



United States Department of Agriculture  
Marketing and Regulatory Programs  
Agricultural Marketing Service  
Animal and Plant Health Inspection Service

**Manual**      MRP 4791

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## **Workers' Compensation Policy and Procedures Manual**

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February 2009



WORKERS' COMPENSATION (WC) POLICY AND PROCEDURES MANUAL

The Workers' Compensation (WC) Policy and Procedures Manual was developed to assist Animal and Plant Health Inspection Service (APHIS) and Agricultural Marketing Service (AMS) employees when a work-related accident, injury, or illness occurs. This Manual is the only reference APHIS and AMS employees will need concerning the management of WC claims and costs.

By organizing information regarding the Department of Labor, Office of Workers' Compensation Program into one document, managers, supervisors and WC representatives should be better equipped to manage WC claims and costs.

The Workers' Compensation Policy and Procedures Manual cancels previous directives, administrative notices, and other Marketing and Regulatory Program publications.

Updates for this Manual will occur annually and will incorporate employee suggestions, changes in legislation, and general improvements. Comments should be sent to:

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Workplace Resolutions and Wellness Branch  
Workers' Compensation Program Manager  
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/s/

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**WORKERS' COMPENSATION POLICY AND PROCEEDURES MANUAL**

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## **CHAPTER 1**

### **INTRODUCTION**

#### **1. PURPOSE**

This Chapter provides current policy and procedures on WC in the Marketing and Regulatory Programs' (MRP) Agricultural Marketing Service (AMS) and the Animal and Plant Health Inspection Service (APHIS), as required by the Federal Employees Compensation Act (FECA) and the 2004 Safety, Health, and Return to Employment (SHARE) Presidential Initiative.

#### **2. BACKGROUND**

- a. The FECA provides compensation benefits to civilian employees of the United States Federal Government for disability due to injury or illness sustained while in the performance of their duties. FECA provides compensation benefits to dependents for a work-related injury or illness that causes an employee's death. FECA also provides wage replacement benefits, medical treatment, and vocational rehabilitation.
- b. On January 4, 2004, President Bush signed the SHARE Initiative to lower workplace injury and illness case rates, lower lost-time injury and illness case rates, increase the timely reporting of injuries and illnesses, and reduce lost days resulting from work injuries and illnesses. SHARE requires Federal agencies to meet the following goals over the next 5 years:
  - (1) Reduce the overall occurrence of injuries by 3 percent each year,
  - (2) Increase the timeliness of reporting injuries and illnesses by 5 percent each year, and
  - (3) Reduce the rate of lost production days (i.e., the number of days employees spend away from work) by 1 percent each year.

#### **3. AUTHORITIES**

The authorities for providing WC benefits for injuries and illnesses sustained in the performance of official duties are contained in:

- a. Title 5, United States Code, Chapter 81, FECA.
- b. Title 20, Code of Federal Regulations, Chapter I, Parts 1 – 199.

- c. USDA Safety and Health Manual, Chapter 3, Chapter 8, dated 1996.
- d. Safety, Health and Return to Employment Initiative (SHARE), dated January 4, 2004.

**4. ACRONYMS AND DEFINITIONS**

<b>Acronym</b>	<b>Meaning</b>
AMS	Agricultural Marketing Service
APHIS	Animal and Plant Health Inspection Service
COP	Continuation of Pay
DOI	Date of Injury
DOL	Department of Labor
EMF	Employee Medical File
FECA	Federal Employees' Compensation Act
HR	Human Resources
LWOP	Leave Without Pay
MRP	Marketing and Regulatory Programs
MN	Minneapolis
OWCP	Office of Workers' Compensation Program
RTW	Return to Work
SHARE	Safety Health and Return to Employment (Presidential Initiative)
SF	Standard Form
T&A	Time and Attendance
US	United States
USDA	United States Department of Agriculture
WC	Workers' Compensation

Chargeback. Mechanism by which costs for work-related injuries and deaths are assigned to employing agencies through the Department of Labor (DOL), Office of Workers' Compensation Program (OWCP). Payments are made from the Employees' Compensation Fund.

Continuation of Pay (COP). Continuation of an employee's salary for up to 45 calendar days of wage loss due to disability and/or medical treatment following a traumatic injury.

DOL District Office. DOL regional office that conducts operations of OWCP, and maintains claimant records.

Employee Medical File (EMF). A separate file folder, SF-66D, used to place all OWCP claim forms, medical information, and other documentation such as rehabilitation and adjudication notes.

FECA. Federal Employees Compensation Act.

Leave Buy Back. Process where claimant can re-purchase personal leave used for a WC claim to have leave restored back to his/her Time and Attendance file. This procedure normally requires repaying the agency for an overpayment as personal leave is paid at 100 percent and OWCP leave is paid at either 75 percent or 66 2/3 percent.

Occupational Disease. Condition produced in the work environment over a period longer than 1 workday or shift, resulting from systemic infection; repeated stress or strain; exposure to toxins, poisons, or fumes; or other continuing conditions of the work environment.

OWCP. Office of Workers' Compensation Program. The Federal agency within the DOL having the authority to approve or deny Federal civilian employees WC claims for work-related injuries or illnesses.

OWCP Claimant. An MRP employee who has become injured or ill while performing his/her official duties and has submitted OWCP forms to the DOL District Office.

Nurse Intervention. A service provided by DOL where a registered nurse contacts the claimant to inquire about his/her injuries or illness. DOL believes that with early medical intervention and follow-up, the claimant can recuperate better and return to work faster. Each DOL District Office has a registered nurse responsible for contacting claimants.

Temporary Employees. Employees (seasonal, intermittent, students, etc.) that are covered by OWCP on the same basis as permanent employees - they are guaranteed compensation and medical treatment until maximum medical improvement is achieved.

Traumatic Injury. A wound or other condition of the body caused by external force, including stress or strain. The injury must be identifiable as to time and place of occurrence and member or function of the body, caused by a specific event or series of events, or incidents within a single day or work shift.

Third Party Claims. Claims based on injuries/accidents that arise from non-Government entities. For example, an employee traveling in a Government authorized motor vehicle is struck by a private citizen or entity.

Return to Work. Process where claimants are returned to work after a period of recuperation away from the job. Claimants can be returned to work in part-time or light duty positions, their position prior to the injury/illness, or a new position depending upon several criteria (time off from job, injury status, etc.).

WC Representatives. Field employees within MRP assigned the collateral duty function to assist in WC program administration by providing advice and counsel to employees on WC matters.

WC Program Manager. The designated employee within MRP Business Services responsible for the development, implementation, and evaluation of a comprehensive WC program for MRP.

## **CHAPTER 2**

### **WORKERS' COMPENSATION (WC) POLICY**

#### **1. POLICY**

- a. MRP is committed to assisting employees in receiving all benefits under FECA to which they are entitled and will not discipline or otherwise retaliate against employees for reporting an injury or illness.
- b. Supervisors must sign and forward the forms CA-1, Notice of Traumatic Injury, or CA-2, Notice of Occupational Injury or Illness, within 3 days to the WC representative. If the supervisor does not have knowledge of the injury/illness or was not the supervisor at the time of the injury/illness, a statement must be provided to this effect to support the certification statement on the OWCP forms.
- c. The CA-16, Authorization for Examination and/or Treatment, is issued only for traumatic injuries. Supervisors cannot issue a CA-16 if the employee has not requested medical treatment within 48 hours of a traumatic injury. This form cannot be issued retroactively.
- d. Continuation of Pay (COP) is allowed for up to 45 calendar days, beginning the first day after the initial traumatic injury if employees provide medical documentation stating they cannot resume full duty. This note must be received by the supervisor within 10 days of the request for COP. Employees can use COP intermittently during the 45-day period for medical appointments. They will be charged a full day for COP as COP cannot be broken down into hours.
- e. WC Representatives must review (for completeness and accuracy) and forward the Office of Workers' Compensation Program (OWCP) forms and medical documentation within 5 days of receipt from a supervisor to the respective OWCP District Office.
- f. OWCP prohibits direct Agency contact with a claimant's physician via telephone or in person. All Agency contact to a claimant's physician must be in writing and for the purpose of monitoring an employee's medical progress, duty status and for billing concerns.

#### **2. TIMELINESS REQUIREMENTS**

Based on the SHARE Initiative, OWCP established timelines for submitting CA-1s, CA-2s, and CA-7s. OWCP policy states that the agency must submit a:

- a. CA-1 or CA-2 within 10 days of the employee's date of notice, box 23 on CA-1.

- b. CA-7 within 7 days of the employee's signature date.

The following timelines are established to meet OWCP requirements for the timely filing of claims:

<b>Timeline to Submit Claim Form</b>			
<b>Form</b>	<b>Employee</b>	<b>Supervisor</b>	<b>WC Contact</b>
CA-1	ASAP, but up to 3 years from date of injury	3 days after employee submits form	5 days from receipt of form
CA-2	ASAP, but up to 3 years from date of injury	3 days after employee submits form	5 days from receipt of form
CA-7	5 days before COP expires or when pay stops	3 days after employee submits form	2 days from receipt of form
CA-16	ASAP, with the CA-1	3 days after employee submits form	5 days from receipt of form
CA-17	Immediately following doctor's appointment and every 2 weeks thereafter	1 day after employee submits form	1 day from receipt of form
CA-20	Immediately following doctor's appointment	1 day after employee submits form	1 day from receipt of form

### 3. FORMS FOR WORK-RELATED INJURIES/ILLNESSES

<b>Form Number</b>	<b>Form Title</b>	<b>OWCP Web page Link</b>
CA-1	Notice of Traumatic Injury/Accident	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-1.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-1.pdf</a>
CA-2	Notice of Occupational Illness/Disease	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-2.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-2.pdf</a>
CA-5	Claim for Compensation by Widow/Widower or Children	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-5.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-5.pdf</a>
CA-6	Supervisor's Notice of Employee's Death	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-2.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-2.pdf</a>
CA-7	Claim for Compensation	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-7.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-7.pdf</a>
CA-7a	Time Analysis	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-7a.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-7a.pdf</a>
CA-7b	Leave Buy Back	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-7b.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-7b.pdf</a>
CA-16	Authorization for Medical Examination/Treatment	Not available online. Obtain from local office.
CA-17	Duty Status Report	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-17.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-17.pdf</a>
CA-20	Attending Physician's Report	<a href="http://www.dol.gov/esa/regs/compliance/owcp/ca-20.pdf">http://www.dol.gov/esa/regs/compliance/owcp/ca-20.pdf</a>

OWCP 915	Claim for Medical Reimbursement	<a href="http://www.dol.gov/esa/regs/compliance/owcp/OWCP-915.pdf">http://www.dol.gov/esa/regs/compliance/owcp/OWCP-915.pdf</a>
OWCP 957	Medical Travel Refund Request	<a href="http://www.dol.gov/esa/regs/compliance/owcp/OWCP-957.pdf">http://www.dol.gov/esa/regs/compliance/owcp/OWCP-957.pdf</a>
All other OWCP available forms can be found at:		<a href="http://www.dol.gov/esa/regs/compliance/owcp/forms.htm">http://www.dol.gov/esa/regs/compliance/owcp/forms.htm</a>
APHIS Form 260	Medical Alert Card	Obtain from APHIS Printing and Distribution at 301-734-5323

#### 4. OWCP BENEFITS

This section explains the benefits of OWCP to employees who have a claim that is accepted by OWCP.

- a. Job Retention and Restoration Rights. An employee who fully or partially recovers from work-related injury/accident within 1 year has mandatory rights to his/her previous job or its equivalent. If the work-related disability extends beyond 1 year, the Agency can remove the employee from the rolls (collaboration between supervisor and Employee Relations Staff.) However, the employee will continue to receive compensation from OWCP as long as the work-related disability exists and is supported by medical documentation.

After 1 year, when the employee recovers from the work-related disability and is medically released to return to duty, the employee is entitled to priority consideration to open vacancies. The employee must apply to be rehired within 30 days from the date compensation ends.

- b. Federal Employee Benefits. Injured employees are entitled to the following benefits when disability extends over 45 days from the date of injury:
- (1) Federal Employees Health Benefits and Federal Employees Group Life Insurance coverage continues for the first 365 days of LWOP while in receipt of OWCP compensation. Thereafter, the employee must meet the same requirements for FEHB/FEGLI continuation as retirees.
  - (2) Pay adjustment upon return to work, if eligible (e.g., within grade increase).
  - (3) Cost of Living Increase. This applies only if on OWCP disability for more than 1 year.
- c. Medical Care and Treatment. Injured employees are entitled to medical care until accepted medical condition is at maximum medical improvement (MMI), if the work-related injury/accident/illness is accepted by OWCP. Medical Care can include surgery, doctor's visits, physical therapy and diagnostic tests (CAT scan, x-rays, MRI, etc.) and other treatment and equipment if approved by OWCP.

- d. Schedule Award. Compensation may be provided for the permanent loss, or loss of use of certain body parts after the physician has determined that the injured employee has achieved MMI. Medical evidence is required to include a description of the impairment, the percentage of evaluation of impairment (loss in degrees of active and passive motion), and the date MMI was achieved. Form CA-7, Claim for Compensation, must be submitted to OWCP with the respective medical documentation for consideration.
  
- e. Vocational Rehabilitation. Disabled employees may be referred to vocational rehabilitation services after 1 year by the OWCP to facilitate returning to work in line with their physical, emotional, and educational abilities. Employees can be placed in positions with other Federal Agencies or the private sector. Vocational rehabilitations services can be requested by the attending physician, employee, employing agency, or OWCP.
  
- f. Wage Compensation.
  - (1) For traumatic injuries, employees may be entitled to 45 days of Continuation of Pay (COP). COP is paid by the Agency and is a continuation of the employee's regular pay.
    - (a) When using COP, the employee's time and attendance sheet must be coded "67" for Injury Leave.
    - (b) All COP time must be supported with medical documentation stating the employee is disabled from work, due to the work related injury. Documentation must be received within 10 workdays of COP.
    - (c) COP begins the day after the injury and can be used intermittently for the 45 day period as with physician appointments and physical therapy.
    - (d) COP cannot be extended past 45 days. If an employee uses 3 hours in one day for COP, the entire day is counted toward the 45 day COP period.
    - (e) COP can only be used once per injury.
    - (f) When an employee's claim is denied and COP has been granted, the Agency must terminate COP and submit corrected T&A's, using the employee's annual or sick leave, or leave without pay.

- (2) After 45 days, compensation for accepted claims will be paid at 75 percent to claimants with dependents and 66 2/3 percent to claimants with no dependents.
- (3) OWCP has the right to reduce or terminate compensation if the claimant fails to make a good faith effort to return to work or obtain employment once medically released.

g. OWCP Death Benefits.

- (1) Death benefits may be paid to the survivors of employees whose death is work-related. Eligible survivors include:
  - (a) Spouse until death or remarriage if under age 55;
  - (b) Child/children under age 18, or over if incapable of self support due to disability;
  - (c) Child/children 18-23 who has/have not completed 4 years of education beyond high school and is a full-time student; and/or,
  - (d) Parent, sibling, grandparent, or grandchild who was solely or partially dependent on the deceased.
- (2) Compensation payments up to \$800 may be paid for funeral and burial expenses. And, if employee dies away from home, the cost of transporting the body will be paid in full.
- (3) The USDA may pay a death gratuity not to exceed \$10,000, less burial and administrative expenses, to the personal representative.
- (4) OWCP may pay up to \$100,000 to the survivors of an employee who dies from injuries incurred in connection with the employee's service with an Armed Force in a contingency operation.
- (5) In addition to notifying APHIS Safety and Health, the supervisor or administrative contact must immediately report an employee's death to the Human Resources Benefits Specialist in order to process the other Federal benefits the employee's beneficiaries may be entitled to

**5. CONTACTING OWCP DISTRICT OFFICES AND OBTAINING OWCP FORMS**

DOL/OWCP District Office information can be obtained by accessing the OWCP Web page at <http://www.dol.gov/esa/representatives/owcp/fecacont.htm>

OWCP claim and reimbursement forms can be accessed at  
<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>

## CHAPTER 3

### WORKERS' COMPENSATION (WC) POLICY AND RESPONSIBILITIES

#### 1. AMS AND APHIS DEPUTY ADMINISTRATORS

The Deputy Administrators will ensure that each AMS and APHIS program has employees assigned as Workers' Compensation (WC) representatives at the field and headquarters level, and that the WC representatives are properly trained in the Office of Workers' Compensation Program (OWCP) to assist MRP employees.

#### 2. MRP WORKPLACE RESOLUTIONS AND WELLNESS BRANCH (WRWB)

a. The MRP WC Program Manager serves as the liaison with the USDA WC Coordinator by:

- (1) Attending USDA, Department of Labor (DOL), and Federal interagency meetings;
- (2) Submitting annual reports; replies to Congressional inquiries, and submits other reports as necessary.

b. The MRP WC Program Manager will:

Administer and monitor the WC program for MRP by ensuring that:

- (1) Changes in OWCP policy and procedures are communicated promptly to the WC representatives and management.
- (2) AMS and APHIS management are informed of Agency wide WC issues, including progress on the 2004 Safety, Health and Return to Employment (SHARE) Presidential Initiative, and corrective action needed (e.g., training of field representatives and supervisors to ensure forms are completed correctly and promptly), as appropriate.
- (3) Long term cases are monitored to determine if and when employees may return to work.
- (4) Rehabilitation assessments when it is medically determined that employees have reached maximum medical improvement and employees cannot perform the functions of their position.
- (5) Investigate suspected fraud and false claim cases are investigated.

- (6) Reviews of the CA-1, Notice of Traumatic Injury, and CA-2, Notice of Occupational Injury or Illness, are conducted to monitor the proper completion of the forms (i.e., agency code, organizational and occupational codes, salaries, form completed in its entirety, etc.).
- (7) AMS and APHIS program are provided quarterly reports for medical and compensation costs, causes, types, and anatomical location of injury.
- (8) Annual reviews of the MRP WC leave without pay (LWOP) rolls are conducted to determine if any employees can be officially removed from the Agency's employment rolls. Information will be forwarded to the Employee Relations Staff (ERS) for action.
- (9) All long-term stress claims are reviewed periodically.
- (10) Procedures are provided in areas of long term management, leave buy back, fraud, seasonal employees, and other areas that are significant to improve the quality of the WC program.

### **3. MRP SUPERVISORS/MANAGERS**

MRP Supervisors/Managers must:

- a. Provide a CA-1 or CA-2 to the employee within 1 day of request or notification that an injury/illness has occurred. If necessary, the supervisor may fill out the CA-1 or CA-2 (e.g., when an employee has been involved in an accident and is hospitalized).
- b. Completely fill out the "Official Supervisor's Report" on either the CA-1 or CA-2 and, after making a copy, forward the original form to the WC representative within 3 days of receipt from the employee.
- c. Ensure that:
  - (1) Employees receive time off to seek medical treatment when an injury or illness is sustained while performing work. (Employees may elect to use annual, sick, or LWOP for occupational or traumatic injuries. Continuation of Pay (COP) can be used for traumatic injuries, only.)
  - (2) Facts pertaining to the injury are obtained, in order to complete an injury illness report (CA-1 or CA-2).
  - (3) Any witness statements should be included on the CA-1, or provide an attachment.

- (4) If a third party (non-Government entity with no business relationship with the agency) caused the injury, the name and address of the party responsible will be provided on the CA-1.
- (5) A CA-17, Duty Status Report, is completed if the physician indicates that the employee's injury/illness will result in 2 or more weeks of leave or limited/light duty. A copy of the employee's position description should be provided for the physician.
- (6) Injured employees who are recuperating at home or at a medical institution are contacted, as appropriate, to maintain employer/employee communication.
- (7) Employees who are recuperating, receiving compensation, and have regained limited ability to work will be assigned medically appropriate light duty or intermittent assignments/shifts by the immediate supervisor.
- (8) Employees are officially placed in a LWOP status when OWCP places the employee on the Periodic or Disability Rolls by entering a Request for Personnel Action, SF-52.
- (9) Employees are officially removed from the Agency's employment rolls after being on OWCP periodic rolls for 365 calendar days, with assistance from Employee Relations Staff.
- (10) Any fraudulent cases are forwarded to the MRP WC Program Manager for investigation.

#### **4. MRP EMPLOYEES**

MRP Employees must:

- a. All injuries/accidents/illnesses will be reported immediately to the supervisor/manager. Employees should complete the CA-1 or CA-2, and submit it to their supervisor/manager within 3 calendar days of injury or illness. If the employee is incapacitated, this action may be taken by someone acting on the employee's behalf.
- b. Should select their initial physician within 25 miles of their residence or official duty station.
- c. Inform their supervisors of their ability to return to work or perform light duty, within 24 hours of physician approval, even for intermittent light duty assignments of less than a full day.

- d. Submit medical documentation justifying time away from the workplace in regard to the workplace injury. Medical documentation is required for any COP (including, but not limited to, diagnosis, prognosis, any work restrictions, and return to work date).
- e. Cooperate with efforts to be returned to work, and efforts to identify appropriate alternative employment or reasonable accommodation.
- f. Obtain the CA-16, Authorization for Medical Care, from supervisor if initial medical treatment is required.
- g. Complete all required injury forms timely (see Section 6. of this Chapter).
- h. Provide all information requested by the agency and OWCP promptly.
- i. Maintain contact with his/her supervisor and keep him/her advised of the status of recuperation and plans for return to work. This contact must occur on a bi-weekly basis, or a reasonable, less frequent period, depending upon the nature and severity of the employee's condition
- j. Complete OPM - 71, Request for Leave or Absence, or equivalent form, for all absences that are related to workplace injury. Indicate in the Remarks block that leave is due to injury.
- k. Immediately report any change in medical condition or restrictions to their supervisor and/or Agency WC representative and OWCP Claim Examiner.
- l. Advise their physician if light duty is available that is in line with work restrictions caused by the injury.

## **5. WC FIELD REPRESENTATIVES**

WC Field Representatives will:

- a. Review the CA-1 or CA-2 after receiving it from a supervisor for accuracy and completeness.
- b. Enter the Occupational Code, Type, Source, Agency, and Site codes on the CA-1 or CA-2. Appendix D contains information about these codes.
- c. Forward the CA-1 or CA-2 within 5 days of receipt from a supervisor with a copy of all medical documentation, if available, to OWCP if there was lost work time or medical care.
- d. Place the original CA-1 or CA-2 in the Employee Medical File Folder (EMF), SF-66D, if the employee did not seek medical treatment and no lost time was

reported. Should complications develop at a later date; the WC representative will forward the original to the appropriate DOL District Office. This folder should be retained by the WC representative at least 3 years. See Chapter 4 of this Manual for record retention information.

- e. Maintain contact with the employee and provide assistance, as needed, to complete any additional OWCP forms. Case folders for employees who resign or retire must be archived to the National Records Center (NRC) in Kansas City, Kansas.
- f. Keep a file of all records sent to the NRC including the employee's full name, Social Security Number, claim number, and date of injury.
- g. Review for accuracy (i.e., unmatched cases, cases that do not belong to the agency) the quarterly OWCP report and report any errors, closed cases, or fraud indicators.
- h. Review the DOL Agency Query System receipt data with the claimant forms to verify the accuracy of OWCP information. If incorrect, the WC representative must notify OWCP within 30 days for corrections. After 30 days, the WC representative must notify the MRP WC program manager who will work with the USDA WC program manager to resolve the issue.
- i. Immediately report to the MRP WC program manager any suspected fraud or false claims.
- j. Ensure that supervisors are aware of the time requirement to officially remove employees from the Agency's employment rolls after being on OWCP Periodic Rolls for 365 calendar days.
- k. Work with Human Resources Benefit's Specialist to ensure that the injured employee's benefits are transferred to OWCP after 6 months of being on OWCP's Periodic Rolls (health insurance and life insurance), or as soon as requested by OWCP.
- l. Monitor both long and short term cases and ensure medical information is updated.
- m. Complete the agency-required training on privacy and security.

## **6. EMPLOYEE DISCIPLINARY ACTIONS**

- a. An employee facing disciplinary action and coincidentally has an injury or accident is not a reason to disagree with the claim. If the injury or accident occurred, the supervisor must provide factual documentation on why he/she disagrees with the nature of the accident or injury. OWCP reviews the claim

based on whether or not the injury/accident occurred while in the performance of official duties. OWCP does not get involved with personnel issues.

- b. If disciplinary actions are processed before the injury or accident, disciplinary action can be initiated after a WC claim has been filed.
- c. It is strongly advised to delay the actual disciplinary action (suspension, reprimand, etc.) until the employee returns to work from medical restrictions.
- d. Once the employee returns to full-time duty and has been medically released by his/her doctor, the disciplinary action can be dispensed.

## **7. FRAUDULENT OR FALSE CLAIMS**

- a. DOL-OWCP has the sole responsibility for determining whether or not an injury or illness claim is valid. Supervisors are cautioned against assuming this role in any way.
- b. Any person charged with the responsibility for making reports in connection with an injury or illness is subject to a fine of no more than \$500, or imprisonment for no more than 1 year, or both, if that person:
  - (1) Willfully fails, neglects, or refuses to make such reports;
  - (2) Knowingly files a false report;
  - (3) Induces, compels, or directs an injured employee to forego filing a claim;  
or
  - (4) Willfully retains any notice, report, or paper required in connection with an injury.
- c. Any person who makes a false statement to obtain compensation, or who accepts unearned compensation, is subject to a fine of no more than \$10,000 or imprisonment for no more than 5 years, or both.

In addition, administrative penalties may be imposed, up to and including removal from Federal service.

- d. OWCP benefits can be terminated for providing false information and OWCP can rule for employee to repay benefits.
- e. The Agency may dispute an employee's right to COP (and/or the validity of the claim as a whole) on other grounds. Any such objection should be supported by factual evidence such as witness statements, pictures, accident investigation reports, or time sheets.

## CHAPTER 4

### WORK-RELATED INJURIES/ACCIDENTS AND ILLNESSES

#### 1. WORK-RELATED INJURIES/ILLNESSES

- a. The Office of Workers' Compensation Program (OWCP) has defined two types of injuries/accident/illnesses which require different forms to substantiate a work-related injury.
- b. One type of injury is considered a traumatic injury, defined as an injury/accident that can be identified by a specific date, time and location. For example a slip, trip or fall is considered a traumatic injury.
- c. In contrast is the occupational illness or disease that occurs over a period of time and cannot be attributed to a specific date, time or location. Repetitive injuries most often fall in this category.

#### 2. WHAT TO DO WHEN INJURED

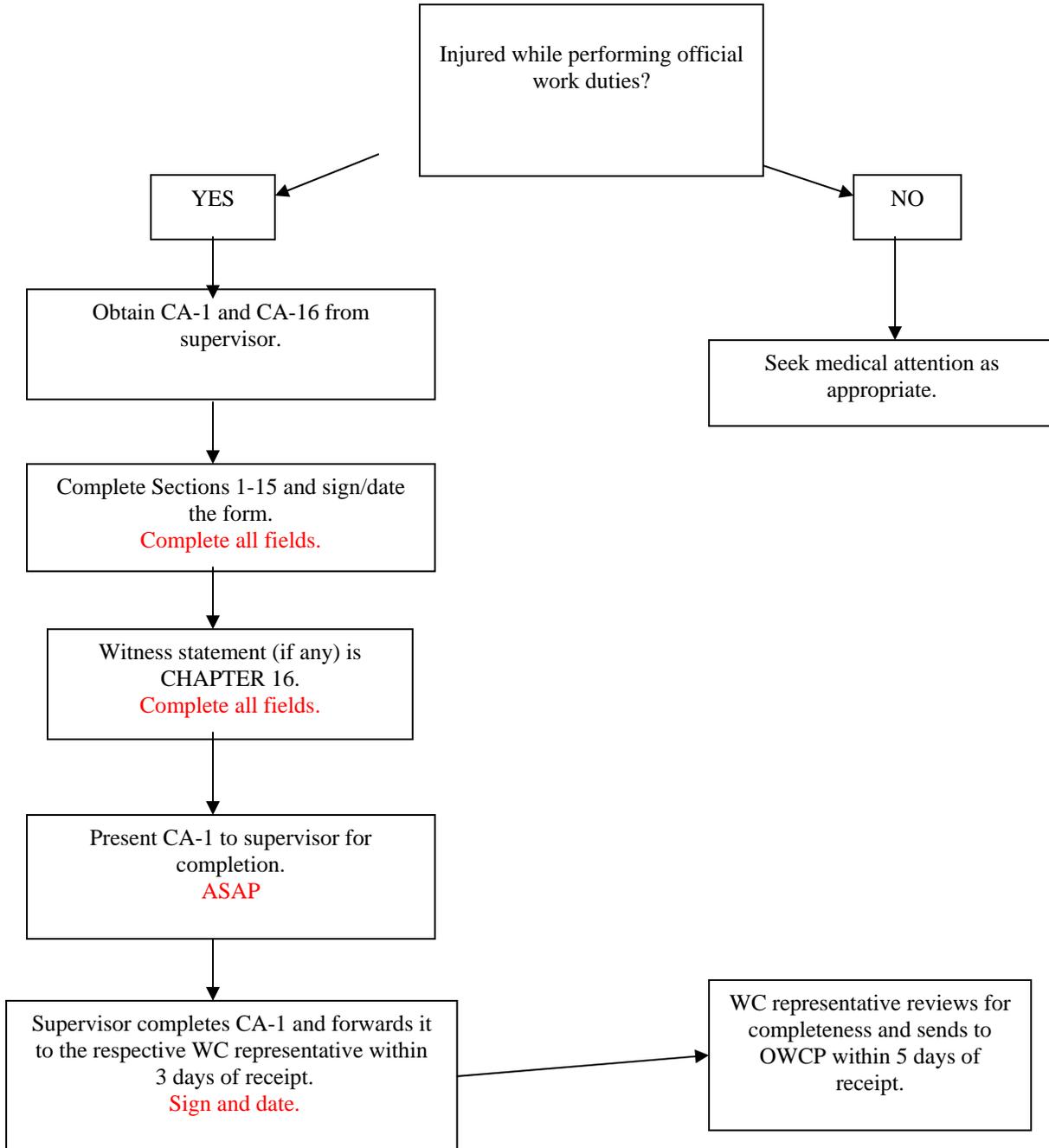
- a. All work-related injuries/accidents/illness should be reported immediately by submitting a written notice of injury on form CA-1 for traumatic injuries, or form CA-2 for an occupational disease or illness.
- b. Provide medical documentation to support your claim, as the burden of proof is the employee's responsibility.
- c. Return to work as soon as your doctor allows you to do so. It is the employee's responsibility to inform your doctor that light duty is available to assist you during your transition back to full time duty status.
- d. Table 1 provides graphic details on the WC process for filing a claim.

#### 3. WHEN INJURED ON TEMPORARY DUTY (TDY) ASSIGNMENTS

- a. When employees are on official temporary duty assignments, they **are not** covered under OWCP for the entire period. Employees **are only** covered while in performance of their official duties if involved in an injury/accident.
- b. Employees should obtain meals from the duty station location, if available. If an employee decides to travel from the duty station location to obtain a meal and is injured or involved in an accident, they must show how the injury/accident is related to their official duties.

- c. If an employee is injured while eating in an establishment away from the hotel, it is considered a third party injury.

**Table 1 Filing a WC Claim**



- d. If an employee sustains an injury while on the premises of the TDY site, the injury may be considered a third party claim, depending on the circumstances. Employees should file a claim, provide all substantiating documentation and forward to OWCP for adjudication.
- e. If attendance at an evening event is required in the performance of official duties, i.e. dinner event with dignitaries, such an event is considered in performance of official duties and would be covered as an OWCP claim.
- f. A copy of the AD-202, Travel Authorization, must be attached with either the CA-1 or CA-2 to document the official travel status of the employee.

#### **4. THIRD PARTY CLAIMS**

- a. Third party claims are considered claims based on injuries/accidents that arise from non-government entities. For example, an employee is traveling in a government authorized motor vehicle and is struck by a private citizen or entity.
- b. MRP employees who perform inspection and regulatory duties are frequently on the property of private organizations and citizens. These inspections are considered in performance of official duties and injuries/accidents on these locations **are not** considered third party claims.
- c. For third party claims OWCP will cover employees for the first 30 days of injury/accident to provide immediate medical care. However,
  - (1) OWCP expects the employee to recoup medical expenses and loss time compensation (wages) from third party through private litigation.
  - (2) OWCP is paid first when litigation is settled.
  - (3) OWCP can provide attorney fees, if attorney submits formal requests for advance payment.
- d. Employees cannot come back to OWCP for compensation after a settlement has been received.

#### **5. TEMPORARY EMPLOYEES**

Temporary employees (seasonal, intermittent, students, etc.) are covered by OWCP on the same basis as permanent employees in that they are guaranteed compensation and medical care until maximum medical improvements achieved.

- a. If the employee is injured while performing official duties and has to be absent from work as a result, do not terminate. If the medical evidence indicates the

employee is partially disabled and can return to work with restrictions, offer them a light duty assignment and/or provide accommodations.

- b. Make sure the light duty assignment is compatible with the employee's medical limitations. Also, provide OWCP with a copy of the light duty assignment.
- c. Weekly pay rate is based on the average weekly earnings during the full 12-month period immediately preceding the date of injury.
- d. Once the employee's condition improves and the physician states that their medical limitations can be lifted, return the employee immediately to full duty and notify OWCP.

## CHAPTER 5

### MEDICAL DOCUMENTATION AND PRIVACY

#### 1. MEDICAL DOCUMENTATION

- a. The Office of Workers' Compensation Program (OWCP) bases their decisions on the medical evidence provided by attending physicians in the adjudication of claims. Therefore, medical documentation is required for **all** WC claims that involve loss time and medical care. It is the responsibility of the injured employee to provide this documentation to the supervisor.
- b. A physician's note on a prescription pad or a standard form stating "under my care" does not contain sufficient documentation for the work-related injury. Sufficient documentation is considered a narrative statement from the attending physician who is treating the injury/illness containing the following information:
  - (1) Presenting condition – an initial assessment of the condition.
  - (2) Diagnosis.
  - (3) Prognosis.
  - (4) Course of Treatment (diagnostic tests, rest, etc.).
  - (5) Work restriction/limitations.
  - (6) Time off necessary; if so, return to work date.
  - (7) Referrals or next appointments.
- c. After the initial documentation has been presented, the employee must provide bi-weekly medical progress updates, using OWCP CA-17, Duty Status Report, until the employee is released to return back to work.

#### 2. RECORDS MANAGEMENT

- a. All employee records regarding a work-related injury or illness will be kept in the SF-66D, Employee Medical File Folder (EMF). In accordance with the Privacy Act, the EMF must be kept locked and in a secure place as it contains confidential information, and the EMF must be kept separate from general personnel file folders.
- b. A separate file folder must be kept for each injury/accident claim with all related documents.

- c. All information in the EMF is considered confidential and cannot be released to any parties.
- d. All requests for copies of the EMF (i.e., from attorneys representing the employee) must be directed to the Legislative and Public Affairs, Freedom of Information Act office.

### **3. PRIVACY REGULATIONS**

- a. The Privacy Act is a legal requirement to maintain confidentiality of the claimant's injury and medical status. Based on the provisions of the Privacy Act, supervisors, WC Field Representatives and other employees involved with a WC claim:
  - (1) Cannot discuss restrictions/accommodations or medical condition with other employees/staff.
  - (2) Must restrict access of medical information to only those who have a specified need.
- b. OWCP regulations (20 CFR, 10.506) state that the claimant's employer cannot contact the claimant's physician by phone.
  - (1) Requests for information to employee's physician must be made in writing.
  - (2) Copy of correspondence must be sent to employee and OWCP.
  - (3) He/she must first attempt to obtain medical information from employee if it will adversely affect rights, benefits or privileges.
- c. The Health Insurance Portability and Accountability Act (HIPPA) of 1990 protects Personal Identifiable Information (PII) which is any piece of information which can potentially be used to uniquely identify, contact, or locate a single person.
- d. When requesting claim information via fax, e-mail only use the last four (4) digits of claimant's Social Security Number, the entire claim number, and the claimants first and last name. The exception to this is when sending forms to OWCP; OWCP forms must contain the full SSN.
- e. FAX and LAN phone lines are considered the most secure method of transmission of PII.

f. For more information about the above mentioned regulations, the following links to the Web sites are provided.

(1) Privacy Act <http://www.usdoj.gov/oip/privstat.htm>

(2) HIPPA <http://www.hhs.gov/ocr/privacysummary.pdf>

#### **4. ACCESS TO OWCP AGENCY QUERY SYSTEM (AQS) and AFFILIATED COMPUTER SYSTEM (ACS) BILLING**

Access to the OWCP AQS and ACS systems is restricted to Agency personnel directly associated with the WC program. Access to these systems cannot be shared with other personnel or used as “office access”.

#### **5. ACCESS TO USDA WC CASE MANAGEMENT SYSTEM (CMS) DATA**

- a. Data is distributed quarterly from the SHEWB staff to each AMS Division or APHIS Program Unit RMS or AO office. These offices then assume full responsibility for the privacy of the information and must distribute accordingly to the offices that are in need of the data.
- b. Budget offices will only have cost data distributed. If the budget office requires more information, the distributing office must ensure that only the required information is shared.
- c. When data is distributed, it must be sent using a method that ensures confidentiality.

## CHAPTER 6

### LEAVE WITHOUT PAY (LWOP) AND REMOVAL

#### 1. FORMS REQUIRED FOR LWOP OR REMOVAL

- a. OWCP Form CA-7, Claim for Compensation
- b. SF-52, Request for Personnel Action.

#### 2. LEAVE WITHOUT PAY

- a. Employees absent from work due to a workplace injury may elect to be placed in an LWOP status. The request for LWOP is made by the employee and approved by the supervisor, with appropriate medical documentation. If the employee does not return to work within 365 calendar days from the date of absence from the compensable injury, the Agency can remove the employee from the Agency employment rolls.

NOTE: Employees filing claims for traumatic injuries may be entitled to up to 45 days of Continuation of Pay (COP). After the 45 days of COP expires an employee can be placed on LWOP.

- b. Employees should be advised to use LWOP and be placed on Office of Workers' Compensation Program (OWCP) rolls instead of using their personal sick or annual leave.

When an employee uses LWOP, he/she must submit a CA-7, Claim for Compensation, to OWCP, thus notifying OWCP that he/she has not recovered for the work-related injury and continues to be out of work. This allows OWCP to monitor the case, and, if necessary, assign a contract nurse to assist the employee in returning to work.

- (1) Employees may elect to use sick and/or annual leave, pending approval of a workplace injury by OWCP. If the employee uses leave and the compensation claim is approved by OWCP, they may later, with the concurrence of the employing agency, claim compensation for the period of disability and "buy back" the leave used. Leave is then re-credited to the employee's account after the employee pays the difference between OWCP leave and Agency leave.
- (2) If the employee elects to use their personal leave after the 45 days of COP have expired, the WC representative must notify OWCP in writing that the employee has not returned to work and request that an OWCP nurse be assigned to the case.

- c. Employees electing LWOP will receive compensation from OWCP and will be paid at the OWCP rate of 75 percent if they have dependents and 66 2/3 with no dependents.
- d. When an employee elects LWOP, they will not be able to contribute to Thrift Saving Plan, and will have to directly arrange for premium payments to Flexible Spending Accounts, Federal Long Term Insurance Plan and Federal employees Dental and Vision Insurance Plans.

Federal Employees Health Benefits (FEHB) and Federal Employees Group Life Insurance premiums may be deducted from OWCP compensation payments. If FEHB is not transferred to OWCP by HRO, the employee will be billed for the premiums.

- e. CA-7s should be submitted every 2 weeks to the supervisor to avoid interruption of regular pay. A completed CA-17, Duty Status Report, should be submitted along with the CA-7 showing work restrictions and disability. If the CA-17 is not used medical documentation must be submitted with the CA-7.
  - (1) The supervisor must forward the CA-7, CA-17, or other medical documentation to the WC Representative immediately.
  - (2) The WC Representative must forward the CA-7, CA-17, or other medical documentation within 7 days of the dated CA-7.

### **3. PROCEDURES FOR REQUESTING LWOP**

- a. The employee initiates a request in writing for LWOP if he/she has been absent because of a workplace injury/illness. The request must include medical documentation verifying the reason for the absence and the duration. The supervisor reviews and authorizes the SF-52 and then submits the form via the Personnel Action Tracking System.
- b. The supervisor must include a not-to-exceed (NTE) date on the SF-52. This date is dependent on the medical information from the employee's physician.
- c. It is very important that the supervisor indicate in the remarks section of the SF-52 that the employee is receiving compensation due to a workplace injury. This ensures that the employee's benefits will be protected.
- d. The supervisor completes another SF-52 to request an extension of LWOP if the employee does not return to work before the original NTE date is due to expire. The medical documentation to extend the LWOP should be given to the supervisor before the NTE date of the prior LWOP request.

- e. If the employee is ready to return to work within 1 year from the date of absence due to compensable injury, the supervisor needs to initiate an SF-52, Return to Duty, to place the employee back in pay status. The medical documentation must verify the employee is able to return to work.

#### **4. INITIATING REMOVAL AFTER EXTENDED LWOP**

- a. If an employee has not returned to work within 365 calendar days of the date of absence due to compensable injury, the supervisor should contact the servicing Employee Relations Specialist (ERS) for assistance in removing the employee from Agency employment rolls. He/she should also contact the Servicing Benefits Specialist (SBS) to request that disability retirement information be sent directly to the employee.

NOTE: An employee may apply for disability retirement at any time when it has been medically determined that he/she is disabled from useful and efficient service in the current position and the disability is expected to last at least 1 year. Contact your SBS for information.

- b. The supervisor should notify the MRP WC Program Manager that actions have been initiated to remove the employee from agency rolls, in conjunction with ERS.
- c. Even though the employee has been removed from the agency rolls, the employee will continue to receive wage loss compensation until the employee has achieved maximum medical improvement. It is imperative that the WC representative continue to monitor the case and ensure that medical information is updated.
- d. If the employee was on a career or career conditional appointment, and is able to return to work after one year, the employee must be given priority consideration for restoration to the position, or an equivalent position, if an application is made within 30 days from when compensation ceased.

Former career or career conditional employees who cannot be placed through the RPL are eligible for selection priority in other Federal agencies under the Interagency Career Transition Assistance Program.

#### **5. REGULATORY AUTHORITY FOR REMOVAL**

- a. Title 5, Code of Federal Regulations, Sections:
  - (1) 339.203, Physical Requirements.
  - (2) 353.301, Restoration Rights.
  - (3) 353.106, Personnel Actions During Employee's Absence.

- b. MRP Human Resources Desk Guide Subchapter 4630, Absence and Leave.

## CHAPTER 7

### LEAVE BUY BACK (LBB) PROCEDURES

In certain instances employees may have to use their leave before being placed on Office of Workers' Compensation Program (OWCP) periodic rolls for wage compensation. In most instances employees should be using LWOP and Form CA-7, Claim for Compensation, to officially notify OWCP that they are disabled and unable to work.

The Agency shall process employee initiated claims for leave buy back in accordance with applicable law, rule and government-wide regulation.

#### 1. FORMS REQUIRED FOR LBB

- a. CA-7, Claim for Compensation. Form used requesting LBB or LWOP for accepted Workers' Compensation injury/accident claims.
- b. CA-7a, Time Analysis Form. An optional form used when there are intermittent dates of leave used, or when more than one continuous period of leave is claimed.
- c. CA-7b, Leave Buy Back Worksheet, Certification and Election. Explains how leave is repurchased and asks the agency representative (WC representative) to estimate the amount of compensation payable.

#### 2. PROCEDURES FOR REQUESTING LBB

- a. The employee initiates request to his/her supervisor to repurchase leave used for medical care and/or disability resulting from an accepted job-related illness OWCP claim.
- b. The employee completes the forms and submits to his/her direct supervisor. For all dates where LBB is requested, medical documentation is required to show the employee was under medical care.
- c. The supervisor reviews the forms and submits them to the time and attendance (T&A) clerk to perform a leave audit verifying the leave.
- d. The T&A clerk forwards the CA-7 and CA-7a to the WC representative who completes the CA-7b. Once this is completed the WC representative will contact the employee who then decides whether or not to repurchase the leave.
- e. If the employee signs the CA-7b to repurchase leave, the WC representative will sign the form as Agency representative and use the following address for the 7B.II. Agency address:

USDA APHIS MRP Business Services, Leave and Compensation Team  
Butler Square, 5<sup>th</sup> Floor  
100 North Sixth Street  
Minneapolis, MN 55403

- f. The WC representative sends the original CA-7, CA-7a, and CA-7b to the respective OWCP District Office. Copies must be sent to MN-Leave and Compensation Team (LCT) and the originating office, with one copy on file with the WC representative.
- g. Once MN-LCT has received a check from OWCP, they will verify the information and then send the check, the AD-343, a copy of CA-7, CA-7a, and CA-7b to the National Finance Center (NFC), by overnight receipt, for processing.
- h. NFC will process the check and notify the employee of the amount of leave repurchased.
- i. The MN-LCT receives notification from NFC that the employee's bill has been paid in full. The MN-LCT then requests the originating office to perform an updated leave audit to show the current leave amounts to make the proper corrections.
- j. The originating office will forward a copy of the updated leave audit to MN-LCT.
- k. The MN-LCT will adjust the employee's leave, and will notify the timekeeper and the employee that the leave has been repurchased. The timekeeper will adjust the leave balances in the time and attendance system.

## **CHAPTER 8**

### **RETURN TO WORK (RTW)**

#### **1. RTW OVERVIEW**

- a. MRP is committed to returning OWCP claimants to work at their original or a modified (light duty) job as soon as possible, including any period of Continuation of Pay (COP), to reduce time lost due to a work-related injury or illness.
- b. A claimant with an OWCP case open less than 1 year may receive nurse intervention services. After the first 45 days of injury a Department of Labor (DOL) nurse may be assigned to review the claimant's case. The nurse will contact the claimant, the physician, and the WC program manager to find out about the employee's injury, his/her progress, and any pertinent information to help facilitate return to work.
- c. Cases open more than 1 year are reviewed bi-annually by the DOL District Office to determine medical status, rehabilitation potential, and RTW eligibility.
- d. The following RTW procedures have been developed for short and long term cases.

#### **2. RTW – SHORT TERM CASES**

After an employee has provided medical documentation of the need to be out of work for a period of time, the supervisor and WC representative must:

- a. Review the medical documentation to determine if the documentation is sufficient. The documentation must have an RTW date and must state that the employee is out of work due to the work-related injury.
- b. Provide the employee and the physician a copy of the employee's position description and CA-17, Duty Status Report, and request that it be submitted every 2 weeks.
- c. Inform the employee and the physician that light duty, part-time work, and accommodations are available.
- d. Submit all CA-17s and medical documentation to OWCP when received.

- e. Return employee to duty when medically released. An employee cannot RTW prior to the RTW date on medical documentation as doing so can hinder his/her recovery or worsen his/her condition.
- f. An employee has mandatory rights to the position he/she left, or an equivalent position, in the original commuting area, when returning to work within 1 year from the date compensation began.

The supervisor must submit an SF-52, Request for Personnel Action, Return to Duty, to Human Resources.

### **3. RTW – LONG TERM MANAGEMENT GUIDELINES**

After an employee has provided medical documentation that he/she can return to work after extended absence from work, the supervisor and WC representative must:

- a. Review the medical documentation to determine if the documentation is sufficient. The documentation must have an RTW date and must state that the employee is out of work due to the work-related injury.
- b. Provide the employee and the physician a copy of the employee's position description and CA-17, Duty Status Report.
- c. Inform the employee and the physician that light duty, part-time work, and accommodations are available.
- d. Submit all medical documentation to OWCP when received.
- e. Return employee to duty when medically released. An employee cannot RTW prior to the RTW date on medical documentation as doing so can hinder the employee's recovery or worsen their condition. The supervisor must submit an SF-52, Request for Personnel Action, Return to Duty, to Human Resources.
- f. Meet with the employee to discuss a work schedule, any needed training, and work expectations.

### **4. LONG TERM CASE MANAGEMENT**

These guidelines have been developed to provide assistance to WC representatives on long term case management to ultimately return the employee back to work.

- a. Determine Potential for RTW.
  - (1) The first step in determining an employee's potential for RTW is to prioritize cases by using the Rating Scale. The major factor that can determine the potential for returning to work is the date of injury. If the

injury occurred within 5 years the potential of returning the employee back to work is greater than returning an employee who was injured 20 years ago.

- (2) Now, separate cases into groups in relation to date of injury, age, and type of injury sustained. Consider strains and sprains first, and then move to the more extensive injuries. Also consider the physical requirements of the date of injury position. This process will give you an idea of where to begin and help to determine which employees are likely to return to work. Needs of the agency, length of time on periodic rolls, cost liability, physical limitations, and educational background also should be considered.
- (3) Once you have prioritized your cases, give them a rating based on how soon compensation can be terminated. Cases that have the most potential for reemployment should be first on your list. Start with Group 1 cases that have the highest rating and:
  - (a) Obtain current medical evidence.
  - (b) Obtain the date of injury job description.
  - (c) Determine if the employer is capable of re-employment.
  - (d) Determine what type or if any job modifications may be needed and if the modification would be feasible for the agency.

Remember that OWCP has limited resources so you will want to pursue cases with the most potential for savings.

- (4) Review case files through the Agency Query System (AQS) to determine status. For example, if a case is placed in PN status, the employee has been determined to have no possible wage earning capacity and very little chance of returning to work so make this a low priority (see Appendix B).
- (5) In addition, identify employees who are currently working in a light duty capacity and return them to full duty whenever medically possible. Remember to notify OWCP when an employee has been in light duty status more than 3 months.

b. Current Medical Information Needed.

- (1) Review case files and obtain current medical information annually. If you do not have current medical data, you can request it from the physician or OWCP. You can use the OWCP 5, Medical Evaluation, to obtain medical information from the physician.

- (2) Remember that all communications with the physician must be in writing. If you receive feedback from the doctor, send the claimant and the OWCP copies of any such correspondence. Once you receive updated medical information, review clinical findings and determine if you can return the employee to work.
- (3) If you request medical updates from OWCP, indicate that the agency would like to offer suitable work, so that they will respond to you sooner. OWCP has up to 30 days to respond to your inquiry.
- (4) OWCP may authorize a functional capacity evaluation (FCE) to assess the employee's work limitations. This is an evaluation performed by a physician or a licensed physical or occupational therapist. The FCE evaluates an individual's physical capability and identifies his/her limitations so appropriate restrictions can be prescribed and the agency can identify suitable work. It will also help the Agency to determine if the medical restrictions are "temporary" or "permanent." If permanent, it will have to be determined by the agency if developing a modified job offer would create an undue hardship.
- (5) The FCE can take a few months to accomplish. OWCP must first set up an appointment and then notify the employee of the date and time. The employee is given a time frame to respond to OWCP as to whether the date is acceptable.
- (6) If the employee does not notify OWCP of any problems making the appointment and does not show up at the scheduled appointment, OWCP can charge the employee for the visit.
- (7) Send the employee notification that OWCP benefits will be terminated unless he/she can show otherwise.
- (8) If medical restrictions are permanent you should consider OWCP vocational rehabilitation.

c. Job Modification.

- (1) While the agency is awaiting correspondence back from OWCP on the FCE, it should begin looking at the employee's position description at the time of the injury/accident and if it can be modified to accommodate the employee if light duty or part time status is required.
- (2) If the position is not appropriate for light duty or part-time status, work with Human Resources to evaluate vacant positions to determine which ones can be modified for light duty or part-time status.

d. Job Offer Needed.

- (1) Let OWCP know that the agency is interested in returning the employee to work and willing to make a job offer. To make a job offer, you will need medical evidence describing the employee's medical limitations. Once you receive the medical information, evaluate and determine if the limitations will improve or are permanent. If permanent, determine how severe the restrictions are and decide whether developing a modified job offer would create an undue hardship on the agency. If you decide to prepare a modified position description, present a written job offer that is compatible with the employee's medical limitations (see Appendix B, Long Term Management Rating Scale).
- (2) The job offer should include a description of the duties to be performed; the specific physical requirements of the position, and any special demands of the workload or unusual working conditions; the geographical location of the job; the date on which the job will be available, and date by which a response to the job offer is required. In addition, make sure you consider the claimant's physical abilities and educational background when creating the position. Human Resources must sign the job offer and the employee must accept or decline the position in writing.
- (3) If OWCP determines that the job offer is suitable and the employee declines the position, the employee's benefits can be terminated. OWCP must be notified that the employee declined the position, so all correspondence must be forwarded immediately.
- (4) Once the agency has determined that a position is available for the employee, and the attending physician has determined that the employee can RTW, the program should write to OWCP that a position is available, and enclose a copy of the position description.

e. RTW Offer Accepted.

- (1) If the employee accepts the offer, formally establish an RTW date and provide OWCP with all correspondence as soon as possible. This helps to avoid overpayment of compensation.
- (2) Realize that the employee has been out of work for several years/decades and needs to get acclimated to the work place. Prior to the employee's report date, arrange for an RTW conference. The employee, workers' compensation contact and the employee's supervisor are among those who should attend so that any remaining issues or concerns can be addressed prior to the actual RTW. Make sure the employee is completely informed

of his/her responsibilities and work expectations (leave procedures, lunch breaks, etc.). Consult the WC Program Manager for guidance.

- (3) Make sure you meet all work limitations or modifications. You don't want to aggravate his/her injury.

f. RTW Offer Denied.

- (1) If the employee rejects the work offer, provide all documentation to OWCP requesting a termination of benefits.
- (2) Monitor AQS bi-weekly to determine if benefits have been terminated.

## **5. VOCATIONAL REHABILITATION**

- a. If you have an employee that has reached maximum medical improvement and you cannot provide accommodations, you should consider vocational rehabilitation. This program provides vocational evaluation, testing, training, and placement services with either the original employer or a new employer.
- b. Vocational rehabilitation can conduct FCEs which helps to customize individual programs to employee needs and meet demands of current or potential jobs. OWCP will consider an employee for this program if requested by the attending physician, the employee, or the employing agency. In addition, OWCP will routinely consider a case for rehabilitation if the agency cannot reemploy the employee.
- c. Keep in mind that if the employee is placed in a lower-paying job the agency will be responsible for paying the difference in salary.
- d. In addition, if a career employee is placed in a job with the private sector he/she will lose his/her Federal benefits.
- e. The supervisor and Human Resources should try to find suitable employment within the agency before requesting vocational rehabilitation. This can be accomplished by reviewing an updated resume to ascertain eligible positions the employee may be qualified to perform.
- f. If the employee refuses to participate in vocational rehabilitation when directed by OWCP without good cause, OWCP will eliminate monetary compensation. During this process, continue to follow-up with OWCP until you have resolution.

## **6. RESTORATION RIGHTS**

- a. If medically released after 365 calendar days from the day compensation began, the employee is entitled to priority consideration to the former position or an equivalent one.
- b. If compensation ceases, for other than medical release (fraud, refusal to accept a position), the employee has the right to apply for a position within 30 days of the date compensation ceases. The Agency has no obligation to hire employees whose OWCP benefits were terminated for fraud or refusal to accept a suitable job offer.

## **7. REASONABLE ACCOMMODATION**

- a. Sometimes the claimant's injury will result in permanent damage leading to a permanent disability. During the course of treatment for all injuries, the Agency should continually monitor the need to advise the Reasonable Accommodation Program Manager of the claimant's status and possible need for reasonable accommodations to continue the claimant's successful job performance.
- b. For additional information contact the Agency Designated Official.

## **8. DISABILITY RETIREMENT**

- a. When an employee is permanently disabled and unlikely to return to work, the employee should be advised to apply for disability retirement under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS), preferably before being separated from employment. However, the application may be made up to 1 year following separation from employment. The employee (or the supervisor) should contact the servicing HR Benefits Specialist for information and assistance.
- b. An individual who is approved and eligible for an annuity under the CSRS or FERS, and is also eligible for OWCP compensation, may not receive both benefits concurrently. The individual will make an election between them and if one benefit is terminated, the other may be reinstated.
- c. It is important that an employee apply for disability retirement because an approved disability retirement protects the individual's right to the retirement benefit and continued insurance, and protects the employee's survivor's right to the survivor annuity and continued insurance, as applicable.

## **CHAPTER 9**

### **OFFICE OF WORKERS' COMPENSATION PROGRAM (OWCP) BILLING PROCEDURES**

#### **1. AGENCY CHARGEBACK BILLING**

- a. The Federal Employees Compensation Act (FECA) program is financed by the Employees Compensation Fund, which consists of monies appropriated by Congress or through agencies' operating revenues. OWCP furnishes agencies with statements of payments made from the Fund for injuries, illness, or death benefits to employees based on the OWCP fiscal year, July 1 through June 30. The statement represents charges the Agency will incur in 2 years.
- b. Resource Management Staff or Administrative Officers will receive a quarterly report which identifies all OWCP claimant cases and charges that appear on the chargeback bill. This report must be reviewed to determine:
  - (1) Any disputes, errors, or omissions.
  - (2) If compensation costs exceed medical costs. Cases with little to no medical and high compensation costs require an in-depth review.
- c. Each WC representative must verify the report and notify MRP WC of any disputes, errors, or omissions (e.g., any case or cost that does not belong within the respective organizational code), within 15 days of receiving the quarterly chargeback bill. MRP WC will submit requests for changes to the USDA WC Program Manager, within 2 weeks of receipt of the reported disputes.

#### **2. EMPLOYEE MEDICAL TREATMENT BILLS**

- a. An employee must provide his/her medical providers the OWCP claim number to enable the provider to bill OWCP for the rendered service and receive prompt payment.
- b. Medical providers must use the OWCP/HFCA 1500 Health Insurance Form for billing OWCP or the UB 92, Health Insurance Claim Form.
- c. To ensure prompt billing the following information is helpful to medical providers:
  - (1) Claim number and date of injury.
  - (2) Accepted condition code (ICD9).

- d. Medical bills will not be paid if submitted to OWCP on or before December 31 of the following calendar year in which the expenses were incurred.

### 3. EMPLOYEE MISCELLANEOUS PAYMENTS

- a. Employees must use the CA-915, Claim for Medical Reimbursement, for reimbursement for pharmacy expenses, office visits payments or over the counter medical supplies. Receipts must be attached to the form. Submit the form directly to OWCP for payment.
- b. Employees must use the CA-957, Medical Travel Refund Request, for reimbursement of travel expenses, local transportation, tolls, telephone charges, and any food expenses related to the work injury/accident. Submit the form directly to OWCP for payment.

### 4. OWCP ACS BILLING ADDRESS

- a. Copies of billing documents must be sent to:

DOL, OWCP  
PO Box 8300  
London, KY 47252

- b. Physicians and medical providers must directly bill OWCP Affiliated Computer System (ACS) using HCFA 1500, Health Insurance Form, and UB-92, Health Insurance Claim Form.

### 5. MEDICAL PROVIDER DIRECTLY BILLS CLAIMANT

For employees who are billed by the hospital or physician for services denied or partially paid by OWCP, here are a few citations.

OWCP 1500, Health Insurance Claim Form (back of form).

**Signature or Physician or Supplier.** Your signature in item 31 indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amount not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed).

UB-92, Health Insurance Claim Form (back of form).

**Signature of Provider:** Your signature in Block 85 indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amount not paid by OWCP for covered services as the result of the application of its fee schedule or related

tests for reasonableness (appeals are allowed). Your signature in Block 85 also indicates that the services shown on this form were provided, and that the billing information submitted is both complete and accurate. Finally, your signature indicates that you understand that any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

20 Code of Federal Regulations, Part 10, CHAPTER 10.801(d).

By submitting a bill and/or accepting payment, the provider signifies that the service for which reimbursement is sought was performed as described and necessary. In addition, the provider thereby agrees to comply with all regulations set forth in this subpart concerning the rendering of treatment and/or the process for seeking reimbursement for medical services, including the limitation imposed on the amount to be paid for services.

20 Code of Federal Regulations, Part 10, CHAPTER 10.801(e).

In summary, bills submitted by providers must: be itemized on the Health Insurance Claim Form (for physicians OWCP 1500), the UB-92 (for hospitals), or the Universal Claim Form (for pharmacies); contain the signature or signature stamp of the provider; and identify the procedures using HCPCS/CPT codes, RCC, or NDC. Otherwise, OWCP may return the bill to the provider for correction and resubmission.

20 Code of Federal Regulations, Part 10, CHAPTER 10.813.

A provider whose fee for service is partially paid by OWCP as a result of the application of its fee schedule or other tests for reasonableness in accordance with this part shall not request reimbursement from the employee for additional amounts.

## CHAPTER 10

### PROCEDURES FOR EMERGENCY PROGRAMS

1. The Incident Command Center (Financial Management) will:
  - a. Ensure there are ample CA-1, Notice of Traumatic Injury, and CA-16, Authorization for Medical Treatment, forms available for employees. The APHIS Safety, Health and Employee Wellness Branch has prepared 250 packages for distribution to injured employees.
  - b. Post the CA-10, What Should I Do If I Am Injured, poster.
  - c. Review the CA-1 after employees and supervisors have completed their respective portion to:
    - (1) Ensure both the employee and supervisor have signed the CA-1.
    - (2) Ensure all medical documentation, witness statements, and any other documentation are attached to the CA-1.
  - d. Forward all information **immediately** to the respective Marketing and Regulatory Programs (MRP) program unit contact as identified for each MRP program unit.
2. The WC Program Manager and Specialist will:
  - a. Establish an agency chargeback code for the EP.
  - b. Provide the EP and WC representatives with the agency chargeback codes.
  - c. Track all accidents and injuries based on submitted claim forms in a spreadsheet for statistical analysis. The database will contain the following fields:
    - (1) Employee Name.
    - (2) Date of injury.
    - (3) Anatomical location of injury.
    - (4) Cause of injury.
    - (5) City and State where injury occurred.
    - (6) Employee job title.

- (7) Time of injury.
  - d. Provide a statistical analysis of the data to EP management every 2 weeks with safety recommendations.
  - e. Process any claims from other USDA or Federal agencies.
    - (1) Forward claim to respective Department of Labor, Office of Workers' Compensation Program (OWCP) District Office.
    - (2) Maintain employee information in SF-66D, Employee Medical File.
    - (3) Monitor claim to ensure employee receives appropriate medical attention, returns to work, and all bills are mailed to OWCP in London, KY.
    - (4) Send a copy of claim to claimant's originating office.
  - f. Provide any guidance, training, and oversight regarding OWCP and processing claims.
  - g. Pursue emergency funding for payment of medical bills for claims that are not accepted by OWCP.
3. WC Representatives will:
- a. Process all claims received from the Emergency Program (EP).
  - b. Forward claim to the respective Department of Labor, Office of Workers' Compensation Program (OWCP) District Office.
  - c. Maintain employee information in SF-66D, Employee Medical File.
  - d. Monitor claim to ensure the employee receives appropriate medical attention, returns to work, and all bills are mailed to OWCP in London, KY.
  - e. If the claim is denied, work with the employee and OWCP to ascertain the reason and assist in providing relevant information to claim acceptance.
  - f. If the claim is denied after appeal rights, send all bills to the WC Program Manager for special processing.

## **APPENDIX A**

### **FORMS**

**Employee:**

- Forms I need:
  - CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay and
  - CA-16, Authorization for Examination and/or Treatment
- I went to the doctor/emergency room within 48 hours of my accident/injury and used a CA-16.
- The doctor completed page 2 of the CA-16 and returned it to me.
- I completed and submitted the CA-1 and CA-16 to my supervisor, with all medical documentation.
- I have a doctor's note stating when I can return to work if the doctor determined that I cannot work for a period of time because of my accident/injury (this is required for Continuation of Pay).

**Supervisor:**

- Once I was notified of the employee's accident/injury, I made sure the employee had a:
  - CA-1, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay, and
  - A doctor's note stating when he/she will need to be on leave and a return to work date. (This is required for Continuation of Pay.)
- I have reviewed the CA-1, and I:
  - Agree with what the employee has written regarding the accident/injury.
  - Disagree with what the employee has written regarding the accident/injury. Therefore, I am providing a written statement describing the events to the best of my knowledge.
- When the employee submitted the CA-1 and/or CA-16 to me, I signed the forms where indicated for supervisor's signature, within 3 days of receiving the forms.
- I forwarded the forms to the appropriate WC representative.

## AGENCY QUERY SYSTEM (AQS) CODES

<b>AQS Code</b>	<b>Meaning</b>
UD	Case Under Development
PR	Periodic Roll payment
PS	Schedule Award payment – periodic or lump sum
PN	Periodic roll payments and determined to have no wage earning capacity
PW	Partial Wage capacity or actual earnings (reduced compensation – employee may be working in a position earning less wages than at time of injury salary)
WEC	Wage Earning Capacity
DE	Monthly payments to at least one beneficiary of a Deceased Employee

**United States Department of Agriculture  
Marketing and Regulatory Programs**

**WC Long – Term Management**

Claim Number:

OWCP District Office:

Claimant Name:

Date Correspondence Sent:

Reason:

Date Response Received:

Response / Action:

Date Correspondence Sent:

Reason:

Date Correspondence Received:

Response / Action:

Date of Investigation:

Reason:

Date Report Received:

Reason / Action:

<b>OWCP Action</b>	<b>Date</b>	<b>Outcome</b>
IME		
2 <sup>nd</sup> Opinion		
Referral		
Voc. Rehab		

<b>Reemployment</b>	<b>Date</b>	<b>Cost Savings</b>
Return to Work	<input type="checkbox"/> Part - Time <input type="checkbox"/> Light Duty <input type="checkbox"/> Full - Time	
Schedule Award		
Elected OPM Disability		
Benefits Terminated		

Updated By:

Date:

Updated By:

Date:

Updated By:

Date:

Updated By:

Date:

**United States Department of Agriculture  
Marketing and Regulatory Programs**

**WC Short – Term Management**

Claim Number:

OWCP District Office:

Claimant Name:

Date Correspondence Sent:

Reason:

Date Response Received:

Response / Action:

Date Correspondence Sent:

Reason:

Date Correspondence Received:

Response / Action:

Action	Date	Outcome
CA-17		
LWOP / Surgery		<input type="checkbox"/> SF-52 – Outgoing LWOP
		<input type="checkbox"/> SF-52 – Return to Work

OWCP Action	Date	Cost Savings
Return to Work	<input type="checkbox"/> Part - Time	
	<input type="checkbox"/> Light Duty	
	<input type="checkbox"/> Full - Time	
Schedule Award		
Benefits Terminated		

**United States Department of Agriculture  
Marketing and Regulatory Programs**

**WC Telephone Log**

Claimant:

Claim Number:

Date:

OWCP Contact:

Claim Examiner

CE Name:

Customer Service

WC Representative:

Notes:

Date:

OWCP Contact:

Claim Examiner

CE Name:

Customer Service

WC Representative:

Notes:

Date:

OWCP Contact:

Claim Examiner

CE Name:

Customer Service

WC Representative:

Notes:

Date:

OWCP Contact:

Claim Examiner

CE Name:

Customer Service

WC Representative:

Notes:

