

BCT-FY10

This infobase contains a numerical index of all FECA and OWCP Bulletins, Circulars and Transmittals issued in FY 2007, 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.

[FECA Bulletins \(FB\)--Index](#)
[FECA Bulletins \(FB\)--TEXT](#)

[FECA Circulars \(FC\)--INDEX](#)
[FECA Circulars \(FC\)--TEXT](#)

[FECA Transmittals \(FT\)--INDEX](#)
[FECA Transmittals \(FT\)--TEXT](#)

[OWCP Bulletins \(OB\)--INDEX](#)
[OWCP Bulletins \(OB\)--TEXT](#)

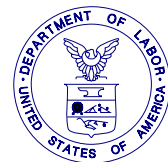
FECA BULLETIN

- 10-01 Compensation Pay: Compensation Rate Changes Effective January 2010.
- 10-02 Compensation Pay - Consumer Price Index (CPI) Cost-of-Living Adjustments for March 1, 2010.
- 10-03 Processing claims for Death Gratuity benefits for deaths covered under section 8102(a) of the Federal Employees' Compensation Act (FECA).
- 10-04- COP (Continuation of Pay) Nurse Intervention Process Updates.

FECA BULLETIN--Text

US Department of Labor

Office of Workers' Compensation
Programs
Division of Federal Employees'
Compensation
Washington, DC 20210



FECA BULLETIN NO. 10-01

Issue Date: January 29, 2010

Expiration Date: January 1, 2011

Subject: Compensation Pay: Compensation Rate Changes Effective January 2010.

Background: On December 23, 2009, the President signed Executive Order 13525 implementing a salary increase of 1.50 percent in the General Schedule basic pay. The applicability under 5 U.S.C. 8112 only includes the 1.50 percent increase in the basic General Schedule. Any additional increase for locality-based pay is excluded. The adjustment became effective at the start of the first full pay period after January 1, 2010.

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

The new rates were effective with the first compensation payroll period beginning on or after January 1, 2010. Thus, for daily roll supplemental payments January 3, 2010 is the specific effective date of the increase. The effective date for the increase of periodic and death roll payments will be January 17, 2010. The new maximum compensation rate payable is based on the scheduled salary of a GS-15, step 10, which is now \$129,517 per annum. The basis for the minimum compensation rate is the salary of a GS-2, Step 1 which is \$20,017 per annum.

The minimum increase specified in this Bulletin is applicable to employees of the U.S. Postal Service.

The effect on 5 U.S.C. 8112 is to increase the payment of compensation for disability claims to:

<u>Effective January 3, 2010</u>	<u>Minimum</u>	<u>Maximum</u>
Weekly	\$288.71	\$1,868.03
Daily (5-day week)	57.74	373.61

<u>Effective January 3, 2010</u>	<u>Minimum</u>	<u>Maximum</u>
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28-Day Cycle	\$1,154.83	\$7,472.13
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The effect on 5 U.S.C. 8133(e) is to increase the monthly pay on which compensation for death is computed to:

<u>Effective January 3, 2010</u>	<u>Minimum</u>	<u>Maximum</u>
Monthly	\$1,668.08	\$8,094.81

Applicability: Appropriate National and District Office personnel

Reference: Memorandum for Executive Heads of Departments and Agencies dated December 23, 2009, and the attachment for the 2010 General Schedule.

Action: The Integrated Federal Employees' Compensation System (iFECS) will update the periodic disability and death payrolls. It should be noted that this adjustment process re-calculates EVERY compensation record from its very beginning to current date. Thus, it may be that minor changes in the gross compensation are noted; this is not necessarily incorrect.

Any cases keyed as "Gross Overrides without CPI" in iFECS will not have a supplemental record or make a separate calculation of additional entitlement. Thus, these gross override cases must be reviewed to determine if adjustments are necessary. If adjustment is necessary, a manual calculation will be required and the case record documented. A notice should be sent to the payee by the District Office, detailing the change in the rate of compensation. All cases keyed as "Gross Overrides with CPI" will be adjusted in the usual manner.

1. Adjustments Dates.

- a. As the effective date of the adjustment was January 17, 2010 for the periodic disability and death rolls, there was no supplemental payroll needed. The February 13, 2010 death and disability payments will include any necessary minimum/maximum compensation adjustments.
- b. The new minimum/maximum compensation rates were available in iFECS on January 25, 2010.

2. Adjustment of Daily Roll Payments. The salary adjustments are not retroactive, so it is assumed that all Federal agencies have ample time to receive and report the new pay rates on claims for compensation filed on or after January 1, 2010. Therefore, it is not necessary to review any of these payments.

However, if an inquiry is received then verification of the pay rate must be secured from the employing agency, and the necessary adjustment applied.

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

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

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

US Department of Labor

Office of Workers' Compensation
Programs
Division of Federal Employees'
Compensation
Washington, DC 20210



FECA BULLETIN NO. 10-02

Issue Date: January 29, 2010

Expiration Date: February 28, 2011

Subject: Compensation Pay - Consumer Price Index (CPI) Cost-of-Living Adjustments for March 1, 2010.

Purpose: To furnish information on the CPI adjustment process for March 1, 2010.

The cost of living adjustments granted to a compensation recipient under the FECA are based on the "Consumer Price Index for Urban Wage Earners and Clerical Workers" (CPI-W) figures published by the Bureau of Labor Statistics (BLS). The annual cost of living increase is calculated by comparing the base month from the prior year to the base month of the current year, with the percentage of increase adjusted to the nearest one-tenth of 1 percent, determining the amount of the CPI increase granted to claimants. 5 U.S.C. 8146(a) establishes the base month for the FECA CPI as December.

December 2008 had a CPI-W level of 204.813 and the December 2009 level was reported by BLS as 211.703. This means that the new CPI increase, adjusted to the nearest one-tenth of one percent, is 3.4 percent. The increase is effective March 1, 2010, and is applicable where disability or death occurred before March 1, 2009. In addition, the new base month for calculating the future CPI is December 2009.

The maximum compensation rates, which must not be exceeded, are as follows:

\$8,094.81 per month
7,472.13 each four weeks
1,868.03 per week
373.61 per day (for a 5 day week)

Applicability: Appropriate National Office and District Office personnel.

Reference: FECA Consumer Price Index (CPI) Amendment, dated January 6, 1981; Bureau of Labor Statistics Consumer Price Index Publication for December 2009 (USDL-10-0011)

Action: National Office Production staff will update the iFECs CPI tables and have all payment records re-calculated when the iFECs system is not in use by District Office personnel. This will occur on or about March 1, 2010. The March 13, 2010 check will include the supplemental CPI payment for the period of

March 1st to March 13th. The following periodic roll check will reflect the updated 28-day amount. Please note that if there are any cases with fixed gross overrides, there will be no supplemental record created. These cases must be reviewed to determine if CPI adjustments are necessary, and if so a manual calculation will be required. If the gross override payment is in fact eligible for annual CPI increases, the payment plate should be adjusted in the iFECS system to pay as a "Gross Override *with* CPI."

1. CPI Minimum and Maximum Adjustments Listings. Form CA-841, Cost-of-Living Adjustments; Form CA-842, Minimum Compensation Rates; and Form CA-843, Maximum Compensation Rates, should be updated to indicate the increase for 2010. Attached to this directive is a complete list of all the CPI increases and effective dates since October 1, 1966 through March 1, 2010, for reference.

2. Forms.

a. All claimants will be provided a notice with their Benefit Statements, indicating the amount of this year's increase. The Treasury will include this notice as a "stuffer card" with every Benefit Statement issued for the March 13, 2010 rolls.

b. If claimants write or call for verification of the amount of compensation paid (possibly for mortgage verification; insurance verification; loan application; etc.), please continue to provide this data in letter form from the district office. Many times a Benefit Statement may not reach the addressee and regeneration of the form is not possible. A letter indicating the amount of compensation paid every four weeks will be an adequate substitute for this purpose.

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

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Attachment

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

COST-OF-LIVING ADJUSTMENTS
Under 5 USC 8146(a)

EFFECTIVE DATE	RATE	EFFECTIVE DATE	RATE
10/01/66	12.5%	03/01/87	0.7%
01/01/68	3.7%	03/01/88	4.5%
12/01/68	4.0%	03/01/89	4.4%
09/01/69	4.4%	03/01/90	4.5%

06/01/70	4.4%	03/01/91	6.1%
03/01/71	4.0%	03/01/92	2.8%
05/01/72	3.9%	03/01/93	2.9%
06/01/73	4.8%	03/01/94	2.5%
01/01/74	5.2%	03/01/94	2.5%
07/01/74	5.3%	03/01/95	2.7%
11/01/74	6.3%	03/01/96	2.5%
06/01/75	4.1%	03/01/97	3.3%
01/01/76	4.4%	03/01/98	1.5%
11/01/76	4.2%	03/01/99	1.6%
07/01/77	4.9%	03/01/00	2.8%
05/01/78	5.3%	03/01/01	3.3%
11/01/78	4.9%	03/01/02	1.3%
05/01/79	5.5%	03/01/03	2.4%
10/01/79	5.6%	03/01/04	1.6%
04/01/80	7.2%	03/01/05	3.4%
09/01/80	4.0%	03/01/06	3.5%
03/01/81	3.6%	03/01/07	2.4%
03/01/82	8.7%	03/01/08	4.3%
03/01/83	3.9%	03/01/09	0.0%
03/01/84	3.3%	03/01/10	3.4%
03/01/85	3.5%		
03/01/86	N/A		

Prior to September 7, 1974, the new compensation after adding the CPI is rounded to the nearest \$1.00 on a monthly basis or the nearest multiple of \$.23 on a weekly basis (\$.23, \$.46, \$.69, or \$.92). After September 7, 1974, the new compensation after adding the CPI is rounded to the nearest \$1.00 on a monthly basis or the nearest \$.25 on a weekly basis (\$.25, \$.50, \$.75, or \$1.00).

Prior to 09/07/74	.08-.34 = .23	Eff. 11/01/74	.13-.37 = .25
	.35-.57 = .46		.38-.62 = .50
	.58-.80 = .69		.63-.87 = .75
	.81-.07 = .92		.88-.12 = 1.00

ATTACHMENT TO FECA BULLETIN NO. 10 - 02

US Department of Labor

Office of Workers' Compensation
Programs
Division of Federal Employees'
Compensation
Washington, DC 20210



FECA BULLETIN NO. 10-03

Issue Date: February 26, 2010

Expiration Date: February 26, 2011

Subject: Processing claims for Death Gratuity benefits for deaths covered under section 8102(a) of the Federal Employees' Compensation Act (FECA).

Background: The National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181, was enacted on January 28, 2008. Section 1105 of P.L. 110-181 amended the FECA, creating a new section 8102(a). The section establishes a new FECA benefit for eligible survivors of federal employees and Non-Appropriated Fund Instrumentality (NAFI) employees who die of injuries incurred in connection with service with an Armed Force in a contingency operation. The new section 8102(a) states that the United States will pay a death gratuity of up to \$100,000 to those survivors upon receiving official notification of the employee's death.

Section 8102(a) states that the United States will pay the death gratuity to the eligible survivors "immediately upon receiving official notification" of an employee's death. The section also contains a retroactive payment provision, stating that the death gratuity will be paid for employees of certain agencies who died on or after October 7, 2001, due to injuries incurred in connection with service with an Armed Force in the theater of operations of Operation Enduring Freedom and Operation Iraqi Freedom.

Purpose: To provide guidance on processing claims filed under section 8102(a) of the Act.

References: Title 5 U.S.C. 8102(a); 20 C.F.R. Part 10.900 - 10.916 (Interim Final Rule and Final Rule); CA-40, (Beneficiary Designation); CA-41, (Claim for Benefits); and CA-42, (Agency's Official Notice of Employee's Death).

Applicability: All National Office staff and District Office claims personnel.

Actions:

1. All claims for benefits under 8102(a) will be processed by the Special Claims Unit in the Cleveland District Office. As a result, all claims for a death gratuity are to be transferred to Cleveland immediately upon receipt. Once received in Cleveland, these cases will be assigned a specific claim number series beginning with DG. A DG claim number will be assigned to each person making the claim. That means that more than one DG claim could be created as the result of one death. This also means that if a claim for a death gratuity is made in an existing FECA case, a new DG claim will be assigned to the death gratuity - distinct from the existing FECA case. If more than one DG claim is filed as the result of one

death, the associated DG cases will be cross referenced in the case file; however, the reference will only be to the other DG case numbers (without names or any other personally identifiable information) and to the decedent. The statute states that the United States will make payment to eligible survivors "immediately upon receiving official notification" of an employee's death.

2. Three new forms were created for processing these claims: the CA-40, Designation of a Recipient of the Federal Employees' Compensation Act Death Gratuity Payment under Section 1105 of Public Law 110-181 (Section 8102a); the CA-41, Claim for Survivor Benefits Under the Federal Employees' Compensation Act Section 8102a Death Gratuity; and the CA-42, Official Notice of Employees' Death for Purposes of FECA Section 8102a Death Gratuity.

3. There are two ways to initiate a death gratuity claim. The employing agency may initiate the process by filing form CA-42 (Official Notice of Employee's Death), or a claimant may initiate the process by filing a claim with the OWCP using form CA-41 (Claim for Survivor Benefits). Each claimant who wishes to claim survivor benefits must file form CA-41. Regardless of which party filed a form initiating the process, forms from the agency and all claimants must be filed with the OWCP. Additionally, the employing agency must submit form CA-40, the designation form completed by the employee prior to death, if such form exists. See section 10.911 of the regulations for further details.

4. In addition to the claim forms needed to initiate the death gratuity payment process, the OWCP must ensure that the employing agency provides as much information as possible about any living survivors or alternate beneficiaries. When this information is received from the agency, the OWCP will attempt to contact any living survivors or alternate beneficiaries and provide them with the CA-41 with instructions on how to file a claim, as provided in section 10.911 of the regulations. Additional documentation (such as marriage certificates and death certificates) will be required and should be requested from the claimant if not submitted with the CA-41 or CA-42.

5. Once the claim forms and supplemental documentation are received, the OWCP will review the claim and make a determination on whether the criteria for payment are established. The claimant bears the ultimate burden in the submission of proof of eligibility, but the employing agency and the OWCP will assist in gathering documentation. The claim and accompanying documentation must be evaluated for timeliness, employee status of the decedent, fact of injury, performance of duty [including death due to a war risk hazard under 8102(b)], and causal relationship just as in other FECA claims. In addition, the evidence must be reviewed in order to determine whether the fatal injury or illness occurred "in connection with the employee's service with an Armed Force in a contingency operation." Examples are provided in section 10.912 of the regulations.

6. Section 8102(a) contains a provision for retroactive payment which allowed the employing agency the option of applying this gratuity to deaths that occurred on or after October 7, 2001 if the death resulted from injuries incurred in connection with an employee's service with an Armed Force in the theater of operations of Operation Enduring Freedom or Operation Iraqi Freedom. As no employing agency chose to opt out of this retroactivity provision during the regulatory process, claims that meet all other eligibility criteria may be paid. When reviewing these claims for a determination on timely filing, note that time cannot begin to run until the Interim Final Rules for filing were published on August 18, 2009, as noted in section 10.912 of the regulations.

7. If the evidence establishes that the employee's death falls within the scope of coverage, taking into account all of the factors listed above, then the OWCP will calculate and distribute the death gratuity. By regulation, the OWCP has determined, for equitable reasons, that every death gratuity will be paid in the amount of \$100,000, minus the amount of any death gratuity payments that have been paid under any other law of the United States based on that same death.

8. Please note that the FECA death benefits payable under section 8133 of the Act do not constitute a

dual benefit and are not, therefore, deducted from the \$100,000 payment made under section 8102(a).

a. All federally paid death gratuities paid at the time that the OWCP dispenses the FECA death gratuity must be deducted to offset the amount available for payment. The employing agency is required to provide information about other death gratuities. For example, if the \$10,000 death gratuity benefit payable under Public Law 104-208 (which authorizes payment of up to \$10,000 to survivors of employees who died in the line of duty on or after August 2, 1990) has been paid, it constitutes a dual benefit that must be offset and only \$90,000 of the FECA death gratuity may be paid. As certain agencies have death gratuities that pay a full year's salary, there will be instances where no FECA death gratuity is payable. See section 10.916 of the regulations for further information.

b. If the information of record indicates that there may be a death gratuity benefit which has been paid for the same death, that death gratuity benefit amount will need to be deducted from the \$100,000 payable under 8102(a) of the FECA. The OWCP should request information from the agency in writing about any such payment and request a response within 20 days. (The employing agency is also required to provide information about any other death gratuity benefits on the DG forms.) When all other development has been completed, the OWCP will notify the agency in writing that payment will be made 14 days from the date of the OWCP's letter based on the evidence of record and payments made on that date. As the statute and regulations anticipate expeditious processing of all FECA death gratuity claims, offset can only be applied for other death gratuity payments that have been made. If no further information is received, the OWCP will proceed with payment of the \$100,000. If an agency pays a death gratuity subsequent to the OWCP's issuance of payment of the FECA death gratuity, such a payment does not create an overpayment of FECA compensation.

9. The order of precedence is set forth in section 10.907 of the regulations as follows:

- (a) Employee's surviving spouse;
- (b) Employee's children, in equal shares;
- (c) Employee's parents and siblings or any combination of them if designated by the employee pursuant to designation procedures; OR
- (d) Employee's parents, in equal shares; and THEN
- (e) Employee's brothers and sisters, in equal shares

10. In addition to the survivors defined above, an employee can designate an alternate beneficiary or beneficiaries to receive up to 50 percent of the death gratuity, as described in section 10.908 of the regulations. The alternate beneficiary can be any person and is separate from the order of precedence set forth above. In order for the alternate beneficiary provision to be effective, the employee must have completed Form CA-40 with the alternate beneficiary designation fully and completely prior to death and the employing agency must have completed their portion of the form. (See regulations for changes in the order of precedence.)

11. Once the apportionment has been established and payments made to the eligible survivors, a letter should be sent to each beneficiary with an explanation of the benefits they are receiving. Where benefits are denied or the beneficiary disagrees with an OWCP determination, a formal decision with appeal rights should make findings of fact and explain the reason for the denial. Consult the National Office as questions arise.

12. Definitions (refer to sections 10.900, 10.901 and 10.906 of the regulations for more detailed definitions):

Armed Forces - We have adopted the same definition of "Armed Forces" as found in 10 U.S.C. 101(a)(4): Army, Navy, Air Force, Marine Corps and Coast Guard. Contingency Operation - The first part of this definition is a "military operation that is designated by the Secretary of Defense as an operation in which members of the Armed Forces are or may become involved in military actions, operations, or hostilities against an enemy of the United States or against an opposing military force." The second part of this definition includes any "military operation that results in the call or order to active duty members of the uniformed services during a war or national emergency declared by the President or Congress." Note that this includes humanitarian and peacekeeping operations. Employee - In addition to the definition found in section 8101 of the FECA, NAFI employees are covered under the new death gratuity. Beneficiaries - The statutory definitions of survivors in the new section 8102(a) differ from the existing definitions of the same terms in FECA at 5 U.S.C. 8101. A surviving spouse is defined as "the person who was legally married to the deceased employee at the time of his or her death." The definition of children includes all of the employee's natural children, adopted children, and some stepchildren without regard to age, marital status, or dependency on the employee. Parent includes parents through adoption and persons who stood in loco parentis in accordance with regulatory requirements. The employee's brothers and sisters as well as half-siblings and siblings through adoption are survivors. Step-siblings are not included.

Disposition: Retain until incorporated into the FECA Procedure Manual.

DOUGLAS C. FITZGERALD
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)

US Department of Labor

Office of Workers' Compensation
Programs
Division of Federal Employees'
Compensation
Washington, DC 20210



FECA BULLETIN NO. 10-04

Issue Date: September 10, 2010

Subject: COP (Continuation of Pay) Nurse Intervention Process Updates.

Background: OWCP has been using COP Nurses (CNs) during the 45-day COP period for many years, but the CN process is being updated to allow quicker assignment and more efficient follow up to aid in more effective disability management. The revised CN processing guidelines have new components for the Staff Nurse (SN), Claims Examiner (CE) and CN. Several updates have been made in iFECs to facilitate these changes, effective with the iFECs release in September, 2010.

Purpose: To provide guidance to claims staff, Employing Agencies (EA) and SNs on the revised COP Nurse Intervention Process.

Applicability: All National Office staff and District Office claims personnel, Staff Nurses and Rehabilitation Specialists.

Actions:

1. **Assignment of a CN.** CNs will be assigned earlier and have a more proactive, in-depth role during the COP period. Beginning with the iFECs release in September, 2010, all cases will be eligible for automatic assignment 7 days after the claimant stops work. This information is taken from the data contained on the CA-1. (Currently, a case does not automatically become eligible for a COP nurse assignment unless the claimant has stopped work for at least 15 days and has not returned to work.) The case will actually show up for assignment by the SN on day 8. Once assigned, the EA will be able to see in the Agency Query System (AQS) that a CN has been assigned. Once the CN's case is closed, the EA will be able to see that closure status and date.

Note: If a return to work date has been entered into iFECs prior to the data run on the night of day 7, the case will not be eligible for assignment of a CN.

2. **Reporting a Return to Work (RTW).** If the claimant returns to work, the EA can report this to OWCP in one of two ways, via electronic CA-3 or phone call. The electronic CA-3 is the preferred method.

Electronic CA-3 – A CA-3 reporting a claimant's RTW can be submitted electronically to OWCP. Upon receipt of a CA-3 reporting a RTW, the case will be flagged until the CA-3 is reviewed and the RTW date is approved or rejected as being accurate.

Phone Call - If a claimant returns to work after the CA-1 has already been submitted, but prior to assignment of a CN, the EA can call the appropriate district office to report the RTW if the EA is unable to transmit an electronic CA-3. The person taking the call at the district office should immediately update the RTW field on the Work Status tab in the Case Maintenance application in iFECs so that a COP nurse is

not assigned. A report of the telephone call (CA-110) should be created and placed into the imaged case file; however, a telephone message should not be sent to the CE for action at a later date since the information needs to be entered on the day it is received.

3. Recording a RTW date in iFECS. The Case Maintenance application in iFECS has a RTW field on the Work Status tab as noted above. A new RTW section has also been added to this tab, titled CA3/COP RTW. This new section will record a RTW date taken from the submission of an electronic CA-3 during the COP period. The CA-3 status though will be blank, and the CA-3 RTW date is considered pending until reviewed by the CE (or any claims personnel) or the SN. Once the CA-3 has been reviewed, and the date has been approved as accurate or rejected, the user ID of the person who made the decision will appear, along with the updated status (Approve or Reject).

a) A user can make this decision directly in the Case Maintenance application by clicking the box for either Approve or Reject, or while indexing the CA-3 as described below.

b) If an electronic CA-3 is submitted from an EA, it will show up in the CE's unreviewed mail. If the CA-3 is submitted during the COP period, a new workflow will be triggered during the indexing process. While indexing this document, the CE will be presented with a new dialog box. The dialog box will present the CE with three options: Approve, Reject or Postpone. The CE has to make a selection between these three options before moving on. If while indexing that CA-3, the CA-3 RTW date has already been approved or rejected by someone else, the CE gets no prompt and will index the document in the usual manner.

Approve – The CE will click this option if everything on the CA-3 looks accurate and there are no obvious problems with the RTW date provided. If the RTW date is approved, it will be recorded in Case Maintenance, without the actual application opening.

Reject - The CE will click this option if the information on the form seems to be incorrect, e.g. there is a RTW date listed, but the EA indicates in the comment field that the claimant was scheduled to return on that date but did not do so. If the CA-3 RTW date is rejected, it will be recorded in Case Maintenance, without the actual application opening.

Postpone – The CE will click this option if the choice is not clear and the CA-3 needs to be reviewed more carefully to make a determination. The CE may need to review the case documents and/or make a call to the EA before approving or rejecting the date. If the CE chooses Postpone, no change will take place in Case Maintenance and the case will remain flagged in the system awaiting a decision on the CA-3 RTW date. The CA-3 RTW date will remain pending in Case Maintenance. When the CE does make a decision on the CA-3 RTW date at a later time, the CE will have to choose the Approve or Reject option in Case Maintenance.

c) While a decision on the CA-3 is pending, the case is flagged as ineligible for CN assignment. The SN will see a flag next to the case in the COP Nurse Assignment screen in iFECS. The SN may at that time review the CA-3 and approve or reject the RTW date, or the SN may wait for the CE or other claims personnel to make that decision. (This process may vary by district office or staff availability.) If the RTW date is approved, the case will no longer be eligible for assignment to a CN. If the RTW date is rejected, the flag in the COP Nurse Assignment screen will disappear, making the case eligible for assignment to a CN.

4. COP Nurse Actions. The CN will be using a new application in iFECS called COP Case Processing. He or she will also have "view only" access to the Imaging and Case Maintenance applications but will be able to enter information into the new COP Case Processing application.

Once assigned, the CN will see the new case requiring action, along with other open cases and cases requiring follow up action. He or she will update the record with all contact information, RTW dates, etc. in the COP Case Processing application. CNs will be expected to take the following actions and record the information in the activity log portion of COP Case Processing in iFECS:

- a) Make contact with the claimant, EA, and attending physician's office or other medical providers as appropriate.
- b) From the claimant, obtain a brief history of injury, history of treatment and current work status, as well as attending physician contact information.
- c) From the EA, confirm work status and find out if light duty is available.
- d) From the attending physician's office, obtain verbal history of treatment and expected treatment plan, and provide OWCP's mailing address for submission of reports and ACS contact information to be used should the claim be approved. The CN should also advise whether job accommodations can be made based on the contact with the EA, and, if appropriate, provide a form CA-20, Attending Physician's Report, requesting that it be completed and submitted to OWCP.
- e) The CN should also make recommendations about assignment of a Field Nurse (FN).

Both the CE and the SN will be able to see the actions taken by the CN at any time during the period of assignment by clicking on a new COP Activity Log icon in Case Maintenance.

Once the CN has obtained the required information, the case will be submitted for approval to the SN. It will then be considered a "pending closure" and will be placed into a queue for review by the SN. After the SN reviews the Activity Log, the SN will approve or reject the closure. If the closure is rejected, e.g. information is missing, the case is returned for review by the CN. If the SN approves the closure, the CN's bill is automatically sent for processing and the COP Nurse Closure report is automatically generated. The SN will then electronically image the COP Nurse Closure report into the case file.

If a CA-3 with a RTW is received during this period, the COP Nurse case will be locked and the CN can not make further entries into the COP Activity Log. If the CA-3 RTW date is approved as accurate, the case will be closed (whether the CN has taken any actions or not). If the CA-3 RTW date is rejected, the case will be unlocked and the CN can proceed.

5. COP Nurse Timeframes. The CN should obtain the necessary information, as outlined above, and submit a closure report within 7 days. There is a limited amount of flexibility with this 7-day timeframe. If the CN has determined that the claimant will be returning to work within the following week, and the specific contact information supporting a definitive return to work date has been added to the Activity Log, the COP Nurse case can be held open beyond the 7-day window to verify and report that RTW date and status. CN closure, even with this kind of limited extension, should occur though no later than 14 days after assignment.

6. COP Nurse Reports. The COP Nurse Closure reports have been updated. The information will be pulled directly from the information entered by the CN in the iFECS COP Nurse Activity Log. These reports will look different depending on the closure code. The COP closure code and date, as well as RTW information, will be clearly visible. Other pertinent information, depending on the closure type, will also be viewable.

7. COP Nurse Closure Codes. The closure codes have been expanded to allow for closures based on the CN, actions taken by the CE, or information approved from a CA-3. The complete list of closure codes is below:

9A	COP Case Closed – Case Accepted
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9B	COP Case Closed by CE with FT/LD RTW (Full Time Light Duty)
9C	COP Case Closed by CE with FT/RD RTW (Full Time Regular Duty)
9D	COP Case Closed – Case Denied
9E	COP Case Closed by CE with PT RTW (Part Time)
9F	COP Case Closed Using CA-3 with FT/RD RTW
9G	COP Case Closed Using CA-3 with FT/LD RTW
9H	COP Case Closed – Emergency Hospitalization
9K	COP Case Closed Using CA-3 with PT RTW
9L	COP Case Closed by Nurse with FT/LD RTW
9N	COP Case Closed - No RTW
9O	COP Case Closed - Claimant Not Cooperating
9P	COP Case Closed by Nurse with Part-time RTW
9R	COP Case Closed by Nurse with FT/RD RTW
9S	COP Case Closed – Surgery Imminent
9T	COP Case Closed – Catastrophic Case
9U	COP Case Closed - RTW Unknown
9X	COP Case Closed – Stopped Work > 45 days
9Y	COP Case Closed Using CA-3 – RTW without status

8. **CE Actions Upon CN Closure.** Upon receipt of a COP Nurse Report indicating no RTW, only partial RTW or some other pending issue, the CE should take two primary actions: adjudication (or development) should be expedited if possible and assignment of a FN should be considered.

9. **Case Adjudication.** Any closure code that denotes less than a full-time RTW will flip an administratively closed case to UN so that it can be adjudicated. Since FNs are not assigned to unadjudicated cases, the CE should attempt to expedite the adjudication process in these claims where the claimant has not RTW in a full-time capacity. If the claim cannot be accepted upon first review, development should be undertaken. The claimant will be afforded 30 days to submit necessary evidence but the claim should be monitored during that 30-day period so that it can be accepted as soon as the proper supporting documentation is received. The OQS2 reports for unadjudicated traumatic injury and reopened c-closure cases have been updated with new fields to enable the CEs to monitor these cases more easily, as outlined in #11.

10. **Field Nurses.** Each case is unique, but in most instances, if the case is accepted and the claimant has not RTW in a full-time capacity, the case should be referred for FN assignment promptly after acceptance, even if the COP period has not elapsed. A FN may also be assigned if the claimant has returned to work full time, light duty.

If the FN is assigned after a CN assignment, the DM (Disability Management) record will already exist for QCM (Quality Case Management) actions. Once 45 days from the date of injury (DOI) have elapsed, if no RTW full-time code has been entered in DM, the status code TCQ (QCM-Triage to QCM-Open) is auto populated via a nightly run and the category changes to QCM Open. The Start date and Track date are

populated with the date the record is changed to QCM Open. If the claimant returns to work before the 45 days from DOI have elapsed, entry of the RTW information in DM tracking inputs the TRC status code (Closed -Triage with RTW during COP) and changes the category to QCM Resolved Triage. Offices will either need to close the FN or open a new DM record in order to follow a light duty RTW with a FN.

11. **Online Query System (OQS2) Reports.** New report capabilities have been created and some existing reports have been updated to better manage cases during this process.

CE3/CE4 and M23 – Traumatic Injury Cases UN/UD

These reports still list UN/UD (undecided) Traumatic Injury cases along with the age of the case as they do currently; however, a new data column has been added to show the COP Closure Description, if there is one. The report will also be broken into 2 sections. Cases with a COP Closure Code indicating less than a full-time RTW will be listed in the top section, by age, and the bottom portion of the report will list all other UN/UD Traumatic Injury cases by age that do not have a COP Closure Code or have a COP Closure Code indicating that the claimant has returned to work full time. The age data on the report has not changed; the report structure has only been modified to allow the CEs to more easily focus attention on the cases where the claimant is losing time from work.

CE19 and M17 – Reopened LT/NLT Closures Unadjudicated

These reports still list UN/UD c-closure cases, by age, that have been reopened and are awaiting adjudication. CN cases closed with a closure code indicating no RTW or a RTW of less than full time will flip open and appear on this report for adjudication. The report will show the “Reopen Reason” as COP Nurse Closed – No Full-Time RTW.

CE20 – Pending CA-3 During COP Period

This is a new report. This report lists all cases with a pending CA-3 reporting a RTW date during the COP period. The cases will show on this list as soon as they are received and will remain on the report until the RTW date has been approved or rejected. Once the RTW date has been approved or rejected, the case will drop from this list. CEs will likely approve or reject the date while indexing mail; however, this report will enable CEs to find the cases in which they decided to “postpone” the decision while indexing mail.

CE21 – Closed COP Cases

This is a new report. This report will list cases during an identified period for a specific CE, a unit or the office. The user can enter a particular closure code, a set of specific codes, or retrieve all closure codes during a period. This report can be used to follow up on cases by the closure type. The report may also be used to find cases in which the closure code entered indicates only a light duty RTW.

12. **NRTS Reports** – Two new NRTS reports have also been created for use by the SN to better manage the cases during this process.

Closed COP Cases – This is a new report, similar to the CE21 report in OQS2. This report will allow the user to obtain CN cases that were closed within a given time period by a particular closure code or a set of specific codes, or obtain all closures within the given period.

Overdue COP Cases – This is a new report. This will show all CN cases that are overdue (beyond 7 days old) and have not yet been closed. Cases that the CN has closed that have not yet been reviewed by the SN (pending closures) will not appear on this report. There is a column in the report that will show how many days the CN case is overdue.

13. **Tasks.** New tasks, viewable in the users Workload Organization Window (WOW), have also been created to assist the CEs and SNs with case management.

CA-3 form should be reviewed - This task will appear for any case with a pending CA-3 reporting a RTW date during the COP period and it will appear on the WOW of the Responsible Claims Examiner (RCE). The task will appear in the WOW as soon as a CA-3 is received and will remain until the RTW date has been approved or rejected. The age column in the WOW shows the task age, and the due date for the task is 3 days later. If the user double-clicks on the task, the Imaging application will open and display the case. Once the RTW date has been approved or rejected (either when indexing the CA-3 or in Case Maintenance), the task will be automatically deleted. CEs will likely approve or reject the RTW date while indexing; however, this task will remind the CE to make a decision on any case where the CE decided to "postpone" the decision while indexing mail.

No COP activity for at least 4 days - This task will appear on the SN's WOW for any case where the CN has not made any entries to the activity log for 4 days. For instance, if the CN takes an action on the case on the day the case is assigned, but then takes no action after that for 4 days (as evidenced by no new entries in the activity log), this task will be created. The age column in the WOW shows the task age (not the COP Nurse case age), and the due date for the task is 3 days later. If the user double-clicks on the Task, NRTS will open and display the case data. The task is deleted when the CN takes any action on the COP case or when the COP case is closed. Note – this task will also appear on the WOW of the CE, but no action is required by the CE.

Disposition: Retain until the procedures noted here are incorporated into the FECA Procedure Manual.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation
Attachments:

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 CIRCULARS

- 10-01 Guidance for claims filed as a result of the 2010 Decennial Census
- 10-02 Current Interest Rates for Prompt Payment Bills and Debt Collection
- 10-03 Bill Pay - Revision in the Reimbursement Rates Payable for the Use of Privately Owned Automobiles Necessary to Secure Medical Examination and Treatment
- 10-04 Dual Benefits - FERS Cost of Living Adjustments
- 10-05 Early disability management in 2010 Decennial Census claims
- 10-06 Overpayments in cases where lesser impairment is established after a schedule award has been paid for greater impairment.

FECA CIRCULARS--text

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FECA CIRCULAR 10 - 01

January 15, 2010

SUBJECT: Guidance for claims filed as a result of the 2010 Decennial Census

This circular is intended to provide instructions for calculating pay rates, determining Continuation of Pay (COP) entitlement, and understanding third party subrogation for claims filed by employees of the Department of Commerce as a result of the 2010 Decennial Census. While this information is not new, it is being provided so that claims staff can consistently apply the rules and regulations in these cases.

Background:

The Department of Commerce is responsible for conducting the Decennial Census and employs enumerators and crew leaders to gather statistical data through interviews with property residents. The Bureau of the Census expects to hire approximately one million individuals with temporary appointments not to exceed 180 days. These employees will work an average of 84 hours during a four to five week period, one week of which will be training. The peak employment period is April through June 2010.

Pay Rates:

Information pertaining to the 2010 Decennial Census has been updated in FECA PM Chapter 2-0900-12 and Chapter 2-0901-9 to reflect current work patterns. The current work schedule has been determined to be 4.5 hours per day, 4 days per week.

All positions, including enumerators, crew leaders and clerks are paid on an hourly basis. Below are the hourly wage rates for enumerators, crew leaders and clerks:

Enumerator:	\$10.93 to \$22.10
Crew Leader:	\$12.43 to \$23.60
Clerk:	\$ 8.20 to \$15.82

Where disability does not exceed 90 days, compensation should be paid on a daily basis in accordance with section 5 U.S.C. 8114(c).

Where disability extends beyond 90 days and the claimant had similar employment during the year prior to the injury, compensation should be paid in accordance with section 5 U.S.C. 8114(d)(1) and (2). If this is not applicable, compensation should be paid on a weekly basis using the following formula: 150 x the actual daily wage divided by 52 (the actual daily wage should be determined by multiplying the hourly pay rate by 4.5 hours).

Any questions regarding pay rates may be referred to the Bureau of Census, Demographic and Decennial Staff, at (301) 763-9620.

COP:

Census workers are civil employees of the Federal government and are included under the COP provisions of 5 U.S.C. 8118; therefore, COP should be determined and calculated in the usual fashion in most instances. However, due to the shorter period of employment for most of these employees, there are a few regulatory provisions to keep in mind.

20 C.F.R. 10.220(d) provides that "an employer shall continue the regular pay of an eligible employee without a break in time for up to 45 calendar days, except when, and only when...the injury was not reported until after employment has been terminated." The employment termination date must be supported by official documentation in the file, such as an SF-50 (or equivalent).

20 C.F.R. 10.222(a)(5) provides that "where the employer has continued the pay of the employee, it may be stopped only when at least one of the following circumstances is present...(5) The employee's period of employment expires or employment is otherwise terminated (as established prior to the date of injury)." The Census Bureau can therefore terminate COP if an SF-50 (dated prior to the date of injury) reflects that the employment would end on a specific date. The key here though is that the SF-50 (or equivalent) must be dated prior to the date of injury.

Also, the Census Bureau sometimes enters into contracts with state, county and city governments to conduct various types of surveys. Most of the workers are hired for very short periods of time, and they are paid directly by the local entity conducting the study. It has been determined that they are not eligible for COP.

Third Party:

Because of statutory confidentiality requirements, Census workers (enumerators and field representatives) cannot file third party claims against home owners or the owners of business establishments unless there is a deliberate act by the resident or owner. Census workers are required by 13 U.S.C. 9(a)(2) to maintain the confidentiality of information provided by a resident or establishment, and are subject to criminal penalties including imprisonment under 13 U.S.C. 214 for the release of information protected by 13 U.S.C. 9. For this reason, it has been determined that OWCP will not require a Census enumerator or field representative who is injured on the private property of the resident or interviewee to pursue a third party claim against the resident or owner. The Bureau of Census has therefore been instructed to answer "no" on the Form CA-1 in response to the question regarding third party liability. The CE should therefore not release the CA-1045 in most instances.

There are only a few exceptions to this rule. If the CE confirms with the Bureau of the Census that the injury was the result of a deliberate act by a resident, or the injury was sustained in transit between interview sites in such a way that the Census worker can maintain confidentiality, the CE should proceed with the release of the CA-1045. For a more detailed discussion, see Federal FECA Procedure Manual at 2-1100-7(a)(3) and FECA Bulletin 99-30, issued August 30, 1999.

Pilot Programs:

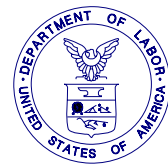
Because of the intensive effort involved in the 2010 Census and the need to facilitate quick action on these cases, DFEC and the Bureau of Census are piloting expedited case file access and early nurse referral on a limited basis in order to assess the efficacy of such efforts in improving outcomes for injured employees.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

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

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**FECA CIRCULAR 10-02
2010**

January 29,

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

The interest rate to be assessed for the prompt payment bills is 3.25 percent for the period of January 1, 2010 through December 31, 2010. This new rate has been updated in the Central Bill Payment system tables.

The rate for assessing interest charges on debts due the government has also been changed. The interest rate for assessing interest charges on debts due the government is now 1.0 percent for the period of January 1, 2010 through December 31, 2010.

Ordinarily, the rate of interest charged on debts due the U.S. 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 more than two percent. The rate will be reviewed on July 1, 2010 to determine if the Treasury has changed the rate.

Attached to this Circular is an updated listing of both the Prompt Payment and Debt Management interest rates from January 1, 1985 through the current date.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Attachments

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

PROMPT PAYMENT INTEREST RATES

1/1/10 – 12/31/10	3 ¼%		
7/1/09 – 12/31/09	4 7/8%	7/1/99 - 12/31/99	6½%
1/1/09 – 12/31/09	5 %	1/1/99 - 6/30/99	5.0%
7/1/08 – 12/31/08	5	7/1/98 - 12/31/98	6.0%
1/1/08 – 6/30/08	4¾%	1/1/98 - 6/30/98	6¼%
7/1/07 – 12/31/07	5¾%	7/1/97 - 12/31/97	6¾%
1/1/07 – 6/30/07	5¼%	1/1/97 - 6/30/97	6%
7/1/06 – 12/31/06	5¾%	7/1/96 - 12/31/96	7.0%
1/1/06 – 6/30/06	5%	1/1/96 - 6/30/96	5%
7/1/05 – 12/31/05	4½%	7/1/95 - 12/31/95	6%
1/1/05 – 6/30/05	4¼%	1/1/95 - 6/30/95	8%
7/1/04 – 12/31/04	4½%	7/1/94 - 12/31/94	7.0%
1/1/04 – 6/30/04	4.0%	1/1/94 - 6/30/94	5½%
7/1/03 – 12/31/03	3%	7/1/93 - 12/31/93	5%
1/1/03 – 6/30/03	4¼%	1/1/93 - 6/30/93	6½%
7/1/02 – 12/31/02	5¼%	7/1/92 - 12/31/92	7.0%
1/1/02 - 6/30/02	5½%	1/1/92 - 6/30/92	6%
7/1/01 – 12/31/01	5%	7/1/91 - 12/31/91	8½%
1/1/01 - 6/30/01	6%	1/1/91 - 6/30/91	8%
7/1/00 - 12/31/00	7¼%	7/1/90 - 12/31/90	9.0%
1/1/00 - 6/30/00	6¾%	1/1/90 - 6/30/90	8½%
7/1/89 - 12/31/89	9%		
1/1/89 - 6/30/89	9¾%		
7/1/88 - 12/31/88	9¼%		
1/1/88 - 6/30/88	9%		
7/1/87 - 12/31/87	8%		
1/1/87 - 6/30/87	7%		
7/1/86 - 12/31/86	8½%		
1/1/86 - 6/30/86	9¾%		
7/1/85 - 12/31/85	10%		
1/1/85 - 6/30/85	12%		

DEBT MANAGEMENT INTEREST RATES

1/1/10 – 12/31/10 1%

1/1/09 – 12/31/09 3%

7/1/08 – 12/31/08 3%

1/1/08 – 6/30/08 5%

1/1/07 – 12/31/07 4%

7/1/06 – 12/31/06 4%

1/1/06 – 6/30/06 2%

1/1/05 – 12/31/05 1%

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 01/01/84 Not Applicable

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**FECA CIRCULAR 10-03
2010**

Issue Date: January 29,

Expiration Date: December 31, 2010

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

Background: Effective January 1, 2010, the mileage rate for reimbursement to Federal employees traveling by privately-owned automobile *reduced* to 50 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, Part5, Benefit Payments, Federal (FECA) Procedure Manual and 5 USC 8103.

Action: The Central Bill Pay (CBP) facility has updated their system to reflect the new rates. Since there is no action required at the District Office level, the rates are being provided for informational purposes only.

The following is a list of the historical mileage rates used to reimburse claimant travel expense:

01/01/1995 – 06/06/1996 30.0 cents per mile
06/07/1996 – 09/07/1998 31.0 cents per mile
09/08/1998 – 03/31/1999 32.5 cents per mile
04/01/1999 – 01/13/2000 31.0 cents per mile

01/14/2000 – 01/21/2001 32.5 cents per mile
01/22/2001 – 01/20/2002 34.5 cents per mile
01/21/2002 – 12/31/2002 36.5 cents per mile
01/01/2003 – 12/31/2003 36.0 cents per mile
01/01/2004 – 02/03/2005 37.5 cents per mile
02/04/2005 – 08/31/2005 40.5 cents per mile
09/01/2005 – 12/31/2005 48.5 cents per mile

01/01/2006 – 01/31/2007 44.5 cents per mile
02/01/2007 – 03/18/2008 48.5 cents per mile
03/19/2008 – 07/31/2008 50.5 cents per mile
08/01/2008 – 12/31/2008 58.5 cents per mile
01/01/2009 – 12/31/2009 55.0 cents per mile
01/01/2010 – Current 50.0 cents per mile

Disposition: This Bulletin should be retained in Chapter 5-0204, Principles of Bill Adjudication, Federal (FECA) Procedure Manual.

Douglas Fitzgerald
Director for
Federal Employees' Compensation

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

US Department of Labor

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FECA CIRCULAR 10-04

January 29, 2010

SUBJECT: Dual Benefits - FERS Cost of Living Adjustments

For the first time since the enactment of Cost-of-Living (COLA) increases in 1975, there will not be a raise in the benefits issued by the Social Security Administration (SSA) for 2010. This is due to the fact that there was no increase in the *Consumer Price Index for Urban Wage Earners and Clerical Workers* (CPI-W) from the third quarter of 2008 to the third quarter of 2009, as reported by the Bureau of Labor Statistics. The CPI-W percentage of increase sets the amount of the SSA COLA, so the lack of increase results in no increase to SSA benefits.

Since there is no increase to account for, there will be no change to the amounts currently being offset for Federal Employees' Retirement System (FERS) Dual Benefits deductions.

The historical SSA cost of living adjustments are as follows:

12/01/2009 – 11/30/2010	0.0%
12/01/2008 - 11/30/2009	5.8%
12/01/2007 - 11/30/2008	2.3%
12/01/2006 - 11/30/2007	3.3%
12/01/2005 - 11/30/2006	4.1%
12/01/2004 - 11/30/2005	2.7%
12/01/2003 - 11/30/2004	2.1%
12/01/2002 - 11/30/2003	1.4%
12/01/2001 - 11/30/2002	2.6%
12/01/2000 - 11/30/2001	3.5%
12/01/1999 - 11/30/2000	2.4%
12/01/1998 - 11/30/1999	1.3%
12/01/1997 - 11/30/1998	2.1%
12/01/1996 - 11/30/1997	2.9%
12/01/1995 - 11/30/1996	2.6%
12/01/1994 - 11/30/1995	2.8%

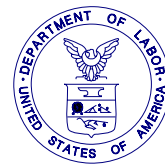
DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Distribution: List No. 1 – FolioViews Groups A, B and D (Claims Examiners, All Supervisors, District

Medical Advisors, Systems Managers, Technical Assistants, Rehabilitation Specialists, Staff Nurses and Fiscal Personnel)

US Department of Labor

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FECA CIRCULAR 10-05

Issue Date: March 24, 2010

Expiration Date: March 24, 2011

Subject: Early disability management in 2010 Decennial Census claims.

Background: The Department of Commerce is responsible for conducting the Decennial Census and employs enumerators and crew leaders to gather statistical data through interviews with property residents. The Bureau of the Census expects to hire approximately one million individuals with temporary appointments not to exceed 180 days. These employees will work an average of 84 hours during a four to five week period, one week of which will be training. The peak employment period is April through June 2010. Because of the large number of temporary workers being hired, there will not necessarily be limited duty positions available for those who are injured on the job. OWCP is therefore piloting a new early disability management process that will attempt to return these temporary employees to suitable work quickly and appropriately.

Purpose: To provide guidance to claims staff, Staff Nurses and Rehabilitation Specialists on early disability management in Census claims under the pilot project.

Applicability: All National Office staff and District Office claims personnel, Staff Nurses and Rehabilitation Specialists.

Actions:

1. **The assignment of nurses** will be handled differently under this pilot project. COP nurses will be assigned earlier and have a more in-depth role in the management of the Census claims. Currently, a case does not automatically become eligible for a COP nurse assignment unless the claimant has stopped work for at least 15 days and has not returned to work. Beginning with the iFECS release on March 29, 2010, Census cases will be eligible for automatic assignment 7 days after the claimant stops work. The case will actually show up for assignment on day 8. The Staff Nurse (SN) should assign all COP cases on a daily basis.

Census will not be using the CA-3 to report a return to work (RTW); therefore, if a claimant returns to work after the CA-1 has already been submitted, Census will call the appropriate district office to report the RTW. The person taking the call should immediately update the RTW field in iFECS so that a COP nurse is not assigned. A telephone message (CA-110) should not be sent since the information needs to be entered on the day it is received; however, a closed CA-110 should be created documenting the call and return to work date. Entering a RTW date (prior to the data run on the night of day 7) will prevent the case from showing up as eligible for assignment on day 8.

Beginning with the March 29, 2010 iFECS release, agencies will be able to see that a COP nurse has been assigned to one of their cases by checking for a new flag in the Agency Query System (AQS).

It is possible that a claimant may stop work after the CA-1 has already been submitted, which makes that case ineligible for automatic COP nurse assignment. In these cases, Census can request that a nurse be assigned (after checking AQS to verify that a COP nurse has not already been assigned). The Field Nurse (FN) [or Telephonic Case Manager (TCM) if a FN cannot be assigned] is the available option at that point, if the case has been or can be accepted.

If the following criteria are met, Census may ask for a nurse assignment:

- The claimant is currently out of work and there is no projected RTW date, or the projected RTW date is at least 1 week into the future; or
- The claimant has been released to light duty but no light duty is available.

If these criteria have been met, Census will contact the applicable office via fax with a standardized request. The request submitted by the Census will contain the following information:

- Claimant information to include name, case number and date of injury (DOI);
- RTW information – date stopped work and anticipated RTW date, or an indication that no anticipated RTW date has been provided;
- Agency contact person and telephone number; and
- Whether light duty is available and if so how many hours and the type.

Each district office will determine the best way to channel these requests for the most effective use of resources in that particular office, but one contact person will be established for each office. That contact person will receive the faxed requests and track them to be sure that appropriate actions are taken.

The first step is to expedite adjudication.

2. **COP Nurses** will be expected to do more than just obtain RTW dates and close the case. In these cases, the COP nurse will be expected to take the following actions:

- a) Make contact with the claimant, employing agency and physician's office.
- b) From the claimant, obtain a brief history of injury, history of treatment and current work status, as well as attending physician contact information.
- c) From the agency, confirm work status, find out if light duty is available, and confirm the date the claimant's position was expected to end.
- d) From the attending physician's office, obtain verbal history of treatment and expected treatment plan, and provide OWCP address for submission of reports and ACS contact information to be used should the claim be approved. The nurse should also advise whether job modifications can be made, and, if appropriate, fax a CA-20 requesting that it be completed and submitted to OWCP.
- e) The COP nurse will also make recommendations about assignment of a FN.

Once a COP nurse has been assigned, he or she will have 7 days to submit a closure report. Two new Census COP reports will be used for this purpose (one for RTW cases and one for cases with no RTW). These reports contain fields for information that the COP nurse is expected to obtain.

After obtaining this information, the COP Nurse should close the case, complete the report, and submit it to OWCP within 7 days of assignment. Upon receipt of a COP nurse report indicating no RTW, only partial RTW, or some other pending issue, OWCP will take two primary actions: 1) Claims will expedite adjudication of the case, and 2) The SN will assign a FN earlier than usual.

Each district office must determine the most effective way of communicating the COP nurse report findings to the assigned Claims Examiner (CE) so that appropriate action can be taken.

3. **Case adjudication** will need to be expedited in these claims so that a FN can be assigned as early as

possible (when appropriate). If the claim cannot be accepted upon first review, development should be undertaken immediately. The claimant will be afforded the normal 30 day period to submit evidence but the claim should be monitored during that 30 day period so that an acceptance can be issued as soon as the supporting documentation is received. The CE should not wait until the 30 days have elapsed to review any evidence that has been submitted. However, if the claimant fails to submit evidence sufficient to warrant acceptance of the claim, the full 30 day period must be provided.

4. **Field Nurses** will be assigned once the claim has been accepted and continued disability is indicated. During this pilot project, FN assignment will occur within 7 days of acceptance even if the COP period has not elapsed. The FN will have the usual instructions regarding facilitating medical management and return to work, but she will also be expected to make recommendations for the assignment of a Vocational Rehabilitation Counselor (RC). On occasion, the FN and RC may be working on a claim at the same time. See below for more details on this process.

If the FN is assigned after a COP nurse assignment, the DM record will already exist. Once 45 days from DOI have elapsed, if no RTW full-time code has been entered in DM, the status code TCQ (QCM-Triage to QCM-Open) is auto populated via a nightly run and the category changes to QCM Open. The Start date and Track date are populated with the date the record is changed to QCM Open. If the claimant returns to work before the 45 days from DOI have elapsed, entry of the RTW information in DM tracking inputs the TRC status code (Closed -Triage with RTW during COP) in DM and changes the category to QCM Resolved Triage. Offices will either need to close the FN or open a new DM record if they follow Light Duty RTW with a nurse.

If the FN is assigned in a case with no prior COP nurse assignment (via a fax request from Census), the DM record should be created with a Track date equal to day 46 after the DOI for traumatic injuries (unless the case is accepted before day 46, then the Track date equals the current/start date). If the case is an occupational disease claim, the Track date should equal the date disability began.

5. **Rehabilitation Counselors** will be assigned earlier than usual and may, in some instances, be assigned prior to the FN concluding intervention, leading to a dual-track intervention. Dual intervention of FNs and RCs is not routinely utilized outside of catastrophic claims, but the unique circumstances and short term nature of Census employment will likely result in more disability due to limited availability of modified duty with the agency. Since private industry employment will be more common in these cases, dual tracking will lead to efficient disability management and an earlier return to work.

Dual assignment of FNs and RCs should be considered if both of the following criteria apply:

- The claimant has a condition that will likely lead to permanent work related restrictions, which would prohibit a return to the date of injury position. The medical evidence should reflect expectations for when the restrictions will likely be permanent and the kinds of restrictions that are expected.
- There will likely be no Census employment opportunities for an individual with the expected restrictions.

The FN will already be assigned to the case in most instances and he or she can make the recommendation to the CE when these circumstances are present. OWCP staff [the CE, SN or Rehabilitation Specialist (RS)] may also make this determination.

If these conditions exist, a rehabilitation referral should be considered. Part time referrals can be made in these cases even for placement with a new employer (since most Census workers are not full time), but the labor market survey has to support that any targeted jobs are reasonably available on a part-time basis.

- The FN's focus in this situation is on the claimant's medical condition (obtaining permanent work tolerance limitations).
- The RC's focus is on the early stages of plan development, to include an initial interview to gather the background information for a transferable skills analysis, a labor market survey, and perhaps vocational testing. A plan would typically not be finalized until the restrictions are considered stable and well defined.
- To avoid any confusion with the medical providers, the FN would continue to communicate with the physician – providing information as necessary to the CE and RC. Any needed RC communication with the physician, while the FN is still assigned to the case, would flow through or be coordinated with the FN.

The FN should communicate with the SN and CE, and the RC should communicate with the RS and the CE. However, the FN and RC should also communicate with each other during this process to facilitate the best possible outcome. For example, if the RC has questions about the medical restrictions being imposed by the physician, he or she may contact the FN. This communication should be documented in both the FN and RC reports.

Once a case has been identified for dual tracking purposes, the CE should complete a referral to rehabilitation with an indication that Medical Rehabilitation is needed concurrently with FN services. When this referral is completed in iFECS, the CE should notify the SN and RS of the dual tracking.

Upon receipt of the referral, the RS should assign the case to a RC and place an M status in NRTS. The OWCP-35 to the RC will authorize 3 months and \$1500 in services. The initial OWCP-3 to the RC will explain that a FN is on the claim and provide the nurse's contact information. It will explain the types of services that should be offered concurrently with the nurse services and indicate when the case should move forward in Plan Development. After the referral has been made to the RC, the CE and SN will be provided with the referral date and the RC's name and contact information. Rehabilitation Screeners are not to be utilized in these claims.

When the CE receives confirmation of the RC assignment, a letter should be sent to the claimant explaining that both a FN and RC are assigned to the claim. The letter will define the roles that each of these individuals will take as well as the claimant's responsibility to cooperate. The letter "Dual Track-Census" (in Correspondence Library) should be used for this purpose.

Any cases assigned for dual tracking must be reported monthly to the National Office.

Once the FN has obtained stable, well defined work restrictions, the nurse portion of disability management will cease and the RC will continue with the rehabilitation process.

Once the claim is in posture for plan development (i.e. stable and well defined medical restrictions are established), the RS should change the case status to D and notify the RC of the status change and applicable time frames. If this has not occurred by the end of the 3 month period allowed on the initial OWCP-3, then the case should likely be closed. Extensions are not allowed unless there is a pending work hardening or functional capacity evaluation or stable well defined work restrictions are imminently expected.

6. Closure Codes for Dual Tracking Cases –

- If the claimant happens to RTW with Census while both the FN and RC are on the case, the successful closure code will be entered in the nurse record as a successful nurse RTW.
- If the claimant happens to RTW with a new employer while both the FN and RC are on the case, the successful closure code will be entered in the rehab record as a successful rehabilitation.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation
Attachments:

Distribution: List No. 1--Folioviews Groups A and D
(Claims Examiners, All Supervisors, District Medical Advisors, Systems Managers, Technical Assistants,
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FECA CIRCULAR 10-06

Issue Date: May 14, 2010

Expiration Date: March 24, 2011

Subject: Overpayments in cases where lesser impairment is established after a schedule award has been paid for greater impairment.

Background: On May 1, 2009, the Office began using the Sixth Edition of the American Medical Association Guides to the Evaluation of Permanent Impairment (AMA Guides), instead of the Fifth Edition. When this change occurred, FECA Bulletin 09-03 was issued. That bulletin addressed situations of lesser impairment of a schedule member after a greater award has been paid if the ratings were based on different editions of the AMA Guides. Specifically, where a calculation under the Sixth Edition results in a lower impairment rating to a schedule member than the original award under the Fifth Edition, the Office (consistent with past practice) will make the finding that the claimant has no more than the percentage of impairment originally awarded; that the evidence does not establish an increased impairment; and that an overpayment will not be declared. That bulletin has since been incorporated into the Procedure Manual.

This circular is being issued to clarify what actions are appropriate when a lesser impairment is found after a greater award has been paid when the different impairment ratings are based on the same edition of the AMA Guides.

Purpose: To provide guidance on actions to be taken in cases where a schedule award has been paid based on a certain percentage of impairment, but a later determination based on the same edition of the AMA Guides substantiates a lesser degree of impairment of the schedule member.

Actions:

1. Before addressing the issue of whether an overpayment is appropriate in this circumstance, the schedule award issue must be resolved. In *Richard Saldibar* 51 ECAB 585 (2000), the ECAB found that an overpayment was not in posture for review because the Office had not properly resolved the schedule award issue. Therefore, before the amount of the overpayment can be determined, the evidence must clearly establish the degree of permanent impairment. The evidence should be carefully reviewed and the schedule award decision that establishes the lesser award should explain in detail the rationale for the lesser degree of impairment.

2. In the case of *Michael Reea*, Docket No. 04-734 (issued October 5, 2004), the ECAB stated:

“If a claimant receives a schedule award and the medical evidence does not support the degree of permanent impairment awarded, an overpayment may be created.”

Therefore, if a schedule award decision is set aside (after a hearing or review by the ECAB, or as part of the reconsideration process) and additional development is undertaken to resolve the schedule award issue, a new schedule award decision should be issued that fully addresses the reasons for the change in rating. Declaring an overpayment thereafter is appropriate if the later decision substantiates a lesser degree of impairment than previously awarded.

Similarly, if a claimant requests an increased schedule award due to a belief that his or her medical condition has deteriorated since the original award has been issued, and additional development is undertaken to address this claim for an increased award, a new schedule award decision should be issued that addresses and substantiates the newly determined impairment rating. If a lesser degree of impairment than previously awarded is substantiated, an overpayment thereafter is appropriate.

3. Where a schedule award decision establishes a lesser impairment, after a greater award has been paid, the resulting overpayments will have a finding of without fault.

DOUGLAS C. FITZGERALD
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 10-01 Modifies Part 2, Chapter 0100; CHAPTER 2-0814, REEMPLOYMENT: DETERMINING WAGE-EARNING CAPACITY; CHAPTER 2-0900, DETERMINING PAY RATES; CHAPTER 2-0901, COMPUTING COMPENSATION; CHAPTER 2-1500, RECURRENCES

FT 10-02 Modifies CHAPTER 2-0900, DETERMINING PAY RATES, AND 2-0901, COMPUTING COMPENSATION, PART 2- CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

FT 10-03 Modifies CHAPTER 2-1800, HOUSING AND VEHICLE MODIFICATIONS, PART 2 – CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

FT 10-04 Modifies Part 2 and Part 3 of the FECA Procedure Manual

FT 10-05 Chapter 2-0812 has been revised in its entirety

FT 10-06 Chapter 2-700 has been updated to add paragraph 21 which addresses a new death gratuity

FT 10-07 The entire chapter has been updated and revised to reflect the changes that have taken place with regard to reorganization of responsibility between FEC district offices.

FT 10-08 Revision to chapter 2-1601, Hearings and Reviews of the Written Record

FT 10-09 REVISION TO FECA PROCEDURE MANUAL CHAPTER 1-200, JURISDICTION

FT 10-10 REVISION TO FECA PROCEDURE MANUAL CHAPTER 2-0810, Developing and Evaluating Medical Evidence

FT 10-11 RELEASE - REVISION TO FECA PROCEDURE MANUAL CHAPTER 2-0600, DISABILITY MANAGEMENT, CHAPTER 2-0811, EARLY MANAGEMENT OF DISABILITY CLAIMS, CHAPTER 2-0901, COMPUTING COMPENSATION

FECA TRANSMITTALS (FT)--TEXT

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RELEASE – REVISION TO FECA PROCEDURE MANUAL
CHAPTER 2-0814, REEMPLOYMENT: DETERMINING WAGE-EARNING CAPACITY
CHAPTER 2-0900, DETERMINING PAY RATES
CHAPTER 2-0901, COMPUTING COMPENSATION
CHAPTER 2-1500, RECURRENCES

FECA TRANSMITTAL 10-01

October 5, 2009

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-0814 has been revised. Paragraph 7 (Determining WEC Based on Actual Earnings) has been updated to include a reference for determining loss of wage-earning capacity under Performance-Based Alternative Pay Systems (pay banding). Paragraph 8 (Determining WEC Based on Constructed Position) has been updated to include more guidance for claimants in prison and how imprisonment for a felony conviction affects entitlement to compensation under 5 U.S.C. 8148 (b). More examples have been added to Paragraph 10 (Abandonment of Job). Paragraph 11 (Modifying Formal LWEC Decisions) has been updated to clarify the distinction between modifying an LWEC and making a determination on a recurrence. Paragraph 12 (Termination of Employment) has been updated to include more specific guidance. A new sub-paragraph (d) has been added to Paragraph 13 (Effect of Federal Reemployment on Retirement Status). Updated citations from the Employees' Compensation Appeals Board (ECAB) have been added throughout the chapter. Exhibit 4 has been deleted.

Paragraph 2-0900-12, Special Determinations, has been revised to address pay rates under Performance-Based Alternative Pay Systems (pay banding).

Chapter 2-0901 has been revised. Paragraph 14 (Schedule Awards) has been updated to remove outdated language pertaining to the former Sequent system and payment sheets. Paragraph 15(c) (Loss of Wage Earning Capacity, Computation) has been updated to include clarification pertaining to 2 numbers used in the Shadrack formula. A new item has been added to paragraph 15(f) (Loss of Wage Earning Capacity, Special Determinations) to establish procedures for determining loss of wage-earning capacity under Performance-Based Alternative Pay Systems (pay banding). Paragraph 15(g) (Loss of Wage Earning Capacity, Reinjury) was expanded to include a specific reference to part-time work schedules at the time of reinjury. Paragraph 18(d) (Other Payees, A State and Municipal Court or Agency) was updated to reference a Memorandum of Understanding with the Department of Health and Human Services Office of Child Support Enforcement. Updated citations from ECAB have also been added throughout the chapter.

Chapter 2-1500-7 has been updated to clarify the distinction between modifying an LWEC and making a determination on a claim for a recurrence; to make it clear that when an LWEC is in place, proper claims handling requires that a claim for ongoing total disability (as opposed to a brief intermittent period) must be treated as a modification of the LWEC and not as a recurrence of disability; and to clarify that when a proper LWEC is in place, payment for ongoing recurrent total disability may not be made.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Remove Old Pages

Insert New Pages

Part	Chapter	Pages	Part	Chapter	Pages
2	2-0814	13-29 Exhibit 4	2	2-0814	13-27
2	2-0900	28	2	2-0900	28
2	2-0901	19 - 32	2	2-0901	19 – 30
2	2-1500	7-9	2	2-1500	7-10

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RELEASE - REVISION TO CHAPTER 2-0900, DETERMINING PAY RATES, AND 2-0901, COMPUTING COMPENSATION, PART 2- CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

FECA TRANSMITTAL 10-02

October 19, 2009

EXPLANATION OF MATERIAL TRANSMITTED:

The Department of Commerce is responsible for conducting the Decennial Census and employs enumerators and crew leaders to gather statistical data through interviews with property residents. The Bureau of the Census expects to hire approximately one million individuals with temporary appointments not to exceed 180 days. These employees will work an average of 84 hours during a four to five week period, one week of which will be training. After evaluating work patterns for the 2000 Census, the Department of Commerce has provided data regarding pay rates and standard workdays derived from the 2000 Census. The work patterns for the 2010 Census are expected to closely resemble the 2000 Census.

Chapter 2-0900-12 and Chapter 2-0901-9 have both been updated to reflect information pertaining to the 2010 Decennial Census.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Remove Old Pages

Part	Chapter	Pages
2	2-0900	i
2	2-0900	26-27
2	2-0901	i
2	2-0901	13

Insert New Pages

Part	Chapter	Pages
2	2-0900	i
2	2-0900	26-27
2	2-0901	i
2	2-0901	13

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RELEASE – REVISION TO CHAPTER 2-1800, HOUSING AND VEHICLE MODIFICATIONS, PART 2 – CLAIMS,
FEDERAL (FECA) PROCEDURE MANUAL

FECA TRANSMITTAL 10-03

October 26, 2009

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-1800 has been revised in its entirety and updated to include new language, a change in the structure of the chapter, and new exhibits.

Paragraphs 1, 2 and 3 have been updated.

Paragraphs 4 through 10 have been revised and renamed.

Medical development is now the sole focus of paragraph 4.

Paragraphs 5, 6 and 7 now focus individually on vehicle modifications, housing modifications for home owners and housing modifications for renters. Each of these paragraphs outlines the general criteria related to the kind of modification, as well as the technical development required.

Paragraph 8 discusses the adjudication of the proposals (formerly paragraph 7).

Paragraph 9 discusses the payment for the modifications (formerly paragraph 8).

Paragraph 10 discusses later requests for modification (formerly paragraph 9).

The former paragraph 10 (Record Keeping) has been deleted.

Four sample agreements to be used in the following situations have been added as exhibits:

- OWCP Vehicle Purchase or Modification
- OWCP Housing Modification for Home Owners
- OWCP Housing Modification for Renters
- OWCP Housing Modification for Family-Owned Homes

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

Remove

Insert

Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
2	2-1800	1-10	2	2-1800	1-10 Exhibits 1-4

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RELEASE – REVISION TO FECA PROCEDURE MANUAL

CHAPTER 2-0808, SCHEDULE AWARDS AND PERMANENT DISABILITY CLAIMS
CHAPTER 2-0900, DETERMINING PAY RATES
CHAPTER 2-1601, HEARINGS AND REVIEWS OF THE WRITTEN RECORD
CHAPTER 2-1602, RECONSIDERATIONS
CHAPTER 3-0700, SCHEDULE AWARDS

FECA TRANSMITTAL 10-04

January 9, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-0808 has been revised in its entirety to incorporate changes resulting from the adoption of the Sixth Edition of the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment, which was effective May 1, 2009. Paragraph 5 was updated to clarify further that a schedule award may not be paid in one case if the claimant is in receipt of compensation for temporary total disability in another case if the entitlement to each is based on the same part of the body. Paragraph 5 was also updated to include information about schedule awards unpaid at death.

Chapter 2-0900, paragraph 2, has been revised to provide procedures for establishing an effective pay rate in occupational disease claims. Paragraph 5 has been updated and Exhibit 1 has been added to provide specific guidance for determining the effective pay rate date for schedule awards. Paragraph 5 was also updated to include more specific guidance with regard to recurrent pay rates.

Chapter 2-1601, paragraph 8, has been revised to incorporate changes pertaining to the Sixth Edition of the AMA Guides to the Evaluation of Permanent Impairment, effective May 1, 2009.

Chapter 2-1602, paragraph 4, has been updated to provide more guidance pertaining to the type of evidence required for review. Paragraph 5 has been revised to incorporate changes pertaining to the Sixth Edition of the AMA Guides to the Evaluation of Permanent Impairment, effective May 1, 2009.

Chapter 3-0700 has been revised in its entirety to incorporate changes resulting from the adoption of the Sixth Edition of the AMA Guides to the Evaluation of Permanent Impairment, which was effective May 1, 2009. Exhibit 1 - Use of Sixth Edition of AMA Guides to the Evaluation of Permanent Impairment is new and outlines changes relevant to the Sixth Edition, as previously described in FECA Bulletin 09-03. Exhibit 2 (previously Exhibit 1) is the Percentage Table of Schedule Awards, Form CA-699 – with no changes. The previous Exhibit 2 (Sample DMA Evaluation) has been deleted. Exhibit 3 (Hearing Loss Medical Opinion, Form CA-51) remains unchanged. The prior Exhibit 4 (Use of Fifth Edition of AMA Guides to the Evaluation of Permanent Impairment) has been deleted and replaced with a new Exhibit 4 – the article “Rating Spinal Nerve Extremity Impairment Using the Sixth Edition” from the July/August 2009 edition of the The Guides Newsletter published by the AMA. This newsletter has been reproduced with permission of the AMA.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Only certain pages within the following chapters are being updated.

Remove Old Pages

Insert New Pages

Part	Chapter	Pages	Part	Chapter	Pages
2	2-0900	1	2	2-0900	1
2	2-0900	13-15	2	2-0900	13-15
			2	2-0900	Exhibit 1
2	2-1601	9-10	2	2-1601	9-10
2	2-1602	5-7	2	2-1602	5-7

The following chapters are being updated in their entirety. Because transmittal of the FECA Procedure Manual is primarily electronic, DFEC is discontinuing the practice of inserting page numbers when an entire chapter is reissued.

Remove

Insert

Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
2	2-0808	1-8	2	2-0808	1-8
3	3-0700	1-5 Exhibit 1 Exhibit 2 Exhibit 4	3	3-0700	1-5 Exhibit 1 Exhibit 2 Exhibit 4

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

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RELEASE - REVISION TO FECA PROCEDURE MANUAL

CHAPTER 2-0812, PERIODIC REVIEW OF DISABILITY CASES
CHAPTER 2-1400, DISALLOWANCES

FECA TRANSMITTAL 10-05

March 5, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-0812 has been revised in its entirety. The chapter has been streamlined and updated to include new language, a change in the structure of the chapter, and the inclusion of new exhibits.

With the exception of paragraphs 1 through 3, the remaining paragraphs have been reordered, consolidated, and updated to reflect current procedures for entitlement reviews of periodic roll cases using the Periodic Entitlement Review (PER) application in the Integrated Federal Employees' Compensation System (iFECS). 13 paragraphs now comprise this chapter.

Paragraph 4 "Placement and Monitoring of Claims on Periodic Roll" has been revised by deleting references to Form CA-674 and the section on Expiration Dates. Form CA-674 references have been replaced with references to the PER application within Disability Management in iFECS.

The former paragraph 5 "PRMS Action Codes" has been deleted. It has been replaced with paragraphs 12 and 13, Periodic Entitlement Review (PER) Codes and Disability Management (DM) Status Codes. All codes have been updated to reflect the codes currently found in iFECS. The new paragraph 5 "Definition and Frequency of Reviews" is an updated version of the prior paragraph 7 of the same name.

The former paragraph 6 "Elements of Review" and paragraph 8 "Medical Evidence" have been updated and the focus of the paragraphs has been more clearly defined in the new paragraph 6 "Medical Elements of Review" and the new paragraph 8 "Factual Elements of Review." The new paragraph 6 "Medical Elements of Review" contains more details on the procedures for obtaining medical information from the treating physician. The new paragraph 8 "Factual Elements of Review" has sub-sections arranged similarly to the order of information provided on the CA-1032. A reference to a dependent over the age of 18 who is incapable of self-support has been added. Language concerning FERS offset was also added to the Dual Benefits discussion.

Paragraph 9 "Attendant's Allowance," has been moved to paragraph 7. The procedures for determining entitlement and authorization of an attendant allowance have been deleted.

The former paragraph 10 "Reports of Earnings" has been updated and moved to paragraph 9. This section also contains information about reporting self-employment, including unremunerated or volunteer activities. Portions have also been revised to update the procedures for obtaining earnings information from the Social Security Administration (SSA).

The former paragraph 11 "Actions on Reports of Earnings and Dependents" has been moved to paragraph 10, and the entire section concerning forfeiture of benefits has been moved into a new paragraph, paragraph 11 "Forfeiture." This section has been updated and includes new ECAB citations pertaining to the concept of "knowingly."

The former paragraph 12 "Federal Employees' Group Life Insurance (FEGLI)" has been removed completely since the information can be found in PM Chapter 5-0401. As noted above, the new paragraph 12 is now "Periodic Entitlement Review (PER) Codes."

Paragraph 13 is new and contains the Disability Management (DM) Status Codes, as well as a breakdown of which codes count as Periodic Roll Management (PRM) resolutions.

Signature Authority (previously Exhibit 4) has been updated, but deleted from this chapter and moved to Chapter 2-01400 as Exhibit 11. Paragraph 2 of Chapter 2-01400 has also been updated accordingly. The signature authority references were updated to reflect the correct certification amount for GS12 Claims Examiners and also to include signature authority levels for disputed attorney fees. A specific reference was also added for denials of CA-7 claims.

Exhibit 1 is now a sample memorandum to the file to be used to document the change of the case status to PN.

Exhibit 2 is the same as the prior Exhibit 1, but it has been renamed "Sample Questions Regarding Self-Employment."

Exhibit 3 is a sample letter to be used when a Form CA-1032 is incomplete.

Exhibit 4 is a sample letter to be used when no report of earnings has been received.

Exhibit 5 is a sample letter to be used when no report of dependents has been received.

Exhibit 6 is a list of the Periodic Entitlement Review (PER) codes.

Exhibit 7 is a list of Disability Management (DM) status codes. This list also details which codes count as a PRM resolution.

Exhibit 8 is a sample memorandum to the file to be used when documenting a PCR (no change to entitlement) code in DM Tracking.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Only certain pages in the following chapter are being updated.

Remove Old Pages

Insert New Pages

Part	Chapter	Pages	Part	Chapter	Pages
2	2-1400	1-3	2	2-1400	1-2

Exhibit 11

The following chapter is being updated in its entirety. Because transmittal of the FECA Procedure Manual is primarily electronic, DFEC is discontinuing the practice of inserting page numbers when an entire chapter is reissued.

<u>Remove</u>			<u>Insert</u>		
Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
2	2-0812	1-12	2	2-0812	1-13 Exhibits 1-8

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RELEASE – REVISION TO FECA PROCEDURE MANUAL

CHAPTER 2-0700, DEATH CLAIMS

FECA TRANSMITTAL 10-06

April 16, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-700 has been updated to add paragraph 21 which addresses a new death gratuity. The National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181, amended the FECA, creating a new section 8102(a). The section establishes a new FECA benefit for eligible survivors of federal employees and Non-Appropriated Fund Instrumentality (NAFI) employees who die of injuries incurred in connection with service with an Armed Force in a contingency operation. The new paragraph, 2-0700-21, addresses the handling of these claims.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Insert New Pages

Part	Chapter	Page
2	2-700-21	29

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, District Medical Advisers, Fiscal Personnel, Systems Managers, Technical Assistants, Rehabilitation Specialists, and Staff Nurses)

US Department of Labor

Employment Standards
Administration
Office of Workers' Compensation
Programs
Division of Federal Employees'
Compensation
Washington, DC 20210



RELEASE – REVISION TO FECA PROCEDURE MANUAL

CHAPTER 1-200, JURISDICTION

FECA TRANSMITTAL 10-07

May 14, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

The entire chapter has been updated and revised to reflect the changes that have taken place with regard to reorganization of responsibility between FEC district offices. Specifically, the chapter has been updated to reference the shift in creation of Arkansas cases to the Kansas City office and the shift in the creation of New Mexico cases to the Denver office.

The chapter and exhibit have also been updated to reference the Death Gratuity claims created under section 8102a, with a DG case prefix, which will be handled in the Cleveland office. And the section referencing cases that were to be created and developed in the usual district offices but sent to Cleveland for adjudication has been deleted since it is no longer applicable.

The exhibit was also updated to delete the reference to the 5,000,000 numbering series used in War Hazard Compensation cases, since the WH prefix is used instead. The exhibit reference to the 1S prefix for smallpox cases was also deleted since this was never implemented.

The Seasonal Residence portion of paragraph 5 has also been updated to allow more flexibility in the transfer of these cases if a transfer is needed for necessary case management.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Because transmittal of the FECA Procedure Manual is primarily electronic, DFEC is discontinuing the practice of inserting page numbers when an entire chapter is reissued.

Remove

Insert

Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
1	1-200	1-5 Exhibit 1	1	1-200	1-5 Exhibit 1

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

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RELEASE – REVISION TO FECA PROCEDURE MANUAL
CHAPTER 2-1601, Hearings and Reviews of the Written Record

FECA TRANSMITTAL 10-08

June 2, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

Paragraph 9 has been updated.

Part (a) has been updated to indicate that upon receipt of a decision from the Branch of Hearings and Review, an action should be taken by the district office within 15 days, rather than 30 days.

Part (c) has been added to document the longstanding existing process used if a District Office disagrees with the decision issued by the Branch of Hearings and Review.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Remove Old Pages

Part	Chapter	Pages
2	2-1601	10

Insert New Pages

Part	Chapter	Pages
2	2-1601	10

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

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RELEASE – REVISION TO FECA PROCEDURE MANUAL
CHAPTER 1-200, JURISDICTION

FECA TRANSMITTAL 10-09

August 30, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

The exhibit outlining the prefixes and numbering series used for the creation of cases has been updated to include the following:

3,010,000 – Numbering series used to identify cases containing reports of injuries related to the H1N1 virus, which was effective in 2009.

3,020,000 – Numbering series used to identify cases containing reports of injuries related to the April 20, 2010 fire and explosion at the Deepwater Horizon Facility operated by BP Exploration & Production, Inc. and the resulting clean up efforts.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Remove			Insert		
Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
1	1-200	Exhibit 1	1	1-200	Exhibit 1

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

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RELEASE - REVISION TO FECA PROCEDURE MANUAL
CHAPTER 2-0810, Developing and Evaluating Medical Evidence

FECA TRANSMITTAL 10-10

September 1, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-0810 has been revised in its entirety. The chapter has been streamlined and updated to include new language and a change in the structure of the chapter.

Paragraphs 1 and 2 have been updated and provide an overview of the chapter.

Paragraph 3 discusses general principles to consider when reviewing medical evidence and includes a discussion of terms such as aggravation, acceleration and precipitation.

Paragraph 4 outlines various sources of medical evidence with a brief explanation of the potential usefulness of each. This paragraph also outlines documents not to be considered as medical evidence, such as internet articles and disability determinations of other agencies.

Paragraph 5 outlines the various components of medical reports.

Paragraph 6 discusses weighing medical evidence in detail and details how the weighing of medical evidence should be addressed in formal decisions.

Paragraph 7 outlines the process of requesting information from the Attending Physician.

Paragraph 8 discusses reviews by the District Medical Advisor.

Paragraph 9 discusses second opinion examinations. The use of video surveillance as part of these examinations was added.

Paragraph 10 goes into greater detail about second opinions for surgery.

Paragraph 11 discusses the use of referee physicians when a conflict of medical opinion exists.

Paragraph 12 discusses the exclusion of medical evidence and the updated procedures for excluding a medical report in an imaged case file.

Paragraph 13 outlines the procedures for suspension of benefits under Section 5 U.S.C. 8123(d) for refusing to submit to or obstructing an examination.

Paragraph 14 discusses general procedures for developing and authorizing medical treatment. Specific details pertaining to these processes with the Central Bill Payment and Medical Authorization Unit are not included. Paragraphs 15 – 20 provide further guidance for specific kinds of requests.

Paragraph 15 provides more guidance for diagnostic tests.
Paragraph 16 discusses functional capacity evaluations.

Paragraph 17 references special equipment and furniture.

Paragraph 18 outlines information necessary for consideration of a health club or spa membership.

Paragraph 19 discusses physical therapy and how to evaluate the need for ongoing therapy.

Paragraph 20 refers to chiropractic and osteopathic manipulative treatment.

Paragraph 21 discusses the procedures for authorizing attendant care.

Paragraph 22 discusses claimants in prison.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

The following chapter is being updated in its entirety. Because transmittal of the FECA Procedure Manual is primarily electronic, DFEC is discontinuing the practice of inserting page numbers when an entire chapter is reissued.

Remove			Insert		
Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
2	2-810	1-20 Exhibit 1-7	2	2-0810	1-22

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, District Medical Advisers, Fiscal Personnel, Systems Managers, Technical Assistants, Rehabilitation Specialists, and Staff Nurses)

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RELEASE - REVISION TO FECA PROCEDURE MANUAL

CHAPTER 2-0600, DISABILITY MANAGEMENT
CHAPTER 2-0811, EARLY MANAGEMENT OF DISABILITY CLAIMS
CHAPTER 2-0901, COMPUTING COMPENSATION

FECA TRANSMITTAL 10-11

September 2, 2010

EXPLANATION OF MATERIAL TRANSMITTED:

Chapter 2-0600 has been revised in its entirety. This chapter now provides an overview of the entire Disability Management (DM) process, and the chapter itself has been renamed Disability Management.

The procedures contained in the revised 2-0600 are a compilation of those outlined in the prior 2-0600, Case Management, and 2-0811, Early Management of Disability Claims. Most of the prior 2-0600, with the exception of 5 paragraphs and 2 exhibits, has been incorporated into this revised chapter, and, with the exception of one paragraph, all of the prior 2-0811 has been incorporated.

The one paragraph of the prior 2-0811 that was not incorporated into this new chapter is the paragraph pertaining to dependents (prior paragraph 2-0811-10). This paragraph has been moved to the end of chapter 2-0901, Computing Compensation. It is now paragraph 20 in that chapter and has retained the same name, Dependents. Changes made to the paragraph as it was moved include an updated PM reference in 20a and deletion of some of the language pertaining to death claims, since death claims are specifically covered in PM 2-0700.

The portions of the prior 2-0600 that have not been completely incorporated into this chapter have been moved without updates to 2-0811, and they have the same corresponding names and paragraph numbers as they had in 2-0600. Chapter 2-811 should be revised later this year, but, for now, the following paragraphs have been moved to 2-0811 without updates, other than the switch of the chapter reference from 2-0600 to 2-0811:

5. Nurse Services
7. Referrals for Vocational Rehabilitation Services
8. Return to Work with Previous Employer
10. Plan Development
11. Return to Work with New Employer

The only portion of these paragraphs updated, when moved, was 5e(2), which was deleted since occupational disease claims can be referred for nurse services.

DOUGLAS C. FITZGERALD
Director for
Federal Employees' Compensation

Only certain pages in the following chapter are being updated.

<u>Remove Old Pages</u>			<u>Insert New Pages</u>		
Part	Chapter	Pages	Part	Chapter	Pages
n/a			2	2-0901	31-32

The following chapters are being updated in their entirety. Because transmittal of the FECA Procedure Manual is primarily electronic, DFEC is discontinuing the practice of inserting page numbers when an entire chapter is reissued.

<u>Remove</u>			<u>Insert</u>		
Part	Chapter	Paragraphs	Part	Chapter	Paragraphs
2	2-0600	1-12 Exhibits 1-5	2	2-0600	1-14
2	2-0811	1-12 Exhibit 1	2	2-0811	5, 7, 8, 10 and 11 Exhibits 2-3

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

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OWCP BULLETINS

10-01 Converting DFEC Paper Cases into Fully Imaged Official Case Records

OWCP BULLETINS (OB)--TEXT

US Department of Labor

Office of Workers' Compensation
Programs
Washington, DC 20210



OWCP BULLETIN NO. 10-01

Issue Date: May 5, 2010

Expiration Date: May 5, 2011

Subject: Converting DFEC Paper Cases into Fully Imaged Official Case Records

Background: In FY 2000, the DFEC deployed a new imaging system in its district offices. The OWCP Automated System for Imaging Services (OASIS) changed the process by which case files were handled by DFEC staff. This system was developed to provide DFEC staff with an electronic case file to use in place of a paper file. Once OASIS was activated in a district office, every new claim created and all documentation received for all cases was processed using this system. All case file documents were captured and stored electronically. In FY 2005, the DFEC deployed a new database system, iFECs (Integrated Federal Employees' Compensation System), which incorporated the OASIS Imaging system into its own imaging application.

While all new cases created after the deployment of the imaging system in FY 2000 were completely electronic, the DFEC maintained all paper files and documents received prior to that date. Since that time, the district offices have converted some of these paper case file components into imaged documents, thereby creating a fully imaged record. Cases have been fully imaged for various reasons, including but not limited to the following: ease of management, prior to transferring a case to the Employees' Compensation Appeals Board (ECAB), and prior to referring a case for a referee examination (see FECA Bulletin 05-01, Medical Exams/IME: Security of Case Records During the Referral Process).

When these paper case files have been converted to fully imaged electronic records, the district offices have made every effort to preserve distinct documents in the electronic case record; e.g. if a 3-page paper letter was in the paper case file, it was imaged as a 3-page document in the imaging system. The received date for these documents has been input in one of two ways: 1) the true received date from the document (taken from date stamp on the paper document) was entered as the received date, or 2) the paper documents were imaged with a received date equivalent to the date that the district office "went live" with the original OASIS imaging system.

Regardless of the reason for converting the case or which received date option was chosen, once the case file was completely converted to electronic images, the Fully Imaged indicator in iFECs was changed to "Y". However, the DFEC has stored these paper records and not disposed of them through the retention schedule that is used for all documents received since FY2000 (reference OWCP Bulletin 01-01, OASIS - Retention Schedule for Paper Documents). Once the paper portion of the case file has been captured and stored electronically, the paper documents are no longer necessary for the development and management of the case; however, each district office has stored the paper portions of these cases pending a disposal

schedule for these materials.

Since ten years have now passed since the deployment of the imaging system, and some DFEC cases have been converted to fully electronic records, a process is needed whereby the fully electronic record can now be classified as the official case record, and the paper documents can be disposed of through a retention system.

Reference: OWCP Procedure Manual Chapter 1-0300

Purpose: To notify District Offices of the retention schedule and audit requirements for paper case files that are converted to electronic cases records.

Applicability: Claims Examiners, Senior Claims Examiners, All Claims Supervisors, Medical Schedulers, District Medical Directors, Technical Assistants, System Managers, Staff Nurses, and Vocational Rehabilitation Specialists

Action:

Converting Paper Cases into Fully Imaged Official Case Records

1. Every document in the paper case file must be imaged into a distinct electronic document viewable in the imaged case file.
2. Once distinct documents are identified, each document should be classified with the appropriate iFECs category and subject classifications, or the default category/subject option of MISC/Converted Paper Documents. Note – Prior to release of this Bulletin, these documents may have been classified as MISC/Other.
3. The received date can be entered in one of two ways: 1) the true received date from the document (taken from date stamp on the paper document), or 2) the date equivalent to the date that the district office “went live” with the original OASIS imaging system.
4. If the case file has documents that cannot be scanned for some reason (e.g. very old documents on transparent types of paper, badly damaged documents, etc.), the documents must be maintained in a physical file folder, just like a piece of physical evidence. If the case file has documents like this, or has actual physical evidence (e.g. photos), the Physical Evidence indicator in iFECs must be activated. When activating this indicator, a description of the evidence should be added to the Physical Evidence Note field. In addition, a short memorandum to the file which briefly describes the nature of the physical evidence must be prepared and placed into the record.
5. If the case is a “Master” case and has “subsidiary” cases associated with it, all subsidiary cases must be fully imaged prior to classifying the master case as the official case record.
6. An audit of documents within the paper case file is required to ensure that all documents have been properly associated with the electronic case record, that the documents have been properly categorized, and that the imaged documents are of an acceptable quality. Twenty-five (25) documents must be sampled from the paper case file; if the case record contains more than 500 documents, five (5) percent of the documents must be sampled. In addition to the random sample of 25 documents or five percent, all of the following documents must also be verified as appropriately imaged and categorized: Forms CA-1, CA-2, CA-5, CA-6, CA-2a and CA-7; acceptance letters; and all formal decisions.
7. The person(s) assigned to perform the audit must be claims personnel or the iFECs Site Manager. Each district office will designate the appropriate staff person(s), and the list of such persons will be

maintained in the District Director's office. The list must be updated immediately as changes in this responsibility occur.

8. Once the case file has been completely imaged and audited for accuracy, the District Director or designee must take the following steps:

- a) Change the Fully Imaged indicator in iFECS to "Y"
- b) Image a copy of the Fully Imaged Case Memo (See Attachment 1)
- c) Index this memo as MISC/Fully Imaged Memo

9. After these actions have been taken, the electronic record will then be classified as the official case record for that case.

10. The paper case file must be retained for sixty (60) days from the date the case file was fully converted to electronic images. If no problems arise during this period, the paper case documents may be destroyed at the end of the sixty (60) day period.

Backlog of Fully Imaged Cases

1) Since the paper portions of the current Fully Imaged cases have not been destroyed as of this date, there is a backlog of stored paper case files in several district offices. An audit of these paper case files must be performed prior to their destruction.

2) Like the process for newly converted cases, the person(s) assigned to perform the audit must be claims personnel or the iFECS Site Manager as designated by the District Director.

3) This person must ensure that the case file has been fully imaged in conformity with steps 1 through 5 above, and then an audit of the documents within the paper case file is required to ensure that all documents have been properly associated with the electronic case record, appropriately categorized in the electronic case record, and that the imaged documents are of an acceptable quality. Twenty-five (25) documents (or five percent of the documents if the case record contains more than 500 documents in total) must be sampled from the paper case file. In addition to the random sample of 25 documents or five percent, the following documents must also be verified as appropriately imaged and categorized: Forms CA-1, CA-2, CA-5, CA-6, CA-2a and CA-7; acceptance letters; and all formal decisions.

4) Once the case file has been audited for accuracy, the District Director or designee must take the following steps:

- a) Change the Fully Imaged indicator in iFECS to "Y" if it has not already been changed
- b) Image a copy of the Fully Imaged Case Memo (See Attachment 1)
- c) Index this memo as MISC/Fully Imaged Memo

5) After these actions have been taken, the electronic record will then be classified as the official case record for that case. If sixty (60) days have passed since the conversion to electronic images, the paper case documents may be destroyed. If sixty (60) days have not yet passed, the District Office should retain the paper portion of the case in conformity with step 10 above.

Disposition: This Bulletin is to be retained in Part 1, Office of Workers' Compensation Programs (OWCP) Procedure Manual, until further notice or until incorporated into Part 1 of the Procedure Manual.

CECILY A. RAYBURN

Director, Division of
Planning, Policy and Standards

ATTACHMENT TO OWCP BULLETIN NO. 10 – 01

Fully Imaged Case Memo

Case File: _____

Claimant: _____

Reference: In FY 2000, the DFEC deployed an imaging system that created an electronic case file to use in place of a paper file. Every new claim created was processed using this system, and all incoming case file documents received for all cases were imaged into the electronic case file. While all new cases created and all documentation received after the deployment of the imaging system in FY 2000 were completely electronic, the DFEC maintained all paper files and documents that were received prior to that date.

Action: In conjunction with OWCP Bulletin 10-01, the paper portion of this case has now been fully imaged into the electronic case record. Therefore, the electronic case file has now been classified as the official case record for this case.

Checklist:

The case is ___ is not ___ a "Master" case.

___ The case is a Master case with "subsidiary" cases attached to it, and all subsidiary cases have been fully imaged prior to classifying the master case as the official case record.

___ An audit of all CA-1, CA-2, CA-5, CA-6, CA-2a and CA-7 forms, acceptance letters, and all formal decisions has been performed, and no problems were found.

___ An audit of 25 additional random documents has been performed, and no problems were found.

OR

___ If the case record contains more than 500 documents, five percent of the total documents have been audited and no problems were found.

___ Physical Evidence indicator has been activated for documents that were unable to be imaged, or because the case file contained other kinds of physical evidence, and a memorandum to the file briefly detailing the physical evidence has been prepared and placed in the case file.

___ The Fully Imaged indicator has been activated.

Audit Performed By: _____

Date Audit Performed: _____