

EMPLOYEE RIGHTS AND RESPONSIBILITIES WHEN INJURED AT WORK

It has come to our attention that you have been involved in a work-related accident. We would like to take this opportunity to advise you of some of the benefits and responsibilities that are accorded by the Federal Employees' Compensation Act (FECA) should you file a workers compensation claim.

The Office of Workers' Compensation Programs (OWCP) administers the FECA and has sole adjudication authority for federal workers' compensation claims. The ICPA office, in conjunction with the Civilian Personnel Management Service, Injury & Unemployment Compensation Division, is responsible for monitoring your entitlement to the benefits outlined within the FECA and administered by the OWCP.

FILING A WORKERS' COMPENSATION CLAIM

If you voluntarily elect to file workers' compensation claim in relation to the reported accident, please complete the on-line OWCP Form CA-1 or CA-2 with your supervisor

****Form CA-1. Federal Employees' Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation** may be completed to report a traumatic injury, which is an injury that has occurred within one tour of your regular duty. Form CA-1 should be filed within 30 days of the injury.

****Form CA-2. Notice of Occupational Disease and Claim for Compensation**, may be completed to report an occupational disease, which is an injury or illness that has developed over a period greater than one tour of official duty. Form CA-2 should be filed within 30 days of the date you realized the disease or illness was caused or aggravated by the employment.

When filing a claim for Occupational Disease or Illness, you must submit the specific detailed information described on Form CA-2 and on any checklist (Form CA-35, A-H) provided by your supervisor or the human resources office. OWCP has developed these checklists to address particular occupational diseases. Medical reports must also include the information specified on the checklist for the particular disease claimed.

Once a claim has been filed with the OWCP, you have the right to withdraw your workers' compensation claim, (but not the notice of injury) by so requesting in writing to OWCP through your responsible CPA office at any time before OWCP determines eligibility for benefits.

OBTAINING MEDICAL TREATMENT

You have a right to choose your treating physician. You must notify your supervisor of your preferred choice prior to scheduling an appointment. Any request by your supervisor or the occupational health clinic to be evaluated by medical clinic or contract physician must not interfere with your preferred physician appointment.

When an appointment with your preferred physician is requested for a traumatic injury, your ICPA may complete the front of Form CA-16, "Authorization for Examination and/or Treatment". In an emergency, where there is no time to complete the form, the ICPA office may authorize medical treatment by telephone and then forward Form CA-16 to the medical facility within 48 hours. Retroactive issuance of Form CA-16 is not allowed under any other circumstance. Your ICPA office may refuse to issue a CA-16 if more than one week has elapsed since the injury occurred, or the treatment is based on an Occupational Disease or Illness.

If you require medical treatment because of a work-related occupational illness, it is recommended that you obtain care directly from a physician. If OWCP accepts the claim, medical treatment required by the condition(s) accepted, including treatment received before acceptance may be reimbursed to you or your health insurance carrier by the OWCP after adjudication. Form CA-16 may not be used to authorize treatment for occupational disease or illness except in very unusual situations.

For each type of claim, you are responsible for submitting, or arranging for submittal of a medical report from the treating physician for every medical service provided to you resulting from the job-related injury. You must also submit medical evidence showing that the condition claimed is disabling when applying for wage loss benefits.

Medical reports from service providers must include the following:

- Dates of examination and treatment
- History given by you
- Physical findings
- Results of diagnostic tests
- Diagnosis
- A description of any other conditions found but not due to the claimed injury;
- Treatment provided or recommended for the claimed injury
- Physician's opinion, with medical reasons, as to causal relationship between the diagnosed condition(s) and the factors or conditions of the employment;
- Extent of disability affecting your ability to work due to the injury;
- Prognosis for recovery; and
- Work limitations

MEDICAL BILL PAYMENTS

Your provider has the option of sending bills for injury-related treatment or services electronically, or in paper form. Providers that elect to submit bills electronically must enroll as a DCL provider by completing the **Provider Enrollment Form** at the following web address: [https://owcp.dol.acs-inc.comiportal/pdf/Provider Enrollment Form Final. PDF](https://owcp.dol.acs-inc.comiportal/pdf/Provider%20Enrollment%20Form%20Final.PDF)

OWCP will pay appropriate charges for medical treatment if your case is approved and the treatment was necessary for the job-related injury. OWCP applies a schedule of maximum allowable medical charges to pay work-related bills submitted by a provider of service. OWCP will only authorize payment of treatment or services that are related to an accepted work-related condition.

You are not responsible for paying the difference between the maximum charge set by the schedule for a particular treatment and the charge made by the provider for bills submitted on an OWCP accepted claim. You are, however, responsible for payment of medical bills resulting from an occupational disease or illness until a claim is accepted by the OWCP.

You may be reimbursed for employee-paid medical, surgical, and dental services using **Form HCFA 1-500 American Medical Association Standard Health Insurance Claim Form**, or **OWCP-I 500**, the version of the form, which includes instructions for submitting bills to OWCP. The provider must sign the form. For pharmacy expenses, you should use the Universal Claim Form, to include the name of the drug; name of prescribing physician and the date the prescription was filled.

Additionally, you must also complete Form CA-915, Claimant Medical Reimbursement Form, and submit a copy with each Form HCFA-1500, OWCP-1 500, or Universal Claim Form. Claims for hospital charges must be submitted on Form UB-92. All forms are available through the CPA office, or at hp4/www.dol.gov/dol/esa/gublic/reqs/compliance/owcplfecacant.htm. For payment reimbursement, it is recommended that you submit proof of payment, along with the proper forms. OWCP will accept signed statements by providers, a mechanical stamp showing receipt of payment, photocopies of canceled checks (both front and back), or a copy of a credit card receipt.

Both provider bills, and employee reimbursements must be submitted to CWCP within one year after the end of the calendar year in which the expense was incurred, the service was provided, or within a year after the end of the calendar year in which the treated condition was first accepted as compensable by OWCP.

You may review the status of bill submissions for your injury claim by entering the ACS website, and following instructions provided by that website.

ENTITLEMENT TO COP

Continuation of Pay (COP) is an extension of your regular pay for up to 45 calendar days of wage loss due to disability and/or medical treatment. Your employer pays COP only for claims filed for traumatic injuries. When you request COP, your employer must continue your pay unless it controverts COP for one of the following reasons:

- the disability is due to an occupational disease or illness
- you serve without pay or nominal pay, or are appointed to the staff of a former President, or are selected pursuant to Chapter 121 of Title 28 and serve as a petit or grand juror, and are not otherwise an employee of the United States
- you are neither a citizen nor a resident of the United States or Canada (i.e., a foreign national employed outside the United States or Canada)
- the injury occurred off the Agency premises and you were not engaged in authorized "off premises duties";
- the injury was caused by your willful misconduct; or by your intent to bring about injury or death of yourself or another person; or by your intoxication from alcohol or illegal drugs;
- the injury was not reported on a form approved by OWCP (usually Form CA-I) within 30 days after the injury
- you first stopped work more than 45 days after the injury
- you first reported the injury after employment ended
- You are enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work-study program, or other group covered by special legislation

Your employer may **stop** COP if

- you do not provide appropriate medical evidence of a disabling traumatic injury within 10 calendar days of claiming COP. COP is reinstated where evidence received at a later date supports disability.
- your physician has found you to be partially disabled and you refuse suitable work, or fail to respond to the job offer.
- Your scheduled period of employment ends, or employment otherwise ends, provided the period of employment or date of termination is set before the injury occurs

COP can be stopped if employment ends due to disciplinary action in situations where preliminary written notice of termination or other action was issued before the injury occurred and the termination or other action became final during the COP period.

Also any continuation of pay (COP) granted to you after a claim is withdrawn must be charged to sick or annual leave, or considered an overpayment of pay consistent with 5 U.S.C. 5584, at your option.

LIGHT DUTY AVAILABILITY

Employees who are disabled from their regular jobs are expected to return to suitable light duty identified by the supervisor, or the ICPA office. If light duty work is available and offered, you must notify your attending physician and request him/her to specify the limitations and restrictions that apply. Thereafter, immediately advise your supervisor or the ICPA office of the limitations and restrictions imposed by your physician.

If offered light duty work within the limitations and restrictions imposed by your attending physician, you are obligated to return to duty unless you are entitled to, and request leave under FMLA. If you choose not to accept the light duty job offer, you may not be entitled to COP, or wage loss compensation from the OWCP.

CLAIMS FOR COMPENSATION

Compensation payments may be made after wage loss begins and the medical evidence shows that you cannot perform the duties of your regular job. For a traumatic injury, compensation is payable after the 45 days of COP have ended and three waiting days have elapsed. For traumatic injuries where there is no entitlement to COP, and for non-traumatic injuries, compensation is payable after three waiting days have elapsed. In either instance, no waiting period is required when permanent disability exists, or when the disability causing wage loss exceeds 14 days.

Compensation is paid at two-thirds of your pay rate if you have no dependents or three-fourths of the pay rate if you are married or have one or more dependents. The pay rate is based on your pay on the date of injury, the date disability began, or the date of recurrence. The only regular deductions from compensation are for your share of health benefit premiums, optional life insurance, and post-retirement basic life withholdings if you are enrolled in these plans.

In order for you to claim compensation, you must be in Leave Without Pay — Injured On Duty (LWOP (KD)) status with your employer.

Form CA-7, Claim for Compensation, is used to claim compensation for loss of pay. Each payment of compensation must be supported by a medical report from a physician that shows you are disabled for work during the period for which compensation is claimed. It is your responsibility to arrange for submittal of such medical reports.

LEAVE BUY-BACK

Instead of LWOP (KD), you may use sick or annual leave to cover disability periods, however, this is not required, or advised. Doing so can cost you a significant amount of money and delay to repurchase the leave used. It is often preferable to use LWOP (KD) and claim compensation instead.

The leave buy-back process allows you to repurchase annual and sick leave subject to your employer's guidelines. OWCP does not require that your employer grant your leave buy-back request. This is solely the decision of each individual agency. When your claim is approved and medical evidence shows that you were unable to work because of the injury during the period claimed; you may request a "leave buy-back." You must submit Forms CA-7, CA-7a and CA-7b to OWCP through the ICPA office.

You will owe your employer the difference between the amount paid for leave, which is 100 percent of your usual wage rate, and the amount paid for compensation, which is two-thirds or three-fourths of the wage rate. When this difference is paid, your employer's payroll office will then restore the annual and sick leave to your account and replace them with LWOP (KD) hours. For each 80-hour increment of restored annual and sick leave that is converted to LWOP (KD), your leave account may be reduced by 4 hours of sick leave and either 4, 6 or 8 hours of annual leave dependent upon your leave accrual rate. The repurchase of leave can also affect your income taxes.

PERMANENT IMPAIRMENT

The FECA provides compensation for the permanent loss or loss of use of specified members, functions, and organs of the body. Payment is made for a specified number of days or weeks according to the severity of the impairment. This kind of payment is called a schedule award.

PENALTY FOR FALSE CLAIMS

Whoever knowingly and willfully falsifies, conceals, or covers up a material fact, or makes a false, fictitious, or fraudulent statement or representation, or makes or uses a false statement or report knowing the same to contain any false, fictitious, or fraudulent statement or entry in connection with the application for or receipt of compensation or other benefit or payment under subchapter I or III of chapter 81 of titles, shall be guilty of perjury, and on conviction thereof shall be punished by a fine under this title, or by imprisonment for not more than 5 years, or both; but if the amount of the benefits falsely obtained does not exceed \$1,000, such person shall be punished by a fine under this title, or by imprisonment for not more than 1 year, or both. —Federal law (18 U.S.C. 1920)

PRIVACY ACT INFORMATION

While workers' compensation records are protected from release under the Privacy Act, your employer is considered a party to the claim. The ICPA office may receive information in your file under the "routine use" provision of the regulations under which the Privacy Act is administered. Such information may include medical reports. The ICPA office is expected, however, to handle this information with care and to restrict access to those with a specific need to have it.