1 establish the medical condition -- you know,
2 showing that they had a covered medical condition.
3 And this is rapidly increasing, we're at now 700
4 where the cancer was not related or the POC was
5 less than 50 percent.
6 Just some -- some questions have been raised
7 about our final adjudication branch, and just to
8 give you some information relative to that, we
9 have been requested and held and have completed
10 380 hearings. And of the 26,000 cases that have
11 final decisions, almost 1,600 have been remanded
12 by our final adjudication branch.
13 The processing -- one of our standards that
14 we use is that we -- we set standards that our
15 claims -- if it's a beryllium vendor, an AWE or
16 DOE subcontractor, that an initial decision be
17 made within 180 days and if it's a DOE or RECA --
18 DOE facility or RECA, that that initial decision
19 be made within 120. Just to show you, in FY 2003
20 the average time for the beryllium and AWE claims
21 was 183 and a half days. For this -- we worked
22 off our backlog last year, so that's -- you know,
23 that -- that inflated those numbers. There were
24 some old cases in there. Average time for 2004 is
25 that 99.1 days we issue a recommended decision.

1 An average time again for a DOE facility is down
2 from 148 down to 73 days.
3 The status of the cases that we've gotten
4 back from NIOSH, of the 1,403 as of this time
5 period, we're showing that 1,314 had completed
6 dose reconstruction, 89 did not require completed
7 dose reconstruction -- could be anything. There
8 was a lot of CLL cases originally sent to NIOSH.
9 Those came back, so there's -- that's the numbers
10 that are in that 89. Cases that we have
11 recommended decisions that have come back with
12 dose reconstructions, 409 to accept benefits and
13 862 to deny benefits. The final decisions, those
14 that went on to the final decision, with 357 to
15 accept and pay benefits and 384 to deny benefits.
16 There was some question about Special
17 Exposure Cohort and what our experience has been
18 there. Total cases from a Special -- the three --
19 I mean the four Special Exposure Cohorts, 3,032
20 cases and we paid 2,608 of those. 2,772 cases
21 from Special Exposure Cohorts have been denied.
22 The reasons, 138 was the employee worked less than
23 the 250 working days at the three gaseous
24 diffusion plants. Or then 2,594 were that the
25 employee either claimed a non-covered condition

1 and then we -- 16 were denied because we received
2 a dose reconstruction back from NIOSH that had a -
3 - resulted in a probability of causation less than
4 50 percent, and then another 24 because the
5 survivor was not eligible.
6 There was some question on our efforts in --
7 in outreach, and we're -- we have a focus -- we're
8 trying to focus a lot of attention in the next two
9 years on outreach, and some of the -- some of the
10 tools that we've used is our web site, press
11 releases, local outreach, a lot of efforts with
12 Congressional delegations, traveling resource
13 centers. We're putting a big focus and have been
14 working very closely with a number of labor
15 unions, and that has been -- that has really just
16 paid off and we're getting great cooperation and
17 we're getting claims in areas that we were not
18 getting claims from before. And then we also have
19 a major effort in media outreach.
20 Just to look at some of the areas and what
21 we're trying to focus on from an outreach
22 standpoint, if you look at our -- this is our
23 Jacksonville office, the major -- with the major
24 sites, and we have some of the -- the major DOE
25 sites, the number of cases, along with what we

1 initially had from Department of Energy in the
2 program as an estimate of the number of workers.
3 And looking at those and -- to give you some idea,
4 you know, at -- at the Oak Ridge, you know, with a
5 -- if we're looking at -- this doesn't -- this
6 doesn't include the construction folks, you're
7 looking at an estimated worker population of about
8 60,000. We've gotten 4,800 claims received.
9 Again, at K-25 with an estimated number of 51,000,
10 we have 4,600, 4,700 claims. Savannah River,
11 33,000; we have 40-- little bit over 4,000 claims
12 from Savannah River, and so forth. Our largest
13 percentage is Paducah, and one of the things that
14 we're looking at and trying to analyze is what
15 worked so well in our outreach effort at Paducah
16 versus some of the -- some of the other sites.
17 Cleveland, again, here is the major DOE
18 sites. Our Cleveland district office kind of
19 covers the rust belt area, has the lion's share of
20 the AWEs and beryllium vendors. These are just
21 the DOE sites and you can see the percentages are
22 -- are very low and they are even lower when we
23 look at AWEs and beryllium vendors.
24 Denver, again, the major DOE sites, with
25 Rocky Flats showing about a 16 percent of what --

1 you know, of the expected population.
2 And Seattle, again, just briefly -- the one
3 site that we are really focusing on that we don't
4 seem to be able to get a handle on is the Hanford
5 site. With it being so large, we have relatively
6 few claims from Hanford. So we've -- we have a
7 pilot project that we are working on with PACE to
8 try to, you know, make some inroads there.
9 We have ten resource centers that we operate
10 jointly with the Department of Energy. We'll be
11 opening another one in the Bay area in California,
12 and this just shows the regions. They're regional
13 centers and the regions that they operate in.
14 From the beginning, we've -- we've had, you
15 know, some 575 town hall meetings about the Act,
16 and we've conducted, you know, 29 traveling
17 resource centers. Give you some idea, in 2001 the
18 areas -- Amarillo, Simi Valley; Buffalo, New York.
19 For 2002 these are the areas that we had the
20 traveling resource centers. We found that this is
21 a very effective method. We'll go into an area --
22 when we go into an area for a week or two at a
23 time, we're able to get a lot of good press, and
24 that -- that seems very helpful when you can just
25 see, you know, when we target specific sites that

1 we do start receiving claims from those areas.
2 And in 2003. So far this year we've been into
3 Pleasanton, California and San Diego.
4 We have -- as I was saying, we have a major
5 effort in outreach going on. Our goals are to
6 inform as many potential claimants as possible
7 about the compensation, about the requirements of
8 the Act, how to file a claim, and to provide
9 whatever assistance is necessary in -- in filing
10 those claims.
11 And our strategy is to try to maximize the
12 claimant contact and using the resources of our
13 national office staff, our district office and our
14 resource centers. We have a -- we're targeting
15 specific potential claimant populations based on
16 analysis that we're doing. For example, we're
17 putting a big push -- for several reasons -- in
18 the area of our beryllium vendors, particularly
19 subcontractors. We have virtually no -- very few
20 claims from subcontractors. They are covered.
21 And from beryllium vendors, so we're trying to put
22 a focus on that. We're also going to be focusing
23 in the area of the AWEs. Our AWEs, we're trying
24 to put a big focus on outreach for the AWEs and
25 we're trying to provide improved outreach

1 materials, you know, to reach these targeted
2 populations.
3 We're trying to expand the participation of
4 our stakeholder groups. And again, we've gotten
5 great cooperation with the labor unions, and we're
6 working very hard in that area to try -- we've
7 also gotten great cooperation from, you know, many
8 of the corporate verifiers from the AWEs and
9 getting us the information and contacts to -- to
10 find potential claimants.
11 Some of the -- some of the analysis that
12 we're doing -- we're trying to look at each
13 individual site and do an analysis and some
14 research to find potential claimants. Some
15 demographic studies, one of the things that we
16 looked at which was very interesting that we've --
17 we've done the Hanford site and now we're doing
18 some of the other sites. What we looked at was
19 based on the mortality studies that were conducted
20 at Hanford, for example. We went back and looked
21 at the state where the death certificates came
22 from, and it was very interesting. We found that
23 there were more death certificates from those
24 former workers at Hanford in California, Florida
25 was a surprise to us, Utah was a surprise, and

1 Texas than there was from the state of Washington.
2 So you know, there was more death certificates in
3 -- from those states than -- than those -- than
4 the state of Washington.
5 Some of the other demographics we're trying
6 to look at, we're -- we're looking at our claims,
7 where they're coming from, particularly survivors
8 versus employees. And we're trying to also tie in
9 with the former worker programs to make as many
10 contacts as possible. And then we have some --
11 we're looking at a marketing strategy -- we're
12 developing a marketing strategy to try to get into
13 some of these retirement locations where you're
14 trying to pick out a few people, you know -- you
15 know, that may have worked in this program out of,
16 you know, many, many people in retirement areas.
17 And with that, I would take any questions
18 that you might have.
19 **DR. ZIEMER:** Thank you, Pete. Who wants to
20 begin questioning? Roy and then Jim.
21 **DR. DEHART:** In December there was some
22 discussion about the medical portion of the
23 payment to the claimant who had been found
24 eligible. Basically I was -- if I understood
25 correctly, there was difficulty in getting those

1 payments through. Quite a sum of money has now
2 been paid, as you're reporting. Are you using a
3 third-party administrator? Are you requiring the
4 claimant to make the payment up front and then be
5 -- you would reimburse? How's the procedure
6 operating?
7 **MR. TURCIC:** Okay. We -- we do -- we use a
8 third party payer, we always have, and the third
9 party payer will pay directly to the medical
10 providers. It's a simple task of getting the
11 medical providers, you know, signed into the
12 program, and we will make the payment directly to
13 the medical provider. I think where some of the
14 issue came from is tended to be many of the people
15 who, on an annual basis, travel to either National
16 Jewish or somewhere like that for the beryllium
17 testing, and ORISE, when it was part of the --
18 when they were part of the DOE screening program,
19 they paid up front for the medical -- I mean for
20 the airfare and all that. What we have instituted
21 and we have procedures in place that when -- when
22 the claimant is authorized for that, the
23 information is -- all that they need is sent to
24 them with a pre-- FedEx package that they get it
25 back to us and we have been making those payments

1 in like three days. Within three days our
2 payments are being made. So it is a change, but
3 you know, there is a -- there's a change in that
4 we don't make -- you know, it's a compensation
5 program, unlike, you know, a screening program,
6 and so we have not been making the appointments
7 for the claimants and we don't pre-pay, you know,
8 their airfare and things like that, if they're...
9 **DR. DEHART:** My other question deals with the
10 statistics as you've reported them. Does that
11 include the Worker Comp filing?
12 **MR. TURCIC:** No, that's -- this is only
13 Subpart B. That does not include Subpart D.
14 **DR. MELIUS:** Following up on the medical
15 information, has there been an increase in re-- in
16 requests for reimbursement on the cancer side,
17 also?
18 **MR. TURCIC:** Yeah, it's -- it's -- everything
19 seems to be going up. We've done a lot of
20 outreach in that -- in that area, and what we've
21 found there was a number of claimants, even though
22 they were receiving medical -- you know, received
23 benefits, they -- and we are -- by law, we are
24 first payer -- they would still maybe have their
25 insurance company pay their medical bills. And

1 we've also entered into an agreement with the
2 State of Ohio because especially, particularly
3 with the beryllium folks, there's a number of
4 joint claimants, and so we now have ways to cross-
5 match with the state of Ohio to ensure that, you
6 know, we're the ones that are paying the medical
7 bills as opposed to the state of Ohio.
8 **DR. MELIUS:** 'Cause I would think that one of
9 the problems with the cancer is that you're
10 eligible from the time you apply. The process
11 takes a while, and meanwhile you're having your
12 regular insurer handle the bills. So getting
13 people to -- informing them about the
14 retrospective ability to collect it -- and do you
15 do that as part -- like at the time when people do
16 file, is there communication with them telling
17 them, you know, save your bills, you know --
18 **MR. TURCIC:** Yes.
19 **DR. MELIUS:** -- even though you send them
20 someplace else, you can, you know, get -- 'cause
21 there --
22 **MR. TURCIC:** Yeah, there is, there's contact
23 and then when they receive the benefits, they
24 receive a packet of information and -- and again,
25 we've also tried to do as much outreach to the

1 providers that if they were paid by somebody else
2 that we could reimburse that -- that payer. But
3 it's tough to get -- you know, it's -- it's very
4 tough.
5 **DR. MELIUS:** Separate question. In terms of
6 the -- I think it was about 2,000 claims that you
7 said had been turned down, or 2,400 'cause they
8 were not eligible. To what extent are you having
9 problems verifying employment and -- if -- I mean
10 some of them would be turned down 'cause they --
11 they don't meet the requirement or they actually -
12 - you know, there's a record that they really
13 didn't work there. But what about people that --
14 where there's problems verifying -- particularly
15 among subcontractors and so forth.
16 **MR. TURCIC:** Yeah, subcontractors are
17 difficult. One of the things that we've just done
18 there is that we have gone in -- entered into a
19 contract with the Center to Protect Workers Rights
20 and they have access to a lot of other information
21 for subcontractors that -- you know, such as
22 dispatch records and other -- but you're
23 absolutely right, the subcontractors are a --
24 they're a -- they're a difficult situation. But
25 the vast majority of those that were denied

1 because of employment really -- I -- probably half
2 of them, maybe -- maybe a little less than half of
3 those were claiming employment at sites that
4 aren't covered.
5 **DR. ZIEMER:** Okay. Gen Roessler.
6 **DR. ROESSLER:** I think I'm talking about the
7 same figure as Jim is. On the final decisions and
8 claims, the total that have been turned down or
9 the final decision denied, there's so many, 9,000
10 out of about 15,000, that are non-covered
11 conditions. And I'm trying to figure out why
12 that's so high.
13 **MR. TURCIC:** People in -- in certain areas
14 there seem to be a belief, and we try to explain
15 to people, they were either filing claims with no
16 condition at all or filing claims for things like
17 heart disease or other toxic illnesses probably is
18 more appropriate under, you know, Subpart D of the
19 program. It's just -- you know, if someone wants
20 to file, they have a right to file. What we do
21 and the way we process that is if they're not at
22 least claiming a covered condition, we -- in our
23 first developmental letter we will ask them and,
24 you know, we'll explain to them what are the
25 covered conditions under -- under the Act, and we

1 give them the opportunity and then we deny the
2 claim.
3 **DR. ROESSLER:** So do you think it's
4 misunderstanding or they're just hoping that it
5 will go through?
6 **MR. TURCIC:** There was -- there was some
7 misunderstanding, but there was also some areas
8 where it was -- you know, there were groups that
9 were telling people to file. They wanted to up
10 the numbers maybe so that, you know, you could say
11 here we're being denied from Part B. So it was a
12 mix.
13 **DR. ROESSLER:** It seems that a number like
14 that portrays a lot of negative feelings about the
15 program.
16 **MR. TURCIC:** Yeah, but we're forced -- you
17 know, if an individual wants to file a claim, our
18 -- if they go -- and a large percentage of our
19 claims go through our resource centers, and the
20 resource center staffs are very good at explaining
21 to people, you know, when they come in and they're
22 filing a claim for a condition that's not covered.
23 However, they're instructed, because they're
24 entitled to have, you know, the whole adjudication
25 process, that if they insist on filing under Part

1 B that they go ahead and take the claim.
2 **DR. ZIEMER:** Richard Espinosa.
3 **MR. ESPINOSA:** I know in Los Alamos there's a
4 lot of people that have filed just for the simple
5 fact of getting it on record. My question is,
6 though, is under what reasons are the survivors
7 not eligible?
8 **MR. TURCIC:** It -- the survivor issue now,
9 most of the non-eligible would be things like
10 maybe they weren't married for a year prior to the
11 death of the worker. We have a lot of survivor
12 issues where, you know, you may have -- there
13 could be -- they can't demonstrate that they are a
14 child of the -- of the worker, things like that.
15 **DR. ZIEMER:** Jim Melius.
16 **DR. MELIUS:** Well, first of all, I think --
17 really appreciate your -- the outreach program and
18 the effort that the -- the agency is making in --
19 in this overall program. One thought that came to
20 mind -- maybe this has been tried -- but one way
21 of reaching some of the retirees is through the
22 pension programs, mailers and so forth to them --
23 **MR. TURCIC:** Yeah.
24 **DR. MELIUS:** -- and I think a concentrated
25 effort there may be able to -- I mean both the