-3060 (Toll-Free 1-888-805-3389)

EEOICPA Resource Center Contract Facilities:

Rocky Flats Site

Janele Horner-Zarate, Office Manager
8758 Wolff Court, Suite 101
Westminster, CO 80031
720-540-4977 (Toll-Free 1-866-540-4977)
denver@dolrc.com

Region IX/X – Pacific

(Alaska, Arizona, California, Guam, Hawaii, Idaho,
Nevada, Oregon, Washington)

Regional Office (San Francisco)

Christy Long, Regional Director
Vacant, Deputy Director
U.S. Department of Labor, OWCP
90 Seventh Street, Suite 15-100F
San Francisco, CA 94103-6716
415-241-3489

San Francisco FECA District Office

Susan Pearlman, District Director
U.S. Department of Labor
OWCP/DFEC
90 Seventh Street, Suite 15-100F
San Francisco, CA 94103-6716
415-241-3300

San Francisco Longshore District Office

R. Todd Bruininks, District Director
U.S. Department of Labor
OWCP/DLHWC
90 Seventh Street, Suite 15-100
San Francisco, CA 94103-6716
415-625-7669

Long Beach Longshore District Office

Marco Adame, District Director
U.S. Department of Labor
OWCP/DLHWC
501 West Ocean Blvd., Suite 6230
Long Beach, CA 90802
562-980-3577

Seattle FECA District Office

Marcus Tapia, District Director
U.S. Department of Labor
OWCP/DFEC
300 Fifth Avenue, Suite 1050F
Seattle, WA 98104-2429
206-470-3100

Seattle Longshore District Office

R. Todd Bruininks, District Director
U.S. Department of Labor
OWCP/DLHWC
300 Fifth Avenue, Suite 1050L
Seattle, WA 98104
206-504-5287

Seattle Energy District Office

Joyce Vail, District Director
U.S. Department of Labor
OWCP/DEEOIC
300 Fifth Avenue, Suite 1050E
Seattle, WA 98104-2397
206-373-6750 (Toll-Free 1-888-805-3401)

EEOICPA Resource Center Contract Facilities:**Idaho Falls Site**

Celeste Freiberg, Office Manager
Exchange Plaza
1820 East 17th Street, Suite 250
Idaho Falls, ID 83404
208-523-0158 (Toll-Free 1-800-861-8608)
idaho@dolrc.com

Las Vegas Site

Joe Krachenfels, Office Manager
Flamingo Grand Plaza
1050 East Flamingo Road, Suite W-156
Las Vegas, NV 89119
702-697-0841 (Toll-Free 1-866-697-0841)
vegas@dolrc.com

Espanola Site

Anna Herrera, Office Manager
412 Paseo De Onate, Suite D
Espanola, NM 87532
505-747-6766 (Toll-Free 1-866-272-3622)
espanola@dolrc.com

APPENDIX D OFFICE DIRECTORY

Hanford Site

Mary Garza, Office Manager
303 Bradley Blvd., Ste. 104
Richland, WA 99352
509-946-3333 (Toll-Free 1-888-654-0014)
hanford@dolrc.com

California Site

Nicole Callender, Office Manager
7027 Dublin Blvd., Suite 150
Dublin, CA 94568
925-606-6302 (Toll-Free 1-866-606-6302)
california@dolrc.com



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