

BCT-FY04

This infobase contains a numerical index of all **FECA and OWCP Bulletins, Circulars and Transmittals issued in FY 2004**, as well as the text of these issuances.

The BCTINDEX infobase contains a subject index of all FECA and OWCP Bulletins, Circulars and Transmittals issued since FY 1986.

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FECA BULLETINS (FB)--TEXT

FECA BULLETIN NO. 04-01

Issue Date: November 28, 2003

Expiration Date: November 28, 2004

Subject: Case File Management/Jurisdiction-Special Act Cases

Background: Current procedures require that all claims for benefits under the War Claims Act (WC), War Hazards Compensation Act (WH), and those filed by members of the Reserve Officer Training Corps (ROTC) be adjudicated and managed in the National Operations Office (NOO). In addition, current procedures require that all claims filed by returned Peace Corps volunteers be processed and serviced in the NOO until they have been adjudicated, after which they may be transferred to the district office that has general jurisdiction.

Reference: Federal (FECA) Procedure Manual, Chapter 1-200-2 and Chapter 1-200-3.

Purpose: To transfer jurisdiction for all claims filed under the War Claims Act and War Hazards Compensation Act or filed by ROTC cadets (TC) or returned Peace Corps volunteers from the NOO (District 25) to the Cleveland District Office (District 9)

Applicability: Regional Directors, District Directors, Claims Examiners, All Supervisors, Systems Managers, Technical Assistants, Rehabilitations Specialists, and Staff Nurses.

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Action:

1. Effective immediately, all claims filed by returned Peace Corps volunteers and ROTC cadets, as well as those filed under the War Claims Act and the War Hazards Compensation Act, fall under the jurisdiction of, and should be filed in District 9. All TC, WC and WH claims will be adjudicated and maintained in District 9. New claims for returned Peace Corps volunteers will be adjudicated in District 9. Accepted Peace Corps cases will be transferred to the district office having general jurisdiction.
2. The NOO will forward all existing case files involving War Claims, War Hazards, and ROTC cadets to District 9. Previously accepted Peace Corps cases will be transferred to the district office having general jurisdiction.
3. All mail should continue to be sent to our central mailroom in London, Kentucky. All questions concerning medical bill payment or pre-authorization for medical services should continue to be routed to our central bill processor through either the internet at <http://owcp.dol.acs-inc.com>, or by telephone at (866) 335-8319.
4. The Cleveland district office address is:

U.S. Department of Labor
Office of Workers' Compensation Programs
1240 East 9th Street, Room 851
Cleveland, Ohio 44199

Disposition: This Bulletin should be retained until incorporated into the Federal (FECA) Procedure Manual, or otherwise superseded.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No. 1--Folioviews Groups A,B,C,D (Regional Directors, District Directors, Claims Examiners, All Supervisors, Systems Managers, Technical Assistants, Rehabilitation Specialists, and Staff Nurses)

FECA BULLETIN NO. 04-02

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Issue Date: December 5, 2003

Expiration Date: December 5, 2004

Subject: ADP - Automated Compensation Payment System (ACPS) Schedule for 2004.

Purpose: To provide the 2004 schedule for processing the periodic disability and death payrolls under the ACPS for calendar year 2004.

Applicability: Appropriate National Office and District Office personnel that need to be aware of both the periods and "cut-off" dates for the ACPS periodic disability, death, and weekly payrolls.

Disposition: This Bulletin should be retained in front of Part 5, Benefit Payments, Federal (FECA) Procedure Manual, until the indicated expiration date.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No. 2 -- Folioviews Groups A and D Claims Examiners, All Supervisors, Systems Managers, District Medical Advisors, Technical Assistants, Rehabilitation Specialists, and Fiscal/Bill Pay Personnel)

Attachment

AUTOMATED COMPENSATION SYSTEM (ACPS) - 2004

FECA DISABILITY PAYROLL - EACH 28 DAYS
FECA DEATH PAYROLL - EACH 28 DAYS

CHECK CYCLE	PERIOD OF ENTITLEMENT	BI-WEEKLY PAY PERIODS FOR HEALTH AND LIFE	DISTRICT OFFICE	N.O. TRANSMISSIC	
	FROM	TO	INSURANCE PURPOSES	CUT-OFF DATE	TO TREASUR

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1	12/28/03– 01/24/04	12/28/03 – 01/10/04 01/11/04 – 01/24/04	01/14/04	01/16/04
2	01/25/04 – 02/21/04	01/25/04 – 02/07/04 02/08/04 – 02/21/04	02/11/04	02/13/04
3	02/22/04 – 03/20/04	02/22/04 – 03/06/04 03/07/04 – 03/20/04	03/10/04	03/12/04
4	03/21/04 – 04/17/04	03/21/04 – 04/03/04 04/04/04 – 04/17/04	04/07/04	04/09/04
5	04/18/04 – 05/15/04	04/18/04 – 05/01/04 05/02/04 – 05/15/04	05/05/04	05/07/04
6	05/16/04 – 06/12/04	05/16/04 – 05/29/04 05/30/04 – 06/12/04	06/02/04	06/04/04
7	06/13/04 – 07/10/04	06/13/04 – 06/26/04 06/27/04 – 07/10/04	06/30/04	07/02/04
8	07/11/04 – 08/07/04	07/11/04 – 07/24/04 07/25/04 – 08/07/04	07/28/04	07/30/04

9	08/08/04 – 09/04/04	08/08/04 – 08/21/04 08/22/04 – 09/04/04	08/25/04	08/27/04
10	09/05/04 – 10/02/04	09/05/04 – 09/18/04 09/19/04 – 10/02/04	09/22/04	09/24/04
11	10/03/04 – 10/30/04	10/03/04 – 10/16/04 10/17/04 – 10/30/04	10/20/04	10/22/04
12	10/31/04 – 11/27/04	10/31/04 – 11/13/04 11/14/04 – 11/27/04	11/17/04	11/19/04
13	11/28/04 – 12/25/04	11/28/04 – 12/11/04 12/12/04 - 12/25/04	12/15/04	12/17/04
01 (2005)	12/26-04 – 01/22/05	12/26/04 – 01/08/05 01/09/05 - 01/22/05	01/19/05	01/07/05

*ENDING PERIOD IS THE CHECK DATE
FOR EFT PAYMENTS, THE CHECK DATE WILL BE FRIDAY

*****FECA DAILY ROLL SCHEDULE (WEEKLY)*****

DATE OF CHECK

DISTRICT OFFICE CUT-OFF DATE
TO ENTER DATA INTO ACPS

N.O. TRANSMISSION TO

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EACH FRIDAY

PREVIOUS TUESDAY

WEDNESDAY

FECA BULLETIN NO. 04-03

Issue Date: January 5, 2004

Expiration Date: January 5, 2005

Subject: Employee "Authorized Providers" of Military Honors Funeral Support

Background: On January 11, 2001, the Department of Defense (DOD) issued Directive 1300.15 setting forth a list of "authorized providers" who could serve as part of an honor guard for the purpose of rendering military funeral support to eligible beneficiaries, upon request. Further, the military services are encouraged to provide elements of honors and use additional uniformed members or other "authorized providers" to augment the funeral honors detail for this purpose. Included among the "authorized providers" are Veterans Service Organizations (VSO), members of the Reserve Officer Training Corps (ROTC) and other appropriate individuals and organizations that support the rendering of Military Funeral Honors.

Purpose: To provide guidance regarding the handling of claims of individuals rendering military funeral support as authorized providers.

Reference: FECA Procedure Manual Chapters 4-0600 and 2-0802; Title 5 U.S.C. 8140(a) and 8101(1)(B); 10 U.S.C. § 1588(e)(4) of the Fair Labor Standards Act; and DOD Directive 1300.15.

Applicability: All claims personnel in the National Office and the district offices.

Actions:

1. FECA coverage is afforded to members of ROTC, VSO, and other appropriate individuals and organizations ("authorized providers") which support the rendering of Military Funeral Honors. Authorized providers may complement a Military Funeral Honors detail by rendering additional elements of honors such as a firing party, pallbearers, bugler, or color guard, and the ceremonial folding and presentation of the American flag.

2. It is important for claims staff to note the **distinction** between coverage under 8101(1)(B) of the FECA as an "authorized provider" and "line of duty" coverage for ROTC members under 8140(a). "Authorized providers" are considered to be civil employees of the United States within the meaning of 5 U.S.C. 8101 (1)(B) when augmenting an Armed Forces Military Funeral Honors detail in accordance with 10 U.S.C. 1588(e). Section 8101(1)(B) refers to persons rendering service to the United States without pay or for nominal pay. As such, the pay rate of authorized providers of funeral honors support, including ROTC members, is determined in accordance with the provisions of 10 U.S.C. 1588(d)(4).
3. All claims for benefits by "authorized providers," including ROTC, VSO members and other appropriate individuals and organizations, which support the rendering of military funeral honors, are to be jacketed, adjudicated and maintained in the district office that is local to the employee's duty station. After adjudication, the claimant's home address determines where further processing will occur. The only exception to this policy is where the claimant lives much closer to the DO serving the area of the duty station than to the DO serving the area of residence.
4. If OWCP receives a claim in which the claimant's status as an "authorized provider" is unclear, the CE should contact the appropriate military department, in writing, to ascertain the particular facts prior to the adjudication of the claim. The Secretary of a military department maintains the documentation supporting that an individual is recognized as an "authorized provider."
5. If the CE determines that further development is necessary, he or she must obtain documentation (for the case in the form of a certificate or other appropriate record) which recognizes the claimant as an "authorized provider" of military funeral honors support.
6. The pay rate for all "authorized providers" rendering military funeral honors support is the average monthly number of hours of services provided, times the then prevailing minimum wage under Section 6(a)(1) of the Fair Labor Standards Act, 10 U.S.C. § 1588(d)(4).

7. A brief training should held within 30 days of this issuance to ensure that appropriate practices are implemented.

Disposition: Retain until the indicated expiration date or until incorporated in the FECA Procedure Manual.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No. 1-Folioviews Groups A and D(Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants, Rehabilitation Specialist and Staff Nurses)

FECA BULLETIN NO. 04-04

Issue Date: January 16, 2004

Expiration Date: December 31, 2005

Subject: BPS - Revision in the Reimbursement Rates Payable for the Use of Privately Owned Automobiles Necessary to Secure Medical Examination and Treatment.

Background: Effective January 1, 2004, the mileage rate for reimbursement to Federal employees traveling by privately-owned automobile *increased* to 37.5 cents per mile by GSA. No restriction is made as to the number of miles that can be traveled. As in the past, determination has been made to apply the applicable rate to disabled FECA beneficiaries traveling to secure necessary medical examination and treatment.

Applicability: Appropriate National Office and District Office personnel.

Reference: Chapter 5-0204, Principles of Bill Adjudication, Part 5, Benefit Payments, Federal (FECA) Procedure Manual; Instructions for Submitting Form OWCP-957, Medical Travel Refund Request (For reimbursement of travel and related expenses under the Federal Employees' Compensation Act); and 5 USC 8103.

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Action: Instructions for Submitting Form OWCP-957, Medical Travel Refund Request (For reimbursement of travel and related expenses under the Federal Employees' Compensation Act), has been revised to reflect the indicated rate change. A copy of the revised instructions is attached to this bulletin and may be reproduced at local levels. Vouchers being processed for travel periods after January 1, 2004 may be adjusted to reflect this increase.

Disposition: This Bulletin should be retained in Chapter 5 - 0404, Principles of Bill Adjudication, Federal (FECA) Procedure Manual.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No. 2 --- Folioviews Groups A and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisors, Technical Assistants, Rehabilitation Specialists, and Fiscal/Bill Pay Personnel)

Attachment

Instruction for Submitting Form OWCP-957

**Instructions for Submitting Form
OWCP-957, Medical Travel Refund Request
Administration
(For reimbursement of travel and related expenses
Compensation Programs
under the Federal Employees' Compensation Act)**

**U.S. Department of Labor
Employment Standards
Office of Workers'**

Note: Any item not in conformity with the following instructions and not legible will be deducted from the voucher. **Form OWCP-957 MUST be submitted with a valid case file number.**

1. Claim for necessary and reasonable expense incident to travel authorized in accordance with provisions of the Federal Employees Compensation Act may be submitted for consideration on Form OWCP-957. Travel must be by shortest route and, if practicable, by public conveyance (streetcar, bus, boat, or train). Generally, 25 miles from the place of injury, the work site, or the employee's home, is considered a reasonable distance to travel.
2. The Office will promptly reimburse all bills received on the approved form and submitted in a timely manner. However, no bill will be paid for expenses incurred if the bill is submitted more than one year beyond the calendar year in which the expense was incurred or the

service/supply was provided, or more than one year beyond the calendar year in which the claim was first accepted by the Office, whichever is later (20 CFR §10.803)

3. Payment will be made for taxicab fare or the hire of special conveyance where streetcars, buses, or other public and regular means of transportation are not available, except where these cannot be used because of the injured employee's disability. If claim is made for payment of expenses for taxicabs in excess of \$75 or hire of special conveyances, prior authorization is required.
4. Reimbursement for transportation by automobile owned by an employee or a member of his/her immediate family or another Government employee may be claimed when no public conveyance is available or where the physical condition of the injured employee requires the use of special conveyance. Mileage expenses will be reimbursed at the GSA rate in effect on the date of travel. Mileage expenses will be reimbursed at the following rates for travel during the following periods:

January 1, 1995 to June 6, 1996	30.0 cents per mile
June 7, 1996 to September 7, 1998	31.0 cents per mile
September 8, 1998 to March 31, 1999	32.5 cents per mile
April 1, 1999 to January 13, 2000	31.0 cents per mile
January 14, 2000 to January 21, 2001	32.5 cents per mile
January 22, 2001 to January 20, 2002	34.5 cents per mile
January 21, 2002 to December 31, 2002	36.5 cents per mile
January 1, 2003 and after	36.0 cents per mile

If mileage expense is claimed prior to January 1, 1995, contact your OWCP district office for rates.

5. Claim may be made for parking fees. If travel must be over a toll route, toll charges may be claimed. The form must show the locations where travel began and ended and mode of travel. List each item of expense separately, showing the date incurred, place and cost of the travel.
6. ***There will be no reimbursement for meals or lodging when travel is for less than 12 hours in total or fewer than 500 miles round trip.*** If the authorized travel was for longer than 12 hours or greater than 500 miles, and a claim for meals or lodging is made, the dates and hours must be shown on the form. Lodging must receive prior authorization. All charges must be reasonable, and will be reimbursed at the per diem rate for the locality of travel. Any stopover or delay en route must receive prior authorization.
7. If several trips are covered by the same form, list each separately in the spaces provided on the form. Original itemized receipts for amounts in excess of \$75 claimed in 5f, 6f and 7f must be furnished.

8. After a Form OWCP-957 has been completed, it must be signed in ink or indelible pencil in the space provided for the payee.

9. The completed form should be mailed to: U.S. Department of Labor, DFEC Central Mailroom, PO Box 8300, London, KY 40742-8300.

10. The form should not be submitted if there is no expense claimed.

FECA BULLETIN NO. 04-05

Issue Date: May 16, 2004

Expiration Date: May 16, 2005

Subject: Adjudication of Claims - Federal Emergency Management Agency (FEMA) Disaster Assistance Employees (DAE).

Background: The Robert T. Stafford Disaster Relief and Emergency Act, P.L. 93-288, as amended, 42 U.S.C. 5121, et. seq. authorizes the FEMA to hire DAEs, by appointment affidavit (contract), to respond to disasters. DAEs have been defined as civil employees under the FECA (FECA PM 2-802). The duration of appointments range from 120 days to 24 months.

There are two types of DAEs: (1) reservists, who are hired on an on-call basis for a two month period, but who must be in a non-pay status for a minimum cumulative period of six months; and (2) local hires, who are hired for a period of 120 days. Both sets of employees are available for work during their respective appointment periods, but are only paid when called for active duty, e.g. travel assignments. As such, DAEs would be classified by OPM as temporary on call employees and would likely be afforded only limited qualified work in a year before a covered injury.

Purpose: To provide guidance on determining COP eligibility, the calculation of pay rates, and determining whether an election of benefits is needed (in the cases of re-employed annuitants) for FEMA DAE employees.

Reference: FECA Procedure Manual 2-807, 2-900, 2-1000-4(a), 20 C.F.R. 10.222(a) (5) and Title 5 U.S.C. 8114 (d).

Applicability: All National Office staff and district office claims personnel.

Actions:

1. COP is available to DAEs throughout the course of their appointment period regardless of their “on call” status. Specifically, DAE reservists are on call for a two year period. Although they may not be in a pay status for the full on call period, FEMA instructions state that the reservist is “carried on FEMA personnel rolls for a 24 month period expiring September 30, of every even numbered year.”

Accordingly, since reservists are considered employees of FEMA throughout the two year period, COP eligibility ends upon the expiration of that two year term, and not at the end of any period where the reservists might have been called up to active duty. Similarly, the 120 day local hires, though not necessarily in pay status during the 120 day period, are carried on FEMA personnel rolls for that entire period. Therefore, they are eligible for COP during the entire period of their temporary employment.

2. Due to the temporary nature of a DAE’s work and the presumably limited, non guaranteed work opportunities available, the pay rate for most DAEs should be determined pursuant to 5 U.S.C 8114(d)(3) and the Federal (FECA) Procedure Manual 2-900-4(c). The claims examiner must establish the pay rate for compensation purposes through the calculation and comparison of (1) the worker’s actual earnings throughout the year, including similar non-Federal employment; (2) the yearly earnings of similarly situated employees, using earnings information from such similarly situated employees working the greatest number of hours during the year prior to the injury, in the same or neighboring locality; and (3) the average daily rate of the DAE’s regular daily pay schedule or the local prevailing wage rate for the local hires) multiplied by 150 (“150 times” formula). The highest of the three pay rate calculations is selected as the annual rate of pay (2-900-4(c) and is divided by 365 to compute the daily pay rate.

3. A DAE who qualifies as a re-employed annuitant must make an election of benefits between FECA and Office of Personnel Management (OPM) benefits. Section 8116(a) of the FECA requires a claimant who is entitled to FECA disability benefits and retirement benefits from OPM to make an election or choice of benefits. This includes OPM annuitants that have been re-employed while still receiving retirement benefits from OPM.

Disposition: Retain until the indicated expiration date or until incorporated in the FECA Procedure Manual.

DEBORAH B. SANFORD
Director for
Federal Employees’ Compensation
BCT-FY04.nfo

Distribution: List No. 1-Folioviews Groups A and D (Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants, Rehabilitation Specialists and Staff Nurses)

FECA BULLETIN NO. 04-06

Issue Date: May 16, 2004

Expiration Date: May 16, 2005

Subject: BPS-OWCP-915 - Medical Reimbursement Form and Instructions

Background: Effective March 31, 2004, new Form OWCP-915 should be submitted by all FECA recipients to claim medical reimbursement.

Reference: Federal (FECA) Procedure Manual Chapter 5-0200

Purpose: To notify all FEC staff of the new form to be used by FECA claimants for all reimbursements of medical expenses.

Applicability: Appropriate National Office and District Office personnel.

Action:

1. Effective March 31, 2004, in all cases where a request for the form used to make a claim for medical reimbursement is received; the requestor should be provided with Form OWCP-915, Claim for Medical Reimbursement. Form OWCP-915 is needed for processing requests for reimbursement of out of pocket work-related medical expenses including medical treatment, prescription medication and medical supplies. A copy of Form OWCP-915 is attached to this bulletin and may be reproduced at local levels. When a request for medical reimbursement is made on Form CA-915, the requestor should be advised that Form OWCP-915 is needed for all future medical reimbursement requests. Form OWCP-915 should be provided to the requestor when practical.
2. The instructions for using Form OWCP-915 are included on the reverse of the form and provide guidance for its completion by FECA recipients.
3. Form OWCP-915 should not be used to claim travel reimbursement. Claims for travel

reimbursement should be submitted on Form OWCP-957.

4. The National Office will arrange for an initial supply of Form OWCP-915 to be provided to each District Office. The form and instructions will also be available on the DFEC website at <http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>.

Disposition: This bulletin should be retained until incorporated in the Federal (FECA) Procedure Manual.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No.3-Foliovviews Groups A, B, C and D (All FECA Employees)

FECA BULLETIN NO 04-07

Issue Date: July 23, 2004

Expiration Date: January 1, 2005

Subject: Compensation Pay: Compensation Rate Changes Effective January 2004.

Background: On March 4, 2004, the President signed a retroactive Executive Order implementing a salary increase of 2.70 percent in the basic pay for the General Schedule. The applicability under 5 U.S.C. 8112 only includes the 2.70 percent increase in the basic General Schedule. Any additional increase for locality-based pay is excluded. The adjustment was made retroactive to an effective date of the first pay period after January 1, 2004.

Purpose: To inform the appropriate personnel of the increased minimum/maximum compensation rates, and the adjustment procedures for affected cases on the periodic death payrolls.

The new rates were effective with the first compensation payroll period beginning on or after January 1, 2004. The new maximum compensation rate payable is based on the scheduled salary of a GS-15, Step 10, which is now \$113,674 per annum. The basis for the minimum compensation rate is the salary of \$17,568 per annum (GS-2, Step 1).

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The minimum increase specified in this Bulletin is applicable to Postal employees.

The effect on 5 U.S.C.8112 is to increase the payment of compensation for disability claims to:
Infobases built before v3.1 have unreliable record IDs.

	Effective January 12, 2004	Minimum
Maximum		
Infobases built before v3.1 have unreliable record IDs.		
	Monthly	\$1,098.00
\$7,104.63		
	Weekly	253.38
1,639.53		
	Daily (5-day week)	50.68
327.91		

The effect on 5 U.S.C. 8133(e) is to increase the monthly pay on which compensation for death is computed to:

	Effective January 12, 2004	Minimum
Maximum		
	Monthly	\$1,464.00
\$7,104.63		

Applicability: Appropriate National and District Office personnel

Reference: Memorandum for Directors of Personnel dated December 2003; and the attachment for the 2004 General Schedule.

Action: ACPS will update the periodic disability and death payrolls. Any case with gross overrides will not have a supplemental record created. Thus, the cases with gross overrides must be reviewed to determine if adjustments are necessary. If adjustment is necessary, a manual calculation will be required.

1. Adjustments Dates.

- a. As the effective date of the adjustment was January 11, 2004, and the new minimum,/maximum compensation rates were not established until March 4, 2004, a supplemental payment will be necessary for the periodic disability and death payrolls. For claims entitled to additional compensation

due to the increased minimum/maximum rates, the supplemental payment will be dated May 28, 2004.

Infobases built before v3.1 have unreliable record IDs.

b. The new minimum/maximum compensation rates are available in ACPS.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

3. Minimum and Maximum Adjustment Listings. Form CA-842, Minimum Compensation Pay Rates, and Form CA-893, Maximum Compensation Rates, should be annotated with the new rate information as follows:

CA-842 - 01/02/03

50.68-76.02	253.38-380.10	50.68	253.38(1,013.52)	1,464.00
50.68-67.57	253.38-337.85			

CA-843 - 01/02/03

327.91	1,639.53 (6,558.12)	7,104.63
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Infobases built before v3.1 have unreliable record IDs.

4. Forms. CP-150, Minimum/Maximum Compensation, were generated for each case adjusted. It should be noted that this adjustment process re-calculates EVERY ACPS record from very beginning to current date, thus, it may be that minor changes in the gross compensation are noted; this is not necessarily incorrect. Notices to all payees receiving periodic compensation payments were generated, informing them of potential changes to their compensation benefits.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

Infobases built before v3.1 have unreliable record IDs.

Disposition: This bulletin is to be retained in Part 5, Benefit Payments Federal (FECA) Procedure Manual, until the indicated expiration date.

NANCY JENSON

Acting Director for

Federal Employees' Compensation

Infobases built before v3.1 have unreliable record IDs.

Distribution: List No. 2- - Folioviews Groups A and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisors, Technical Assistants, Rehabilitation Specialists, and Fiscal and Bill Pay Personnel)

Infobases built before v3.1 have unreliable record IDs.

Attachment FB 04-06 Medical Reimbursement Form - BPS-OWCP-915

BCT-FY04.nfo

Claim for Medical Reimbursement

U.S. Department of Labor
 Employment Standards Administration
 Office of Workers' Compensation Programs



Provide all information requested below. DO NOT FILL IN SHADED AREAS. Read the attached information in order to ensure the submission of all required documentation. Maintain a copy of all documentation for your records.			OMB No. 1215-0193		
			Expires: 03/31/2007		
PERSONAL INFORMATION					
Name _____ Last First M.I.			OWCP File Number _____		
Address _____ Street/P.O. Box/Apt No. _____ City State Zip Code			Telephone Number () _____		
			FOR DOL USE ONLY		
PROVIDER INFORMATION					
Name of Doctor's Office, Hospital, Pharmacy or Medical Supply Company where expense was incurred. (A separate OWCP-915 must be filed for each provider)					
Description of Charge (Medical appointment, name of prescription drug, description of medical product/ supply)	Date of Service (MM, DD, YY)		Amount Paid by Claimant	Have you included Proof of Payment for each item?	
	From	To		YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
			Total Reimbursement		
			\$		
I certify that the information above is correct and that the reimbursement requested is for expenses paid by me for the treatment of my covered condition. I am aware that any person who knowingly makes any false statement or misrepresentation to obtain reimbursement from OWCP is subject to civil penalties and/or criminal prosecution.					
I authorize any provider named above to release information to the US Department of Labor, OWCP if necessary for the proper adjudication of this claim.					
Signature _____ Date _____					

MAIL THIS COMPLETED FORM WITH ITEMIZED BILLS AND RECEIPTS ATTACHED TO:
 CENTRAL MAILROOM, P.O. BOX 8300, LONDON, KY 40742, UNLESS OTHERWISE INSTRUCTED.

Form OWCP-915
 August 2003

[Attachment FB 04-06 Instructions for OWCP-915](#)

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INSTRUCTIONS FOR USE OF FORM OWCP-915

- This form is to be used to seek reimbursement for out of pocket medical expenses pertaining to the treatment of an accepted condition. Form OWCP-915 can be used to seek reimbursement for expenses in regard to medical treatment, prescription medication and medical supplies.
- Please submit a separate reimbursement claim for each provider where an out of pocket expense was incurred.
- Please print clearly and legibly. Reference your OWCP file number on all documentation. Maintain a copy of the completed OWCP-915 and supporting documentation for your records.

DOCUMENTATION REQUIRED FOR MEDICAL REIMBURSEMENT

Prescription Medication

1. Completed OWCP-915
2. A paper pharmacy billing form, which must be attached to the OWCP-915 and must include the following information:
 - a. Name, address and telephone number of pharmacy
 - b. Pharmacy provider number
 - c. Prescription number
 - d. Name of claimant
 - e. Date of purchase
 - f. Eleven Digit National Drug Code (NDC#)
 - g. New prescription or refill number
 - h. Quantity of medication (e.g. # of pills or ml/cc)
 - i. Amount paid by employee per medication
3. Proof of payment (can include cash receipt, cancelled check or credit card slip)

Medical Expense other than prescription medication

1. Completed OWCP-915
2. Physicians and other health care providers (i.e. physical therapists) must complete Form OWCP-1500. Hospitals and other facilities, such as ambulatory surgical centers, skilled nursing facilities, etc. must submit their bills on Form OWCP-92. Every form must be completed in its entirety in the same manner as bills submitted by the provider directly to OWCP. The amount paid by the claimant must be indicated. The OWCP-1500 or OWCP-92 must be attached to this form. It is the responsibility of the person submitting a claim for reimbursement to obtain a completed OWCP-1500 or OWCP-92 from the provider rendering service. *Without a fully completed OWCP-1500 or OWCP-92, the OWCP is not able to process a reimbursement.*
3. Proof of payment (can include cash receipt, cancelled check or credit card slip)

Travel

Do not use Form OWCP-915 to submit a claim for travel reimbursement. Claims for travel reimbursement should be submitted on Form OWCP-957.

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding the burden estimate or any other aspect to this collection of information, including suggestions for reducing this burden, send them to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. Do not submit the completed claim form to this address. Persons are not required to respond to this information collection unless it displays a currently valid OMB number.

FECA CIRCULARS (FC)--INDEX

FC 04-01 **Forms - Electronic Submission**
FC 04-02 **Current Interest Rates for Prompt Payment Bills and Debt Collection**
FC 04-03 **DUAL BENEFITS - FERS COLA**

ATTACHMENTS

FC 04-02 Prompt Payment Interest Rates

FECA CIRCULARS (FC)--TEXT

FECA CIRCULAR NO. 04-01

November 28, 2003

Subject: Forms - Electronic Submission

The 2003 Government Paperwork Elimination Act (GPEA) requires that federal government agencies make submissions of information from members of the public electronically-interactive where practical. The Division of Federal Employees Compensation (DFEC) has developed a process for electronic submission of certain forms from members of the public to DFEC. At this time, the only forms that can be electronically submitted are those that are submitted directly to the office by the initiator, and require only one signature.

The forms that have been identified for electronic submission to DFEC include the CA-20, Attending Physicians Report; OWCP-5a, Work Capacity Evaluation Psychiatric/Psychological Conditions; OWCP-5b, Work Capacity Evaluation Cardiovascular/Pulmonary Conditions; OWCP-5c, Work Capacity Evaluation for Musculoskeletal Conditions; and OWCP-44, Rehabilitation Action Report.

Effective immediately, when an initiator accesses one of the forms identified above on the DFEC web site they will be asked whether they want to submit the form electronically. The initiator will be advised that a digital signature is required for electronic submission. The initiator will be provided the opportunity to apply for a digital signature at no cost if they do not already have a signature registered to their PC.

The initiator will be directed to the digital signature trust (DST) site to register for a digital signature certificate. Obtaining a digital signature certificate will take 5-10 business days. Once the certificate is received, the user can go back to the forms page, fill in the form on-line and

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submit it electronically to DFEC.

After passing a validation process, the form will be forwarded to a shared email address monitored by National Office staff. It will be received by DITMS, copied to an archive database, and forwarded to the central mailroom facility for imaging.

Forms submitted electronically will contain the submitter's name with small text annotating DST validation. District office staff should treat the electronic signature as a valid signature.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No. 3 - Folioviews Groups A, B, C and D All FECA Employees)

FECA CIRCULAR NO. 04-02

January 27, 2004

SUBJECT: Current Interest Rates for Prompt Payment Bills and Debt Collection

The interest rate to be assessed for the prompt payment bills is 4.0 percent for the period of January 1, 2004 through December 31, 2004.

The rate for assessing interest charges on debts due the government has also changed. The interest rate for assessing interest charges on debts due the government is 1.0 percent for the period of January 1, 2004 through December 31, 2004.

Ordinarily, the rate of interest charged on debts due the government is only changed in January, and is effective for the entire year. However, the rate may be changed in July if there is a difference in the Current Value of Funds (CVF) interest rate of 2.0 percent or more. The rates are reviewed each June, and if the rate has changed another Circular will be published to advise all appropriate personnel of the new rate.

Attached to this Circular is an updated listing of both the prompt payment and DMS interest rates from January 1, 1985 through the current date.

DEBORAH B. SANFORD
Director for
BCT-FY04.nfo

Federal Employees' Compensation

Distribution: List No. 2--Folioviews Groups A, B, and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisors, Technical Assistants, Rehabilitation Specialists, and Fiscal and Bill Pay Personnel)

Attachments

PROMPT PAYMENT INTEREST RATES

1/1/04 – 12/31/04	4.0%
7/1/03 – 12/31/03	3 1/8%
1/1/03 – 6/30/03	4 1/4%
7/1/02 – 12/31/02	5 1/4%
1/1/02 - 6/30/02	5 1/2%
7/1/01 – 12/31/01	5 7/8%
1/1/01 - 6/30/01	6 3/8%
7/1/00 - 12/31/00	7 1/4%
1/1/00 - 6/30/00	6 3/4%
7/1/99 - 12/31/99	6 1/2%
1/1/99 - 6/30/99	5.0%
7/1/98 - 12/31/98	6.0%
1/1/98 - 6/30/98	6 1/4%
7/1/97 - 12/31/97	6 3/4%
1/1/97 - 6/30/97	6 3/8%
7/1/96 - 12/31/96	7.0%
1/1/96 - 6/30/96	5 7/8%
7/1/95 - 12/31/95	6 3/8%
1/1/95 - 6/30/95	8 1/8%
7/1/94 - 12/31/94	7.0%
1/1/94 - 6/30/94	5 1/2%
7/1/93 - 12/31/93	5 5/8%
1/1/93 - 6/30/93	6 1/2%
7/1/92 - 12/31/92	7.0%
1/1/92 - 6/30/92	6 7/8%

7/1/91 - 12/31/91	8 1/2%
1/1/91 - 6/30/91	8 3/8%
7/1/90 - 12/31/90	9.0%
1/1/90 - 6/30/90	8 1/2%
7/1/89 - 12/31/89	9 1/8%
1/1/89 - 6/30/89	9 3/4%
7/1/88 - 12/31/88	9 1/4%
1/1/88 - 6/30/88	9 3/8%
7/1/87 - 12/31/87	8 7/8%
1/1/87 - 6/30/87	7 5/8%
7/1/86 - 12/31/86	8 1/2%
1/1/86 - 6/30/86	9 3/4%
7/1/85 - 12/31/85	10 3/8%
1/1/85 - 6/30/85	12 1/8%

DMS INTEREST RATES

1/1/04 – 12/31/04	1%
1/1/03 – 12/31/03	2%
7/1/02 – 12/31/02	3%
1/1/02 – 6/30/02	5%
1/1/01 - 12/31/01	6%
1/1/00 - 12/31/00	5%
1/1/99 - 12/31/99	5%
1/1/98 - 12/31/98	5%
1/1/97 - 12/31/97	5%
1/1/96 - 12/31/96	5%
7/1/95 - 12/31/95	5%
1/1/95 - 6/30/95	3%
1/1/94 - 12/31/94	3%
1/1/93 - 12/31/93	4%
1/1/92 - 12/31/92	6%
1/1/91 - 12/31/91	8%
1/1/90 - 12/31/90	9%
1/1/89 - 12/31/89	7%

1/1/88 - 12/31/88	6%
1/1/87 - 12/31/87	7%
1/1/86 - 12/31/86	8%
1/1/85 - 12/31/85	9%

Prior to 1/1/84 not applicable

FECA CIRCULAR NO. 04-03

February 9, 2004

SUBJECT: DUAL BENEFITS - FERS COLA

Effective December 1, 2003, Social Security Benefits were increased by 2.1%. That required the amount of the FERS Dual Benefits Deduction to be increased by the same amount.

This adjustment was made from the National Office for all cases that were correctly entered into the ACPS Program. The adjustment was made effective with the periodic roll cycle beginning January 25, 2004. There will be no adjustment or overpayment declared for the period December 1, 2003 through January 24, 2004.

The National Office provided a notice to each beneficiary affected. A copy was provided for each case file.

SSA COLA's are as follows:

Effective December 1, 2003	2.1%
Effective December 1, 2002	1.4%
Effective December 1, 2001	2.6%
Effective December 1, 2000	3.5%
Effective December 1, 1999	2.4%
Effective December 1, 1998	1.3%

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Effective December 1, 1997 2.1%

Effective December 1, 1996 2.9%

Effective December 1, 1995 2.6%

Effective December 1, 1994 2.8%

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

Distribution: List No. 1, Folioviews Groups A and D (Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants, Rehabilitation Specialists, and Staff Nurses)

FECA TRANSMITTALS (FT)--INDEX

FT 04-01 Revision to Chapter 2-0800, Development of Claims, Part 2 - Claims, Federal (FECA) Procedure Manual
FT 04-02 Revision to Chapter 2-1602, Reconsiderations
FT 04-03 Revision to Chapter 6-0100, Overpayment Overview, 6-0200, Initial Overpayment Actions, and 6-0300, Debt Liquidation, PART 6 – Debt Management, Federal (FECA) Procedure Manual
FT 04-04 Revision to Chapter 2-807, Continuation of Pay and Intial Payments
FT 04-05 Revision to Chapters 2-0100, Introduction, and 2-0200, General Provisions of the FECA, PART 2 – Claims, Federal (FECA) Procedure Manual
FT 04-06 Revision to Chapter 5-0400, Health Benefits Insurance, and Creation of Chapter 5-0401, Life Insurance Part 5 - Benefit Payments, Federal(FECA) Procedure Manual
FT 04-07 Revision to Chapter 1-0200, Jurisdiction, Part 1 - Mail and Files, Federal(FECA) Procedure Manual

FECA TRANSMITTALS (FT)--TEXT

FECA TRANSMITTAL NO. 04-01 January 16, 2004

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RELEASE - REVISION TO CHAPTER 2-0800, DEVELOPMENT OF CLAIMS, PART
2 - CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-0800 is revised to incorporate the information contained in FECA Bulletin 99-15 issued March 17, 1999. Specific changes appear in paragraph 5.d. and subparagraphs (1) thru (7). This update makes the claims examiner (CE) aware that the claimant or survivor has the ability to withdraw a claim for benefits prior to the adjudication of a claim. This update also provides instructions on how the CE should handle a written request for withdrawal of a claim.

Exhibit 1 has been added to provide a sample letter that should be used to notify the claimant or survivor when a request to withdraw a claim is approved.

Other specific changes made in Chapter 2-0800 are discussed below.

In paragraph 5.b.(4) the requirement for placing a call-up on a case file that requires further development is removed.

Paragraph 6.e. was updated to include the street address for the Department of Commerce, National Climatic Center.

In paragraph 8.a. the reference to Form CA-18 was removed.

Paragraphs 8.b.(1) and 8.c.(2) were updated to remove the reference to obsolete Form CA-1006. (See FECA Circular 03-08).

Paragraph 9.b. was updated to clarify the use of leading questions when requesting an impartial medical opinion.

Paragraph 11.a. has been revised to include additional guidance for cases where the factual evidence involving disputes may require conferencing. In paragraph 11.c. the reference to Form CA-110a was removed.

Minor changes were made in Paragraphs 14.a. and 14.b. regarding reopened short form closure cases.

Other than the changes stated above, pages were repaginated with no change in the contents.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

<u>Pages</u>	<u>Remove Old Pages</u>			<u>Insert New Pages</u>		
	<u>Part</u>	<u>Chapter</u>	<u>Pages</u>	<u>Part</u>	<u>Chapter</u>	
7-16	2	2-0800	i, 7-15	2	2-0800	i,
1						Exhibit

File this transmittal sheet behind the checklist in front of the FEDERAL (FECA) Procedure Manual.

Distribution: List No. 1 –Folioviews Groups A and D (Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants and Rehabilitation Specialist)

FECA TRANSMITTAL NO. 04-02

January 26, 2004

RELEASE - REVISION TO CHAPTER 2-1602, RECONSIDERATIONS

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EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-1602 is revised to reflect the fact that revised letters and form decisions, designed to assist the claims examiner in issuing reconsideration decisions, are available in the National Letter Generator, and will be incorporated in the National Correspondence Library.

A note has been added to section c. of paragraph 3 discussing the “clear evidence of error” standard. In paragraph 4, a. and b. have been revised and c. has been added to further elaborate on the issue of Evidence or Argument Required. Also, a note has been added to paragraph 5.b. distinguishing a reconsideration request which disputes the percentage of the impairment awarded from one that is claiming increased impairment due to further work-related exposure.

There is also a revision to paragraph 8 of this chapter at c.(2) to clarify that an acceptance letter with the attachment "Now That Your Claim Has Been Accepted" should be issued whenever a reconsideration decision results in an initial acceptance of the claim. References to "Notice of Decision" or a "Memorandum to the Director and Compensation Order" are replaced with "Decision" to reflect that either of these types of decisions or a letter decision may be acceptable methods of issuing reconsideration decisions, depending upon the circumstances. The important feature of the decision is that it contains all of the elements required by the circumstances of the case. Finally, paragraph 10 has been added to further elaborate on the topic of Review on the Director's Own Motion in accordance with Section 8128(a) of the FECA.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

<u>Remove Old Pages</u>			<u>Insert New Pages</u>		
<u>Part</u>	<u>Chapter</u>	<u>Pages</u>	<u>Part</u>	<u>Chapter</u>	<u>Pages</u>
2	2-1602	i-10	2	2-1602	i-10
2	2-1602	exh. 1-6			

File this transmittal sheet behind the checklist in front of the Federal (FECA) Procedure Manual.

Distribution: List No. 1 -- Folioviews Groups A and D (Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants, and Rehabilitation Specialists)

FECA TRANSMITTAL NO. 04-03

May 28, 2004

RELEASE - REVISION TO CHAPTERS 6-0100, OVERPAYMENT OVERVIEW, 6-0200, INITIAL OVERPAYMENT ACTIONS, AND 6-0300, DEBT LIQUIDATION, PART 6 – DEBT MANAGEMENT, FEDERAL (FECA) PROCEDURE MANUAL

EXPLANATION OF MATERIAL TRANSMITTED:

Part 6 of the FECA Procedure Manual has been updated to clarify the instructions provided for the processing of overpayments of compensation (including allowing due process under § 8129 of the FECA), and the procedures for the liquidation of debts to OWCP. The revisions have been tailored to be reflective of the current regulations at 20 CFR Part 10, sections 10.430 through 10.441. The material presented incorporates the current parameters for handling debts at various dollar levels, and includes actions to be taken when a fraud conviction has occurred.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

Chapter	Pages	<u>Remove Old Pages</u>			<u>Insert New Pages</u>	
		Part	Chapter	Pages	Part	
		6	6-0100	i - 4	6	6-0100
			i - 4			
		6	6-0200	i - 32	6	6-0100
			i - 35			
			Exhibits 1 - 5			
Exhibits 1 - 5		6	6-0300	i - 4	6	6-0100

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Exhibits 1 – 7

File this transmittal sheet behind the checklist in front of the Federal (FECA) Procedure Manual.

Distribution: List No. 2 – Folioviews Groups A, B, and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisers, Technical Assistants, Rehabilitation Specialists, Fiscal Personnel, and Staff Nurses)

FECA TRANSMITTAL NO. 04-04

March 8, 2004

RELEASE -REVISION TO CHAPTER 2-807, CONTINUATION OF PAY AND INITIAL PAYMENTS

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-807 is revised to incorporate several revisions to procedures.

In paragraph 2 the reference to Form CA-1 is replaced with "an OWCP claim form" to make it clear that a claimant's right to COP should not be jeopardized because they completed the wrong form, such as a CA-2 or CA-2a, when a CA-1 would have been appropriate. Form CA-2a is added to paragraph 7.a to include a CA-2a in the forms that contain words of claim sufficient to satisfy timely filing requirements. The requirement that the form show whether the employee wishes to use leave or request COP is deleted from this paragraph as that is not a requirement for timely filing. Paragraph 7.a (1), regarding the submission of a sick leave slip is deleted as not relevant.

Paragraph 8.c is revised to make clear that the agency is to notify the employee of their right to elect COP. Reference to Form CA-3 is deleted from paragraph 8.i.

Paragraph 10 is revised in several places to reflect the fact that revised letters and form decisions, designed to assist the claims examiner in developing and issuing COP decisions, are available in the DFEC Letter Generation System, and will be incorporated into the Correspondence Library. References to Form CA-800 and CA-3 are deleted from this paragraph also.

Paragraph 11.f. is revised to include the fact that military field and training pay earned by members of the National Guard and Military Reserve is only included in COP in the limited circumstances where there is an actual loss of military pay.

The example provided in paragraph 13 illustrating COP for a recurrence is updated to provide dates that coincide with the requirement that any balance of COP commence within 45 days of the first return to duty.

Reference to medical matrices, short-term roll and Form CA-8 are removed from Paragraph 17.d. There are a few other minor edits for clarity.

DEBORAH B. SANFORD
Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

<u>Remove Old Pages</u>			<u>Insert New Pages</u>		
<u>Part</u>	<u>Chapter</u>	<u>Pages</u>	<u>Part</u>	<u>Chapter</u>	<u>Pages</u>
2	2-807	i - 24	2	2-807	i - 24

File this transmittal sheet behind the checklist in front of the Federal (FECA) Procedure Manual.

Distribution: List No. 1 -- Folioviews Groups A and D (Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants, and Rehabilitation Specialists)

FECA TRANSMITTAL NO. 04-05

July 9, 2004

RELEASE - REVISION TO CHAPTERS 2-0100, INTRODUCTION, AND 2-0200, GENERAL PROVISIONS OF THE FECA, PART 2 - CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

EXPLANATION OF MATERIAL TRANSMITTED:

Chapters 2-0100 and 2-0200 have been revised to remove references to out dated procedures and obsolete materials that are no longer in use. In Chapter 2-0100, the changes that were made involved rewording to provide emphasis or greater clarity of the language. The changes in

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Chapter 2-0200 largely involve rewording for clarity with some reorganization. Paragraph 4, which is entitled Reference Materials for Claims Examiners, has been divided into References Available in FolioViews and On-line and District Office Reference Library.

NANCY JENSON
 Acting Director for
 Federal Employees' Compensation

FILING INSTRUCTIONS:

<u>Remove Old Pages</u>			<u>Insert New</u>	
<u>Pages</u>				
Part	Chapter	Pages	Part	
Chapter	Pages			
2	2-0100	i - 2	2	2-0100
		i - 2		
2	2-0200	i - 6	2	2-0200
		i - 6		

File this transmittal sheet behind the checklist in front of the Federal (FECA) Procedure Manual.

Distribution: List No. 2 - Folioviews Groups A, B, and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisers, Technical Assistants, Rehabilitation Specialists, Fiscal Personnel, and Staff Nurses)

FECA TRANSMITTAL NO. 04-06

August 6, 2004

RELEASE - REVISION TO CHAPTER 5-0400, HEALTH BENEFITS INSURANCE, AND CREATION OF CHAPTER 5-0401, LIFE INSURANCE PART 5 – BENEFIT PAYMENTS, FEDERAL (FECA) PROCEDURE MANUAL

EXPLANATION OF MATERIAL TRANSMITTED:

Previous Chapter 5-0400 (Health Benefits and Life Insurance) has been revised and split into BCT-FY04.nfo

two distinct chapters. The revised Chapter 5-0400 now deals exclusively with health benefits insurance issues. The newly created Chapter 5-0401 is dedicated solely to life insurance issues. Both chapters have been updated to include all current regulations regarding health benefits and life insurance, as well as current rates and coding. References to out dated procedures and obsolete materials have been removed.

NANCY JENSON
Acting Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

<u>Remove Old Pages</u>			<u>Insert New Pages</u>		
Part	Chapter	Pages	Part	Chapter	Pages
5	5-0400	i - 4	5	5-0400	i - 27
5	5-0401	N/A	5	5-0401	i - 20

File this transmittal sheet behind the checklist in front of the Federal (FECA) Procedure Manual.

Distribution: List No. 2 – Folioviews Groups A, B, and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisers, Technical Assistants, Rehabilitation Specialists, Fiscal Personnel, and Staff Nurses)

FECA TRANSMITTAL NO. 04-07

August 11, 2004

RELEASE - REVISION TO CHAPTER 1-0200, JURISDICTION, PART 1 – MAIL AND FILES, FEDERAL (FECA) PROCEDURE MANUAL

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 1-0200 has been revised to reflect the changes that have taken place with regard to BCT-FY04.nfo

reorganization of responsibility between FEC district offices, and between OWCP regions. Specifically, the revisions in this chapter incorporate the changes in jurisdiction described in FECA Bulletin 04-01, which identifies which of the special jurisdiction cases are to remain in the National Operations Office and which ones are to be handled in District Office 9 in Cleveland, OH. Additionally, this chapter incorporates the change in jurisdiction that took effect on February 1, 2003, causing all cases in Maryland in which the claimant's zip code is 21xxx to be transferred to the jurisdiction of District 3 in Philadelphia, PA.

SHARON M. TYLER
 Acting Director for
 Federal Employees' Compensation

FILING INSTRUCTIONS:

<u>Pages</u>		<u>Remove Old Pages</u>		<u>Insert New</u>	
Chapter	Part Pages	Chapter	Pages	Part	
	1	1-0200	i - 6	1	1-0200
	i - 2				

File this transmittal sheet behind the checklist in front of the Federal (FECA) Procedure Manual.

Distribution: List No. 2 - Folioviews Groups A, B, and D (Claims Examiners, All Supervisors, Systems Managers, District Medical Advisers, Technical Assistants, Rehabilitation Specialists, Fiscal Personnel, and Staff Nurses)

OWCP BULLETINS (OB)--INDEX

OW 04-01 Case-specific email transactions

OWCP BULLETINS (OB)--TEXT

OWCP BULLETIN NO. 04-01

Issue Date: May 17, 2004

Expiration Date: May 17, 2005

Subject: Case-specific email transactions

Background: With the increase in the use of email as a means of communication from our customers, it is critical that the office maintain policies that guard against any possible privacy violation and that ensure response to inquiries.

Purpose: To establish clear guidance on when and how email is to be used for communication regarding a specific case file.

Applicability: All OWCP staff, District Medical Advisers, Telephonic and Field Nurses, Rehabilitation Counselors, contractor staff, Second Opinion Examination Contractors.

Action:

Email within the DOL network

1. Email sent from one OWCP employee to another OWCP employee through the ESA wide-area network (WAN) is considered secure. Email to and from on-site contractors who use the ESA network is also considered secure. (ESA owned and properly configured equipment, including dial-up laptops, that accesses the ESA WAN.) As such, reference to the employee's name and case number may be used in the message. No reference to the employee's name and case number should be made in the subject portion of the email.
2. Email sent from an OWCP employee to another DOL employee through the DOL network is also considered secure. As such, reference to the employee's name and case number may be used in the message. No reference to the employee's name and case number should be made in the subject portion of the email.
3. It is important to note that once an email is forwarded to anyone outside the DOL

network, the message is no longer secure. The person forwarding the message is responsible for ensuring that all parts of the forwarded message including the subject line meet the guidelines stated below under the heading Email with non-DOL government agencies and OWCP contractors.

Email with non-DOL government agencies an/or OWCP contractors

1. Email between OWCP and non-DOL government agencies and/or most OWCP contractors, occurs outside the ESA network and therefore security is not guaranteed. As such, any reference to a specific case file must include the case number only. No reference to the claimant's name or SSN should be made in any part of the email message. (This policy does not apply to ACS "threads" which are maintained by ACS through a secured website maintained by ACS).
2. Attachments and email message chains must also be altered to remove reference to the claimant's name or SSN if that email trail is being forwarded outside of DOL. If it is not possible to alter or redact the document or email or it is important that the attachment or email include both the claimant's name and case number or SSN, the information must be password protected (see item 3 below) before it is forwarded outside DOL. Alternatively, it may be mailed or faxed to the appropriate party.

Email with outside parties who are not OWCP contractors

1. Email between OWCP employees and outside parties is outside the ESA network, and therefore does not guarantee security. As such, substantive email responses to outside parties who are not OWCP contractors are prohibited. An acknowledgement email may be sent but reference to any personal identifiers must be removed.
2. If a case-specific email message is received from an outside party, the message should be printed or bronzed for inclusion in the case file. OWCP's response should be made via letter or telephone call. The response should include a statement encouraging the party to write or call with future requests. This will allow the office to better track receipt and response and will ensure the security of the claimant.
3. If an email response is required using claimant's name and case number or SSN, the response must be made in an attached document, not in the body of the transmitting email, and must be password protected before it is sent outside DOL. If this attachment is returned with the original email, the email must be altered to delete all references to all personal identifiers.

This email policy addresses case specific email only. Email may be used to answer general questions without restriction as long as the claimant's personal identifiers are not referenced.

Any information sent via email continues to be subject to the provisions of the Privacy Act and BCT-FY04.nfo

should be released only if appropriate to do so.

Disposition: Retain until the indicated expiration date.

Cecily A. Rayburn
CECILY A. RAYBURN
Director, Division of Planning,
Policy and Standards

Distribution: List No. 1 – All Employees

Creating Password Protected documents in WORD and EXCEL

Once your document has been completed/saved, select Tools on the toolbar.

Select Options.

Click on the Security Tab.

You will see the following:

“File encryption options for this document”

“Password to open: _____”

Type the password you have created.

Click OK.

A dialogue box will appear as follows:

“Reenter password to open: _____”

Retype your password.

Click OK.

Your document is now password protected.

If you are sending this document as an attachment, contact the receiving party and provide the password.

Caution – Once you’ve password protected the document, it is password protected for everyone, including you! It is recommended that you do one of the following: keep a separate list of the passwords you have chosen; keep a second document with the same information and a different file name; or remove the password on your copy once the document has been sent.

To remove a password, open the document, using the password.

Select Tools on the toolbar.

Select Options.

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Click on Security Tab.

You will see the following:

“File encryption options for this document”

“Password to open: *****”

Block and delete the password. (The asterisks are the password.)

When you hit delete, the asterisks should disappear.

Click OK.

The password has been removed.

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