

## **Federal Employees' Compensation Act FAQs for Injury Compensation Specialists (ICSs)**

### **1. What is the difference between a 'Traumatic Injury' and an 'Occupational Disease or Illness'?**

A *traumatic injury* is a wound or other condition of the body caused by external force, including stress or strain. The injury must occur at a specific time and place, and it must affect a specific member or function of the body. The injury must be caused by a specific event or incident, or a series of events or incidents, within a single day or work shift. Traumatic injuries include damage solely to or destruction of prostheses, such as dentures or artificial limbs. Traumatic injuries also include damage to or destruction of personal appliances, such as eyeglasses or hearing aids, when a personal injury requiring medical services occurred.

An *occupational disease or illness* is a condition produced by the work environment over a period longer than one work day or shift. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes or other continuing conditions of the work environment. The length of exposure, not the cause of the injury or the medical condition which results, determines whether an injury is traumatic or occupational. For instance, if the employee is exposed to toxic fumes for one day, the incident is considered a traumatic injury. If the employee is exposed to toxic fumes for two or more days, the incident is considered an occupational disease.

### **2. What forms are used to report injuries and diseases?**

Form CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, is used to report a traumatic injury. Form CA-2, Notice of Occupational Disease and Claim for Compensation, is used to report an occupational disease. The employee should carefully follow the instructions attached to Forms CA-1 and CA-2. Form CA-1 should be filed within 30 days of the injury, and Form CA-2 should be filed within 30 days of the date the employee realized the disease or illness was caused or aggravated by the employment. Both the CA-1 and the CA-2 are available for electronic submission at <https://www.ecomp.dol.gov/>. The employee should click on the "File Form" green bar in center of page, or "File a Form" in left column, under Employee & Claimants. The employer is expected to submit the completed form to the Office of Workers' Compensation Programs within 10 workdays.

### **3. What should you do when completing Agency Review of a CA-1 or CA-2 in ECOMP?**

Once a claim has been received by the Agency Reviewer (AR) after the supervisor has reviewed and forwarded the form, you must review and certify the form before it is submitted to OWCP. When the supervisor completes his or her review, you (as the AR)

will receive an email from ECOMP advising you that the claim is pending AR review. Claim forms requiring review by the AR are listed in the Awaiting My Review tab in the AR Dashboard. To start reviewing a claim, select it and click the Review/Edit Claim button. Any changes or corrections to the information entered in the supervisor portion of the form may be made by the AR during this review process.

Please note that when an employee initiates a claim, he or she enters the email address of the supervisor to whom the claim will be sent. While the supervisor's email address must contain one of the allowable email domains for the organization, ECOMP does not have the ability to verify that the email address entered by the employee is in fact that of the appropriate supervisor. Therefore, special care should be taken to review the identity of the supervisor who has reviewed the claim, and confirm that he or she has the authority to do so. You can do so by simply reviewing the claim form on ECOMP or by calling the supervisor at the telephone number indicated on the form.

After selecting a claim for review, a claim summary and list of attachments are displayed. The email address of the individual who completed the supervisor review of the claim is also displayed. If desired, you may attach additional documents to the claim at this time by clicking "Attach New Document."

Next, a summary of the information entered by the employee in the claimant portion of the CA-1 form is displayed. As the cursor hovers over each field in the summary, a "Go to Field" button is displayed. You may click this button to view the information entered for that field in the employee portion of the form, but changes may not be made, as this information represents the employee's statements regarding the claimed injury.

Next a summary of information provided by the employee's supervisor in the Supervisor Portion of the CA-1 form is displayed. Any fields which were optional for completion by the supervisor, but are required for submission of the claim, will be shown in red and must be completed by the AR. As the cursor hovers over each field in the summary, a "Go to Field" button is displayed. You may click this button to go to a particular field of the supervisor portion of the form to edit information entered by the supervisor. After making any necessary changes, click "Back" to return to the summary page. Note – The Date Notice Received cannot be edited.

Next, to finalize submission of the form, select "Sign & Forward or File". You may change the extent of injury selected by the supervisor for a CA-1 if necessary. Note that if "No Lost Time" or "First Aid" are selected the CA-1 will not be forwarded to OWCP for creation of a case. Rather, it will remain with the agency and be listed in the "No Lost Time" tab of the AR Dashboard. This does not apply to review of a CA-2, which is always submitted to OWCP.

You also must indicate whether the claimed injury is related to one of the special events listed in the drop down list. If the claim is not ready for submission and needs to be returned to the employee or supervisor for changes, you may select "Request Resubmission" and choose the reason for requesting resubmission from the drop down

list. An email will then be sent by ECOMP notifying the employee and supervisor that the claim has been returned. The AR should take action to follow up with the appropriate party to address any deficiencies which prevented submission of the claim.

If the claim has been submitted to OWCP, a confirmation message is displayed, along with a summary of information pertaining to the claim. A copy of the claim form may be obtained in PDF version by clicking the "Get PDF" button. As noted in the displayed statement, the PDF version of the claim form must now be printed and signed by all parties. You must retain the claim form with original signatures, to be made available to OWCP upon request. When finished, click "Done" to return to the AR Dashboard. The submitted claim will now be listed in the "Done" tab of the AR's Dashboard.

#### **4. What defines a work injury if it happened on the property and while working?**

There has to be an incident or a specific reason that causes an injury or an illness. Simply having a 'pain' while walking would not qualify as a Workers' Compensation event. The employee is entitled to file a claim, but the Injury Compensation Specialist should send a challenge to the Office of Workers' Compensation Programs pointing out that there was no event that would have caused the pain, such as a fall. The employee would also have to submit medical evidence that the 'pain' was caused by his or her employment. Simply having an event occur at work, such as a heart attack, does not make it a Workers' Compensation case.

#### **5. Are all work-related injuries covered under the Federal Employees' Compensation Act?**

All kinds of injuries, including diseases caused by employment, are covered if they occur in the performance of duty. However, benefits cannot be paid if injury or death is caused by willful misconduct of the injured employee, by intent to bring about the injury or death of oneself or another, or by intoxication of the injured employee.

#### **6. Is it necessary to report all injuries that occur at work, even minor ones such as a cut finger or bumped knee?**

All injuries should be reported when they occur, since a minor injury sometimes develops into a more serious condition. Benefits cannot be paid unless an injury is reported.

## **7. Are only regular, full-time employees eligible for Federal Employees' Compensation Act (FECA) benefits?**

No. FECA coverage is extended to Appropriated Fund employees regardless of the length of time on the job or the type of position held. Probationary, temporary, and term employees are covered on the same basis as permanent employees. Also, part-time, seasonal, and intermittent employees are covered.

## **8. Does the Federal Employees' Compensation Act cover a pre-existing medical condition that is aggravated by factors of employment?**

Yes. Medical conditions aggravated, accelerated or precipitated by the employment are covered. The employee must submit medical and factual evidence showing that the employment aggravated, accelerated, or precipitated the medical condition.

## **9. How do I close 'inactive' or dormant files?**

Almost every Injury Compensation Specialist has old cases in the files that are NOT showing up on the chargeback list, but are just lingering. Look through your old files and pull out any case that has not had any money moving on it – medical, compensation, or death benefits - in more than two years. These files need to be closed. Look up the case in the Agency Query System and the Department of Defense Injury/Unemployment Compensation System to be certain no money has moved on it in at least two years. If this is the case, send a letter to the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300 requesting closure. This is important because:

1. If a case is open, it is an 'open checkbook' meaning a bill or compensation payment can be started up without your knowledge. You will not know what is going on until it appears on your chargeback list. If the claimant has a spontaneous re-appearance of symptoms, the claimant can always file for a recurrence, so closing the case does not harm the claimant.
2. Storage space for the hard-copy files can be an issue. If you get a case closed – and it has been closed by the Office of Workers' Compensation Programs for more than two years – then you can shred or burn bag everything in the file except the original CA-1 or CA-2.

## **10. How do you file for injuries occurring outside the Continental U.S.?**

All Department of Defense (DoD) civilian injuries occurring outside the Continental U.S. are initially processed by the Office of Workers' Compensation Programs Special Claims office in Cleveland and require special attention when a claim is entered in the DoD Injury/Unemployment Compensation System/Electronic Data Interchange. Iraq and Afghanistan claims are assigned special claim numbers. Any claim related to

injuries or illnesses arising out of service in Iraq should be created in the XX3002XXX series. Any claim related to injuries or illnesses arising out of service in Afghanistan should be created in the XX3007XXX series. If a claim is filed for injuries in Iraq or Afghanistan after the claimant returns to the U.S., follow these procedures and change the home address later.

To Process Claims: If the employee was assigned to Afghanistan or Iraq when the injury occurred:

**CA-1:**

- **BOX 9:** The country code for Afghanistan (932A) or Iraq (803A) must be entered in the ZIP CODE field.
- **BOX 18:** FA (for Foreign Address) must be entered in the STATE field and the country code for Afghanistan (932A) or Iraq (803A) must be entered in the ZIP CODE field.
- **BLOCK 38:** The War Zone code for Afghanistan (AF) or Iraq (IZ) must be entered in the field requesting the location.

**CA-2:**

- **BOX 10:** FA must be entered in the STATE field and the country code for Afghanistan (932A) or Iraq (803A) must be entered in the ZIP CODE field.
- **BOX 20:** FA must be entered in the STATE field and the country code for Afghanistan (932A) or Iraq (803A) must be entered in the ZIP CODE field.
- **BLOCK 35:** The War Zone code for Afghanistan (AF) or Iraq (IZ) must be entered in the field requesting the location.

If you see Afghanistan or Iraq cases coded incorrectly contact the DoD liaison for your area.

**Other Claims Outside the Continental U.S.**

If a DoD civilian is injured while at a duty station outside the Continental U.S., special care is required in entering the addresses on the injury claim forms to ensure the claim is routed to the correct office and that mail addressed to the claimant or agency is sent to the right place.

There are several addresses involved, including claimant's home address, location of injury, physician's address, agency address, and duty station address. If you are using an APO or FPO address, the STATE field should contain AE (Europe), AP (Pacific) or AA (Caribbean). If you are not entering an APO or FPO address and zip code, you must enter FA for 'Foreign Address' in the field for STATE. The system will then allow you to use CTRL + L in the ZIP CODE field to see a list of foreign country codes. It will not allow you to enter a foreign country code if you have anything other than FA in the STATE field. Contact your DoD liaison if you have questions.

## **11. What is the Employee's Compensation and Management Portal (ECOMP)/Web-Enabled Electronic Document Submission (WEEDS)?**

The initial Notice of Traumatic Injury or Occupational Disease claim (Forms CA-1 or CA-2) is required to be filed using the ECOMP application. For other documents you may use the WEEDS portion of the Department of Labor's ECOMP. This system allows anyone with an internet connection and some basic information about a Federal Employees' Compensation Act claim to load documents directly into the claim file. Advantages to utilizing WEEDS are (1) the document will be viewable in the claim file by the claims examiner within 4 hours of submission; (2) you will not have to pay for postage to mail documents to the Central Mailroom; (3) you will receive a tracking number once you upload your document which you can use to determine when it has been entered into the claim file; (4) as soon as you receive a claim number, you can upload documents into the claim record instead of waiting for the case number and then mailing them, which should lead to faster adjudication of claims and earlier identification of disability by the Office of Workers' Compensation Programs. Users do not need to sign up or register for ECOMP in order to use this function. Before attempting to use WEEDS, you should review the ECOMP tutorial at <https://www.ecomp.dol.gov/content/help/tutorial/index.html>.

## **12. How does one ensure files are labeled correctly for an upcoming records audit?**

Workers' Compensation files are administered under the Department of Labor rules, and are not Army files, so they do not come under the Army Records Information Management System.

## **13. What is the cost of Workers' Compensation?**

Every day the Department of Defense spends almost 2 million dollars on workers' compensation. Approximately 80% of this amount goes to 'old cases' where the injured employee was never brought back to work.

## **14. What is the Department of Defense (DoD) Pipeline Program?**

The DoD 'Pipeline' Program provides overhire authority and pays the employee's salary for the first 365 days for returning employees who have been out for 90 days or more. DoD transfers the money to your activity on a Military Interdepartmental Purchase Request (MIPR). It is designed to assist installations in returning employees to work.

**15. If an employee has a work-related injury and also suffers damage to personal property, such as clothing, can the employee be paid for such loss?**

The Federal Employees' Compensation Act does not provide for reimbursement for loss of personal property. The employee may seek such reimbursement from his or her employer under the Military and Civilian Personal Property Act of 1964, 31 U.S.C. 240.

**16. How does an employee notify the Office of Workers' Compensation Programs (OWCP) of a change of address?**

To change an address with the OWCP, the claimant must send a signed letter/statement to the OWCP at the U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY, 40742-8300, advising of the new address. Telephonic contact is not sufficient for the OWCP to change an address. Another acceptable document for an address change is the form SF-1199a, Direct Deposit Sign-up Form, used to elect receipt of compensation payments by electronic funds transfer. As is the case with anything sent to the OWCP, please advise the employee to note the claim number on every page, send only single sided copies, and be sure to keep a copy for his or her records.

**17. What should an employee do if he or she has suffered a recurrence of work-related disability?**

If an injured employee sustains additional disability, he or she should report the recurrence using Form CA-2a, Notice of Recurrence. The employee must submit the factual and medical evidence noted in the instructions on the form. If the recurrent disability is related to the original injury, the employee is entitled to medical treatment and compensation.

**18. What is 'performance of duty'?**

It must be established that the employee sustained an injury or disease while engaged in the performance of duty when the injury or disease occurred. Usually, the injury or illness must occur on the employer's premises during working hours while the employee is performing assigned duties or engaging in an activity which is reasonably associated with the employment. Workers who perform assigned duties away from the employer's premises are also covered.

**19. Is an employee in performance of duty while on break or at lunch?**

An employee is considered to be in performance of duty during break or at lunch on the employer's premises. Unless the employee is in travel status or is performing regular

duties off the premises, an injury which occurs during lunch hour off the premises is not usually covered.

**20. Is an injury which occurs during work-related recreational activities considered to be in performance of duty?**

Injuries which occur during recreation which the employee is required to perform as a part of training or assigned duties, or which occur while the employee is in pay status, are considered to be in performance of duty for compensation purposes. Injuries which occur during informal recreation on the employer's premises (for instance jogging) may also be covered, as may injuries which occur while an employee is engaged in activities approved as part of an individual plan developed under a formal physical fitness program managed by the employer. Injuries which occur during informal recreation off the employer's premises (such as playing on an employer-sponsored baseball team) may also be covered. The employer must explain what benefit it derived from the employee's participation, the extent to which the employer sponsored or directed the activity, and whether the employee's participation was required. For more information, see Department of Defense Instruction 1400.25 Volume 810, Injury Compensation, paragraph 11.b. (<http://www.dtic.mil/whs/directives/corres/pdf/1400.25-V810.pdf>).

**21. Is an employee considered to be in performance of duty while going to and from work?**

No. Employees are not generally covered by the Federal Employees' Compensation Act for injuries which occur before they reach the employer's premises or after they have left it. However, coverage may be extended when the employer provides transportation to and from work, when the employee is required to travel during a curfew or an emergency, or when the employee is required to use his or her automobile during the work day.

**22. Is an employee considered to be in performance of duty 24 hours a day while in travel status?**

An employee in travel status is covered 24 hours a day for all activities incidental to the work assignment. Such activities include obtaining meals, using the hotel room, and traveling between the hotel and the work site. They usually do not include recreational or sightseeing trips.

**23. How long does an accepted case remain open?**

An accepted case remains open for as long as medical care or disability continues. Cases in which there is no activity for a period of two years should be requested for closure by the Injury Compensation Specialist.

**24. How is an employee advised when a case has been denied?**

A formal decision is sent to the employee. The decision states the specific reason for denying the case and discusses the evidence which led to the decision. Copies of the decision are sent to the Injury Compensation Specialist and to the claimant's designated representative, if any.

**25. Can the injured worker choose the physician who will provide treatment?**

Yes, an injured worker is entitled to a first choice of physician or facility for treatment of an injury. A physician working for or under contract to the employer may examine the employee in accordance with the Office of Personnel Management regulations. The employee's choice of physician must be honored, and treatment by the employee's physician must not be delayed.

**26. Will the Office of Workers' Compensation Programs (OWCP) pay for transportation to obtain medical treatment for a work-related injury?**

An employee can be reimbursed for reasonable transportation expenses needed to obtain medical treatment. A distance of up to 25 miles from the employee's home or work site is usually considered a reasonable distance to travel. For automobile travel, the employee is reimbursed at the standard mileage rate for government travel. Otherwise, the employee should travel by the shortest route and use public transportation unless a taxicab or specially equipped vehicle is needed because of the medical condition. A Medical Travel Refund Request, Form OWCP-957, should be used to claim reimbursement for travel expenses.

**27. Does an employee have to use sick or annual leave after Continuation of Pay is consumed?**

While an employee may use sick or annual leave, this is not required, and doing so can cost a significant amount of money to repurchase. It is normally preferable to use Leave Without Pay (LWOP) and claim compensation through the Federal Employees' Compensation Act instead. An employee should make this decision only after reviewing the information stated on Form CA-7b, Leave Buy Back (LBB) Worksheet/Certification and Election. An employee must be in LWOP status before compensation is payable.

**28. Is an employee entitled to compensation if a work-related injury is caused by a 'third party'?**

Yes, a work-related injury caused by a private party is compensable. However, when an injury occurs in this way, the employee may be required to bring a claim against the private party (known as the 'third party') or to assign the benefits received to the U.S. Government. An employee (or the beneficiary in the event of death) who refuses to do so loses the right to compensation.

**29. What if the offered job requires the employee to relocate?**

While employers are expected to offer jobs within the employee's commuting area if possible, the Office of Workers' Compensation Programs may pay moving expenses in connection with a suitable offer of employment made to a claimant who is off the employer's rolls. The kinds of expenses and amounts payable are determined according to the Federal Travel Regulations for permanent changes of duty station.

**30. When does compensation end?**

Compensation ends when:

(a) The employee returns to full duty in the job held when injured, or is otherwise re-employed in a job which results in no loss of wages;

(b) The employee refuses an offer of a suitable job and the cause for refusal is not reasonable. The Office of Workers' Compensation Programs (OWCP) will decide whether the job offer was suitable and whether the refusal was reasonable.

(1) Acceptable reasons for refusal include, but are not limited to, withdrawal of the offered position by the employer; acceptance of other work by the employee which fairly and reasonably represents his or her earning capacity; or a worsening of the employee's medical condition, as documented by the medical evidence, to the point that the employee is disabled for the job in question.

(2) Unacceptable reasons for refusal include, but are not limited to, the employee's preference for the area in which he or she currently resides; personal dislike of the position offered or the work hours scheduled; lack of potential for promotion; lack of job security; and previously-issued rating for loss of wage-earning capacity based on a constructed position where the employee is not already working at a job which fairly and reasonably represents his or her wage-earning capacity.

(c) The employee abandons a suitable job. The OWCP will decide whether the job was suitable and whether the reason for abandonment was reasonable, and apply its finding retroactively.

(d) The OWCP receives medical evidence showing that the employee no longer has limitations from the work-related injury which affect the performance of his or her duties

when the injury occurred, or that the employee's disability is not causally related to the work-related injury;

(e) A beneficiary is convicted of defrauding the federal government with respect to a claim for benefits.

The OWCP issues formal decisions when compensation is terminated for any of these reasons.

**31. If an employee covered by the Civil Service Reform System (CSRS) goes back to work with the original employer or another federal employer, will he or she be returned to CSRS, or will he or she be placed in Federal Employees Retirement System (FERS)?**

Employees covered by CSRS when they stopped work retain entitlement to CSRS on return to federal employment. They may transfer to FERS within six months after reemployment. Employees covered by FERS when they stopped work remain covered under FERS on return to federal employment.

**32. If a job offer is made to a long-term claimant for Return-to-Work, does the claimant need a Personnel Security Investigation before starting work?**

If the employee is returned to a position that does not require access to classified information and a suitability investigation was conducted when the employee was initially hired, a Periodic Re-Investigation (PR) would not have to be done. If the employee was returned to a position requiring access to classified information and has a break in service of 24 months or more, than a PR must be done.