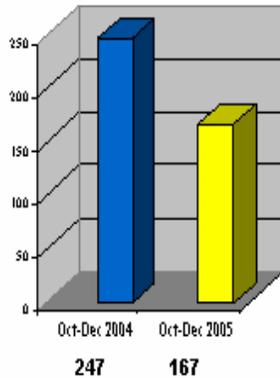


ICC Insider

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New Injury Claims Received by the ICC



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“A mind once stretched by a new idea never regains its original dimensions.”

—Anonymous

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ICC Scrutinizes Chargeback Billing Listing to Verify Agency Ownership of All Claims

What's ours is ours. The DLA Injury Compensation Center (ICC) conducted a comprehensive review of the Agency's Chargeback Billing (CB) listing during April 27, 2005 to June 30, 2005. The purpose of this review was to validate the Agency's ownership of every claim for which it is paying compensation benefits.

Because many of the cases on the CB listing involved employees long-separated from the Agency's rolls, a total of 1,070 Official Personnel Folders (OPFs) were requested from the National Personnel Records Center. Additionally, OPFs for current Agency employees were requested from the Customer Support Offices in Columbus, Ohio, and New Cumberland, Pennsylvania. Each OPF was individually reviewed to determine whether the employee either: belonged to DLA on the date of injury, or had worked in a function that was subsequently transferred to DLA. Once DLA ownership was established, a further review was conducted to ensure that the claim was charged to the proper organization within the Agency.



As a result of the ICC's review, a total of 7 cases involving annual compensation costs of \$148K were ultimately confirmed as having been erroneously charged to the Agency. Projected lifetime (age 75) cost avoidance on these claims is expected to be \$1.3M. Additionally, the ICC has requested a refund of monies the Agency previously paid on these claims. The U.S. Department of Labor will determine the exact cost recovery entitlement, and will post the credit to a future CB listing.

Workers' Compensation Recipients to Receive Annual Cost of Living Increase

The Consumer Price Index (CPI) is used as a basis for annual cost of living increases given to eligible recipients under the Federal Employees' Compensation Act (FECA).

Under FECA, current eligible recipients are those who are receiving compensation, or who have been entitled to compensation, for at least 1 year before March 1 of the current calendar year. More specifically, this would be those claimants who are

receiving compensation on account of disability or death which occurred prior to March 1, 2005.

The December 2005 CPI figures recently released by the Bureau of Labor Statistics, Department of Labor, indicate that FECA recipients will see an increase of 3.5 percent in their compensation checks effective March 1, 2006.

Compensation costs for DLA employees are charged back to the Agency annually.



Supervisors Are Responsible for Prompt Handling of Compensation Forms

The form CA-7, Claim for Compensation, is a multi-purpose form used by employees to obtain benefits under the Federal Employees' Compensation Act (FECA) from the U.S. Department of Labor (DOL). As such, supervisors are responsible for its prompt handling.

20 CFR 10.111 requires that upon receipt of the form CA-7 from the employee, the employer shall complete the appropriate portions of the form and forward it to DOL, along with any accompanying medical report, within 5 working days.

Timely submission of claim forms allows DOL to authorize needed medical care and pay medical and

wage-loss compensation benefits more promptly. DOL is also able to initiate case management services such as assigning a nurse to work with the injured employee and his/her attending physician to expedite recovery and return to work.

For periods of prolonged disability, CA-7 forms should be completed regularly every 2 weeks until otherwise instructed by DOL. Employees and supervisors are discouraged from completing and submitting CA-7 forms for projected periods of disability.

Employees and supervisors should know that advance submission of the

CA-7 form does not have any effect on how it is processed by DOL. Generally, DOL processes CA-7 forms within 14 days from the date they are received in their office.



DOL does not pay compensation benefits in advance; and forms submitted well-ahead of the dates for which compensation is being claimed may be returned unprocessed by DOL. Essentially, CA-7 forms should be treated as a time and attendance matter requiring the same regular and recurring attention.

All completed CA-7 forms and supporting medical documentation should be submitted to the ICC.

Idiopathic Versus Unexplained Falls—What's Covered Under FECA and What's Not

Not all injuries are covered under FECA simply because they occur at the work site. Such is the case with idiopathic versus unexplained falls.

An idiopathic fall is a fall caused by a personal and non-occupational disease or illness of the employee. Examples of such falls would include: heart attack, fainting spell, or epileptic seizure.



Injuries caused by such conditions are not covered under FECA unless there is some intervening employment-related cause.

Examples would include: when falling to the floor, the employee hit the corner of a desk causing a head injury; or a firefighter suffered a heart attack and fell to the floor while rescuing an individual from a burning building.

If some factor of the workplace intervened, or contributed to the injury, the employee has coverage for the results of the injury, but not for the idiopathic condition that caused the fall.

If a fall cannot be shown to have been caused by an idiopathic condition, but is simply unexplained, it is compensable under FECA if it occurred within the employee's performance of duty.

Medical Providers Must Enroll to Have Their Bills Paid By DOL

As of March 31, 2004, medical providers must enroll with DOL in order to be paid for treating employees covered by FECA. Enrollment is free and is simply a registration process to ensure proper bill payments.

Medical providers may enroll via a secure online process at



<https://owcp.dol.acs-inc.com>. Alternatively, they may contact DOL at (850) 558-1818 to request an enrollment package via mail. At the completion of the enrollment process, DOL assigns an individual Provider Identification Number which must be annotated on all medical bills submitted for payment.

Enrolled medical providers may register to use DOL's web portal at <http://owcp.dol.acs-inc.com> to submit treatment authorization requests online, or to check the status of medical bills. Providers may also use the portal to check the injured worker's eligibility for specific treatment procedures.

Luxury Item or Medical Necessity? OWCP Uses Discretionary Authority to Decide

The Federal Employees' Compensation Act (FECA) requires that an injured worker be furnished with prescribed or doctor-recommended services, appliances, and supplies considered likely to cure, give relief, or reduce the degree or period of disability. However, the Office of Workers' Compensation Programs (OWCP) has broad discretion in determining what services, appliances, or supplies will achieve that goal and should be authorized.



Recent case law from the Employees' Compensation Appeals Board (ECAB) upheld OWCP's discretionary authority. In *Gutman v. U.S. Postal Service*, 105 LRP

52196, October 14, 2005, the attending physician had recommended the use of a heated pool or hot tub installed at the employee's residence to treat a work-related injury. The physician also recommended that the injured worker be provided with a self-adjusting mattress. A second opinion physician refuted the necessity of both items.

To resolve the conflict, OWCP obtained an additional medical opinion. The impartial physician concluded that a heated pool or hot tub at the residence was not warranted because the injured worker could travel a short distance to a nearby health club which offered these items. Installing them in the

worker's home would be a convenience, rather than a necessity.

Regarding the self-adjusting mattress, there was a general medical consensus that this item would provide support and comfort; however, there was no indication that it would cure, give relief, or reduce the degree of disability. OWCP ultimately denied both items.

Injured workers who wish to request authorization from OWCP for specialty equipment or services must submit supporting medical documentation that includes the physician's reasons for believing the item(s) to be necessary. All requests are adjudicated by OWCP on a case-by-case basis.

ECAB 101—Who Are They and What Do They Do?

The Employees' Compensation Appeals Board (ECAB) was created in 1946 by statute to hear appeals taken from determinations and awards under FECA with respect to claims of Federal employees injured in the course of their employment.

The Board is a three member quasi-judicial body which has been delegated exclusive jurisdiction by Congress to hear and make final

decisions determining the liability of the Federal Government with respect to the disability or death of employees injured in performance of duty.

The Board hears and decides cases on appeal from decisions of the OWCP in an impartial and expeditious manner. Board decisions are made in accordance with statutory mandate, and are based exclusively on a thorough review of the evidence

included in the case record as compiled by OWCP.

Any claimant who has received a final decision from OWCP has the right to file an appeal with the Board. Generally, appeal requests should be filed within 90 days from the date of the OWCP decision. Requests submitted beyond this timeframe, but within one year from the date of OWCP's decision, are considered on a case by case basis.

The ICC Staff Have Been Asked...

Q: One of my employees on compensation was recently arrested. Is he entitled to continued benefits while in jail?

A: Any beneficiary who is incarcerated in a State of Federal jail or other correctional facility due to a State or Federal felony conviction forfeits all right to compensation



during the period of incarceration. Eligible dependents will receive compensation at a reduced rate during the period of incarceration.

Q: How does DOL determine my pay rate for compensation purposes?

A: The pay rate used by DOL for computing compensation is the highest rate on any of the following

dates: date of injury; date of recurrence; or date disability began.

Q: Does FECA cover a pre-existing medical condition that is aggravated by factors of employment?

A: Yes. Diseases and illnesses aggravated, accelerated or precipitated by the employment are covered.



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The DLA Injury Compensation Center (ICC) was established to provide comprehensive claims processing assistance to the entire Agency and its serviced customers. Concurrent with its operational responsibilities, the ICC is also focusing on cost reduction by performing extensive chargeback review and case management. All Agency workers' compensation case files are maintained by the ICC, located at DLA Headquarters in Fort Belvoir, VA.

The ICC officially opened for business on November 4, 2002 and is currently staffed by a team of six (6) Specialists and three (3) Assistants under the direction of the DLA Injury Compensation Program Manager.

Made a New Year's Resolution to lose weight? If so, here are a few tips that may help curb your appetite:

1. Don't skip breakfast.
2. Eat slowly.
3. Think small (portion size).
4. Eat only when you are hungry.
5. Ride out cravings.
6. Allow an occasional splurge.

Source: *Mayo Clinic Health Letter*, published monthly; <http://www.mayoclinic.com/>



*"Each day provides its own gifts."
 — American Proverb*

Workers' Compensation Vocabulary Skill Builder Helps Employees 'Learn the Lingo'

Knowledge is power, so the saying goes. If you're feeling game, give this vocabulary skill builder a try. Using the workers' compensation vocabulary list on the right, determine the best answer to fill in the blank in each sentence below. The solution is available on our web site: <http://www.hr.dla.mil/hr/bnfts/owcp/owcp.htm>



1. An injury identifiable to a specific part of the body and occurring during the course of a single work shift is a _____ injury, which would be filed on form CA-1.
2. A medical condition produced by the work environment over a period longer than one work shift is an _____, which would be filed on form CA-2.
3. A _____ is compensation benefits payable for the permanent loss or loss of use of specified members, functions, and organs of the body.
4. _____ is paid by the employer for up to 45 calendar days only in connection with traumatic injuries.
5. If an employee uses sick or annual leave due to an on-the-job injury, the leave can be restored and compensation paid instead through the _____ process.

- Schedule Award
- Continuation of Pay
- Leave Buyback
- Occupational Illness
- Traumatic