Injury Compensation Program Administrator Handbook

Restoring Army's Injured Employees to Productivity

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1.0 INTRODUCTION

Since 1994, the Army has spent more than $2 billion on civilian injury compensation. Much of this money is spent on medical bills and temporary paid leave. However, a great deal of the money is spent on salaries for injured employees who never came back to work. It is the job of the Injury Compensation Program Administrator (ICPA) to be a steward of Army's money.

The Federal Employees Compensation Act (FECA) mandates the government to care for a worker who has injured himself on the job. FECA also protects the government in that it says an injured worker cannot sue the government, or his supervisor, over a work-related injury. An injured worker cannot use his health insurance to pay expenses related to an on-the-job injury. The only way an injured federal employee can receive care and healing is through the FECA Workers Compensation program.

An ICPA has two very important responsibilities:

First is to ensure that the injured worker receives all the medical care and assistance needed to return to employment. Review and verify the injured worker's medical bills are paid correctly, that they receive compensation (money) to live on if they are unable to work, and that they receive support and encouragement recovering. Understand the ICPA must pursue all avenues in an effort to bring the employee back to productive participation in the workforce.

Secondly, ensure the Army's interests are protected. Army should not pay for claims that are not work-related. It is the ICPA's job to see that every claim that goes forward is truly work-related. A careful examination of every new claim is required to see if it warrants challenge or controversion (deny the Continuation of Pay (COP)). Inform each treating physician that Army will modify any position, offer light duty, or even create a new position in order to keep the injured worker as part of the Army team. BE sure to review costs and time off to ensure these are prudent and reasonable.

The goal is to obtain needed medical care – and to return the worker to productivity! This handbook provides guidelines, templates, and sample letters to assist in this critical role. As an ICPA, the responsibility for hundreds of thousands--perhaps even millions--of dollars is a large load. Understand the magnitude of responsibility for the career and productivity of each injured worker.
LET'S BEGIN ….

1.1 For a New ICPA: Advice from Eugene Johnson, an experienced ICPA

Army spends hundreds of millions of dollars each year on workers compensation costs, including "periodic roll" cases. When an employee is out on a periodic roll, an employee will receive a compensation check based on the employee's salary, every twenty-eight days from the Department of Labor. Department of Labor (DOL), Office of Workers Compensation (OWCP), is the sole agency that makes decisions on workers compensation cases and places injured employees on the periodic rolls.

It is very important to constantly review your periodic roll report. This report can be retrieved by visiting the DoD CPMS homepage at http://www.cpms.osd.mil/ICUC/ICUC_index.aspx and clicking on the DEFPAC box to the left of the screen. If you are having problems retrieving this report, contact your servicing CPMS Liaison. After logging on to DEFPAC, click on the "ICPA Tool Kit" tab, then click on "ICPA Reports", then click on the "Claims Management Reports", and finally click on "Case Status Report". Enter your User I.D. again. Select the CPO Alpha code, scroll down in the next box, and select "periodic roll". This will create a report for you. You can save this report to your hard drive on your computer to create charts and graphs to show compensation trends and costs.

The key to getting injured employees off the periodic rolls is to be very, very proactive with Department of Labor. Regularly call the customer service line at one of the Department of Labor's (DOL) thirteen district

offices and wait until a person comes on the phone. State that you represent the agency and would like to leave a message for the assigned Claims Examiner to call you back concerning the periodic roll case you are inquiring about. The customer service representative may ask for a claim number, phone number, and your agency. Usually the Claims Examiner will call you back within three days. If they do not, you must call again and leave another message. I cannot stress enough that you must be very proactive and call the customer service line at DOL and leave another message. Once you get in contact with the Claims Examiner, the first thing that you want to ask is: "What is the latest medical documentation you have on file for the claimant?" Another option is to follow up with a written request to the claims examiner for the needed information.

You also want to request that the Claims Examiner review the case file to see if a second opinion or referee exam is warranted. A referee exam is needed when there is a conflict in medical opinions between the claimant's attending physician and the second opinion examining doctor.

Your other option while you have been making these calls to the DOL is to contact your Civilian Personnel Management Service (CPMS) Defense Liaison to assist you in reviewing your periodic roll cases at the Department of Labor. You must keep the wheels in motion and be proactive to reduce your cost. If you receive medical documentation from the Department of Labor indicating that the injured worker can come back to work with medical limitations, you should immediately contact the injured worker's supervisor to discuss possible assigned duties. The duties may have to be modified in accordance with the medical limitations. DOL requires that the agency prepare a written job offer when returning an injured employee back to duty from the periodic rolls.

If the job offer is found suitable by OWCP, the Claims Examiner will usually send the claimant a letter indicating that he will have thirty days to accept the OWCP job offer. If the employee does not return to work, the ICPA must notify OWCP. OWCP will give the claimant an additional fifteen days to accept the offer. If the employee still has not returned at the end of the fifteen day period, notify OWCP and compensation benefits will be terminated. This decreases your workers compensation cost. Another way of decreasing your cost is to provide a written light duty job offer to a claimant as soon as they are injured, in keeping with medical restrictions.

Another area in case management that requires attention is potential fraud. How do you handle cases you suspect may be fraudulent? When you review your periodic roll report, you want to look at cases where there is very minimal medical cost. These are the cases you want to address first. Follow the same steps as stated earlier when calling the Department of Labor. If you receive information from a manager or employee that the injured employee is doing some other physical activity outside of his or her employment while drawing workers compensation, that is illegal and you should contact your servicing Criminal Investigative Division (CID). Another avenue is the DoD Inspector Generals Office. That website is: http://www.dodig.osd.mil/INV/DCIS/dcismap2.htm Sometimes CID may not have the manpower to conduct surveillance or investigate workers compensation cases. Again, as the ICPA you must make a conscious effort to decrease your workers compensation cost. Be proactive and "mind the store."

1.2 DoD 1400 Regs

The DoD 1400.25-M is the official DoD instruction of how Workers Compensation should function in all DoD components. Below is the complete list of ICPA responsibilities:

> SC810.3.10. Injury Compensation Program Administrator (ICPA). The ICPA serves as the focal point in all aspects of the program, coordinating efforts of safety officials, occupational health officials, medical officials, supervisors and other management officials, and local labor representatives, as appropriate. To ensure optimum effectiveness in the administration of the program, it is imperative that the ICPA maintain a professional and cooperative relationship in his or her contacts with the OWCP district offices, supporting DoD liaisons, activity personnel and the injured worker. The ICPA shall:

SC810.3.10.1. Provide training and operational guidance to supervisors and employees concerning their responsibilities within the injury compensation program;

SC810.3.10.2. Ensure that Form CA-10 (poster), “What a Federal Employee Should Do When Injured at Work” (figure 810-1) is posted at the work site;

SC810.3.10.3. Maintain a working knowledge of the Electronic Data Interchange (EDI) application, ensure that supervisors are trained in, and have a good understanding of the application, and utilize EDI when filing claims for injuries and illnesses under FECA.

SC810.3.10.4. When notified about a job-related injury or illness or an actual or potential claim, give prompt help to the supervisor and the employee. The ICPA shall ensure that pertinent forms are properly and timely completed. (The ICPA is not responsible for the accuracy of information provided and entered on forms by the employee, supervisor, or witnesses, but must obtain clarification of conflicting or confusing statements.) NOTE: The ICPA has the final responsibility for the technical adequacy of all documents sent to OWCP;

SC810.3.10.5. Upon receipt of a Form CA-1 or Form CA-2, check the form for completeness. If there is any doubt about the information shown on the form, the ICPA will resolve the matter before further processing. The electronic version of Forms CA-1 and CA-2 contain an Authorization for Release of Information. If necessary, the ICPA can require the employee to sign and date an additional Authorization for Release of Information. Because there is a short-time limit (10 working days or less) on processing injury compensation forms, any necessary action should be taken on a priority basis.

SC810.3.10.6. When appropriate, the ICPA will request that safety or medical services furnish, in writing, a report on the claim and include this information with the claim when sending it to OWCP. If this would cause an undue delay, this information can be sent to OWCP at a later date. Both safety and medical services officials may, of their own volition, initiate letters or other documents to accompany claims. After determining that all forms are correct and reflect the correct chargeback account code, the ICPA sends them to OWCP.

SC810.3.10.7. If the injury results in no medical expense and no lost time, the Form CA-1 or Form CA-2 is permanently filed in the Employee Medical File (EMF) and no copy is sent to the OWCP. The ICPA should send notification to the activity safety office that a traumatic injury or occupational disease or illness claim has been filed. This notice must not compromise the protection of sensitive medical, personnel, and payroll data.

SC810.3.10.8. In prolonged COP cases, the ICPA will ensure that a Form CA-7 is completed and sent to the OWCP, no later than five calendar days before the COP period expires (if the claimant wishes to file for compensation).

SC810.3.10.9. When the injured employee is absent from duty, the supervisor, ICPA, and medical officials estimate the earliest date that the employee should be reasonably able to return to full-time or part-time light or regular duty based on medical evidence deemed appropriate by OWCP. On that date, if the employee has not returned, and the employee has not provided medical evidence to support continued absence, the supervisor contacts the employee to learn the reason. The ICPA shall contact the attending physician in writing to inquire about restrictions and estimated return to light duty and/or the servicing OWCP office for an expected date of return to duty. If the employee is still not able to return to duty, a new estimated return date is established, and the procedure is repeated until the employee is returned to duty. It is important for physicians to understand that supervisors can and will accommodate restrictions imposed by medical officials;

SC810.3.10.10. Assist supervisors and employees in all aspects of the Injury Compensation Program, including, electronic and paper forms completion and case follow-up with the OWCP;

SC810.3.10.11. Maintain adequate records to administer the program and reconstruct claim files, if necessary. A copy of all documents sent to OWCP should be retained in the activity claims file;

SC810.3.10.12. Monitor COP days to ensure they do not extend beyond the 45-calendar day period;

SC810.3.10.13. Periodically, compare COP payments in the civilian pay activity with the claim status shown in the ICPA's records to assure accuracy;

SC810.3.10.14. Establish procedures to ensure that all claims (CA forms) and related documents are processed to or through the office of the ICPA;

SC810.3.10.15. If light duty is a possibility, ensure that job requirements and environmental conditions are made known to physicians when injured or ill employees or former employees are scheduled for examinations;

SC810.3.10.16. Notify OWCP and furnish documentation of any pre-existing medical condition that might be useful in adjudicating a claim;

SC810.3.10.17. Refer suspected fraud cases through channels to the proper military investigative authority, DOL Inspector General (IG), or other investigative services. Contact the supporting DoD liaison for any needed assistance;

SC810.3.10.18. Notify the selective placement coordinator of employees requiring placement assistance;

SC810.3.10.19. Coordinate with the activity legal office on claims that appear to involve third-party liability;

SC810.3.10.20. Ensure that an ample supply of required forms is maintained and available to employees and supervisors, as needed;

SC810.3.10.21. If an employee dies as the result of a job-related injury, immediately notify OWCP, by telephone, fax, or telegraph, and send a completed Form CA-6, “Official Supervisor's Report of Employee's Death,” to OWCP within 30 calendar days from the date death occurred;

SC810.3.10.22. Attend pre-scheduled meetings of the Occupational Safety and Health Council or other similar activity. The ICPA must be prepared to discuss the Injury Compensation Program;

SC810.3.10.23. Annually, initiate requests for review of selected long-term claim files and request current medical reports from the supporting DoD liaison to:

SC810.3.10.23.1. Ensure that claimants receive compensation benefits for which they are entitled; and,

SC810.3.10.23.2. Identify claimants who can return to work. Those claimants who have been formally determined by OWCP as having no wage-earning capacity or reemployment potential for the indefinite future are identified by OWCP as a PN status case. PN claimants are required by OWCP to furnish medical documentation of continued disability once every three years; therefore, copies of medical reports for these claimants should be requested on a three-year basis instead of an annual basis. Claimants receiving payments for loss of wage-earning capacity are required to furnish medical documentation every two years. Note: OWCP makes PN status determinations. It is inappropriate and costly for agencies to request OWCP to change the pay

status of a case to PN without a sound and clearly defined basis. All such requests must be sent with accompanying justification to the supporting DoD liaison who will assist with agency requests;

SC810.3.10.24. Maintain a file of names of physicians who have been excluded from payment under FECA. (The OWCP makes this determination and provides the list.) The ICPA shall ensure that activity officials who issue Form CA-16 are kept informed of the names and changes on that list;

SC810.3.10.25. Work with rehabilitation counselors and the activity staffing function on reemployment referrals and work with OWCP-directed field nurses on return to duty under the Nurse Intervention Program;

SC810.3.10.26. Verify claimant information received from OWCP in the “Defense Injury & Unemployment Compensation System (DIUCS)”(see paragraph SC810.4.5.2), electronic notifications through EDI, and on Form CA-801, “Acknowledgment of Receipt of Claim.” Immediately ask OWCP to correct erroneous information. All erroneous chargeback code corrections should be requested through the supporting DoD liaison.

SC810.3.10.27. Verify program reporting information and certify the accuracy of all charges and chargeback codes received from OWCP using “Defense Injury & Unemployment Compensation System (DIUCS)” reports (see paragraph SC810.4.5.2), and the “Defense Portal Analysis Center (DefPAC).” Immediately request that supporting DoD liaisons coordinate the correction of erroneous data with OWCP.

SC810.3.10.28. Certify the accuracy of all charges and chargeback codes on the DOL Quarterly Chargeback Billing Lists and report any errors to the supporting DoD liaison.

SC810.3.10.29. Serve as an active participant in the activity FECA Working Group.

SC810.3.10.30. Contact the supporting DoD liaisons for assistance with unique and unusual problematic issues.

SC810.3.11. Providing Counsel and Assistance. One of the primary functions of the ICPA is to provide counsel and assistance to injured employees as well as to supervisors. When an employee sustains a job-related injury or illness, explain to the employee the basic benefits provided under FECA and the following:

SC810.3.11.1. Entitlement to compensation for injuries or illnesses sustained in the performance of duty: 66-2/3 percent of basic salary for employees without dependents; 75 percent for employees with dependents;

SC810.3.11.2. The importance of providing written notice of injury and timely submission of forms and related documentation;

SC810.3.11.3. Entitlement to COP for a traumatic injury up to a maximum of 45 calendar days. If the injury extends or is expected to extend beyond the 45-day COP period, the employee should be informed of the proper procedure to claim wage loss (Form CA-7). Explain the 3-day waiting period (see glossary for definition);

SC810.3.11.4. The difference between use of sick and annual leave versus COP for Form CA-1, item 15; who approves COP and how COP days are counted. If COP is disallowed by OWCP, explain that money paid is considered a debt and is subject to recovery;

SC810.3.11.5. The difference between benefits under workers' compensation and Federal disability retirement, if eligible (see figure 810-3);

SC810.3.11.6. For employees separating from employment, the consequence of withdrawing retirement contributions. Provide the employee a copy of the notice to individuals with funds in the civil service retirement system (figure 810-4);

SC810.3.11.7. Adjudication of claims by the Department of Labor, OWCP. The employing activity acts only as an intermediary in gathering information pertinent to the claim and submitting it to OWCP. Decisions made by OWCP can be appealed by the employee;

SC810.3.11.8. Leave buyback procedures when an employee does not wish to immediately file for compensation, the claim has been approved by OWCP, and the COP period has expired or there is no entitlement to COP. If applicable, explain the 3-day waiting period;

SC810.3.11.9. The penalties provisions as detailed in paragraph SC810.3.1.11, ”Penalties for Employees and Supervisors”;

SC810.3.11.10. An employee has the right to select his or her own physician, as long as the physician is located within 25 miles of the employee's place of employment or residence and is not on the list of excluded medical providers. However, if the employee wants to change the physician, after the initial selection has been made, written justification must be provided and prior approval obtained from OWCP;

SC810.3.11.11. The importance (requirement) that OWCP authorization is needed before extensive tests, hospitalization, or surgery;

SC810.3.11.12. Procedures for filing for medical and travel expenses; and,

SC810.3.11.13. Death benefits to survivors in fatality cases.

1.3 How Your DoD Liaison Can Help You

Your DoD Liaison will soon become one of your new best friends. Your liaison can assist you in many ways:

- **Training for you**
  Getting access to the CPMS systems and becoming proficient at using them. The liaison will visit your office and also give you help over the phone or by e-mail. If you have a software question or malfunction, contact your liaison first.

- **Training for your supervisors**
  Your liaison will assist in group training for your supervisors to show you how to do it, so that you take can the demonstrated model and give training yourself in the future.

- **Case review at the Department of Labor, Office of Workers Compensation (OWCP)**
  The liaison has access to the claimant’s entire hard copy file. If you are missing important pieces of your own file, your liaison can copy the missing information for you.

- **Return to Work assistance**
  The liaison should review your return to work offer before it is mailed to the claimant to ensure it will meet all of OWCP’s requirements for a legitimate offer.

- **Bill resolution**
  If a medical bill remains unpaid after you have made your own best efforts, the liaison can assist.

- **Chargeback code corrections**
  If a case is being charged to the wrong 4-digit numeric code (which indicates what Command it belongs to) or to the wrong 2-digit alpha code (which indicates which CPAC handles the case) ask your liaison to help you.

- **Home Visits**
  Liaisons occasionally schedule unannounced home visits in a geographic area. You can recommend cases that you would like to have visited. Home visits are done every few years and thus do not take the place of your own efforts to stay in touch with your claimants. It is the ICPA's responsibility to be in touch with all claimants at least once a year, either by letter or by phone.

- **Disaster point of contact**
  During a catastrophe such as a terrorist attack or a hurricane, the liaison can assist by inputting claims and ensuring injured employees get immediate service.

2.0 FIRST STEPS FOR A NEW ICPA

Contact your DoD liaison

There are 18 DoD liaisons who work for Civilian Personnel Management Service (CPMS). They will be enormously helpful to you because they have direct access to the Department of Labor offices where the Claims Examiners sit. Liaisons can also provide one-to-one training, cut through red tape, advise on Return-to-Work actions, and more. Liaisons will also get you access to the following CPMS computer systems that are absolutely essential to your work:

- Electronic Data Interchange (EDI), which is used for submitting injury and illness claims
- DefPAC, which provides a world of statistical information
- Defense Injury Unemployment Computer System (DIUCS), which provides information on individual cases and creates your charge back report
- Agency Query System (AQS), which gives more specific information on payments

There is a DoD liaison assigned to your area, so call and introduce yourself right away.

If your office is located in	**call this number:**
CT, MA, ME, NH, RI, VT, NY, NJ, PR, and Virgin Islands	617-565-1363
DE, PA, WV, MD (zip code starting with 21)	215-597-4082
FL	904-232-1473
AL, KY, SC	904-232-2510
MS, NC, TN	904-232-2734
GA	904-232-2735
IA, IL, IN, MI, MN, OH, WI	216-522-2786
KS, MO, NE, southern TX	214-767-3553
CO, MT, ND, SD, UT, WY	303-844-1150

CA, northern and central	415-744-2688
CA southern	415-744-3122
AZ, HI, NV, Guam	415-744-2689
AK, ID, OR, WA	206-220-4320
OK, NM, western TX	214-767-3527
AR, LA, north TX	214-767-6853
VA	703-696-7204 (according to CPMS website)

District of Columbia, MD (except zip codes starting with 21)703-696-4551

When you call to introduce yourself, be sure to get your liaison's fax number in order to fax an access request form. To obtain the form, go to http://www.cpms.osd.mil/icuc, then look under "Products & Services" for "systems access request". Print the form; have it signed by your supervisor, and fax to your new liaison. Your liaison will arrange for passwords and access for you, and instruct you on basics of this software.

(NOTE: it is essential that you get your own password ! CPMS, who owns the computer software systems, is deeply opposed to password sharing and will disable any passwords where sharing is suspected.)

1. Contact Lynn Swingle at Program Management Division (PMD) to inform her that you are a new ICPA. lynn.swingle@us.army.mil. Lynn will update her contact list.
2. Contact Daisy Crowley at HQDA, G-1, the program manager at daisy.crowley@us.army.mil.
3. If at all possible, schedule turn-over time with the previous ICPA.
4. Review existing case files as much as possible.

3.0 I HAVE AN INJURY REPORTED TO ME. WHAT DO I DO NOW?

You may be notified of an injury or occupational illness by:

Receiving it through the supervisor's input into the Supervisor View of EDI (preferred method)

OR

Receiving a hard copy CA-1 or CA-2

OR

Verbal information in person or by telephone or e-mail
If you receive notification of the injury or illness by a hard copy CA1 or CA-2, or verbally, you will need to input both parts into EDI:

The **Supervisor View**, which outlines the basic facts of the claim

The **Review/Submit** part in which you, as the ICPA, review the claim, add more information or "authenticate" and then submit.

If the information is received by hard copy or by verbal information, you will need to input the Supervisor View yourself, which makes more work for you.

Remember that submitting CA1 and CA-2 claim forms MUST be done electronically through EDI. You should not be mailing any hard copy CA-1 and CA-2 forms to OWCP, even if the supervisor has given a hard copy form to you. The only exception should be claims submitted by a former employee who has since fallen out of the DCPDS data base.

As soon as you receive an injury/illness report in any of these methods, review the information for completeness. THEN pick up the phone and ask the supervisor directly and bluntly, "Do you have any reason to suspect that the injury may not really be Army's responsibility?" Sometimes a supervisor may suspect a dubious or bogus claim but is hesitant to voice these feelings, so ask directly. Carefully read over the claim yourself. Does the claim make sense to you? Are there any "Red Flags" that jump out as you read the claim?

"RED FLAGS" CHECK LIST ON A FECA CLAIM

If you find any of these, write a challenge that documents the appropriate points:

___ Supervisor recommends claim be denied because _____.

___ Injury reported immediately after a weekend or holiday

___ Unexplained time delay in reporting the injury or seeking medical care

___ Disciplinary action, transfer, or downsizing facing the employee

___ Employee failed to list any witnesses even though injury claimed to take place in an area where it should have been observed

___ If there is a witness, it is someone who frequently serves as a witness for other claims (list claim numbers and dates.)

___ Witness statement differs from employee statement

___ Witness statement provides evidence that injury did not occur as claimed

___ Employee has a multitude of previous FECA claims (list previous claim numbers and dates)

___ Employee's medical statements are from a doctor who often handles suspicious claims.

___ Doctor's statement does not connect the injury/illness with the employee's work

___ Employee changed the account of how the injury happened

___ Medical documentation is vague or appears altered, or is from a far-away doctor

___ Injury took place off the installation premises and the employee was not engaged in activities related to his employment nor on official travel

___ Any other suspicious activity, such as employee reporting for work with heavy clothing on a hot day or boasting that he will get a lot of money from the claim

___ Time of the injury was more than 30 minutes before or after the normal work schedule and employee was not on overtime

___ Employee's version of the accident is inconsistent with injuries claimed (Example: Security guard claims he tripped on curb and suffered carpal tunnel)

___ Injury claimed is unusual for employee's type of work (Example: office worker claims injury lifting box weighing 75 lbs.)

None of these items alone necessarily mean the claim is false, but they are "red flags" to follow up. A controversion/challenge highlighting these items should be written and signed either by the ICPA or the supervisor. If requested, the ICPA may draft a controversion for the supervisor's signature – or may sign it herself.

More information about writing challenges to suspect claims will appear later.

Assuming the claim looks completely legitimate and neither you nor the supervisor have doubts, proceed to the EDI software to either load the claim from the start or to "authenticate" the claim.

3.1 How to use EDI:

http://www.cpms.osd.mil/icuc/

Select DIUCS SSO on the left-hand side of the screen, then select either Enter New Claim (if you are entering the Supervisor part) or Review/Submit Claim (if the Supervisor part is already done.) Fill in each white box, which are mandatory fields; others are optional.

If you intend to challenge or controvert the claim, it is very important to state this on the screen "Sup Rpt 4, question 35." State "Challenge to the claim will be mailed." Also, note that question 35 defaults to "yes." IF you are going to challenge or controvert this claim, you must change the default to "no." If you do not do this, the claim will be almost certainly accepted. Then the entire claim is loaded, both in the Supervisor View and the Review/Submit view. Be sure to print the entire claim and have the employee sign. Start a hard copy file on the claim and put the pages you just printed in the file. Write down the "Tracking Number" that you received when you input the claim. You will receive the official claim number in about three days or less; if something goes wrong, you need to give your liaison the tracking number to locate what happened to the claim number.

Ensure that your Safety Office receives the Safety page, either by fax, scan, or hand-carry.

You can save yourself work and time if you train your supervisors to input the supervisor section. When your CPAC holds supervisor training on HR topics, use that time to introduce the concept of the supervisors doing input into the supervisor section themselves. This will cut your input time in half.

4.0 CONTROVERTING/CHALLENGING A FECA CLAIM

In OWCP terminology, COP is controverted and an entire claim is challenged. In everyday speech, the term "controvert" is often used interchangeably with "challenge."

If there is ANY doubt about the validity of a claim, it is essential that the ICPA write up all the reasons a claim is suspect. Army has only one chance to controvert/challenge and that is at the moment when the claim first goes in. Once a claim is accepted, it is almost impossible to get it “un-accepted” – so do your controversion/challenge right away.

Even if a claim is being challenged as not being a legitimate claim, COP must be paid while the claim is being adjudicated by OWCP except in these cases:

Reasons to withhold COP:

1. The disability is the result of an occupational illness or disease. Only injuries qualify for COP!

2. Employee is a volunteer serving without pay or with nominal pay

3. Employee is not a citizen or resident of the US or Canada

4. Injury occurred off the agency premises and employee was not engaged in official off-premises duties

5. Employee caused the injury by willful misconduct, intoxication, or intent to bring about his own injury or death or that of another person

6. Injury was not reported on a CA-1 within 30 days following the injury

7. Work stoppage first occurred more than 45 days after the injury date

8. Injury was reported after employment ended

9. Employee is in the Civil Air Patrol, the Job Corps, Youth Conservation Corps, or another program covered by special legislation

10. If employee does not provide sufficient medical documentation within 10 calendar days after the claim is submitted, COP should be stopped and regular leave charged, even if it appears the rest of the claim is legitimate.

Withholding COP is fairly rare. What is more frequently found is that the entire claim is challenged. Worker’s Comp claims must meet ALL these proofs:

1. Claim must be filed within the required time limits
2. Employee was a U.S. government employee at the time of injury (contractors and members of the public are NOT covered.)
3. The injury or illness did, in fact, occur
4. The injury occurred while the employee was in performance of duty
5. The illness or injury claimed was caused by the reported incident

Most challenges are based on the last two items.

Two Important Concepts:

“Performance of Duty” means the employee was on the agency premises and doing something related to his official duties. “Premises” is defined as the official boundaries of the federal installation or the actual building or parking area if the agency is located in a rented office in a downtown area. Going to lunch on the premises is covered. Going to lunch off the premises is not covered in most cases. Traveling to work and going home are normally not covered. The coverage starts when the employee reaches the gates or door of the installation, and ends when the employee departs the installation premises. Exceptions: On

travel, the employee is covered 24 hours a day, provided he is engaged in something reasonably connected to the purpose of the trip. Slipping in the shower at midnight in the hotel is covered; drowning while scuba diving is not covered, unless scuba diving is reasonably related to the purpose of the trip. If an employee is sent off-premises on an errand or to a meeting, he is covered, because he is in performance of duty.

"Work related" means the employee must show by a doctor's written medical reasoning that the illness or injury was caused or made worse by the official duties. For example, just because a heart attack occurs in a worker's cubicle does not make it necessarily make it "work related."

4.1 How do you find out if a claim is legitimate?

Before sending a claim to OWCP, make it a habit to telephone the supervisor privately on every claim to ask if he/she has any doubts about the validity of the claim. Supervisors may be reluctant to tell you if the employee is sitting close by, or reluctant to write doubts on the CA-1, so telephone the supervisor when he/she is alone.

The most important thing to remember is that if there is any doubt about the validity of the claim, the ICPA must put in EDI that controversion/challenge will be mailed in, and then quickly mail the challenge with the supporting documentation. The challenge must list facts explaining why the claim should not be accepted. The challenge can be signed by the ICPA or by the supervisor. The important thing is that it must be written promptly and sent to London KY with the claim # written at top right hand corner.

4.2 Stress Claims

Stress claims are especially problematic. Often a claimant makes these statements on stress claims:

1. Overwork
2. Annoying conduct of a co-worker
3. Disappointment at not receiving promotion or assignment
4. Abuse by a supervisor

If medical documentation is vague, be sure to discuss that in your challenge.

Look at these in more detail:

Overwork: claimant must prove that the amount of work required exceeded the normal amount required for a similar employee of the same grade and series in the same workplace, identified by deadlines, quotas, written assignments, and names of supervisors required the claimed overwork. Just stating, "I was overworked and exhausted" without documentation should be controverted by pointing out the aspects mentioned above are missing.

Annoying conduct of a co-worker: Under the FECA law, this must amount to persistent disturbance, torment, or persecution. Has the employee proved the "annoying conduct" rose to the level required under FECA and documented the events by dates and witness statements? If not, discuss this in the agency response.

Disappointment at not receiving a promotion or assignment: The claimant's emotional response to a disappointment is not compensable. Be sure to point this out in the agency response.

Abuse by a supervisor: Similar to "Overwork" and "Annoying Conduct," a claim of abuse must be documented by date, exact event, and witnesses. "My supervisor was always mean and critical," is not

sufficient. Claimant needs to point out what the supervisor said, when, under what circumstances, and support with witness statements. If this is missing, point this out in agency statement.

Medical documentation is vague: Doctor does not connect the claimed condition to Performance of Duty or gives almost no supporting explanation. “Ms. X needs to be off work for eight weeks because she is under stress” should be pointed out in your challenge. If the doctor is not a psychiatrist or clinical psychologist, point that out.

Summary on all controversions/challenges:

When controverting/challenging a claim, include only the facts, not opinions about the employee. Statements such as, “The employee is a poor performer,” will not persuade a claims examiner. Wherever possible, include supporting documentation such as signed witness statements, a police report, or even a map of installation boundaries if injury happened off-post.

If the ICPA is writing the challenge, send the draft to the supervisor for review, and have the supervisor sign and date the final copy. If the supervisor is unavailable, the ICPA can sign. If there is any doubt about the claim, it is the ICPA’s responsibility to ensure the challenge is written and included.

When loading a claim into EDI, always indicate that a controversion/challenge will be mailed. If this is not indicated, the claim is likely to be accepted. As soon as the claim number is received, immediately mail your controversion/challenge with the employee’s name and claim number on the top of every page. Holding a challenge too long may cause the claims examiner to accept the claim, thinking that the agency has changed its mind on the challenge. There is no particular format except that the claimant’s name and claim number must be at the top right-hand corner of every page.

The suspicious claim you don’t challenge may become your million-dollar claim in the future.

Attached are a number of sample challenges:

SAMPLE AGENCY CHALLENGES – WEAK AND STRONG

Challenge 1: John Snickelfritz

About 7:15 in the morning on July 31, John Snickelfritz came to me, saying that he had fallen off a ladder. I do not believe what he said because he is definitely my worst employee. I have to stay after him all the time about being lazy and wasting time. Several time I caught him sleeping in the truck. Snickelfritz went to the clinic and the doctor said he had a serious contusion. But I don't think it happened at work.

Why is this not an effective challenge?

There is no investigation here, only the supervisor's statements about events unrelated to the injury claim. Being a poor performer is no barrier to a FECA claim. Challenge 1 is based on undocumented opinion, not facts. Challenges must always be based in facts.

Challenge 2: John Snickelfritz (revised)

This is about the injury John Snickelfritz claims happened on Monday, July 31. Our shift starts at 7:00 a.m. I had just finished giving assignments for the day and my workers were leaving to go to their work sites. Snickelfritz came into my office about 7:15 a.m. just as everyone was leaving and said he fell off a ladder and hurt his arm. I was very surprised as we hadn't had enough time to start any work. How could Snickelfritz already be up on a ladder? I noticed he was wearing a long-sleeve shirt when all the other employees had on tee shirts because it was so hot. I asked to see his injured arm. He slowly rolled up his sleeve and I saw a large ugly black and blue bruise on his lower arm. If he had fallen just a few minutes ago, the injury would not have had time to turn black and blue. I asked who he was working with, who saw him fall off the ladder and he said, "Nobody, I was working by myself." This was strange because we always work in two-man teams. He wanted to go to the clinic to see the doctor. I got a man to drive Snickelfritz to the clinic and starting calling my other employees on their cell phones. Two men told me they saw Snickelfritz hurt his arm Sunday afternoon, leaning out his fishing boat to tie it to the pier at the public marina. The two co-workers have signed statements of what they saw on Sunday, and these statements are attached. We request OWCP to deny this case, as the injury did not occur in the performance of duty.

Why is challenge 2 better?

1. early Monday morning highlighted … early Monday injuries are suspicious.
2. employee wearing long sleeves when all other employees are in tee shirts
3. no witness when the usual process is to work in two-man teams
4. injury appeared to have happened earlier than the start of the work day
5. supervisor investigated, found true story, got it on paper to send to OWCP

Challenge 3: Connie Constant-Payne

I have supervised Connie Constant-Payne for four years. She has been a problem employee, abusing leave so much that she has been put on suspension for going AWOL. We would really like to fire her, and now she is claiming she hurt her back. We don't do any work here that could cause a back injury. She is just doing this to get money because she knows we want to replace her. This claim should be denied.

Why is this not an effective challenge?

The supervisor talks only about the poor behavior, which is not a barrier to a Workers Comp claim. He mentions, "We don't do any work here that could cause a back injury," but doesn't go explain this in enough detail for the claims examiner to make a decision.

Challenge 4: Connie Constant-Payne (revised)

Connie Constant-Payne has been a contract specialist under my supervision since 2002. She told me, December 2005, that her back had been hurting her for a long time; a signed witness statement of this conversation is enclosed. On January 26, 2006, she handed me a CA-1 form, claiming that she had injured her back at work the previous week, lifting a box weighing 75 pounds. In our office we don't have any boxes that weigh 75 pounds. The heaviest thing anyone would lift here is a paper file weighing at most 5 pounds. I asked Connie to tell me who was around when she supposedly lifted this heavy box and she replied, "Nobody, it was lunchtime." I asked her to show me the box and she said the cleaning staff took it away last night. Along with the CA-1, she gave me a statement from the orthopedic surgeon. I noticed that in the statement from her doctor, there were two boxes, one for Work-Related and the other for Non-Work- Related. The doctor checked the box that said "Not work related." Since Connie gave me the doctor's statement, I read it and noticed that he says nothing about the back injury happening at work. Additionally, I am enclosing as part of our challenge two personnel actions showing that she has been suspended twice for long-term leave abuse, such as going AWOL for two weeks. Connie knows that she is on the verge of losing her government position and her health insurance. My opinion is that she is trying to get Workers Comp to pay for her surgery for a condition that is not work related. We respectfully ask OWCP to deny this claim on the grounds it is not work-related.

Why is challenge 4 better?

1. back pain reported weeks before date of claimed injury, with witness statement
2. this work site doesn't have heavy lifting
3. claimant unable to point out the box she claimed caused the injury
4. medical statement does not relate injury to employment
5. the two documented disciplinary suspensions are relevant in this case

Challenge 5: Dan Drinkerlot

Dan Drinkerlot submitted at CA-1, saying he had a concussion and a cut on his skull which required 15 stitches. We strongly object to this claim. It happened only because he was drunk and fell down at the Trail's End Club after work. You can ask anybody who was there.

Why is this not an effective challenge?

Intoxication is claimed but not documented. "After work" is mentioned, but without details. How long after work? More information about the Trail's End Club would have been helpful. There is no witness statement or other documentation.

Challenge 6: Dan Drinkerlot (revised)

Dan Drinkerlot claims he was injured in a fall on Friday, March 17, at the Trail's End Club. His work schedule is 8:00 a.m. to 4:30 p.m. and he was not on overtime that day. A copy of the signed timesheet for that pay period with Mr. Drinkerlot's signature is enclosed. The time of the claimed injury is 9:45 p.m. which is more than four hours after his work day ended. A statement from the Club Manager, who was on duty and immediately notified of the injury, is enclosed. The manager's statement documents the time of injury. The Trail's End Club is on installation property; however, it is a social club and it is not connected with Mr. Drinkerlot's duties in any way. We request that this claim be denied because the injury does not meet the requirement of being related to the performance of official duties.

Why is challenge 6 better?

1. written documentation of claimant's work schedule shows his official duties ended four hours before claimed injury
2. information about Trail's End Club is helpful
3. club manager's statement of time of injury additionally reinforces challenge

4. note that intoxication was mentioned in first challenge but not here. Unless there is proof through a police report or doctor's statement about intoxication, it is better not to use this type challenge, especially if other documented reasons exist.

Challenge 7: Cathy Complainer

Ms. Complainer has filed a stress claim. She says the work level at the end of the fiscal year was so much that it caused her feelings of physical illness, insomnia, and inability to concentrate on the task at hand. Her gynecologist told her that she was affected by stress and that she should stop working for two months to see if her symptoms improve. We challenge this claim because the end of the fiscal year is difficult for all of us in the Contacts Branch. Ms. Complainer knows how it is every year – after all, she has been here twenty years - and she is exaggerating the feelings all of us have because she wants to stop working. We don't think she has any proof that her situation is any worse than the rest of us.

Why is this not an effective challenge?

This challenge does not explore what the actual amount of work was. The claimant must show that he/she was given job tasks that were beyond any person's capability or that very exceptional amounts of work are required. The agency should challenge by factually comparing the amount of work the claimant had to do with what other co-workers had to do, such as timecards, number of contract actions processed. Also, the stress claim was documented by her gynecologist, rather than someone with extensive training in psychological diseases, and this should have been pointed out.

Challenge 8: Cathy Complainer (revised)

Ms. Complainer filed a stress claim on October 5, saying that the work load at the end of the fiscal year (the month of September 2005) was unbearable. Ms. Complainer has been employed as a Contract Specialist in this office for twenty years, and the workload for the period she claims, September 2005, was actually less than in previous years. Attached is evidence showing that the number of contract actions processed by our office during September 2005 was 209; September 2004, it was 240, and in September 2003, it was 260. For all of these years, our office has had the same four employees and me as supervisor. All of us know that we will have to use overtime each September to get all the work accomplished by the end of the fiscal year. Attached are timecard records for the month that Ms. Complainer says she was overwhelmed by work: Employee A had 60 hours of overtime during the month; Employee B had 56 hours of overtime; employee C had 55 hours of overtime, and Ms. Complainer, shown as Employee D, actually had the smallest amount of overtime of any of the four employees, with only 41 hours of overtime, while working her normal 8-hour day for the entire month. She did not miss any regular time during September 2005. Thus we challenge that she had an unbearable amount of work, when it has been documented that she did the smallest amount of overtime and we, as an office, processed a smaller number of contract actions, compared to previous years. The medical evidence submitted by her gynecologist simply says that she has stress from overwork and doesn't give any more information. Additionally, we have attached a signed statement by one of her co-workers, saying that Ms. Complainer told her in August that she was going to figure out a way to retire, as she was fed up with working but didn't have enough years for regular retirement. We ask that this claim be denied for lack of evidence that the claimed illness was work-related, and that there is insufficient medical evidence for the claim.

Why is challenge 8 better?

1. claimant stated she had stress from overwork; supervisor proved by timecards that she did less than any co-workers, none of whom were claiming stress
2. supervisor also proved combined workload for the office was decreasing
3. medical documentation is not strong
4. statement from co-workers that Ms. Complainer told her she was going to figure out a way to stop working even though she did not have enough years of service to retire

Some notes about ECAB decisions:

ECAB (Employee Compensation Appeals Board) is the "Supreme Court" for Workers Compensation. In fact, their decisions cannot be appealed to another court. Therefore, "ECAB decisions" have a similar importance to Supreme Court decisions in that they set precedence for how similar OWCP cases will be decided in the future. Experienced ICPAs sometime include summarized ECAB decisions in challenges. However, if you are a beginner at writing challenges, you don't have to quote ECAB decisions in order to have a good challenge.

If you do want to search previous ECAB decisions, the web site is:
www.DoL.esa/regs/compliance/owcp/INDEXofResources.htm
This will lead to a link where specific injuries or illnesses can be searched, for example, ECAB decisions related to Carpal Tunnel.

Rather than spending time searching for an appropriate ECAB decision, it is better simply to write all the facts with proof of why the claim should not be accepted. Opinions rarely influence claims examiners; it is essential to attach proof, such as copies of timecards, signed witness statements, police records of accidents, even maps of accident location. If some proof is contained in the supporting documentation for the claim, make a copy and attach it to the challenge; don't expect the claims examiner to search through the file looking for it. For example, if the doctor indicates the illness is NOT work-related, copy that page, circle this remark, and attach it with your challenge.

Remember:

1. Telephone the supervisor on every claim to ask if he/she has any doubt this is a legitimate claim before forwarding the claim to OWCP
2. If there is doubt, put in EDI that claim will be controverted or challenged.
3. Immediately assemble information for challenge with written proof.
4. As soon as the claim number comes back, mail the challenge to London KY with the claim number written at the top right hand corner of every page.
5. You have only one chance to challenge a claim, when the claim is first sent in. Missing your window of opportunity could potentially cost your installation a million dollars – or more.

5.0 WHAT HAPPENS WHEN A CLAIM REACHES THE DEPARTMENT OF LABOR, OFFICE OF WORKERS COMPENSATION (OWCP)?

If the claim is not challenged or controverted, the claim will automatically be approved under the "Short Form Closure" process if:

The injured employee is not disabled from regular job
The claim was filed within 6 months of the date of injury
Medical bills are not expected to exceed $1,500

Note that if the ICPA does not challenge or controvert the claim, it is very likely to be automatically approved.

The goal of "Short Form Closure" is to get comparatively small injuries processed and paid quickly. The claim will receive a claim number just as all claims do.

Note that if a claim is accepted under "Short Form Closure," and one or more of these situations below later arise, the claim will then be "adjudicated" that is, reviewed by a claims examiner at OWCP. The claim status will then be changed to "UD."

Situations that may arise after a Short Form Closure:

Medical bills exceed $1,500
Wage Loss claim is filed (CA-7) because COP has been exhausted
Non-emergency surgery is requested

Note that if a claim is accepted under Short Form Closure and medical bills later exceed $1,500 those bills in excess may be rejected while the claim is under adjudication. Also, remember to caution your claimant that elective surgery should not be arranged until OWCP has approved it. Approval for elective surgery may take anywhere from a few weeks to several months, depending on the complexity and risk of the surgery proposed.

Short Form Closure is NOT available for these claims:

All occupational disease claims (example: hearing loss, asbestosis)
All claims where employee is said to have died in performance of duty
Severity of injury means medical costs will obviously exceed $1,500

What is “Adjudication?”
It is the review, development, acceptance or denial of a claim by a claims examiner at OWCP. It can refer to the entire claim or to a part of the claim, such as surgery.

In Adjudication, the claims examiner will look at these requirements:

Was the illness or injury reported by the employee within the required time limits?
Was the claimant actually a federal employee at the time of injury?
Did the injury in fact occur?
Did the injury occur in Performance of Duty?
Is there a causal relationship between the claimed injury and the employee’s government position?
Is there sufficient evidence to support – or deny – the claim?

The claims examiner may need to “develop” the claim, that is, ask for more information. “Development” letters may be sent to the claimant or to the ICPA. If you receive a development letter, respond as soon as possible!

The claims examiner will make a decision based on all information received. The claim may be fully accepted, partially accepted for some conditions and other claimed conditions denied, or the entire claim denied.

If the claim is partially or completely denied, the claimant has the right to appeal. Note that Army can’t appeal, only the claimant.

What happens after Adjudication?

During the first year of disability, the claim is in the “QCM” (Quality Case Management) unit. The focus is on Return to Work. A “Field Nurse” may be assigned. The Field Nurse’s efforts may range from a phone call to the claimant up to intensive management and attendance at the claimant’s medical appointments. The claimant is required to cooperate with the Field Nurse. The Field Nurse may also contact the ICPA by phone, e-mail, or letter. Always respond to a Field Nurse immediately. She can be your best ally !

If the claimant is on Workers Comp for more than a year, the case moves to the PRMS unit. These are the long-term cases with permanent restrictions. The claimant may be assigned to a Vocational Rehabilitation Counselor. Note that even if a claim has been moved to the PRMS unit, the ICPA can still make a job offer.

6.0 SOME THINGS TO REMEMBER ABOUT OWCP CLAIMS EXAMINERS

Claims examiners are very overworked. Most have hundreds and hundreds of cases to take care of.

Most claims examiners do not have a medical background. They do have some classroom training in medical terminology. Each OWCP district has a District Medical Officer who is an MD, but this person only reviews very complex cases.

Claims examiners do not work for Army. Their top priority is to get a claim processed, not to save Army money.

Claims examiners are sometimes subject to badgering by Congressional offices. A claimant who does not like the service or decision of the claims examiner can write to his Congressman or senator.

The ICPA should keep a written log of every contact with the claims examiner, with a summary of the conversation. If a call-back message is left for the claims examiner, note the date and exact time the message is left. The claims examiner has three working days to respond to your phone call. These records should be inside the hard-copy claim folder. An additional log of “waiting to hear back” calls may be kept if desired.

Respond right away to any letter or phone request the claims examiner sends you.

If you are not able to get movement or action from a claims examiner after what seems to be a reasonable amount of time, you can ask to speak to the claims examiner’s supervisor. You can also ask your DoD liaison to approach the claims examiner on your behalf.

Always express thanks to the claims examiner. If the claims examiner has really gone the extra mile to assist you, ask the claims examiner for the name and mailing address of his supervisor and write a note of appreciation for the extra efforts. This can be a hand-written note from you; it doesn’t have to be an official Army letter. Doing this may help you get good service from other claims examiners also !

7.0 ISSUING A CA-16 FORM

The purpose of the CA-16 form is to guarantee payment to the doctor or hospital for EMERGENCY treatment of an injury.

Remember that the CA-16 is a “blank check” For this reason, the CA-16 is not available to be downloaded from the OWCP web site. You will either need to purchase a supply of CA-16 forms from the Government Printing Office or at least get a CA-16 from another ICPA to copy. If the physician refers the employee to another physician, another CA-16 is not needed.

Be certain to write in the name of the hospital or private physician that the employee is going to use.

Many installations rubber stamp the CA-16 with “Light / modified duty available.”

NOTE: Do not issue a CA-16 for an illness, only for an injury

Remember the CA-16 is for emergency treatment only. While there is no official rule on how many days qualify as emergency, it would not be reasonable that the emergency would be more than a week past the injury date.

Remember to write in your name, address, and fax number for the physician to send the Attending Physician section (Part B) of the CA-16 back to you.

The CA-16's purpose is to authorize payment. If the employee chooses to use the installation medical facility for treatment, there should be no charge and therefore no need for a CA-16. If the employee goes first to the Military Treatment Facility (MTF) and then goes to a private doctor or hospital emergency room, a CA-16 can be issued, if it is within 7 days of the injury.

The supervisor, the MTF, or the ICPA may issue a CA-16. However, it is important that the ICPA have set procedures within the installation that if a CA-16 is issued by the MTF or supervisor, the ICPA receives a copy right away for the Workers Comp records.

As soon as the claim number is received from OWCP, hand-write the claim number of the CA-16 and mail to London KY. Be sure to keep a copy for your file.

By law: we cannot require an injured employee to use the Medical Treatment Facility!!

By law, an employee who requests a CA-16 within the emergency period (seven days of the injury date) must get one, with the exception of occupational disease cases. Even if there are doubts about the injury being legitimate or really needing medical attention, give the CA-16, mark Block B2 and challenge the claim later.

8.0 COP ("45 DAYS")

An employee injured while in performance of duty may be entitled to as much as 45 calendar days of Continuation of Pay (COP), if medical documentation warrants. COP is a special category of leave similar to annual and sick leave in that the employee draws his regular pay, and has all his regular deductions taken out, such as taxes, allotments, TSP, etc.

The employee must get correct and complete medical documentation to the ICPA/supervisor within 10 days of the start of COP, to justify being off work. If the employee does not submit medical support for disability within 10 calendar days, the ICPA should make ONE phone call to the employee stating that COP must be terminated and sick or annual leave will be charged.

The medical statement must give a specific diagnosis, how it is work-related, how many days the employee should be off work or what the medical limitations are. Medical statements such as "Mr. X is under my care and can return on March 14" are useless and will not be accepted by OWCP. If you are given such a statement, immediately write or fax the physician's office explaining what you need and also notify the employee. Often medical offices are not aware of the depth of information that OWCP requires. Also note that the medical statement must be signed by the treating physician, not a nurse or physician's assistant. You must cut off COP until the correct form of medical statement is received and also notify the supervisor and timekeeper to charge annual or sick leave.

Note that the "45 days" are calendar days and include weekends and holidays. Start a COP log for the employee to keep track of the days. Be certain to inform the injured employee's supervisor and the timekeeper of how many days COP the employee is entitled to.

Even if the employee did not normally work on the weekends or holidays and would have no entry on the timecard for those days, the "clock" is still running on COP.

What if the amount of COP given by the doctor seems excessive to you, for example, being off 45 days for a sprained finger? Ask your MTF doctor for an opinion. The DoD 1400.25-M (SC810.3.5.1) states that one of the medical officer's duties is to review complex cases at the request of the ICPA. You can discuss on the phone or in a conference with the MTF doctor. If the MTF doctor thinks the amount of time off is excessive, ask him to contact the treating physician for "clarification" about the amount of time needed. In many cases, the treating physician will often modify the original statement.

You can also contact the treating physician by fax or letter to advise that modified or light duty can be provided. Here is a sample letter:

8.1 Template Letter to Treating Physician for New Injury

Dr. John W. Doe
Address, City, State, Zip
Dear Dr. Doe:
RE: Employee: _____
Date of Injury: _____
This employee has claimed an on-the-job injury or work-related illness and selected you as the attending physician. Please note that this patient is an employee of the federal government and thus treatment and payment procedures come under the under the Federal Employees Compensation Act (FECA), and not under the usual workers compensation process used by private sector employees. The Department of Labor administers this program for the entire federal government.

First, please document your medical findings. This can be done by one of three ways:

1. Completing the back page of the CA-16 form that authorized payment for emergency medical care
2. Completing Form CA-20, Physician's Report, which is enclosed
3. Mailing a medical narrative which contains the diagnosis, treatment plan, prognosis for recovery, and an explanation of the relationship of the illness or injury to employment, if any.

Please send ONE of these methods of documentation to the address below:
(Name of ICPA)
Address, City, State, Zip Fax number E-mail address
If preferred, this information may be given to the employee to hand-carry to me.
Second, attached is a copy of the employee's current position description. If you feel the employee cannot immediately return to these duties, please note the following:
We are able to provide light duty or sedentary work for employees who are unable to return to their regular duties. This light duty will be in accordance with your written recommendations and can be as light as answering telephones 2 hours a day. In view of this policy, we would appreciate your response of what light duty for this employee can perform. We make every effort to accommodate work restrictions, including offering a handicapped parking place. If you feel the employee cannot perform any type of work, please send us a prognosis of when return to work may be possible in either a limited or full capacity.
Third, Obtaining payment for your professional services:
If you are not enrolled as a medical provider under the Federal Employees Compensation Act, your office can enroll through http://owcp.DoL.acs-inc.com Click on provider enrollment in the center of the page. It is essential to be enrolled as a provider before you can receive payment. It is only necessary to enroll as a provider one time, not for each case.
The injured employee will receive a letter with a claim number and accepted condition(s) very soon. It is essential that you know the claim number from your patient and that the number is handwritten at the top of EVERY page of the bills you submit. Note also that the services you bill for must follow the accepted treatment suites for the condition.
Mail all bills to:
U.S. Department of Labor, Office of Workers Compensation, P.O. Box 8300, London KY 40742-8300.
Phone contact is 866-335-8319 or 850-558-1818
Please note:
Surgery, apart from emergency surgery, must have specific prior approval. Do not schedule surgery until you have obtained approval from the Department of Labor. Requests for authorization of surgery should be faxed to 800-215-4901, again with the claim number written at the top of every page. MRIs and physical therapy no longer require specific approval from the Department of Labor.
Thank you for your teamwork as we endeavor to return this employee to productivity.
Sincerely,

Injury Compensation Program Administrator, phone number

8.2 Left-Over Days of COP

If the employee returns to work and has unused COP days, those can be used for medical visits, or physical therapy related to the injury, provided they are used within 45 days of the return to work date. If an employee needs time off beyond the COP period for doctor office visits, therapy appointments, etc. a CA-7 must be filed, with supporting medical documentation, unless the employee chooses to use leave. If an employee claims a recurrence (defined as a spontaneous re-appearance of symptoms without intervening cause) a CA-2a must be filed. If the employee has left-over days from the 45 days COP from the original injury, he can use them for the claimed recurrence, as long as 45 days have not elapsed since the first return to work. IF the employee claims a recurrence and has no left-over COP days, he must use annual or sick leave or leave without pay until the recurrence is adjudicated by OWCP.

8.3 WHAT HAPPENS IF COP IS USED UP?

If the employee is severely injured and consumes his entire COP, then he can either use his own sick or annual leave OR go on "Compensation." Compensation provides 66 2/3% of regular pay if the employee has no dependents or 75% of regular pay if there is at least one dependent. Note that Compensation is tax-free so the employee will probably end up with more money in his pocket on compensation than on regular pay. Note also: deductions are taken only for life and health insurance. There are no deductions for allotments such as car payments, no deductions for TSP, charity, etc. If an employee has allotments, he must make other arrangements to pay those directly. Note also there is a 3-day waiting period between the time COP ends and the time Compensation begins, unless disability continues for at least 14 more days.

To use Compensation, the employee completes a CA-7 form and includes medical documentation that he cannot work. An injured employee can be a leave recipient; however, he cannot receive both Compensation and donated leave payments at the same time.

Note that on the CA-7 form, a date span is specified. The ICPA will need to send in another CA-7 at least a week ahead of the expiration of the previous one. For each CA-7, medical documentation must be included.

Once an employee goes on Compensation, a Request for Personnel Action (RPA) must be completed to put the employee on LWOP. Ensure that the RPA states the employee is on LWOP for Workers Compensation.

Remember to do a Return to Duty RPA when the employee comes back!

An employee can be on LWOP for only one year. If he still is unable to return to any type employment, at the end of one year, he must be separated. Do the RPA for separation, not removal. HOWEVER, before getting to that point, the ICPA must continue to make every effort to return the employee to some type of useful work. Bring up the employee's situation in the FECA Working Group at least several times before even thinking of separation. A separation because of workers comp is really a defeat for the ICPA, the supervisor, and most of all, the employee.

If the employee does separate because is totally unemployable, counsel him about putting in for either regular OPM retirement or disability retirement. If the employee selects one of these types of retirement, he can choose to receive tax-free money from the Department of Labor rather than go to OPM payments because of the tax-free advantage. Nearly all Compensation recipients choose to continue on Labor payments. Ensure the employee understands that if he does not complete retirement papers and then dies of a condition other than his accepted condition, there is no further payment for his survivor and no further entitlement to FEHB. For example, if an employee separates because of a severe herniated disc

without completing retirement papers - and later dies from prostate cancer, his survivor receives nothing from the Department of Labor and nothing from OPM.

If the employee separates and decides to stay on Compensation, he shows up on the chargeback list until he dies or until the installation brings him back to work. “Retirement” does not get him off your list unless he selects OPM retirement, which doesn’t happen often.

In a few rare cases, OPM will bring more money to the employee than Compensation, so be sure to get a regular retirement estimate from the Army Benefits Center to show the employee.

How to mark timecards:

LU Time missed on day of injury
LT Time off while on COP
KD Time off while on LWOP

Reminder: Before the injured worker goes on KD, an RPA for LWOP for Workers Comp MUST be completed.
While the injured worker is on LWOP, it is your responsibility to make every effort to return the injured worker to productivity.

8.4 DoD regulations about COP

SC810.3.1.7.2. COP.

An employee who sustains a disabling, job-related traumatic injury is entitled, under certain circumstances, to COP for a period not to exceed 45 calendar days pending OWCP's determination of the employee's claim for compensation under FECA. To qualify for COP, the traumatically injured employee or someone authorized to act on his or her behalf must file written notice of injury on a Form CA-1, “Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation,” within 30 calendar days after the date of injury. COP is not compensation for FECA purposes and is subject to all applicable taxes and payroll deductions. The injured employee or someone authorized to act on his or her behalf must provide written medical evidence to support the disability within 10 calendar days of submitting the CA-1. COP is not applicable for occupational illnesses and diseases claims.

9.0 HARD COPY FILES

As soon as the ICPA receives a CA-1 or 2, he or she must submit it electronically via EDI. Then the ICPA must immediately start a hard copy file on the claim. This is a requirement under DoD 1400.25-M SC810.4.4.2.1

While waiting for the claim number to come back, start the file.
On the left-hand inside flap, staple the Master Cover Sheet. (see sample) As you complete each step of the Cover Sheet, write in the completion date. Following each step will ensure that the ICPA is not leaving out any steps. Every new claim should have a Master Cover Sheet. Remember the claim may go on for years after you have retired or moved to another job. Your successor will need this information!

On the right-hand side of the file, put the signed copy of the CA-1 or 2. Then put a COP log on top of the CA-1, if applicable, and keep it up-to-date. Those two items should always remain at the very end of the file so that they can be located quickly. Then put a copy of the medical documentation and hand-write the date you mailed the original to London KY. If there is a challenge or controversion, a copy goes next, again with the date it was sent.

As soon as the claim number comes back, write it on the file tab along with the name.

There should be a file copy of everything that is sent to London, Kentucky, with the date on which it was sent. Anything that is mailed to you should also be in the hard copy file, such as the notice of an appeals hearing on the claim.

Also keep summary notes of every contact you have related to this claim, such as with the claimant, claimant's supervisor, family member, medical staff, claims examiner, etc. Tip: get a package of colored copier paper, such as light blue or yellow. If this case becomes very large later on, and your file has many pages, having all the contact notes easily visible in another color will make life easier

The following are examples of the level of detail for summary notes:

> 8/12/06: Voice mail from spouse, sounded very upset. Doctor wants to refer IW (injured worker) from County Hospital to Metropolitan Hospital. She asks me to call IW at his hospital room, 989-333-1234. Spoke w/IW same day, told him this would not be a problem but that Metropolitan needs to know this is a federal Workers Comp case, not FEHB.
>
> 2/2/09: Barbara Jones, office manager at Dr. Smith's office called, saying Dr. Smith has not received payment for surgery performed 13 months ago. She is going to turn the bill over to a collection agency. I faxed her AQS page showing date and amount of payment that was sent to Dr. Smith.
>
> 7/3/07: Bob White, IW's supervisor, came by my office, saying he must have replacement for IW, as his unit is not able to function any longer being so short staffed. I scheduled meeting for 7/5/07 w/Bob & 2nd line supervisor to discuss.

Quick notes such as these will be very valuable to you – or to whoever has your job next! Don't try to keep all this information in your head; write it down! Having all contact notes in writing protects you and your employee. Notes can be in your computer –but should also be in the hard copy file. IF your installation is BRAC'ed some day, the notes must be able to travel with the file. Also, if something happens suddenly to you, your successor cannot open your files to print all your notes on perhaps hundreds of cases.

Tip: Keep your "hot files" i.e. recent cases, cases being appealed, etc. in a special drawer closest to your desk. Other claims can be in regular files. Remember all fields are confidential and should be kept in either locked drawers or in a locked room.

What if you inherited a case from another installation and you don't have a hard copy file?

Contact your liaison to get a "skeleton file" with at least a CA-1 or 2, copies of CA-7, CA-20, etc to start the file. Remember you are legally responsible for every case on your chargeback, no matter what installation it originated from.

MASTER COVERSHEET FOR WORKERS COMPENSATION FILES
Process Checklist for Injury/Illness Claims

EMPLOYEE NAME: CASE # DATE OF INJURY OR ILLNESS:				
Initial Claim	Yes	No	Date	Comments
Is information complete?	☐	☐		
Review facts of claim with supervisor: Is claim legitimate? If no, explain. Is employee working? Did employee seek medical care? Was CA-16 issued? Is there doctor's statement to support COP?	 ☐ ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐ ☐		
Has supporting medical evidence been received by ICPA?	☐	☐		
Has claim been entered/authenticated in EDI? Has claim been entered log book?	☐ ☐	☐ ☐		
If claim is to be controverted or challenged, was this indicated in EDI?	☐	☐		
Create agency claim file while waiting for claim # to come back. Include current SF-50 to establish installation/CPAC responsibility in case of future questions.	☐	☐		
Has ICPA contacted claimant? Explained ICPA responsibilities and assistance available to claimant (emphasizing caring, sympathy)? Emphasized availability of light duty and claimant responsibility to seek return to light duty when appropriate? Explained to claimant that agency must have medical documentation for all time off? Explained to claimant that when OWCP letter of acceptance is received, he/she must give a copy to doctor?	 ☐ ☐ ☐ ☐	 ☐ ☐ ☐ ☐		
Has claim number been received? Has all documentation (including controversion/challenge) been mailed to London KY? Was claim # at top of every page? Is copy of all documentation in agency file?	 ☐ ☐ ☐	 ☐ ☐ ☐		
Case Management	Yes	No	Date	Comments

Is a separate brief summary of each contact from employee, physician's office, claims examiner, OWCP Nurse Case Manager, DoD liaison, etc attached ?	☐	☐		
If claimant needs time off work for injury: Are COP start date, expiration, and return to work dates noted on COP log? Has medical documentation for # of days off work been received and mailed to London KY (claim at top of every page) ? If COP runs more than 1 week, has form cover letter emphasizing light duty/job modification, along with CA-17, been sent to treating physician? Have supervisor & timekeeper been notified on how to mark timecards for COP and eligible dates? Has calendar been noted for 7 days ahead of expiration of 45 days to do request RPA (if LWOP will be requested by employee and medical documentation indicates employee will not be able to return to duty)?	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐		
If injury goes beyond COP: Has LWOP log been annotated? Has medical documentation and CA-7 for compensation been sent to OWCP (with copies in the agency file)? Has ICPA contacted claimant weekly to inquire on progress of recovery? Has ICPA sent CA-17 form to treating physician at least monthly? Has ICPA sent treating physician proposed light duty PD and asked for comments? Has RPA been requested from supervisor for amount of time physician indicates employee must be off? Are copies of SF-50's in agency file? Has ICPA contacted OWCP to request 2nd opinion if recovery time appears excessive?	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		
Have additional CA-7s been sent to OWCP District Office with medical documentation and CA-7a (if applicable)?	☐	☐		Time off dates: From: To:
Has CA-7 been sent for Leave-Buy-back (if applicable)	☐	☐		
Has employee been placed on PR rolls and CA-7s are no longer needed?	☐	☐		Date on PR: Date off PR:
Has ICPA done follow-up with employee at home after going on PR rolls?	☐	☐		Additional Dates:

Has CA-17 or CA-20 sent to treating physician after employee went on PR status?	☐	☐		Additional Dates:
Has job offer been made to employee with copy to OWCP and DOD liaison?	☐	☐		Date Sent: Reply Deadline Date: Date Response Received:
Did employee accepted job offer? Has acceptance or refusal of job offer been sent to OWCP & liaison?	☐ ☐	☐ ☐		
Has employee returned to work? Has OWCP CE been notified?	☐ ☐	☐ ☐		
Has CA-7 for Scheduled Award been sent to OWCP/comments?	☐	☐		
Has employee been moved to PN rolls ?	☐	☐		
Has ICPA done follow-up with employee at home after going on PN rolls?	☐	☐		
Has conference been done with Employee Relations about separating employee who has been unable to return to any work for more than a year?	☐	☐		
Record date of retirement/separation	☐	☐		
Record dates of all SF-50s and attach copies:	☐	☐		

Other information that would be helpful to a successor ICPA:

9.1 What the DoD1400.25-M says about case files

SC810.4.4.2. Injury Compensation Case Files
SC810.4.4.2.1. Case Files. The ICPA prepares and maintains an injury compensation case file for each injury or illness for which compensation is claimed. As a minimum, the case file is to consist of copies of OWCP forms, relevant medical information supplied by physicians, claim-related correspondence, and other sensitive information that specifically relates to the injury or illness. NOTE: Case files should be secured in locked cabinets or otherwise secured as required by the Privacy Act. All records are official records of OWCP and are covered by the government wide Privacy Act system of records titled DOL/GOVT-1.
SC810.4.4.2.1.1 Claim Numbers. Upon electronic notification from CPMS that OWCP acknowledges receipt of the claim and assigns the claim number, the ICPA shall verify ownership of the case and chargeback code and, if there are discrepancies, the ICPA shall notify OWCP district office immediately. The ICPA shall also annotate all appropriate documents with the claim number in the upper right-hand portion of the document before forwarding to OWCP.
SC810.4.4.2.1.2. File Setup. The ICPA shall:
SC810.4.4.2.1.2.1. Upon receipt of a Form CA-1 or Form CA-2 requiring submission to OWCP, prepare a working folder.
SC810.4.4.2.1.2.2. Make sure labels have the minimum of the following information: SC810.4.4.2.1.2.2.1. Name;
SC810.4.4.2.1.2.2.2. Social Security Number;
SC810.4.4.2.1.2.2.3. Date of Injury; and
SC810.4.4.2.1.2.2.4. OWCP claim number (when received).
SC810.4.4.2.1.2.3. Arrange documents chronologically, from bottom to top, with a copy of the claim form (CA-1 or CA-2) on the bottom. Ensure all memos, notes, and records of telephone calls contained in the case file are dated and signed.
SC810.4.4.2.1.2.4. Arrange file folders alphabetically.
SC810.4.4.2.1.2.5. Maintain a separate folder for each injury or illness.
SC810.4.4.2.1.2.6. File recurrences (Form CA-2a) with the original injury file folder.
SC810.4.4.2.1.2.7. If an employee is transferred to a different agency or servicing CPO/HRO, forward his or her file folder to the new servicing activity. (A skeleton file may be retained at the losing CPO/HRO, if desired.)
SC810.4.4.2.1.2.8 Maintain two separate sets of files: one for active compensation cases and one for inactive cases.
SC810.4.4.2.1.2.9. Retain the injury file folders as follows:
SC810.4.4.2.1.2.9.1. No lost time/ No medical expense – 90 days after the claim was submitted, retain the CA form as an inactive file at the agency or an agency document storage facility.
SC810.4.4.2.1.2.9.2. First Aid – One year after the date of the last medical appointment or treatment, retain the CA form and medical reports as an inactive file at the agency or an agency document storage facility.
SC810.4.4.2.1.2.9.3. Medical Expenses Only - Two years after the date of the last appointment or medical treatment, retain the CA form (including employee, supervisor, and witness statements), claim acceptance/denial letter, any appeal decisions, claims for recurrence, decisions on claims for recurrence, and the most recent medical report contained in the file detailing the claimant's ability to work. Keep these documents as an inactive file at the agency or an agency document storage facility. Purge all other non-pertinent documents such as transmittal letters and bills from the file.
SC810.4.4.2.1.2.9.4. Medical Expenses and COP - Two years after the date of the last appointment or treatment retain the CA form (including employee, supervisor,
Subchapter 810 36 DoD 1400.25-M, April 12, 2005 and witness statements), claim acceptance/denial letter, any appeal decisions, claims for recurrence, decisions on claims for recurrence and the most recent medical report contained in the file detailing the claimant's ability to work. Keep these documents as an inactive file at the agency or an agency document storage facility. Purge all other non-pertinent documents such as transmittal letters and bills from the file.
SC810.4.4.2.1.2.9.5. Medical Expenses, COP and Compensation –Four years after the latter of the last medical appointment or treatment, termination of compensation, or expiration of appeal deadlines retain

the CA form (including employee, supervisor, and witness statements), claim acceptance/denial letter, any appeal decisions, initial CA-7 submitted to OWCP, claims for recurrence, decision on claims for recurrence, awards of compensation for impairment, and the most recent medical report contained in the file detailing the claimant's ability to work. Keep these documents as an inactive file at the agency or an agency document storage facility. Purge all other non-pertinent documents such as transmittal letters and bills from the file.
SC810.4.4.2.1.2.9.6. All active and inactive records are governed under the disclosure provisions of DOL/GOVT-1, Office of Workers Compensation Programs, Federal Employees' Compensation Act File.
SC810.4.4.3. Defense Injury/Unemployment Compensation System (DIUCS) The Defense Injury and Unemployment Compensation System (DIUCS) and its related components is the foundation of the standard enterprise-wide civilian HR system for injury compensation program management. DIUCS is a valuable web-enabled tool designed to provide comprehensive, detailed information; a more efficient method of filing initial injury claims; and a more efficient method of record keeping, thus providing more time for the ICPA to effectively manage his or her program. DIUCS contains the following modules:
SC810.4.4.3.1. Individual Case Records. The DIUCS provides secure, detailed information about individual workers' compensation claims. Data is immediately available to answer queries about personnel matters, salary information at time of injury, OWCP information such as claim number, status, latest medical bill payments or compensation disbursement information.
SC810.4.4.3.2. Electronic Data Interchange (EDI). EDI enables DoD Components to file workers' compensation claims securely through electronic transmission with OWCP. The EDI provides web-enabled CA-1 and CA-2 claim forms that are accessible to supervisors and employees for completion and forwarding to the local ICPA. Electronic notification alerts the ICPA to a claim requiring processing. Through a secure link, the ICPA may review, code, and transmit a claim to OWCP. Within 48 hours, EDI electronically notifies the ICPA of a claim number assignment at the OWCP district office.
SC810.4.4.3.3. Reports. In addition to pre-constructed or "canned" reports, the ICPA can use the DIUCS report function to design and create a master log or unique activity reports. Log and reports should begin and end with the DOL billing year (July 1 through June 30). If the Subchapter 810 37 DoD 1400.25-M, April 12, 2005 DIUCS is not available, the ICPA must maintain a master record by manual methods or any other reliable data system.

10.0 FOLLOWING UP WITH THE INJURED EMPLOYEE AT HOME

One of the most important parts of an ICPA's work is following up with the injured employee who is recovering at home. Find out right away if the worker can return to work the same day or next day.

If the employee cannot return the next day, call him at home. Ask him, "How are you feeling, what restrictions did the doctor place and the reasons, when can you return to work", etc. Keep the tone warm, friendly, and supportive. Establishing a good relationship at this point is crucial.

Also tell the employee that it is essential that he receive medical documentation to support the time off from work. The documentation must contain a diagnosis, a treatment plan, and how long before the employee can resume light work. Make sure the employee understands that a note saying he is "under Dr. X's care" is not enough; it must contain the diagnosis, treatment plan, and estimated date of return to work.

Ensure that employee understands that the ICPA must have this medical documentation no later than ten days after the injury. If the ICPA doesn't receive it within ten days, COP must be discontinued by law, and sick or annual leave charged.

Also, tell the employee that he may be receiving a letter from the Department of Labor, accepting his claim. This letter will give a medical code number, which tells the doctor what the "accepted conditions" are. Ensure the employee understands that the doctor must have a copy of this letter so that the doctor's office can bill correctly and get paid.

Tip: Defense Logistics Agency sends every newly injured employee a get-well card. DLA says it makes a world of difference in getting the ICPA-Injured Employee relationship started on the right foot.

Continue to telephone the injured employee at home every couple of days during the early days of his injury, while he is still on COP. Make sure you document every phone call in the file. If there is no answer, leave a call-back message if possible. Document those messages as well. An injured employee who is "never home" is automatically suspicious. Also keep the supervisor informed about how the employee is doing, when he can return to work, so the supervisor can plan the work for his unit.

Continue to stay in touch with the injured employee at home. Even if it appears that recovery will be slow, it is your job to maintain a professional relationship and keep up with the employee.

The ICPA's other job is to work with the treating physician, as in the next section …

11.0 FOLLOWING UP WITH THE TREATING PHYSICIAN

As an ICPA, you will never meet the treating physician face-to-face – but he is still one of your most important partners. Communicating with the treating physician is extremely important.

Most medical intake forms at medical offices and hospitals ask what the patient's job is. If the injured employee writes "plumber" on his form and the employee is diagnosed with a sprained shoulder, chances are the physician will say the employee is totally disabled and cannot return to work. The employee can certainly come to work; the problem is that he cannot perform the heavy lifting that is part of a plumber's regular job. It is YOUR job to communicate with the physician to inform him that Army can assign light or modified duties (without lifting in the plumber's case). IF you don't tell the physician this important fact, he won't know.

Tip: small ink stamps can be custom-made at any office supply store for a few dollars. Order one that says, "Light/modified duty available" and pre-stamp every CA-16 form. The treating physician hopefully will notice this and allow the injured employee to return as long the employee avoids certain specific activities, such as no lifting or no ladder climbing.

As soon as you know the name of the name of the treating physician, send a letter similar to the one on the next page so that the physician knows in more detail that we will partner with him. While you cannot call the treating physician himself, it is all right to call the physician's office to ask their fax number. Fax the letter as soon as you know the physician's name. We need for the physician to comprehend that Army will co-operate in any way to keep the employee part of the team, such as job modifications, obtaining a handicapped parking space, moving employee's work station to the ground floor, voice-activated software for word processing, etc. If the employee can't drive, we will seek a car pool for him. Ensure the physician knows we will go to any lengths to keep the employee functioning.

Why is this SO important?

1. Employees who sit home for a number of days soon become overly-comfortable with being home, sleeping late, having no particular schedule. Think of how nice it feels when you are on vacation – and how hard it is to get back to getting up early. Don't help the employee get into this 'vacation' mind set!
2. Employees who stay home for a while begin to think of themselves as disabled, no longer an employee. "I can't come to work because I am disabled." This subtle change of self-concept is devastating to your future efforts to return the employee to productivity.
3. While being at home may seem pleasant to the employee at first, later on he sees that life is passing him by. He has lost the comradeship of co-workers and the feeling of accomplishment. It is not unusual to see the medical bills for an employee who has been out long-term suddenly spike: now Army is paying psychiatric bills for depression and other mental problems in addition to the original injury.

11.1 Some Other Problems Related To Physicians

Sometimes a physician's billing office will call the ICPA, saying no payment has been received.
First check AQS.
If AQS shows the bill was paid, copy that page and mail to the billing office.
If AQS shows the bill was rejected:

1. Ensure that the bill was sent on a "1500 form" which is the standard form all physicians use to bill medical insurance companies.

2. If a 1500 form was used, what medical condition code was billed for? (If it is not the accepted condition, DoL will not pay.)

3. If the 1500 form was used and the correct condition code was used, is it a situation where the claim was accepted as a Short Form Closure (Claim status C1) where bills are expected to be below $1,500? If the bills unexpectedly exceed $1,500 they will be rejected until the claim is adjudicated by DoL. Call the claims examiner to ask that this claim be adjudicated as soon as possible so that physician's office can re-submit.

3. DoL will only pay for treatment of accepted conditions. Sometimes physicians will do several things in one office visit: for example, treat the sprained shoulder and also remove a suspicious mole on the employee's neck. DoL will only pay for the shoulder, not for the mole removal. You may get a call later on from the physician's office asking why they were not paid for the mole removal. This is why it is important for the physician's office to understand what the accepted conditions are and that only bills related to that condition are paid by DoL.
If a claim was denied by DoL (Claim status C3) DoL will NOT pay the physician's office and the office needs to bill the employee's own health insurance.

4. If none of these conditions exist and you cannot figure out why the bill was rejected, ask the physician's billing office to call ACS at 850-558-1818 as the rejection may have been an oversight on ACS's part.

12.0 STAYING IN TOUCH WITH THE INJURED EMPLOYEE'S SUPERVISOR

The injured employee's supervisor needs to know how the recovery is coming, and when the employee can return to work. Contact the supervisor whenever you have updated news, such as a return-to-work date. Ask the supervisor to contact you if he receives news from the employee. Tell the supervisor he is an important part of the Return-to-Work team! Also – very important – discuss with the supervisor when the employee can return to work and what restrictions the treating physician has placed. Can the employee return to the pre-injury job, perhaps with some weight-lifting restrictions? Are the restrictions so severe that the employee cannot return to the old job?

If this is the case, it is YOUR job to look for an alternate placement. Use your FECA Working Group to look for a suitable position. Remember the job the employee returns to does NOT have to be the original job. It can be a custom-created position or a combination of two previous part-time positions, or a new position in a tenant activity, or even a telecommuting position - whatever it takes to return the employee to productivity.

We CANNOT say we don't have a job for the employee. We are obligated to accommodate disabled people, especially our employee who was disabled doing his job!

Occasionally supervisors are not sympathetic. "I ain't got no work for anyone who can't pull his weight," or similar words. You can try going to the 2nd line supervisor to force cooperation but in the long run that will probably make more problems. In this situation, it is better to utilize the FECA Working Group for an alternate placement. Another possibility is to have the claims examiner send the employee to "rehab" so that he can receive classroom training in a new skill. If you go this route, stay in touch with the employee

when he is in rehab and ensure he is placed at your installation upon completion. In reviewing old cases, you may notice many, many were sent to rehab, and then nothing happened after completion. The track record of “Rehab” is poor and in effect became an expensive dumping ground for injured workers. If you try rehab arranged through the DoL, make sure the employee comes back to work!

If the employee can return with restrictions, ensure that the supervisor understands the restrictions and fully agrees to support them. If the employee needs a special chair or a workstation near the elevator, or voice-activated software, etc. assist the supervisor in getting these installed before the employee returns.

We want to get the employee successfully back to productivity – and not in a situation where he will become re-injured and once again go on Workers Comp rolls.

13.0 USING YOUR MILITARY TREATMENT FACILITY (MTF) PHYSICIAN AS YOUR CONSULTANT

Here’s what the DoD 1400.25-M says:

SC810.3.5. Activity Medical Service

SC810.3.5.1. Medical Officers. Medical officers review all reported cases of occupational illness and take or recommend action.

Upon the ICPA's request, they:

SC810.3.5.1.1. Provide medical information to be sent to OWCP to support or to controvert a claim for an occupational illness or work-related injury.

SC810.3.5.1.2. Communicate with the employee's personal physician, in writing, to clarify medical evidence when ICPA's attempts fail;

SC810.3.5.1.3. Conduct a medical review of controversial and complex cases;

SC810.3.5.1.4. With the treating physician's recommendations, participate with the CPO/HRO in returning employees to duty as soon as medically feasible;

SC810.3.5.1.5. Assist the ICPA in informing the local medical community of FECA program and problems being experienced;

SC810.3.5.1.6. Review, evaluate, and recommend light-duty assignments and make recommendations on employee placements involving work limitations;

SC810.3.5.1.7. Advise the attending physician, in writing, that the medical facility may give supportive treatment such as physical therapy, under his or her direction (arrangements should be made with the concurrence of the employee and attending physician); and,

SC810.3.5.1.8. Provide a representative to actively participate in the activity FECA Working Group.

Having your MTF physician write a letter to the treating physician asking for “clarification” as mentioned in 3.5.1.2 above can be a powerful tool. One MD will almost always respond to another MD and you may sometimes find the treating physician will modify his original stance.

Make an appointment with your MTF to review statements and limitations from the treating physician that you do not understand or that seem excessive. Ask the MTF physician what he would recommend, if this

were his patient. If he does not agree with the treating physician, ask him to write a letter. You can assist in drafting the letter.

14.0 GETTING THE INJURED EMPLOYEE BACK TO PRODUCTIVITY

One of the most important aspects of managing your program is keeping the injured employee feeling he is part of the team. Besides phoning the employee at home at least once a week, you need to devise a way to keep the employee productive as soon as possible, before he begins to feel overly comfortable with staying at home.

As soon as you get a statement from the treating physician, you should send a letter to the physician stating that Army will modify the employee's position in any way possible. Then look at the statement:
What part of the body is injured?
If the physician doesn't give limitations, what seems logical to you?
Make an appointment to confer with your MTF physician. Read the medical statement to the MTF physician and ask if this were his patient, what restrictions and time off work would he advise?
Can the employee come back to his pre-injury job with only a few restrictions, such as no lifting?
Is the employee's pre-injury job so strenuous that he cannot return to the modified pre-injury job, where can you place him? It is YOUR duty to locate a place to bring the employee back to. You can bring the employee back to his pre-injury position and immediately put him on a detail. The important part is to bring the employee back to doing SOMETHING productive !

You do NOT have to have permission from the treating physician to bring the employee back (although clear indications of total disability should place such action on hold, pending improvement). Often physicians are super-busy and they just don't reply to your letter about coming back to work. This is why your MTF physician's opinion can be valuable.

If the injured employee is well enough to return to his pre-injury job, he just returns with no special paperwork, provided he is still on the installation's rolls. All you need to do is notify Labor, by a phone call to the claims examiner and a written note to London KY.

If the employee cannot return to the pre-injury job, try this:
If you have established a friendly, helping relationship with the employee, a return-to-work can be done over the phone. "George, the inventory shop really needs your help. You would sit at their intake desk and record deliveries on an intake sheet. No lifting and we'll get you a special parking place nearby. Bill Barnes is the supervisor and he will show you what to do. You would really be helping Bill out while his regular guy is off for a family funeral. "

Make sure that you meet your injured worker on this first day, that his handicapped parking place is ready for him, and that the work you described over the phone is what he will be doing. It is also your job to ensure that the supervisor fully understands and cooperates with the medical restrictions.

When you bring an employee back in this informal way, you must coordinate with the original supervisor to ensure timecards are marked correctly, the temporary supervisor to ensure medical restrictions are followed and that the employee is welcomed and assisted in every way, AND you must notify Department of Labor the date the employee returned, and that he came back on light duty. Notify both by a phone call to the claims examiner AND a mailed memo to London KY so that the notification can be scanned into their file.
This type informal offer works best when the employee has been off a short time, within the same COP period. The employee would stay on his regular PD, regular pay, and be on an informal detail.

What if the employee resists your informal offer and tells you he won't come back? Many employees see "45 days" as some kind of constitutional right and feel they re entitled to the full 45 days no matter what – which is not the case at all!

If the employee rejects your informal offer, then move to a mailed, written offer that includes an official offer letter, the position description, and a sheet for the employee to reply back to you with his decision. Often the employee sees you are serious when he gets the offer on installation letterhead! Before mailing the offer letter, read it over the phone or fax it to your liaison. (See attached samples of an offer letter, and employee's reply template.) When the employee responds, either positively or negatively, send the response to Department of Labor.

If the employee doesn't respond at all, notify Labor of that as well, as a failure to respond is handled as a declination.

If the employee responds positively, that he will come back to work, handle it as an informal detail just as written above.

If the employee responds negatively, send the response to the Department of Labor. It is then their decision to uphold your offer, in which case the claims examiner will mail a letter to the employee that he must return. It is also possible Labor will uphold the employee, saying your offer is premature or is not a good fit for the medical restrictions.

If the employee responds negatively and submits a letter from the treating physician that says he cannot do any work, consult your MTF physician. If the MTF physician does not agree or wants more information, ask him to send a letter to the treating physician, asking for "clarification" of the employee's restrictions. If necessary, you can write the letter for the MTF physician and take it to him for his signature.

If the treating physician's reply to the MTF physician, telling why the employee cannot yet return, seems reasonable, then let things wait for a while – but continue your weekly phone calls to the injured employee. After a reasonable amount of time, write the treating physician again for the current restrictions.

If the employee has been off work for a long time:

You may not even know the long-term employee if you have inherited him from a previous ICPA or from another activity. Start by a letter or phone call to the employee. Find out how he is doing, listen to him. Most long-term claimants are eager to talk and glad that you called. Review the most current medical restrictions. If you have nothing current, ask your liaison to get this information for you. Confer with your MTF physician, and your FECA Working Group, and create a suitable job offer.

This job offer must be official and mailed. Use the official format discussed previously.

Remember: if the injured employee was on a permanent appointment at the time of injury, he comes back on a permanent appointment.

If he was a term appointment, he comes back on a term appointment.

If he was a temporary appointment, he comes back on a temp appointment.

Pipeline can be used for a term or term returnee, but they must return for at least 90 days to be eligible to be funded by Pipeline.

15.0 WORKING WITH YOUR DOD LIAISON TO USE PIPELINE

Pipeline is a special pot of money created by contributions from Army, Navy, and Air Force. Pipeline funds the salary of a returning injured employee the first 365 days he is on duty. Pipeline also provides the FTE point to bring the injured employee back.

The employee must have been off work for at least 90 days.
The employee returns to a different position, not the date of injury job.
Pipeline can be used for permanent, term, or temp positions.
The position the employee returns to must be a classified position.
It can be used to bring a temp or term employee back. However, if it is a temp or term position, the employee must be offered at least 90 days employment.

If the employee can only return for 4 hours a day, Pipeline funding will be for two years instead of one.

How to utilize Pipeline:

As soon as the employee accepts of job offer to return to work, contact your liaison. The liaison will assist with the financial transfer. The money will come on a MIPR to your financial manager, so ensure that person is alerted – and also the person in the financial office who receives government funding documents. There have been cases where a MIPR was sent back because the document receiver was not informed ! If the 365 days of funding crosses over two fiscal years, which usually happens, there will be two MIPRs, one for each fiscal year.

If your installation brings back an employee who was injured at another installation, the new (hiring) installation receives the money.

If Army does not use its allotment of Pipeline money, it "evaporates" so please make every effort to bring employees back !

For more information, see http://www.cpms.osd.mil/pipeline/pipeline.aspx.

16.0 HOW CAN I GET THE TRAINING I NEED TO BECOME A GOOD ICPA?

The first and most important way to get training is to contact your liaison. In addition to getting you access to the CPMS systems, your liaison can visit your installation and assist you in getting started with your new responsibilities.

Second, spend time on the CPMS web site. (www.cpms.osd.mil/icuc) Become familiar with the content, especially the on-line training modules. Take the on-line training and fax your completion certificate for the modules to lynn.swingle@us.army.mil.

Third, discuss with your supervisor the CPMS-sponsored Beginner's Training, which is held twice a year in Southbridge, Massachusetts. This training is very economical as the registration includes lodging and two meals day as well as shuttle bus transportation from the airport to Southbridge.

Fourth, contact your regional office of the Department of Labor, Office of Worker Compensation Programs. They offer free training classes at their regional offices. The offices are:

District Office 1--Boston
(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)
Alonzo Rodriquez, District Director 617-624-6600
U. S. Dept. of Labor, OWCP
JFK Federal Building, Room E-260
Boston, MA 02203
617-624-6600
617-624-6618(Fax)

District Office 2--New York

(New Jersey, New York, Puerto Rico, and the Virgin Islands)
Zev Sapir, District Director 646-264-3046
U. S. Dept. of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
DFEC: 646-264-3000
World Trade Center cases: 646-264-3030
DFEC Fax: 646-264-3006

District Office 3--Philadelphia
(Delaware, Pennsylvania, and West Virginia; Maryland when
the claimant's residence has a zip code beginning 21***)
John Mckenna, District Director 215-861-5481
U. S. Dept. of Labor, OWCP
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308
215-861-5481 or 5482
215-861-5453(Fax)

District Office 6--Jacksonville
(Alabama, Florida, Georgia, Kentucky, Mississippi, No. Carolina, So. Carolina, and Tennessee)
Magdalena Fernandez, District Director (904) 357-4777
U. S. Dept. of Labor, OWCP
400 West Bay Street, Room 826
Jacksonville, FL 32202
904-357-4777 or 4778
904-357-4773 (Fax)

District Office 9--Cleveland
(Indiana, Michigan, Ohio; All special claims and all areas
outside the U.S., its possessions, territories and trust territories)
Robert Sullivan, District Director 216-357-5390
U. S. Dept. of Labor, OWCP
1240 East Ninth Street, Room 851
Cleveland, OH 44199
216-357-5100
216-357-5378 (Fax)

District Office 10--Chicago
(Illinois, Minnesota, Wisconsin)
Joan Rosel, District Director 312-596-7157
U. S. Dept. of Labor, OWCP
230 South Dearborn Street, Eighth Floor
Chicago, IL 60604
312-596-7157
312-596-7145 (Fax)

District Office 11--Kansas City
(Iowa, Kansas, Missouri, and Nebraska; all employees of the Department of Labor,
except Job Corps enrollees, and their relatives)
Lois Maxwell, District Director 816-502-0301

U. S. Dept. of Labor, OWCP
Two Pershing Square Building
2300 Main Street, Suite 1090
Kansas City, MO 64108-2416
816-502-0301
816-502-0314 (General Fax)

District Office 12--Denver
(Colorado, Montana, No. Dakota, So. Dakota, Utah, and Wyoming)
Shirley Bridge, District Director 720-264-3000
U. S. Dept. of Labor, OWCP
1999 Broadway, Suite 600
Denver, CO 80202
720-264-3000
720-264-3124 (Fax)

District Office 13--San Francisco
(Arizona, California, Hawaii, and Nevada)
Andy Tharp, District Director 415-625-7500
U. S. Dept. of Labor, OWCP
90 Seventh St., Suite 15300
San Francisco, CA 94103
or write to:
P.O. Box 193769
San Francisco, CA 94119-3769
415-625-7500
415-625-7450 (Fax)

District Office 14--Seattle
(Alaska, Idaho, Oregon, and Washington)
Marcus Tapia, District Director 206-398-8100
U. S. Dept. of Labor, OWCP
1111 Third Avenue, Suite 650
Seattle, WA 98101-3212
206-398-8100
206-398-8151 (Fax)

District Office 16--Dallas
(Arkansas, Louisiana, New Mexico, Oklahoma, and Texas)
Frances Memmolo, District Director 972-850-2300
U. S. Dept. of Labor, OWCP
525 South Griffin Street, Room 100
Dallas, TX 75202
972-850-2300
972-850-2301 (Fax)

District Office 25--Washington, D. C.
(District of Columbia, Virginia; Maryland when the claimant's residence has a zip code beginning other than 21***)
Linda DeCarlo, District Director 202-513-6800

U. S. Dept. of Labor, OWCP
800 N. Capitol Street, N.W., Room 800
Washington, D.C. 20211
202-513-6800 (D.C., Maryland and Virginia)
202-513-6806 (Fax)

Contact the district office that services your geographic area and ask to be put on the list for the next training class.

Finally, regional Army conferences are being arranged so be alert for announcements on those !

17.0 FREQUENTLY DISCUSSED PROBLEMS

17.1 What if an injured employee can't come back to work?

The answer to this depends on the "why" the employee can't come back. If the employee is totally paralyzed, has become psychotic, has a brain injury, or has a similarly devastating condition, then he probably can't come back and Army needs to support him financially and medically for the rest of his life. However, about 1% of Army's injury claims are that severe. For nearly all other claims, the injured employee can certainly do something. It is our job as human resource professionals to discern what that "something" is and to create a job opportunity for the injured employee.

Remember the mantra: if the employee can get out of bed and put his clothes on, there is something he can do for the Army!

We have soldiers with no legs returning to active duty, even a blind soldier has returned to active duty. Can we expect our injured civilians to get by with less than what our soldiers do?

17.2 What if the treating physician continues to say the injured employee cannot return to work?

In a very few cases, the employee is so badly injured he can never return to work. In most cases, the employee can return to light duty work in six weeks maximum from almost any injury or surgery. However, the treating physician is saying "totally disabled" either because the employee is telling him to do this – and the doctor doesn't have time to argue or counsel with the employee - or else out of fear of being sued if the employee returns to work and later has complications or a new condition that could be attached to the release to work. Consult with your MTF physician on every "totally disabled" statement. Ask the MTF if he thinks the condition is severe enough to prevent the employee from doing anything. If the MTF physician says the employee could perform light duty or could do data entry from home, etc, get busy with the FECA Working Group and the employee's supervisor to create a suitable RTW position.

17.3 The employee has legitimate medical bills that are not being paid.

The ICPA owes it to the medical provider to at least try to assist. Just to say, "I don't get involved in medical bills," is not likely to encourage the medical provider to continue to accept federal Workers Comp patients – and we have a definite problem with providers dropping out of the federal program. So don't just brush off the provider's office if you get a call asking for help.

First check AQS. The bill may have been paid and simply not recorded correctly within the provider's office. Fax a copy of the AQS page to prove payment and date. If the bill shows rejected in AQS, verify what condition code (ICD-9 code) was used. If the billing office used a code not part of the "treatment suite" for the accepted condition, the bill will be rejected. If the treating physician strongly thinks additional codes should be accepted, he needs to write DoL explaining what else needs to be there and his

reasons. (Be sure to give the billing office information on where the letter should be mailed.) Also verify the claim status: is it a Short Form Closure? Possibly the medical bills exceed the $1,500 cap on Short Form Closure. If so, contact DoL to have the claim moved to adjudication status. Make a “tickler note” to review the status and then get back to the treating physician’s office as soon as the claim status changes so the bill can be re-submitted. If you cannot see any reason that the bill was rejected, tell the treating physician’s office to re-submit to AQS.

Make sure the treating physician’s office knows we are trying to help. We cannot afford to have more providers become frustrated and refuse to accept federal patients. This is a growing problem nationwide.

17.4 What if the supervisor doesn’t cooperate with light duty?

Sometimes supervisors don’t understand how expensive a Workers Comp claim can become if we don’t bring the employee back – so tell the supervisor! Also ensure that the supervisor understands how the cost can balloon if the employee comes back and is assigned work outside the medical restrictions and the employee is re-injured. Give the medical restrictions to the supervisor in writing before the injured employee returns and also discuss with the supervisor to ensure he has read the restrictions and understands. If the supervisor firmly says he just can’t use a light-duty employee in his unit, discuss with the second-line supervisor or the FECA Working Group about where else the employee could be placed. Don’t try to “force” the supervisor to accept the employee if your communication efforts described above fail. “Find a way to go around the wall if you can’t go over the wall.”

17.5 Dealing with family members of the injured employee

Often you will get phone calls, “I am Bob’s wife/sister/daughter and I want to know …” Politely tell the person that you cannot discuss the claim without a written release signed by the injured worker, saying that it is ok to discuss his case. This also applies to in-person visits to your office. If a family member hand-carries information to your office, that is acceptable but you should not do any more than confirm you received the information without a written release.

17.6 What information can you discuss?

You can discuss payment issues with a medical billing office as described above – if the office calls you first.
You can discuss return to work issues or other questions with the treating physician himself – if he calls you first.
You can discuss estimated return to work date and medical restrictions with the first line supervisor, as much as he needs to know in order to utilize the employee.
You can discuss the case in the FECA Working Group as long as the employee’s specific name is not used. Call the employee “A” or “B” or use a number.
You can discuss the claim in every detail, including the name and claim number, with the DoD liaison and with the claims examiner, and Army’s program manager.
You can discuss the employee’s name and social security number with staffing in order to process an RPA – but no details of medical condition.
Do not discuss anything with family members without a written release from the employee.
In case of a catastrophic accident, reporters may approach you. Do not discuss ANYTHING with the media/reporters. Leave that to your PAO.

17.7 Investigations

Sometimes ICPAs say, “If I just had the money to hire an investigator, I could get pictures of this claimant cutting the grass, unloading his groceries, and then I could get DoL to take the claimant off the rolls.” It almost never works that way. DoL is not interested in pictures of claimants – and you will have wasted money paying an investigator to follow the claimant around.

Two things DO interest DoL: the installation makes a job offer OR the installation can prove the claimant lied on his annual 1032 form. The 1032 form asks what income the claimant has and what his activities are, including volunteer activities, for the previous 12 months. If you can PROVE that the claimant lied, then DoL is very interested. For example, if you have a newspaper article that the claimant received an award for taking a group of Boy Scouts on a mountain-climbing expedition – and the claimant's doctor says the claimant is permanently and totally disabled, then DoL may be interested. If you have business license or business incorporation records that the claimant is working as a bricklayer or selling real estate or running a profitable farm – and this is not shown on his 1032 form, then DoL is very interested. If you suspect, first get your liaison to pull the 1032 forms at the DoL district office. If the 1032 form shows zero income and you have proof, definitely contact both the DoL IG office and the claims examiner. Remember if the claim is "PW" the claimant is allowed to work but his compensation is supposed to be reduced from what it would be if he were not working at all.

The CPMS liaisons make home visits from time to time. However, there may be years and years between their home visits. There is nothing illegal about you making a friendly home visit to ask how the claimant is getting along. You can write up your observations and send to DoL, "I went by the claimant's home to say hello on August 31. He was working on the roof of his 2-story house when I arrived and he climbed down the ladder to greet me." DoL may or may not be interested in your personal observations – but certainly let them know. DoL is not interested in grapevine gossip or rumor, "Somebody told me they saw the claimant carrying a lot of packages at the mall." You must have proof or a job offer to get DoL's attention.

You can work with your own IG or on-site investigator if you have suspicions. Often they require you to bring them at least concrete reasons to put time on the case but often they can be effective. There have been successful prosecutions for workers compensation fraud.

18.0 MANAGING OLD WORKERS COMP CASES

18.1 Your Chargeback Report and Why It's Important

Go into DIUCS, click on reports, and then select the top choice on the screen. You should run your chargeback report every quarter. This report prints in alphabetical order by last name, which is usually the way most ICPAs keep their files. You should have a hard copy file for every name on your chargeback. Look for names with large-dollars comp costs and zero medical. If the claimant is so injured or sick that he cannot work, why is there zero medical cost? Pay special attention to those cases. Is the date of injury many years ago? This doesn't always mean the claimant is elderly, as some claimants have been receiving benefits since age 18 or 19 and are now still within the age to be employed. If the claimant is truly elderly, is he still alive? There have been many cases of claimants who have died and DoL has not been informed. You need to be familiar with every case and know what is going on. Most of all, look for return to work possibilities.

You should contact every long-term claimant at least once a year, either by letter or by phone call, even if the claimant is 100 years old. It is your job to ensure that the comp money is going to the claimant. With direct deposit, as long as the bank account is still open and DoL doesn't know the claimant has died, the money continues to flow. Also, every long-term claimant was once Army's valued employee. We owe at least a few minutes a year to stay in touch with a person who once gave us years of effort.

If you make a phone call, document in the hard copy file the results of your call. For example, "7/12/06, called claimant Bob White at home. Man who answered said his name was William Doe and that Bob White was his uncle. The family was in the process of moving Bob White into the Sunset Nursing Home in Little Creek, Virginia, because Uncle Bob now has Alzheimer's and cannot care for himself. Uncle Bob is now 93 years old. Bob's wife, Bernice passed away in June." Several pieces of information from this phone call: new address, claimant has Alzheimer's which is likely to become the cause of death rather than the spine injury that was the accepted condition, and that the claimant no longer has a dependent. Document in your file and also write a memo to DoL for their file.

If you send a letter and do not receive a reply, definitely follow up with a phone call. You may find a situation such as the one above.

You may find the opposite situation. “Claimant says he plays golf almost seven days a week. His wife died in 1999. He and his girlfriend have a house in Florida where they spend each winter, then return to Delaware in the spring. This way, he said, he can play golf all year round.” If the claimant is 50 years old, “permanently and totally disabled,” and plays golf seven days a week, you have a good possibility of a successful return-to-work action!

You may also find situations where the claimant needs help, such as legitimate medical bills are not being paid. You owe it to the claimant to help where help is needed.

Use your chargeback report as a tool to mark off each claim as you make contact, either by phone or by letter.

If you find a name on your report that was not there the last time you ran the report, go into DIUCS by the claim number and see if there is a two-digit alpha under previous CPO ID. Contact the ICPA at the previous CPAC to see why the change was made. If you don’t know how to contact the previous ICPA, ask your liaison for help. The change may be a mistake – or it may be a claim that should have been on your chargeback for years and is only just now getting to the correct place. Tip: if the claim has been in the wrong place for years, the money cannot be moved now. All you can do is ensure it is on the correct chargeback from now on.

The next pages have template letters to long-term claimants. Adapt these letters as appropriate, put on your installation letterhead, and mail.

19.0 MEDICAL EVIDENCE: WHAT QUALIFIES AND HOW OFTEN IS IT NEEDED

According to the Department of Labor’s own rules, medical evidence must be signed by a licensed physician. In certain cases where appropriate, specialists such as a licensed psychologist, or dentist may sign medical evidence. Note that nurses, nurse practitioners, or physician assistants are not sufficient in the eyes of the Department of Labor unless also countersigned by a physician.

Medical evidence must state the diagnosis, the treatment plan, and the prognosis for returning to work. Statements such as, “Ms. X is under my care and can return to work on April 15,” are not considered acceptable because the diagnosis and treatment plan are lacking.

When an accident first occurs, the claimant has ten days to get appropriate medical evidence to the ICPA in order to use COP. If adequate medical evidence is not received by that time, the ICPA should telephone the claimant, and remind him that regulations require that COP be discontinued. The ICPA should then notify the supervisor and the timekeeper that no more COP can be granted and annual or sick leave charged instead. If adequate medical evidence is later received, the timecards can be changed.

Medical evidence can be submitted on one of Labor’s own forms, or on the physician’s own letterhead.

If the claimant cannot return to work by the end of the COP period, then a CA-7 form must be submitted, again with medical evidence that the employee cannot return to work and why, and the prospective date of return. Claimants who are classified by Labor as DR, or PR must submit medical evidence at least once a year. PW claimants must submit every two years, and PN claimants must submit at least every three years.

When reviewing the Chargeback List, note any claim that has large-dollar compensation costs and small or zero medical costs. Then look in DIUCS or AQS to verify the last date of a medical bill. If there has

been no medical costs in the required time span (and the claimant is under 65 and not eligible for Medicare) follow up with the claims examiner or your liaison.

IT IS THE ICPA's RESPONSIBILITY TO ENSURE THAT ALL CLAIMS ARE UP TO DATE ON MEDICAL EVIDENCE! DO NOT ASSUME THAT DEPARTMENT OF LABOR WILL DO THIS FOR YOU.

20.0 SUCCESS STORIES FROM ARMY ICPAS

In 2006, Army ICPAs contributed some of their own success stories. Here are some ideas that may work for you:

20.1 The Military Treatment Physician as an Ally

DoD1400.25-M, SC810.3.5.1.2: "Upon request of the ICPA, medical officers communicate with the employee's personal physician to clarify medical evidence."

We successfully returned one of our employees to work after an absence (and compensation!) of two years. Following several back surgeries and eventual spinal fusion, the employee's private physician continued to state that the fellow could never be returned to work in any type fashion and that he would be disabled for life. I enlisted the assistance and expertise of our US Army Health Clinic physician in the endeavor to get this fellow back to work, requested the employee report for Fitness for Duty exams, and several telephone conferences were held between this office, the clinic, and the private physician. With persistence, our clinic physician was able to convince the private physician that the employee could safely be returned to a light duty position… and she convinced the injured employee, as well!

The employee has now been back at work for six months and he's very happy! And we are too!!!

Janine Couppee
Rock Island Arsenal

20.2 Working with Emotional Cases

I had an employee off the rolls for 7 years due to Post Traumatic Stress Disorder (PTSD) after a near drowning incident. He lost his first line supervisor who was with him in the accident. The way I was able to return this employee back to work was first to establish positive communication with him again; reminding him we missed him on the job. Then, his supervisor started going by his home to see him. When this employee's physician decided the claimant was able to try and return to work, our agency took a slow and warm approach to welcoming him back into the workplace. I always ask our current Commander to write a letter to the employee who returns to work. This has seemed to foster a positive atmosphere. The claimant first started working part-time, 4 hour days, at a location different from where the accident happened and he was only working day shift. After a period of three months, we moved him up to 6 hour days still on first shift. After three more months, he was able to work full-time and began shift work again.
It took a lot of patience and working together within our agency, the employee, and the doctor; however, we were certainly glad this worked out for all.

Robin Huston
US Army Corps of Engineers, Louisville

20.3 Checking for Deceased Employees

Note that OWCP doesn't have any magic way to know if a claimant has died. OWCP has to be informed, either by a family member or by an ICPA!

It might sound somewhat gruesome but I check our local obituaries every day for those elderly PR claimants-we have (approximately 20-22 over the age of 60) some of which are now in their 80's.

Last FY I found three obituaries, copied them larger, wrote their claim number on them and sent them to OWCP and our CPMS Liaison for follow-up. Without notification, overpayments can occur and these overpayments may, or may not, be recouped by OWCP. In 1998 I discovered that a deceased claimants' family had been continuing to collect the wage compensation for an additional 3 years after the claimant's death. I informed OWCP immediately. Because they claimed they didn't know any better (and neither did OWCP) OWCP allowed the family to keep the overpayment. This year, however, after we informed the OWCP of a PR's death, they expeditiously recouped the monies.

It sometimes helps decrease your own chargeback by assisting OWCP in performing their functions in a timely manner and this is one way to get the deceased claimant off your chargeback quicker.

Candace Schupay
Walter Reed Army Medical Center

20.4 Importance of Challenging Dubious Claims and Reviewing Long Term Cases

Here at Fort Lewis my efforts have been through the challenging of dubious claims. Most of my challenges have been successful and resulted in a denial decision by OWCP. My challenges are basically based on whether there is an employment factor involved. I question whether the employee was doing something related to his/her official duties when the injury occurred. I've also controverted some claims because the disability was an occupational disease rather than an injury claim. I've also challenged the validity of claims where the employee is filing just to receive cop entitlement due to the fact he/she has no leave accrued. This information is obtained from just talking to the employee. It's amazing what insight can be gotten by this. Sometimes there is some other underlying factor(s) involved in why the employee is filing a claim. I no longer take anything at face value when I receive a claim. I question in depth which has really made a big difference. I'm working closely with supervisors also and if I have any doubts or am unsure if a claim is valid I write a challenge letter to OWCP. OWCP, in turn, develops the claim further by generating a letter to the claimant asking more in-depth questions. Another thing I'm doing is reviewing my long term cases. This is extremely time consuming. It can take months to bring a case up-to-date due to the fact that a lot of these claimants have been receiving compensation payments for 20, 30, 40 years without providing updated medical reports. A good majority of them, after OWCP sends them a letter asking for updated medical, respond saying they weren't aware they were supposed to. A lot of these claimants should have been brought back to work as their injuries weren't that serious for them to be off so long. Even though they may be up there in age, a lot are very spry. Just the other day one of my long term claimants and his wife came to my office. They were all concerned because they received a letter from OWCP asking for updated medical. He said that his treating physician retired years ago and that he hasn't been seeing anyone since for his injury. This individual has been on the long term rolls since 1976. His date of injury was 07-20-76. He had a meniscus tear of his right knee. He is now 77 years of age and as spry and alert as can be (Is up before 8:00 in the morning playing golf). They were also concerned that their comp payment ($1,800) may stop in the future. I explained to them that this might happen. I also explained to them that the FECA program was not meant to be a retirement program but a program to assist him until he recovered from his injury. I queried the claimant as to how long he had worked for the government before he had his injury. He responded 6 years.

Barbara Adkins
Fort Lewis

20.5 Going Directly to the Claimant for Information

In 1996 I pulled the top 25 PR case files that either had discrepancies in the fact of injury, or continued "total disability" status for a condition not normally disabling from all types of work, or the lack of required current medical documentation and those cases which lacked any medical billing charges. I then requested the following from OWCP: the most recent Form 1032 (Financial disclosure of earnings) and the most current medical report and/or restrictions by the attending physician for developing a job offer.

At this time I also generated a template letter to all 25 PR claimants requesting updated information for their agency case files. Our office received completed update letters from almost all of the claimants.

Candace Schupay
Walter Reed Army Medical Center

20.6 Working with the Claims Examiner's Supervisor

If you don't get help from the claims examiner, go to the supervisor!
Although I only have 6 people out for a long time, most of them are in their 70's and 80's. However; I had an employee out on WC for over four years and no matter what we (my two predecessors) tried, we just could not bring him back. We even hired a private investigator and filmed him. This particular employee even had (still does) his ministry where he preaches every Sunday, so he was not too sick to stand over an hour (he was observed) or sit for longer period of times when he claimed that he was unable to do the very same things.
The reason I mention this case because I learned a valuable lesson not to rely on the employees and not even on automatic notification from OWCP. The Claim Examiner (CE) repeatedly told me over the phone that the Doctor's office did not respond to her requests for a second (or third or fourth opinion over the years). Just recently, at the beginning of September I once again called the CE at the District Office and I have not heard back from her (I left several messages). I finally got a call back from the Sr CE and she was most helpful. She informed me that not only that the CE quit but the person who replaced her also quit. She became especially helpful after finding out that the first CE I was dealing with failed to tell me, or inform me that there was a response from the doctor dated back in July, in which the employee was released back to part time duty. The lesson I learned was on persistence, not to give up, keep on calling, keep on making contacts. The employee after many objections from his part, is now back to part time duty, and I consider this a good start after him being out for over four years. At this particular time our MER person also looking into various issues concerning him, including the fact that he was supposed to notify his supervisor and/or me that the doctor released him back to work in July, yet he did not make any efforts to inform his employer. It was also a failure on the part of OWCP to let us know or confirm that we were aware of it. I was working with the CE extensively and yet she never let on, not even after she had the doctor's notes and instructions all along.

Eva Dixon
Fort Huachuca

20.7 Working with the Treating Physician: Getting a Better Response When Sending a CA-17 to the Treating Physician

A Cover Letter such as this one explains to the physician what we need and why

> Dear Dr. XYZ:
>
> This information sheet has been prepared to explain our Rehabilitation Program for injured employees, and to assist you in completing the attached CA-17 on an employee who is under your care.

We are interested in rehabilitating our employees and would appreciate a thorough work evaluation as to what type of work this employee can do and how many hours a day.

Under our Rehabilitation Program we provide suitable light or limited-duty assignments for our employees who are partially disabled as a result of on-the-job injuries. We have considerable flexibility in modifying work assignments, and feel that we can provide this employee with work that will be consistent with your medical advice, and at the same time benefit us as well as the employee. In some cases, we have found that employees perform more strenuous and physically demanding activities while off work than the light duty we have available.

Please carefully consider this employee's disability and his/her ability to perform some type of work either in a full or part-time capacity. Side B of the attached form CA-17 may be used to report your findings.

If you find the employee cannot return to work at this time, please give us a prognosis as to when he/she may be able to work in a light duty capacity.

Marcy Reyes
Corps of Engineers, Sacramento

20.8 The Importance of Persistence

One of the most important things to remember about reducing your costs is to not give up on cases that you suspect are fraudulent. Here is an example:

A Ten-Year, Hard-to-Crack Case
Synopsis of PR Case:

The employee was an administrative clerk with an accepted traumatic injury to her dominant hand and arm in 1994. She left our agency and took a higher grade secretary position in 1995. One year later she claimed "total disability" and went on the periodic rolls for the accepted work injury although she was able to perform increased dominant hard/arm duties in her new position.

Once updated information from the claimant and OWCP was received by our office and my chronological synopsis of the case file was completed, I requested our Occupational Health Physician provide his written opinion as to the probability that the employee was "totally disabled" or could she perform some type of duty with her injury and/or what his recommendation was for determination of such. This official medical opinion and a letter discussing discrepancies and other relevant discovery from our case file was then submitted to OWCP with a request for action (a second opinion or referee opinion) with our agency's offer to accommodate through a job offer based on the physician's written limitations. The Form OWCP 5 was issued to the physician immediately and a second opinion scheduled.

In 1997 the employee applied for vocational rehabilitation through OWCP which was denied. We discovered that she had been attending college for several years while receiving benefits for her "total disability".

The OWCP eventually ordered the claimant to schedule an appointment for a current medical report in 2000 after we informed them that there had been no follow-up to our requests in 1998. A Form 1032 was also issued to the claimant at this time. Finally a response from the physician and claimant was received by OWCP in December 2002. Once we received the physician's statement allowing the claimant to work four hours a day with restrictions, we made a light duty job offer in writing to the claimant and her attending physician. OWCP was informed that no response was received from the claimant and again, in 2003, another job offer was sent but returned to our office unopened by the claimant. (Be sure to always

keep any returned correspondence in the case file.) Our PR claimant had become a MIA …Missing-in-Action…claimant

We discovered through our local CPMS Liaison that the employee's case had been transferred to the Jacksonville region in later part of 2003. We contacted the CPMS Liaison in Jacksonville requesting a search be conducted for updating this employee's location, financial and medical status. A home visit was eventually performed by the liaison with the end result being that FECA was paying for the start-up costs of a new nursing home facility owned by the claimant. A wage-earning capacity was performed by OWCP which reflected the average earnings of her "new" position as a health care administrator which were far greater than her date of injury earnings; thus, her FECA wage benefits were terminated.

Moral of this hard-to-crack case:
Drive on, drive on. Don't give up after your first, or second, or third unsuccessful attempts to contact the claimant or OWCP. This case took ten years but has resulted in a cost avoidance of over $600,000!!

Candace Schupay
Walter Reed Army Medical Center

How Tobyhanna Depot Did It

Before 1989, Workers Comp at Tobyhanna was "out of control." COP was perceived as a 45-day fully paid vacation. Employee needed only a physician's note to be off work. There was an out-of-sight, out-of-mind attitude. Since 1989, Tobyhanna has become proactive. Supervisors are trained in the importance of their role in Workers Comp. Employees have been educated on how compensation management is vital to their own job. High compensation costs are figured into the Depot's overhead rate and affects how many positions the Depot can afford to have. If the Depot doesn't have enough money, positions may have to be reduced. Employees now understand this and react positively towards keeping comp costs down.

New Depot policy is that all temporary restrictions will be accommodated. If necessary, another position will be found elsewhere in the Depot, but the home cost center is still responsible for the wages. If permanent restrictions are given, an appropriate position will be found for those employees not able to return to the pre-injury position.

All new injuries are handled this way:

Injured employees required to process through the ICPA
Program benefits and responsibilities explained to injured employee
A commitment to return to light duty is obtained from each employee
Treating physician contacted by letter explaining Tobyhanna's willingness to accommodate restrictions
Employee is contacted at home on a frequent basis
Home visits as needed
Independent medical exams through OWCP are requested as needed
Close communication maintained with OWCP
All available DoD incentive programs are utilized to facilitate return to work of injured employees
Every effort is made to ensure that all injured employees receive the benefits to which they are entitled.

Savings:

1. Tobyhanna has saved more than 10 million Dollars
2. Average cost per claim continues to decrease
3. Since 2000, every employee with a new work-related injury has been successfully returned to work

John Stanley
Tobyhanna Depot

21.0 SETTING ICPA GOALS AND TARGETS

After a year in the ICPA job, look at how you have done so far – and how you can become even better next year.

Lost days: often Lost Days can be decreased by active interfacing with the treating physicians. On EVERY new case, ensure that you are in contact with the treating physician, assuring him of Army's willingness to modify or even completely change any pre-injury job in order to keep the employee productive.

Incidents of injury: ensure that you confront every supervisor with the question, "Do you have any doubts or questions that this injury really is Army's responsibility?" If so, work with the supervisor to challenge or controvert dubious claims.

Work with your installation safety officer to keep supervisors engaged on thinking safety. Many injuries are caused by unsafe equipment, ragged carpet, ice not cleared, spills not mopped up, or foolish behavior that the supervisor could have stopped. When you do supervisor training on Workers Comp, emphasize that we have the most impact on Comp by never having injuries in the first place. Keep everyone thinking safety!

Timely filing: 20 CFR mandates that all Workers Comp claims be filed timely. That means within 14 calendar days! Every CPAC is now graded on timely filing and the results go forward on Army's Government Performance and Results (GPRA) report.
With EDI available to all of us, there is almost NEVER an excuse to take more than 14 days to get a Workers Comp claim filed. Set a goal for yourself to raise your Timely Filing statistics next year.

Overall costs: In every installation, the cost of Compensation is three to four times the cost of medical care. What efforts are you making to return injured workers to some type of productivity and thus reduce your total costs?

What are the goals you are setting for yourself?

22.0 WHAT ABOUT ALL THOSE PW AND PS CASES?

Reviewing your chargeback lists will probably reveal some PW and PS cases.

PS cases are those where the recipient is receiving money from OWCP for the loss or impairment of a body part. Payment is made by monthly direct deposit to the claimant. It is possible – in fact, usual – for a claimant to be on compensation, and then be approved for a "Scheduled Award." While the scheduled award is being paid, compensation is discontinued and the scheduled award is paid instead. When the amount of the scheduled award is paid out, compensation may resume. A recipient may not always be on compensation in order to receive a scheduled award but the two often go hand in hand.

How does a claimant receive a scheduled award? After the claim has been accepted by OWCP, and the treating physician writes that maximum medical improvement has been reached and that the physician has determined the percentage of permanent impairment, then this statement is sent to OWCP along with a CA-7 form. The claims examiner figures the amount of payment, using the OWCP "schedule" or list which gives how many weeks of payment a certain condition is worth. For example, impairment may be judged as being worth 28 weeks of salary. If the claimant was receiving $1000 weekly in salary, the scheduled award would be $28,000.

PW cases are those where the claimant has some capacity to be employed and the amount of compensation has been reduced. The claimant may actually be working – or simply have the capacity to work. If working, the claimant may be employed in the private sector or in the federal government. In most cases, the PW claimant is working at a lower-paying job than the pre-injury job and the PW payments are making up the difference between the old salary and the new salary. Keep an eye on what your PW recipients are earning. For example, if a PW claimant was a GS-5 budget technician at the time of injury, returns to work as a GS-3 office clerk, receiving a PW to make up the difference – but later works up the ladder to be a GS-12 budget analyst, the PW recipient is said to have rehabilitated himself and is no longer entitled to the PW payments. The rule of thumb is that if a claimant now earns 25% more than he would have if he stayed in the pre-injury job, then he is no longer entitled to the PW payments. It is your responsibility to notify OWCP if this is the case.

23.0 HOW "CAP" CAN HELP YOU RETURN INJURED WORKERS TO PRODUCTIVITY

The Computer Accommodations Program or (CAP) offers FREE electronic equipment to assist all who have a medical need for special equipment to begin or continue their federal employment.

This program offers a large variety of aids such as voice activated software for employees with carpal tunnel or arthritis, enlarged computer screens for employees with vision problems, amplified telephones for hearing-impaired employees, and many other items. This program will provide ergonomic chairs, but only for back injuries. One thing the program does not provide is office furniture.

CAP provides both the equipment and the training to use it.

Note that CAP serves all employees with needs, including those with aging issues, sports injuries, illnesses, or birth defects. The goal of the CAP program is to help every federal employee become fully functional at his job.

Look at www.tricare.osd.mil/cap for information on this excellent program. You can browse the equipment provided and request it from the web site. CAP also offers workshops publicizing their services and equipment. These workshops, held in various cities, are free and very worthwhile.

24.0 AT WHAT POINT DO YOU HAVE TO "BITE THE BULLET" ON OLD CASES?

If you have a claimant who is over age 80, you can still make a job offer – but the likelihood of having OWCP require the claimant to come back to work is remote. You can always make a job offer, no matter what the claimant's age. Last year a 77-year-old claimant accepted a job offer and came back to work!

If the treating physician says the claimant is totally disabled and can never return to all productivity – and the 2nd opinion doctor agrees – then you have come to the end of the road on return to work efforts. Note that if the treating physician says "totally disabled" and the 2nd opinion doctor, chosen by OWCP, disagrees and says the claimant can return to at least some type employment, the claimant can appeal for a referee doctor. The referee doctor, also chosen by OWCP, can agree with the treating physician, or with the 2nd opinion doctor. IF the referee doctor says the claimant is completely unable to perform any type of work, then return to work efforts have ended.

If the claimant went out on disability retirement and is over age 60:
still make a job offer – but OWCP will not compel an over-60 retiree to accept your job offer.

If the claimant went out on disability retirement and is under age 60:
OWCP will cooperate with you in compelling a claimant to return to a suitable job offer.

Make it your goal to offer every claimant a job. If the claimant decides to accept, no matter what his age or status, we can welcome him back – and congratulate YOU!

The Lean Six Sigma study performed last year showed that 80% of claimants offered jobs accepted the offers and returned to productivity.

25.0 TRAINING SUPERVISORS

Supervisors are your partner in a good Workers Comp program! Teaching them about the program is an important ICPA responsibility. You should provide training for supervisors at least once a year; quarterly training is better to ensure that you reach all new supervisors.

Supervisors need to know the basics of Workers Comp, and the next pages give a skeleton outline of PowerPoint training you can give. You can adapt the skeleton outline; add your own installation logo, pictures, telephone numbers, etc.

Supervisors also need to know how to input a claim into EDI. This training could be combined with the "Basics" or given separately. Having your supervisor use EDI will save you time so that you only have to "authenticate" the claim when the supervisor has already done his part.

26.0 FECA WORKING GROUP

26.1 FECA Working Group Meeting Instructions

The ICPA is responsible for the logistics of the FECA Working Group meetings. The ICPA should check the calendar of all the mandated participants to find a date that is clear for the largest number. Most critical is the availability of the installation commander, who chairs the group.

Mandated participants are:

1. Installation commander
2. Commanders of tenant organizations, if any employees have filed injury or illness claim
3. CPAC chief and ICPA
4. Safety Officer
5. Physician from the MTF
6. Attorney from JAG office
7. 3 representatives from management, appointed by the installation commander
8. Any first-line supervisor who had an injury or illness since the previous working Group meeting will be included on a one-time basis

Once a date and time is established, the ICPA reserves a suitable location.

The ICPA and CPAC chief jointly send out an e-mail notice of the meeting.

ICPA prepares for the meeting by first running a report from DIUCS. Use this link:
https://lear.cpms.osd.mil/disclaimer.html
then go into IC Claims Management, and then click on reports at top right hand corner. Select the top report, specify number of quarter (1, 2, 3, or 4) the 4-digit year, then specify DOL CCPO as the sort code. This will run your report. The ICPA will use this report to select long-term cases that may have Return-to-Work possibilities, looking at date of injury, and small $ medical cost. ICPA will then pull up individual cases in DIUCS to select three that are of employable age.

The CPAC chief prepares for the meeting by bringing a list of active recruitments, recruitments being prepared, and planned LWOP actions, such as maternity leave, where the vacated position could be a light duty position filled by a recovering injured employee.

ICPA prepares the agenda, which includes updates on number of illness and injury claims, number of long-term claims, job offers made to claimants since the previous meeting, and number of cases where the employee returned on his own without an official job offer.

Any supervisor who had an injury or illness since the previous meeting is on the agenda to discuss causes, lessons learned, and actions to prevent a similar occurrence.

ICPA should also bring several long-term cases for the group to "brainstorm." Group should consider possible RTW locations, cross-training, or OJT training, with the goal of making a job offer to every employee out on long-term compensation. All discussions of injured employees should use a pseudonym or alphabetical letter rather than the entire name to protect the employee's privacy.

Installation commander should appoint a group member to take minutes. The ICPA should distribute the minutes to the Group and also send a copy to the Workers Compensation Program Manager (Daisy Crowley) at G-1.

SAMPLE AGENDA:

Welcome & Introductions

3 minutes: Metrics

ICPA reports on:

Number of claims currently on the books (total headcount of all types of claims showing in report)
Number of new claims since last meeting
Number of claims on COP
Number of claims receiving long-term Compensation
Number of job offers ICPA made since last meeting
Number of employees who returned to work since last meeting as result of formal offer
Number of employees who returned to work since last meeting on their own without formal offer

New Injuries/Illnesses

5 minutes for each:

Every supervisor who had an illness or injury reports on:
Type and Cause of injury
Supervisor's investigation
Lessons learned

Injured worker is referred to only as "Employee" NOT by name

Safety officer comments on abatement procedures and trends

Opportunities for Return to Work:

10 minutes for each case:

ICPA describes three long-term cases with RTW potential:

Current age of claimant
Age at time of injury
Medical conditions accepted by Department of Labor

Date of ICPA's last contact with claimant

Date of last contact with DoD Liaison
Date of last contact with treating physician & summary of his comments
Date of evaluation conference with MTF physician & summary

Amount of compensation claimant has already received
Amount of compensation claimant will receive if not brought back to work
(ICPA pulls this information from the bottom of the case management screen.)

ICPA opens each case for "brainstorming" by Group for possible RTW placement

Goal is to have a placement for EACH of the three cases by the end of the meeting.

NOTE: claimant is referred to by number or alphabetical letter, NOT by name

27.0 WORKERS COMP AND VSIP

Workers Compensation and Voluntary Separation Incentive Payment (VSIP) ("Buy-outs")

An employee on active employment roles and in receipt of benefits from the Office of Workers' Compensation Programs (OWCP) must be offered a VSIP the same as any other employee meeting the criteria (organization, series, etc.), for which the VSIP is offered. This includes those who are in a Leave Without Pay (LWOP) status while in receipt of OWCP benefits provided that the employee is otherwise eligible to receive a VSIP in accordance with Section 9902(i) of title 5, U.S.C., as enacted by section 1101 of the National Defense Authorization Act For FY 2004, Public Law 108-136.

If an employee in receipt of OWCP benefits has been separated from active employment rolls, it is NOT appropriate to offer a VSIP. A VSIP is not an employee entitlement or benefit; it is a management tool for downsizing or restructuring. VSIP is an incentive for an employee to separate voluntarily, and may not be offered to someone who is no longer on active employment roles.

If a compensationer is approved for a VSIP and separates, a copy of the Notification of Personnel Action (NPA) documenting the VSIP must be sent to the OWCP central mailroom in London, KY with the claim number hand-written in the top right corner. Also, a voice mail about the VSIP should be left for the claims examiner at the OWCP district office. OWCP will stop compensation for the equivalent number of weeks represented by the dollar value of the VSIP. Once the dollar amount of the VSIP is expended, the compensation will resume (see DoD 1400.25-M, SC810.13.8).

If an employee has been on LWOP while in receipt of OWCP benefits for more than one year, the employee should be separated from active employment roles. Note that the Workers' Compensation costs will continue to show on the chargeback and the installation is still responsible for managing the case. This is also true for a compensation recipient who separates with a VSIP.

28.0 ADDITIONAL SOURCES OF INFORMATION

www.cpms.osd.gov/icuc Under Human Resources Policy, download the subchapter on Injury Compensation, which is the DoD 1400.25-M. This is the official DoD instruction on how Workers Compensation should function in all components. Put the printed download in a binder, as it is about 100 pages. Make tabs for various important points. Tip: make a second binder and give to your garrison/installation commander and make a tab for the section about responsibility of the Activity Commander. Many military officers do not fully understand civilian workers compensation and the important role they have as Commander. Having it available in writing may be helpful to them.

www.dol.gov/esa Go to OWCP under Major Programs, then to DFEC. You will discover a world of information, including the actual Federal Employees Compensation Act, and the Code of Federal

Regulations sections that are derived from the Act, OWCP processes, the Share Initiative, and many other important pieces of information.

Federal Sector Workers Compensation, 3rd edition, by Eleanor J. Laws is an expensive book, but well worth the price for its comprehensive explanation of every aspect of workers compensation. The book, 900 pages in length, costs $225.00 plus $13.50 for shipping and handling. It can be purchased from Dewey Publications at their web site www.deweypub.com.

www.fedworkerscomp.net has some eye-opening information.

www.usda.gov/da/shmd/feca1.htm is the Department of Agriculture's excellent web site showing how Workers Compensation functions in that department.