

ICC Insider

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New Information Forthcoming from the ICC:

- Injury Compensation Handbook
- Get Well Cards for Injured Employees

"Far and away the best prize that life offers is the chance to work hard at work worth doing."

Theodore Roosevelt

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Job Offers Result in Sizeable Compensation Cost Savings to Agency

As part of its efforts to reduce compensation costs, the Injury Compensation Center (ICC) conducted a comprehensive review of the Agency's long-term cases. This review yielded the identification of approximately thirty-five (35) employees who were medically capable of returning to work, having made a partial or full recovery from the effects of their occupational injuries.

Recently, official job offers were extended to two of these employees. In both cases, the U.S. Department of Labor (DOL) found that the job offers were suitable. Employees were given the opportunity to accept or decline the positions; and were notified that a declination would end their entitlement to continued wage-loss compensation benefits.

Both employees ultimately declined the job offers, electing instead to transfer to the Office of Personnel Management's disability retirement rolls. They are now eligible to receive monthly annuities in lieu of compensation.



Mattie Jordan-McMurren, ICC Team Member, discusses an Agency job offer with an injured worker.

At the time of the job offers, the employees were receiving approximately \$3,228.00 in combined monthly wage-loss compensation benefits. Their refusal to accept suitable job offers resulted in direct annual savings to the Agency of \$42,101.00. Projected lifetime (age 75) benefits on these individuals were expected to exceed \$839,267.00. Both employees still retain eligibility for continued medical care expense coverage by DOL. Additional job offers are planned for the near future.

ICC Creates Informational Pamphlets for Employees and Supervisors

The DLA Injury Compensation Center (ICC) has created informational pamphlets for employees and supervisors. These pamphlets were recently emailed to all DLA supervisors and have been posted to the "What's New" section of our website at:

<http://www.hr.dla.mil/hr/bnfts/owcp/owcp.htm>



These pamphlets contain general benefits information, responsibilities of both the injured employee and the supervisor, as well as ICC contact information.

Beat the Clock—Statutory Requirements for the Timely Submission of Claim Forms

20 CFR 10.102(a) requires that Forms CA-1, Employee's Notice of Traumatic Injury and Claim for Continuation of Pay, and CA-2, Occupational Illness or Disease, must be submitted to the U.S. Department of Labor (DOL) within 10 working days from the time the first agency representative, usually the supervisor, receives a completed form from an employee.



Currently, only 42.8% of the new claims being submitted by the Department of Defense are within this requirement. DLA's numbers are better at 88%. In 2003, the percentages were 36.1% and 76% respectively.

Although the use of the Electronic Data Interchange system has helped by allowing new claims to be transmitted electronically to DOL, there is still room for improvement. As an incentive, supervisors are encouraged to check out President Bush's Safety, Health, and Return-to-Employment (SHARE) Initiative at <http://www.whitehouse.gov/news/releases/2004/01/print/20040109-9.html>.

The Injury Compensation Center is working with Safety and Health officials to establish the Agency's current baseline, and to develop improvement processes and goals toward meeting SHARE requirements. Our overall success will rest largely in the hands of individual supervisors.

Timely submission of claim forms allows DOL to authorize needed medical care and pay medical and wage-loss benefits more promptly. Additionally, DOL is 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.

No claim form should ever be held pending receipt of supporting documentation such as medical reports. This information can be forwarded to DOL as it becomes available.

Bottom line, TAKE ACTION on all compensation forms when received from the injured employee before time runs out...

FECA Benefits—An Overview of Employee Responsibilities in the Claims Process

Too often, the focus is on what benefits employees "get" under the Federal Employees' Compensation Act (FECA), and not so much on their responsibilities in the claims process.

Here are some reminders:

—**File all claim forms promptly;** benefits are not paid automatically; an employee's right to them must be established.

—**Establish essential elements of the claim;** the injured employee bears the burden of proof in the claims process, not the Agency.

—**Keep your supervisor informed of your work status;** employees must provide medical documentation supporting incapacity for duty and must keep their supervisors and the Injury Compensation Center apprised of their recovery process.

—**Return to work as soon as your doctor allows you to do so;** light duty is available within the Agency to allow an injured employee to work within any medical restrictions during his/her recovery period.

FECA benefits are not a retirement system. An employee's entitlement to benefits exists only while the effects of a work-related condition continue. Returning to work is the ultimate goal.

"Just the Facts, Please" - The Essential Elements of Medical Documentation Supporting Compensation Claims

All workers' compensation claims must be supported by medical documentation. But what exactly must this documentation include?

The U.S. Department of Labor accepts a variety of medical reports, statements, and forms in support of a claim for benefits. Regardless of the format of the medical documentation,

the following information must be included:

Dates of examination or treatment; the clinical history given to the physician; detailed description of physical findings; results of any diagnostic testing; diagnosis/prognosis; specific limitations for work; a treatment plan; and most im-

portantly, the physician's reasoned opinion as to the relationship of the employee's condition to his/her Federal employment.



Employees are responsible for ensuring timely submission of all medical documentation supporting a work-related injury or illness claim.

DOL Consolidates Medical Authorization and Bill Paying Process

Effective September 2, 2003, the U.S. Department of Labor (DOL) centralized its medical authorizations and bill paying functions. These services are now being handled by a contractor in lieu of individual DOL District offices. This change was implemented to allow DOL personnel more time to devote to benefits entitlement issues and return to work efforts.



Despite best intentions, this change has not gone smoothly. Medical providers, claimants, and Agency representatives have all expressed concerns with the new system due to medical bills not being paid and difficulty in obtaining specific medical authorizations. Tips from the 'lessons learned' category include:

—medical providers must be enrolled with DOL before payment can be made for services covered under the Federal Employees' Compensation Act.

—medical providers requesting treatment authorization must have specific procedural code(s) available when calling.

—medical providers citing non-receipt of payment may request a check tracer after 30 days from the date of issuance.

—employees and enrolled medical providers can check the status of medical bills and medical authorizations on the web at: <http://owcp.dol.acs-inc.com>, or by calling

toll-free (866) 335-8319.

—medical providers should ensure that all diagnostic and procedural codes are accurate and compatible.

—medical providers should ensure that all billing forms are filled out correctly and completely.

Although most of the process improvements will need to be made by DOL and the contractor, injured employees can help by sharing claim numbers with their medical providers and by ensuring that the Injury Compensation Center (ICC) receives copies of medical bills and supporting documentation. By keeping the ICC in the loop, staff personnel are able to provide assistance in the bill resolution process.

Recurrence vs. New Injury - How to Tell the Difference

According to the working definition used by the U.S. Department of Labor, a recurrence is "a spontaneous return or increase of disability due to a previous injury or occupational disease without intervening cause."

A recurrence of disability differs from a new injury in that with a recurrence, no event other than the previous injury accounts for the disability. It can also be characterized as a documented need for fur-

ther medical treatment after an employee has been previously released from a physician's care. Recurrence claims are filed using form CA-2a, Notice of Recurrence.

When making a determination between a new injury and a recurrence, specific attention should be paid to the employee's description of events. Action words such as



"lifted, strained, pushed, twisted, reached, etc..." are indicators of possible intervening incident(s) which may support handling the claim as a new occupational injury or illness.

Employees or supervisors seeking clarification on a specific situation are encouraged to contact an Injury Compensation Center staff member for further advice and assistance.

The ICC Staff Have Been Asked...

Q: I wish to change doctors. Can this be done?

A: The Federal Employees' Compensation Act (FECA) entitles the injured worker to an initial choice of physician. Except for referral by the attending physician, any change in physician after the initial choice must be authorized by the U.S. De-



partment of Labor (DOL). To obtain authorization, the employee must submit a written request to DOL explaining the reason(s) for requesting the change, including if possible, specific information on the desired physician. Failure to obtain DOL's authorization, may result in the employee having to bear the cost of the medical care.

Q: Are any deductions made from Continuation of Pay (COP)?

A: COP is not considered compensation. It is paid as salary by the Agency and is therefore subject to the usual payroll deductions, such as those made for income taxes and retirement.



CONTACTING THE ICC

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ICC Business Hours: 6:00am—5:30pm (EST)
 Toll-Free Phone: 1-866-737-9724
 Phone: (703) 767-7494 or (703) 767-2958
 DSN 427
 Fax: (703) 767-7128 or (703) 767-8348 DSN 427

Looking for forms and other general information?
 Check out our website:
www.hr.dla.mil



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.



“You have to have confidence in your ability, and then be tough enough to follow through.”

Rosalynn Carter

Continuation of Pay—When is ‘45 Days’ Not 45 Days?

Most employees know about the ‘45 days’ associated with on-the-job injuries. It’s the running joke at the water cooler, and the first comment out of an employee’s mouth at even the slightest hint of an injury. But most people don’t know that ‘45 days’ does not always equal ‘45 days.’

Continuation of Pay (COP) is only granted in traumatic injury cases. COP is payable for a maximum of 45 calendar days, subject to the employee meeting all eligibility requirements; however, the duration of the COP entitlement period can vary, especially in cases involving intermittent time-loss from work.

When a traumatic injury occurs during working hours and results in immediate time loss, any absence on the date of injury (DOI) would be charged

to administrative leave. The first day of COP is counted on the day following the DOI. The COP entitlement period also begins with this date.



In cases involving no immediate time loss, the first day of COP must be taken within 45 days of the DOI. If an employee becomes disabled for work on the 45th day following the DOI, and the disability is continuous, the COP entitlement period is extended to allow for the use of the COP days. Conceivably, an employee could end up using 45 days of COP over a 90 day entitlement period.

The first return to work (RTW) date following the initial period of disability is key to counting the remainder of the COP entitlement period. This

date starts a new 45-day period in which the employee may use any remaining COP days. If the employee becomes disabled again for work on the 45th day from the first RTW date, the COP entitlement period is extended for continuous absence, allowing the employee to use any remaining COP days.

When counting actual COP days used, it’s important to remember that partial absences such as attendance at a medical appointment count as a full day toward the 45 calendar day total, as do any regular days off (RDO) when COP has been used on either of the work days preceding or following the RDO.

Counting COP days and the COP entitlement period is definitely not your elementary school math. Anyone with questions is encouraged to contact an ICC staff member for assistance.