



August 22, 2022

INDUSTRY NOTICE No. 1

TO: OPERATORS AND INSURANCE CARRIERS UNDER THE BLACK LUNG BENEFITS ACT (BLBA), AND OTHER INTERESTED PERSONS

SUBJECT: Notice to Responsible Operators regarding medical benefit obligations under the BLBA

BACKGROUND: The Black Lung Benefits Act and federal regulations require that a responsible operator furnish a miner entitled to benefits with such medical services and treatments (including professional medical services and medical equipment, prescription drugs, outpatient medical services, inpatient medical services, and any other medical service, treatment or supplies) for such periods as the miner's pneumoconiosis and disability require.

When a responsible operator has been determined to be liable, the Office of Workers' Compensation Programs (OWCP) ensures that accepted claimants receive all benefits to which they are entitled, including medical treatment.

PURPOSE: The purpose of this notice is to remind responsible operators, insurance carriers, and designated administrators of the requirements under the BLBA related to medical treatment for accepted claimants, including claimants who also have state workers' compensation awards for black lung disease.

20 C.F.R. § 725.704(a), states:

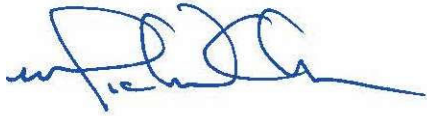
If an operator has been determined liable for the payment of benefits to a miner, OWCP requires the operator or carrier to:

- 1) Notify the miner and the miner's providers that the operator or carrier will be responsible for the cost of medical services provided to the miner on account of the miner's total disability due to pneumoconiosis;
- 2) Designate a person or persons with decision-making authority with whom OWCP, the miner and authorized providers may communicate on matters involving medical benefits provided under this subpart and notify OWCP, the miner and providers of this designation; and
- 3) Make arrangements for the direct reimbursement of providers for their services.

To satisfy this requirement, responsible operators should inform miners how they can receive treatment for their total disability due to pneumoconiosis. Responsible operators should also provide claimants with proof of coverage, such as an insurance card and inform them that they need to show the proof of coverage to their providers when they seek treatment for lung conditions. An example of an acceptable form of proof of coverage would be a card modeled after the card the Trust Fund issues to miners for whom the Fund pays benefits; a copy of that card is

attached to this Industry Notice. Responsible operators must also inform providers how to submit bills and obtain reimbursement. In addition, responsible operators should provide claimants and providers with the name and contact information for the person responsible for making decisions related to treatment or payment, as well as whom to contact for a replacement card.

For claimants who have both state and federal awards for black lung disease, responsible operators must ensure that providers and claimants have clear information on how benefits will be coordinated between state and federal awards. For example, providers should be told if they must submit bills through the state system first.

A handwritten signature in blue ink, appearing to read 'Michael A. Chance', with a stylized, cursive script.

MICHAEL A. CHANCE
Director,
Division of Coal Mine Workers' Compensation

Sample: Black Lung Benefits Identification Card

**US Department of Labor
Office of Workers' Compensation Programs
Division of Coal Mine Workers' Compensation**



BLACK LUNG BENEFITS IDENTIFICATION CARD

JOHN DOE

Case Number: ABCDE-1234567
Effective Date: 01/01/2021
Expiration Date: 12/31/2999

No Co-Pay/No Deductible

1. This card is the property of the U.S. Government and its counterfeiting, alteration or misuse is a violation of Section 499, Title 18, U.S. Code.
2. Carry the card with you at all times and show it to your doctor, clinic, pharmacist or hospital when you are in need of medical services for your lung conditions.
3. Providers should submit all bills (and beneficiaries should submit reimbursement requests) for medical services related to your lung conditions to the U.S. Department of Labor OWCP/DCMWC, P.O. Box 8302, London, KY 40742-8302. If a beneficiary has medical coverage for black lung disease under a state award, bills must be submitted through the state system first. If the state denies coverage, include the corresponding state program denial letter or Explanation of Benefits when submitting the bill to OWCP/DCMWC.
4. Medical treatment authorized under the Black Lung Act is paid for by the U.S. Department of Labor. Call Customer Service toll free (800)-638-7072 or write to the address listed in paragraph 3 above for specific information or for help resolving issues or disputes.
5. If found, drop in mailbox. Postage guaranteed. Return to: U.S. Department of Labor OWCP/DCMWC, P.O. Box 8307, London, KY 40742-8307.
6. When using the DOL OWCP website (<http://owcpmed.dol.gov>) to verify eligibility, providers must use the Case Number located on the front of the card. Claimants can also use the Case Number to access the DOL OWCP website.

MISUSE OF CARD IS PUNISHABLE BY LAW