

**MASTER COVERSHEET FOR CLAIM FILES**

<b>EMPLOYEE NAME:</b>		<b>CASE #</b>		
<b>DATE OF BIRTH:</b>		<b>DATE OF INJURY:</b>		
<b>Initial Claim</b>	<b>Yes</b>	<b>No</b>	<b>Date</b>	<b>Timelines/Actions</b>
Is information complete? Print SF-50 in effect on Date of Injury. 1. See blocks 46 & 47 for responsible command. 2. Convert command to chargeback code, e.g. IMCOM – 3340, MEDCOM – 3310, etc.	<input type="checkbox"/>	<input type="checkbox"/>		<b>ASAP –before authentication</b>
Review facts of claim with <b>supervisor</b> : 1. Is claim legitimate? 2. Is employee working? 3. Did employee seek medical care? 4. Was CA-16 issued? 5. Is there documentation to support COP? 6. Has safety office been notified? 7. Has safety investigation been completed and results forwarded to ICS for inclusion in next FWG meeting?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>ASAP –before authentication</b>
If claim is to be controverted or challenged, was this indicated in EDI/DIUCS?	<input type="checkbox"/>	<input type="checkbox"/>		At time of authentication
Has supporting medical evidence been received by ICS yet?	<input type="checkbox"/>	<input type="checkbox"/>		Within 10 calendar days
Has claim been entered/authenticated?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<b>Within 10 calendar days</b> of date of notice in block 23 of CA-1 and block 26 of CA-2 form
Create <b>agency claim file</b> while waiting for claim # from OWCP.	<input type="checkbox"/>	<input type="checkbox"/>		<b>Within 10 calendar days</b> of date of notice in block 23 of CA-1 and block 26 of CA-2 form

<p>Has ICS contacted claimant?                  *Explained ICS responsibilities and assistance available to claimant?                  *Emphasized availability of light duty and claimant responsibility to seek return to light duty when appropriate?                  *Explained agency must have medical documentation for all time off?                  *Explained when OWCP letter of acceptance if/is received, he/she must give a copy to ICS and doctor?  <b>OR</b>                  Has ICS forwarded information of same to the claimant?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		<p>Within 10 calendar days</p> <p><b>OR</b>                  What venue was used to convey information?                  Date called- _____ or                  Date emailed- _____ or                  Date mailed to HOR- _____.</p>
<p>Has claim number been received?                  Has all documentation (including controversion/challenge and DOI SF-50) been forwarded to OWCP?                  Was claim # at top of every page?  <u><b>Is copy of all documentation in agency file?</b></u></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		<p>Within 30 calendar days, if not received contact CHRA HQs or DoD liaison for assistance.                   Date:</p>
<p><b>Case Management</b></p>	<p><b>Yes</b></p>	<p><b>No</b></p>	<p><b>Date</b></p>	<p><b>Comments</b></p>
<p>Is a separate brief summary of each contact from employee, physician's office, claims examiner, OWCP Nurse Case Manager, DoD liaison, etc included in file?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		<p>At time of contact-write a brief summary and include names and phone numbers, and/or print copy of email for agency file</p>
<p>If claimant needs time off work for injury:                  1. Are COP start date, expiration, and return to work dates noted?                  2. Has medical documentation for # of days off work been forwarded to OWCP with claim # at top of every page?                  3. Have supervisor &amp; timekeeper been notified of how to mark timecards for COP and eligible dates?                  4. If COP runs more than 40 hours, has form cover letter emphasizing light duty/job modification, along with OWCP-5, been sent to treating physician?                  5. Has calendar been noted for 5 days ahead of expiration of 45 calendar days to coordinate RPA (if LWOP will be requested by employee and medical documentation indicates employee will not be able to return to duty)?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>		<p>Within 10 calendar days and follow up at end of each doctor's note expiration date</p> <p>See Appendix D for template</p>

<p>If injury goes beyond COP:</p> <ol style="list-style-type: none"> <li>1. Has <b>LWOP been</b> annotated?</li> <li>2. Has medical documentation and CA-7 for compensation been forwarded to OWCP (with copies in the agency file)?</li> <li>3. Has <b>supervisor</b> contacted claimant weekly to inquire on progress of recovery?</li> <li>4. Has ICS sent OWCP-5 form to treating physician at least monthly?</li> <li>5. Has ICS sent treating physician proposed light duty PD and asked for comments?</li> <li>6. Has RPA for LWOP for FECA compensation been <u>processed</u> for amount of time physician indicates employee must be off?</li> <li>7. Are copies of SF-50's in agency file?</li> <li>8. Has ICS contacted the MTF doctor, IH, and/or OH for professional opinions of reasonableness about medical diagnosis, treatment plan, and prognosis issued by treating physician?</li> </ol>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		<p>After COP or eligibility As needed</p> <p>Weekly while LWOP</p> <p>Monthly while LWOP After one month of LWOP</p> <p>After 80 continuous hours of LWOP</p> <p>As necessary</p> <p>If medical opinions differ, contact CHRA HQs, DoD liaison and/or OWCP for assistance.</p>
<p>Have CA-7s been forwarded to OWCP with supporting medical documentation and CA-7a (if applicable)? <b>Print initial CA-7, have employee (hard-copy) sign and retain in agency file.</b> Submit electronic CA-7 forms per pay period for subsequent LWOP if/when DOL notifies to stop filing them.</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Time off dates: From:            To:</p> <p>May scan and email, or fax, initial hard copy CA-7 to begin process, but must obtain originally signed form for agency file</p>
<p>If LWOP/comp exceeds 10 months, has CPAC been contacted to transfer FEHB to OWCP?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Between 90 days and up to 10 months of LWOP. If not, forward to DoD liaison for assistance.</p>
<p>If LWOP/comp exceeds 12 months, has CPAC been contacted to review FEGLI?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>By 12 months of LWOP. If not, forward to DoD liaison for assistance.</p>
<p>Are changes to FEHB enrollment (if applicable) reported to OWCP?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>As needed</p>
<p>Has CA-7 been sent for Leave-Buy-Back, if applicable?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>If requested</p>
<p>Has ICS contacted MTF doctor, IH, and/or OH for <b>updated</b> opinions of reasonableness about medical diagnosis, treatment plan, and prognosis issued by treating physician?</p>				<p>If medical opinions differ, contact CHRA HQs, DoD liaison and/or OWCP for assistance.</p>
<p>Has employee been placed on PR rolls and CA-7s are no longer needed?</p>	<input type="checkbox"/>	<input type="checkbox"/>		<p>Date on PR: Date off PR:</p>

Has ICS done follow-up with employee at home after going on PR rolls?	<input type="checkbox"/>	<input type="checkbox"/>	On, at least, an annual basis. May use <b>edited</b> Appendix F or Appendix O and retain copies in agency file.
Has OWCP-5, CA-17 or CA-20 been sent to treating physician after employee went on PR status?	<input type="checkbox"/>	<input type="checkbox"/>	Additional Dates:
<b>Has job offer been made to employee</b> with copy to OWCP and DoD liaison?	<input type="checkbox"/>	<input type="checkbox"/>	Date Sent: Suspense Date: Date Response Received:
Did employee accept job offer? If declined or no response, has copy of job offer been sent to OWCP & DoD liaison?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Return employee to work.  ASAP
If employee returned to work, has OWCP been notified using electronic OWCP-3?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	ASAP
Has CA-7 for Scheduled Award been sent to OWCP, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	ASAP
Has employee been moved to PN rolls:	<input type="checkbox"/>	<input type="checkbox"/>	Date:
Has ICS done follow-up with employee at home after going on PN rolls?	<input type="checkbox"/>	<input type="checkbox"/>	On, at least, an annual basis. May use <b>edited</b> Appendix F or Appendix O and retain copies in agency file.
Has telecon been held with employee, supervisor, Employee Relations and EEO about separation if unable to return to <b>any</b> work for more than one year of LWOP? <b>****OCONUS- DO NOT SEPARATE IF REMAINING IN-COUNTRY. SEE SOFA AGREEMENT****</b>	<input type="checkbox"/>	<input type="checkbox"/>	13 months of LWOP  <b>Continue RTW efforts if employee indicates desire to retire!</b>
Record date of retirement/separation. Confer with L/MER for separation process and include remark "N10- To be, or expected to be, paid under Chapter 81." Retain copy of SF-50 for agency file.	<input type="checkbox"/>	<input type="checkbox"/>	Agency <b>MUST</b> inform employee about filing disability retirement before one year anniversary after separation date. Include as remark on SF-50.
<b>Record dates of all SF-50s and attach copies:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Never stop RTW efforts in light of filing for OPM retirement and/or separation from employment rolls!</b>

