

BCT-FY05

This infobase contains a numerical index of all **FECA and OWCP Bulletins, Circulars and Transmittals issued in FY 2005**, as well as the text of these issuances.

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

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Attachments

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FECA BULLETINS (FB)--TEXT**FECA BULLETIN NO. 05-01**

Issue Date: December 3, 2004

Expiration Date: December 3, 2005

Subject: Medical Exams/IME: Security of Case Records During the Referral Process

Background: The OWCP policy of sending the original case record to the office of the medical specialist performing an impartial medical examination (IME) to resolve a conflict has occasionally resulted in the loss of the claimant's case record. In situations where the case record is fully imaged, the district office merely prints a copy of the case from OASIS. Currently, however, many of the cases requiring an impartial medical examination are in hybrid form, i.e., partially paper and partially imaged. In these cases, the original part of the case record, which is the paper portion, continues to present the problem of possible loss during the transport to and from the physician's office. In light of the foregoing, OWCP has determined that continuing to send the original paper portion of the case record out of the district office represents an unacceptable risk to the security of case records for which the Office is the legal custodian.

References: FECA Procedure Manual Chapter 3-0500.5 and Chapter 2-0810.13.

Purpose: To implement new procedures with respect to the imaging and printing case records prior to referral of the case for an impartial medical examination (IME).

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:

1. Effective immediately the Office will no longer send the original of the paper portion of a hybrid case out of the office for an impartial medical evaluation.
2. The district office can choose to either scan the paper portion of the case into OASIS locally or to provide the impartial medical examiner with a photocopy. The original paper portion of the case file is the official record. Therefore, the original documents must be retained by the district office and handled in accordance with current record retention regulations.
3. If the paper portion of the case is scanned into OASIS locally, the original paper documents should be imaged with a received-date equivalent to the date that the district office “went live” on OASIS. Document indexing of this portion of the imaged record will not be required.
3. Once the hybrid cases are fully imaged, the district offices will send only printed copies of imaged cases for the purpose of review by an IME, or future uses.

The above described procedures will be effective upon the release of this bulletin. Please ensure that proper notification/training is provided to district office personnel that are affected.

Disposition: Retain until incorporated into the FECA Procedure Manual.

JAMES L. DEMARCE
Acting Director for
Federal Employees' Compensation

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

FECA BULLETIN NO. 05-02

Issue Date: February 1, 2005

Expiration Date: February 1, 2006

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Subject: BPS - Central Bill Processing System - Interim Responses to Requests for Medical Authorization

Background: Currently, medical providers requesting prior authorization for medical services do not receive a response from ACS or the responsible claims examiner (RCE) when additional development must be undertaken. The current process leaves the requesting medical provider without any information concerning the status of the authorization request. In addition, ACS is unable to provide any information concerning the authorization request to callers.

In order to facilitate communication on these issues, OWCP will advise ACS that further medical development is being undertaken. Effective February 7, 2005, ACS will begin to enter a code into the authorization system which will denote that further medical development is in process. Also, an interim response will be given to the provider who has requested authorization for medical procedures.

Reference: "How to Resolve Threads" (see OWCP Central Bill Intranet Site), PM 2-0810, PM 3-0500, PM 2-600-3.

Purpose: To provide procedures for issuing interim response letters to providers requesting authorization for medical procedures.

Applicability: Claims Examiners, Senior Claims Examiners, All Claims Supervisors, Medical Schedulers, District Medical Advisors, Technical Assistants, System Managers, Staff Nurses, Vocational Rehabilitation Specialists, Communications Specialists, Fiscal Operations Specialists, Medical Coding Specialists, and Customer Service Representatives.

Action:

1. Interim responses will be issued to medical providers by ACS when the RCE is not able to approve a requested procedure. The thread will be returned to ACS by the RCE within three workdays of receipt. ACS will update the thread status to reflect "further development" (F). ACS will also update its authorization request files with this information.
2. ACS will generate a letter to the provider stating that the requested medical service cannot be approved at this time and that additional medical development is being undertaken by OWCP. The RCE will have 7 days from the day the thread is sent back to ACS to initiate the development.
3. Each additional step in the development process should be initiated within 14 calendar days of completion of the previous step. For example, if the DMA returns his/her opinion and it is determined that a SECOP is needed, the RCE should initiate the SECOP process within 14 calendar days of the DMA's opinion. Regular SECOP and IME procedures for notifying the claimant remain in effect and are not changed with this Bulletin.
4. If the RCE determines that a formal decision denying the authorization request is appropriate, he or she will issue the decision to the injured worker. The RCE will send a thread to ACS advising that the authorization has been denied. A copy of the formal decision will not be sent to the provider.
5. All threads can be viewed in Omni-Track by office, unit, or CE based on user level. The instructions for locating threads can be found on the help site under the category "Threads," followed by the sub-category "How to Find Threads."

Disposition: Retain until incorporated into the FECA Procedure Manual. _

JAMES L. DEMARCE
Acting Director for
Federal Employees' Compensation

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

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FECA BULLETIN NO. 05-03

Issue Date: February 14, 2005

Expiration Date: February 14, 2006

Subject: Fiscal - Change of Lockbox Depository Effective December 15, 2004.

Background: In March 2003, the U.S. Treasury/Financial Management Service (FMS) received bids from various financial institutions on the contract to provide lockbox services to all federal agencies. These initial bids were limited to Regions 4 and 5, and were finalized in October 2004, when the contract for services was awarded to Citibank. As a result, certain DFEC lockbox accounts will no longer reside with Bank of America and instead will be serviced by Citibank.

Purpose: To inform the appropriate personnel of the change in lockbox depository addresses, ensuring the proper processing of all incoming cash receipts.

Applicability: Appropriate National and District Office personnel. This includes each district office that previously had a lockbox account with Bank of America of San Francisco, California (Denver - D.O. 12; San Francisco - D.O. 13; and Seattle - D.O. 14) or Bank of America of Dallas, Texas (Kansas City - D.O. 11 and Dallas - D.O. 16). All DFEC lockboxes with an account through Bank of America of Atlanta, Georgia are not affected and their depository accounts will remain the same. Contracts for the remaining regions will be bid upon in 2005. The current list of all DFEC lockboxes is attached to this publication.

Action:

1. All letters requesting that payment be mailed directly to the lockbox depository should be changed immediately. All letters pertaining to overpayment decisions (CA-2223, CA-2225, and the CA-9000 series) should be changed at each district office to reflect the new lockbox address as detailed in the attached listing.

2. The DFEC System Managers have already been notified of the needed address change via e-mail, and should have modified the district office's "v44_lb_addr table". This update will also automatically update the Letter Generator System (LGS), since the LGS retrieves the lockbox addresses from this part of the v44 table through "letters.cgi" when the "Generate Letter" button

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is clicked.

3. All other appropriate district office personnel, including designated third party examiners, must be made aware of the local lockbox address change.
4. Deposits sent to old lockbox addresses will only be forwarded to Citibank for approximately six months. The affected district offices must therefore make every effort to notify and update any individuals or organizations that are currently sending cash deposits to their lockboxes.
5. All deposits mailed from the district office to the lockbox after December 15, 2004, should be mailed to the new lockbox address.
6. It will also be necessary for each district office to identify all Office of Personnel Management (OPM) and salary off-sets that are currently being mailed directly to their lockbox. The Cash Receipts Register will serve as a source for quick identification of such deposits. Notices must be sent to OPM and/or the employing agency immediately.
7. Deposit transactions will be made in the same manner as those with Bank of America. Transaction data will be sent from Citibank to the district offices via FedEx. "Zero Activity" reports from Citibank will not be forwarded, only daily reporting with actual deposit activity. In addition, daily "zero activity" notices will be sent via first-class mail, rather than FedEx. The date of deposit will continue to be the Treasury confirmation date.

The DFEC contact person at Citibank for all questions or concerns is Bonnie Coffield. Ms. Coffield can be reached by telephone at (302) 324-6484, and by e-mail at bonnie.l.coffield@citigroup.com.

The Treasury/FMS contact for the lockboxes is John Schmid, who may be reached at (202) 874-7026, and by e-mail at John.Schmid@fms.treas.gov.

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

JAMES L. DEMARCE
Acting Director for
Federal Employees' Compensation

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

Attachment to FB 05-03

LOCKBOX DEPOSIT ADDRESSSES – DECEMBER 2004

The following is a listing of the current mailing address for all DFEC lockboxes. This listing has been revised to include the new addresses for all lockboxes that have been switched from Bank of America to Citibank. All other district office lockbox addresses remain changed.

Boston District Office:

U.S. Dept. of Labor – DFEC Boston
P.O. Box 403498
Atlanta, GA 30384-3498

New York District Office:

U.S. Dept. of Labor – DFEC New York
P.O. Box 403484
Atlanta, GA 30384-3484

Philadelphia District Office:

U.S. Dept. of Labor – DFEC Philadelphia
P.O. Box 403471
Atlanta, GA 30384-3471

Jacksonville District Office:

U.S. Dept. of Labor – DFEC Jacksonville

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P.O. Box 403376
Atlanta, GA 30384-3376

Cleveland District Office:

U.S. Dept. of Labor – DFEC Cleveland
P.O. Box 403459
Atlanta, GA 30384-3459

Chicago District Office:

U.S. Dept. of Labor – DFEC Chicago
P.O. Box 403449
Atlanta, GA 30384-3449

Kansas City District Office:

U.S. Dept. of Labor
Kansas City FECA Office
P.O. Box 894227
Los Angeles, CA 90189-4227

Denver District Office:

U.S. Dept. of Labor
Denver FECA Office
P.O. Box 894204
Los Angeles, CA 90189-4204

San Francisco District Office:

U.S. Dept. of Labor
San Francisco FECA Office
P.O. Box 894221
Los Angeles, CA 90189-4221

Seattle District Office:

U.S. Dept. of Labor
Seattle FECA Office
P.O. Box 894212
Los Angeles, CA 90189-4212

Dallas District Office:

U.S. Dept. of Labor
Dallas FECA Office
P.O. Box 894225
Los Angeles, CA 90189-4225

Washington D.C. District Office:

U.S. Dept. of Labor – DFEC Washington D.C.
P.O. Box 403431
Atlanta, GA 30384-3431

National Office:

U.S. Dept. of Labor – DFEC National Office
P.O. Box 403356
Atlanta, GA 30384-3356

FECA BULLETIN NO. 05-04

Issue Date: April 10, 2005

Expiration Date: April 10, 2006

Subject: Compensation Pay: Compensation Rate Changes Effective January 2005.

Background: On December 30, 2004, the President signed an Executive Order implementing a
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salary increase of 2.50 percent in the basic pay for the General Schedule. The applicability under 5 U.S.C. 8112 only includes the 2.50 percent increase in the basic General Schedule. Any percent increase for locality-based pay is excluded.

Purpose: To inform the appropriate personnel of the increased minimum/maximum compensation rates 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, 2005, making January 9, 2005 the effective date of the increase. The new maximum compensation rate payable is based on the scheduled salary of a GS-15, Step 10, which is now \$116,517 per annum. The basis for the minimum compensation rate is the salary of \$18,007 per annum (GS-2, Step 1). The minimum increase specified in this Bulletin is applicable to Postal employees.

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

<u>Effective January 9, 2005</u>	<u>Minimum</u>	<u>Maximum</u>
28-Day Cycle	\$1,038.88	\$6,722.12
Weekly	259.72	1,680.53
Daily (5-day week)	51.94	336.11

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 12, 2004</u>	<u>Minimum</u>	<u>Maximum</u>
Monthly	\$1,501.00	\$7,282.00

Applicability: Appropriate National and District Office personnel

Reference: Memorandum for Executive Heads of Departments and Agencies dated December 30, 2004, and the attachment for the 2005 General Schedule

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

1. Adjustments Dates.

a. As the effective date of the adjustment was January 9, 2005, there was no supplemental payroll needed for the periodic disability and death rolls.

b. The new minimum/maximum compensation rates were available in ACPS on January 20, 2005.

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, 2005. Therefore, it is not necessary to review any of these payments. However, if an inquiry is received, verification of the pay rate must be secured from the employing establishment and the necessary adjustment applied.

3. Minimum and Maximum Adjustment Listings. Form CA-842, Minimum Compensation Pay Rates, and Form CA-843, Maximum Compensation Rates, should be annotated with the new rate information as follows:

CA-842 – 01/03/05

51.94-77.91 259.72-389.55 51.94 259.72(1,038.88) 1,501.00 51.94-69.28 259.72-346.38

CA-843 – 01/03/05

336.11 1,680.53(6,722.12) 7,282.00

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

The notices were sent as an attachment to the Benefit Statement generated after each periodic cycle. Manual adjustments necessary because of gross overrides should be made on Forms CA-24 or CA-25 with a notice sent to the payee by the District Office.

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

DOUGLAS FITZGERALD
Director for
Federal Employees' Compensation

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

FECA CIRCULARS (FC)--INDEX

FC 05-01	Dual Benefits - FERS COLA
FC 05-02	Fiscal - Current Interest Rates for Prompt Payment Bills and Debt Collection
FC 05-03	Adjudication of Claims - Claims Related to Beryllium Exposure
FC 05-04	Bill Pay – Revised Form CA-16
FC 05-05	Due Process - Revised Appeal Rights
FC 05-06	Imaged FECA Cases to Be Provided in Portable Document Format (PDF) on
CD-ROM	
FC 05-07	Dual Benefits - FERS

Attachments

FC 05-02	Prompt Payment Interest Rates
FC 05-02	DMS Interest Rates

FECA CIRCULARS (FC)--TEXT

FECA CIRCULAR NO: 05-01 November 19, 2004

SUBJECT: DUAL BENEFITS - FERS COLA

Effective December 1, 2004, Social Security Benefits will be increased by 2.7%. This requires the amount of the FERS dual benefits deduction to be increased by the same amount.

This adjustment will be made from the National Office for all cases that were correctly entered into the ACPS Program. The adjustment will be effective with the periodic roll cycle beginning January 23, 2005. There will be no adjustment or overpayment declared for the period BCT-FY05.nfo

December 1, 2004 through January 22, 2005.

The National Office will provide a notice to each beneficiary affected. A copy will be provided for each case record.

SSA COLA's are as follows:

Effective December 1, 2004	2.7%
Effective December 1, 2003	2.1%
Effective December 1, 2002	1.4%
Effective December 1, 2001	2.6%
Effective December 1, 2000	3.5%
Effective December 1, 1999	2.4%
Effective December 1, 1998	1.3%
Effective December 1, 1997	2.1%
Effective December 1, 1996	2.9%
Effective December 1, 1995	2.6%
Effective December 1, 1994	2.8%

E. MARTIN WALKER
Acting 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)

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

The interest rate to be assessed for the prompt payment bills is 4.25 percent for the period of January 1, 2005 through December 31, 2005.

The rate for assessing interest charges on debts due the government has not changed. The interest rate for assessing interest charges on debts due the government remains 1.0 percent for the period of January 1, 2005 through December 31, 2005.

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

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

JAMES L. DEMARCE
Acting Director for
Federal Employees' Compensation

Attachments

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

PROMPT PAYMENT INTEREST RATES

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1/1/05 - 12/31/05	4 1/4%
1/1/04 - 12/31/04	4.0%
7/1/03 - 12/31/03	3 1/8%
1/1/03 - 6/30/03	4 1/4%
7/1/02 - 12/31/02	5 1/4%
1/1/02 - 6/30/02	5 1/2%
7/1/01 - 12/31/01	5 7/8%
1/1/01 - 6/30/01	6 3/8%
7/1/00 - 12/31/00	7 1/4%
1/1/00 - 6/30/00	6 3/4%
7/1/99 - 12/31/99	6 1/2%
1/1/99 - 6/30/99	5.0%
7/1/98 - 12/31/98	6.0%
1/1/98 - 6/30/98	6 1/4%
7/1/97 - 12/31/97	6 3/4%
1/1/97 - 6/30/97	6 3/8%
7/1/96 - 12/31/96	7.0%
1/1/96 - 6/30/96	5 7/8%
7/1/95 - 12/31/95	6 3/8%
1/1/95 - 6/30/95	1/8%
7/1/94 - 12/31/94	7.0%
1/1/94 - 6/30/94	5 1/2%
7/1/93 - 12/31/93	5 5/8%
1/1/93 - 6/30/93	6 1/2%
7/1/92 - 12/31/92	7.0%
1/1/92 - 6/30/92	6 7/8%
7/1/91 - 12/31/91	8 1/2%
1/1/91 - 6/30/91	8 3/8%
7/1/90 - 12/31/90	9.0%
1/1/90 - 6/30/90	8 1/2%
7/1/89 - 12/31/89	9 1/8%
1/1/89 - 6/30/89	9 3/4%
7/1/88 - 12/31/88	9 1/4%
1/1/88 - 6/30/88	9 3/8%
7/1/87 - 12/31/87	8 7/8%
1/1/87 - 6/30/87	7 5/8%
7/1/86 - 12/31/86	8 1/2%

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1/1/86 - 6/30/86	9 3/4%
7/1/85 - 12/31/85	10 3/8%
1/1/85 - 6/30/85	12 1/8

DMS INTEREST RATES

1/1/05 - 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 1/1/84 not applicable

SUBJECT: Adjudication of Claims - Claims Related to Beryllium Exposure

It has come to the attention of OWCP that there is likely to be an increase in claims filed under the FECA for illness and disability resulting from work-related exposure to beryllium. The Occupational Safety and Health Administration (OSHA) has provided extensive information regarding this issue in its OSHA Hazard Information Bulletins and pamphlets. The most likely federal employees to claim FECA coverage due to industrial exposure to beryllium are those of the Department of Energy and certain categories of employees at OSHA.

When OWCP receives claims for beryllium sensitivity, chronic beryllium disease (CBD) or other illnesses related to industrial exposure to beryllium, claims examiners (CEs) should note that even minimal or one instance of exposure can result in beryllium sensitization. The Med Guide (available in FolioViews) has been updated with information that will assist CEs in the adjudication of these cases. In addition, CEs are reminded that the 5 basic requirements necessary to establish entitlement under the FECA apply to these claims. Guidance for adjudicating occupational disease cases as set forth in the FECA Procedure Manual, Chapter 2-0806, should be used to establish the period, length, and levels of exposure in beryllium claims. Claims for schedule awards should also be processed in accordance with established regulations and procedures. It should be noted, however, that because this disease is closely connected to industrial exposure, CEs need not be concerned with possible non-work-related exposure if exposure during Federal employment is documented.

Although receipt of benefits under the Energy Employees' Occupational Illness Compensation Program Act (EEOICPA) does not affect a claimant's entitlement to benefits under the FECA, 42 U.S.C. § 7385c(c), the EEOICPA should serve as the primary payer of medical benefits for these FECA cases.

DOUGLAS FITZGERALD
Director for
Federal Employees' Compensation

Distribution: List No. 1--Folioviews Groups A and D (Claims Examiners, All

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Supervisors, Systems Managers, District Medical Advisors, Technical Assistants, Rehabilitation Specialists and Staff Nurses)

FECA CIRCULAR NO. 05-04

April 18, 2005

SUBJECT: Bill Pay – Revised Form CA-16

To better inform medical providers and streamline our billing process, Form CA-16 now includes language outlining the specific types of services it covers and those it excludes. Under the heading “Information for Physician,” the following three sentences were added to the subsection “Your Authorization”:

This form covers office visits and consultations, laboratory work, hospital services (including inpatient), x-rays, MRIs, CT scans, physical therapy, emergency services (including surgery) and chiropractic services. Chiropractic services are limited to charges for physical examinations and x-rays to diagnose a subluxation of the spine and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by x-ray.

This form does not cover elective and non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym membership and work hardening programs.

Although Form CA-16 was revised in February of this year, OWCP will continue to accept both versions of the form through June 30, 2005. However, effective July 1, all bills submitted under a Form CA-16 will be processed by ACS in accordance with the new coverage policy outlined above.

DOUGLAS C. FITZGERALD

Director for

Infobases built before v3.1 have unreliable record IDs.

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FECA CIRCULAR NO. 05-05

March 18, 2005

BCT-FY05.nfo

SUBJECT: Due Process – Revised Appeal Rights

As a part of our ongoing efforts to improve customer service, the Appeal Request Form has been updated in order to clarify the hearing options that are available to potential appellants. Specifically, under “ORAL HEARING,” the revised form advises potential appellants of the following:

Depending on your geographical location, the issue involved in your case, the number of hearing requests in your area, and at the discretion of the hearing representative, we may be able to expedite your appeal by offering you a telephone hearing. If OWCP deems your case suitable for teleconference and you are open to this option, please check here.

This policy affords claimants who reside in areas where hearings are not frequently held the opportunity to receive an expedited hearing. It should be noted, however, that this option is granted solely at the Office’s discretion.

DOUGLAS 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 CIRCULAR NO. 05-06

July 1, 2005

SUBJECT: Imaged FECA Cases to Be Provided in Portable Document Format (PDF) on CD-ROM

BCT-FY05.nfo

In accordance with the Freedom of Information Act (FOIA) (5 U.S.C. 552) and the Privacy Act, with implementing regulations at 29 C.F.R. Parts 70 (FOIA) and 71 (Privacy) governing the production or disclosure of information or materials, it has been the practice of OWCP to provide copies of FECA case files to claimants and/or their authorized representatives. Up to the present time, this has involved the provision of paper copies only. However, with the recent use and proliferation of electronic media for access, research, documentation, and storage of records, it has become reasonable to expect and request access to one's records in an electronic format. In response to such requests from claimants or their representatives, OWCP has considered the issue and determined that FECA case records that are already in an imaged format can be readily reproduced at a reasonable cost in portable document format (PDF) on CD-ROM.

Regarding the provision of case records on CD-ROM, it was necessary to develop a consistent policy as well as a method for handling them expeditiously. To that end, this circular provides guidance for the uniform handling of requests for copies of imaged case records on CD-ROM. The procedures described below will be effective within thirty (30) days of the release of this circular. Please ensure that proper notification/training is provided to all district office personnel that are affected.

When a written request for a copy of a FECA case record on CD-ROM under the FOIA/Privacy Act is received, the responsible claims examiner (RCE) should first determine whether the case record contains sensitive documents that should not be released directly to the claimant. Where the RCE determines that the case file contains such evidence, a paper copy without the sensitive documents will be provided in lieu of a CD-ROM in order to preserve the integrity of the electronic record. The RCE should follow established procedures for releasing the redacted medical evidence to the physician designated by the claimant. This policy applies regardless of whether it is the claimant or his/her representative who makes the copy request.

As a consequence of the regulations found at 29 C.F.R. § 71.6(a) and 20 C.F.R. § 70.40(c)(4), the OWCP may only charge claimants for a CD-ROM copy of the case record where the following two conditions exist: (1) the claimant has recently received a printed copy of his or her entire file and (2) the cost of providing a CD-ROM copy will exceed \$15.00.

The ability to create CD-ROM copies of electronic case records within iFECS will be restricted to only two DFEC employees per district office. The local iFECS Site Manager (ISM) will provide the authorized individuals with access to the appropriate function (i.e., Imaging Allow Printing to any Printer - No Bulk Printer Restriction) once the DFEC iFECS Supplemental Privileges Request Forms have been completed. (The authorized individuals must have Adobe® Acrobat® 6.0 or later installed on their computers in order to create case record copies in PDF format.)

In those instances where it is appropriate to release a CD-ROM copy, the RCE should refer the BCT-FY05.nfo

matter, in writing, to the designated district office staff dedicated to handling such requests. The referral from the RCE will also instruct this person to indicate both the appropriate file number and date the case record copy was created on the CD label template prior to printing it.

The designated staff person for case records production on CD-ROM will, upon receiving the instructions from the RCE, proceed to create a copy of the case record by way of a secure PDF file, and then copy it onto a CD-ROM.

For the purposes of security, privacy, and quality assurance, the completed CD-ROM copy should be returned to the RCE for inspection before release to the requestor. The RCE should ensure that the PDF file is password protected, and the appropriate file number and date appear on the CD label. Along with the CD-ROM copy, the RCE will send the appropriate Privacy Act-response form letter (located in the Correspondence Library) to the requestor, which includes instructions on how to access the secure PDF file.

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 CIRCULAR NO. 05-07

August 9, 2005

SUBJECT: Dual Benefits - FERS

Reference is made to FECA Bulletin 97-9, where the procedures for computing FERS Dual Benefits are outlined. Action item 3 indicates a point of contact at SSA who was performing the necessary computations for OWCP. These computations are currently assigned to a number of modules based on the last 2 digits of the SSN as follows:

MOD	SSN RANGE	MGR	FAX #
01	00 – 16	JOHN WIGGINS	410-965-5882

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02	17 – 32	ZORITA SHIVERS	410-966-6782
03	33 – 49	WANDA RUSSELL	410-965-8054
04	50 – 66	SHIRLEY DAVIS	410-965-6030
05	67 – 82	JOHN REUSING	410-966-5552
06	83 – 99	PINA CULOTTA	410-965-6029

Please change the SSA contact information in Bulletin 97-9 to reflect these assignments.

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)--INDEX

FT 05-01	Revision to Chapter 6-0200, Initial Overpayment Actions, PART 6 – Debt Management, Federal (FECA) PROCEDURE MANUAL
FT 05-02	Revision to Chapter 2-1200, Fees for Representatives' Services Part 2 - Claims, Federal (FECA) Procedure Manual
FT 05-03	Revision to Chapter 5-0200, Overview of the Bill Processing System (BPS), Part 5 - Benefit Payments, Federal (FECA) Procedure Manual
FT 05-04	Release Revision to Chapter 2-0901-6, Computing Compensation Part 2 Claims, Federal (FECA) Procedure Manual

FECA TRANSMITTALS (FT)--TEXT

FECA TRANSMITTAL NO. 05-01

November 1, 2004

EXPLANATION OF MATERIAL TRANSMITTED:

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RELEASE - REVISION TO CHAPTER 6-0200, INITIAL OVERPAYMENT ACTIONS, PART 6 - DEBT MANAGEMENT, FEDERAL (FECA) PROCEDURE MANUAL

Chapter 6-200 is revised to update the current resource base used to evaluate an individual's assets for the purpose of considering whether recovery of an overpayment would defeat the purpose of the FECA.

Paragraph 6.a.(1)(b) is revised to reflect a current resource base of \$4800 for an individual, \$8000 for an individual with a spouse or one dependent, plus \$960 for each additional dependent. The increased resource base amounts have been determined by OWCP based upon data furnished by the Bureau of Labor Statistics (20 C.F.R. 10.436(b)).

E. MARTIN WALKER
Acting Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

Pages	Remove Old Pages			Insert New	
	Part	Chapter	Pages	Part	
Chapter	6	6-0200	i, 21-22	6	6-0200
		i, 21-22			

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

FECA TRANSMITTAL NO. 05-02

March 7, 2005

BCT-FY05.nfo

EXPLANATION OF MATERIAL TRANSMITTED:

RELEASE - REVISION TO CHAPTER 2-1200, FEES FOR REPRESENTATIVES' SERVICES, PART 2 - CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

For the purpose of clarity and to reflect the substantial regulatory changes that went into effect in 1999, Chapter 2-1200 has been entirely rewritten.

DOUGLAS FITZGERALD
Director for
Federal Employees' Compensation

FILING INSTRUCTIONS:

Pages		Remove Old Pages			Insert New	
Chapter	Pages	Part	Chapter	Pages	Part	
		2	2-1200	i, 1-10, Exh. 1	2	2-1200
i, 1-11						
Exh. 1						

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

FECA TRANSMITTAL NO. 05-03

April 15, 2005

BCT-FY05.nfo

EXPLANATION OF MATERIAL TRANSMITTED:

RELEASE - REVISION TO CHAPTER 5-0200, OVERVIEW OF THE BILL PROCESSING SYSTEM (BPS), PART 5 - BENEFIT PAYMENTS, FEDERAL (FECA) PROCEDURE MANUAL

The previous Chapter 5-0200 (Overview of the BPS) has been revised in its entirety. The new chapter explains the flow of bills through the Office, describes the various types of billing statements that are processed, and provides an overview of actions that are required in conjunction with bill processing. It also includes new material concerning ACS and its Central Bill Pay processes and procedures.

DOUGLAS FITZGERALD
Director for
Federal Employees' Compensation

	<u>Remove Old Pages</u>			<u>Insert New Pages</u>	
Pages	Part	Chapter	Pages	Part	Chapter
i, 1-14	5	5-0200	i, 1-18	5	5-0200
ex.1	5	5-0200	ex. 1-2	5	5-0200

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)

EXPLANATION OF MATERIAL TRANSMITTED:

RELEASE – REVISION TO CHAPTER 2-0901-6, COMPUTING COMPENSATION PART 2
– CLAIMS, FEDERAL (FECA) PROCEDURE MANUAL

Chapter 2-0901, paragraph 6 has been updated to account for changes in compensation processing due to the implementation of the Integrated Federal Employees' Compensation System (iFECS).

Paragraph 6(b)(1) of this chapter is revised to reflect that payments should now be entered in fractions of hours instead of being rounded to the nearest whole hour.

DOUGLAS FITZGERALD

Director for

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OWCP BULLETINS (OB)--INDEX

OB 05-01 **War Hazard Compensation Act-Claims for Reimbursement and Detention Benefit Procedures**

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OWCP BULLETINS (OB)--TEXT

OWCP BULLETIN NO. 05-01

Issue Date: October 18, 2004

Expiration Date: October 18, 2005

Subject: War Hazard Compensation Act-Claims for Reimbursement and Detention Benefit Procedures

Background: The War Hazards Compensation Act (WHCA) 42 U.S.C. § 1701 et seq. establishes a compensation system that provides reimbursement to contractors covered by the Defense Base Act (DBA) 42 U.S.C. § 1651, et seq. for both benefit and administrative costs resulting from an injury or death caused by a “war risk hazard.” It also provides direct payments to DBA and certain employees as a result of their detention by a "hostile force or person" and payments to certain employees (and their dependents) when injury or death occurs due to a “war risk hazard.”

Reimbursement--Section 104(a) of the WHCA provides for reimbursement to an employer or carrier by the United States, from the Employees’ Compensation Fund, for compensation and medical benefits paid pursuant to a valid compensation claim under the DBA where the injury for which such compensation is payable "arose from a war risk hazard" as defined in section 201(b) of the WHCA. 42 U.S.C. § 1711(b). Reimbursement is available for both the amount of benefits paid and reasonable and necessary claims expenses. Section 104(a)(3) also provides the Secretary with the authority once the reimbursement claim is accepted to pay the benefits directly to the employee 42 U.S.C. § 1704(a)(3) See also 20 C.F.R. § 61.105.

Detention--Section 101(b) of the WHCA, 42 U.S.C. § 1701(b) provides benefits for “detention.” It applies to:

- employees identified in section 101(a) of the WHCA;
- employees covered by the DBA;
- employees covered by the Non-Appropriated Funds Instrumentalities Act (NFIA) (civilian employees working outside the continental U.S. for non-appropriated funds

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- instrumentalities such as military PX's); and
- employees under contract by the United States for personal services outside of the U.S.

Detention benefits, payable from the Employees' Compensation Fund, are provided for a covered employee missing because of a belligerent action of a "hostile force or person" or when the employee has been taken by a "hostile force or person" as a prisoner, hostage, or otherwise. While being detained the employee is entitled to be credited with compensation benefits, as for total disability, at a rate of 100 percent of his or her average weekly wage at the time detention begins; seventy percent of such benefits can be disbursed to his or her U.S. resident dependents.

Direct Claims--Section 101(a) of the WHCA provides for a direct claim for compensation for disability or death. In view of the infrequency of these claims, they will not be addressed in this bulletin. Claimants should look to relevant sections of the regulations and Federal (FECA) Procedure Manual for guidance in filing direct claims and should be aware that the regulations require a determination by DLHWC that DBA benefits are not available before a direct claim may be filed. See 20 C.F.R. § 61.201.

Issues--Because of the large number of contractor employees serving the military in Afghanistan and Iraq and their exposure to "war-risk hazards" and detention by a "hostile force," employers and insurance carriers for these employees are anticipating an increase in claims under the DBA for injuries and deaths caused by military or terrorist actions.

DBA claims are administered by OWCP's Division of Longshore and Harbor Workers Compensation (DLHWC); DBA claims arising in Iraq and Afghanistan are initially reported to its New York District Office (201 Varick Street, Room 750 Post Office Box 249 New York, NY 10014-0249). Employers and insurers anticipate seeking reimbursement under the WHCA in cases meeting WHCA criteria as well as assisting employees and their dependents in seeking detention benefits. Consequently, it is anticipated that there will also be a corresponding increase in reimbursement and detention benefits claims filed with the Division of Federal Employees' Compensation (DFEC), which is responsible for administering WHCA claims and does so through its Cleveland District Office, U.S. Department of Labor, OWCP, 1240 East Ninth Street, Room 851, Cleveland, OH 44199, under the direction of the DFEC National Office. Initial claims for reimbursement should be submitted directly to the Cleveland office; follow-up correspondence should contain the claim number and be submitted to the U.S. Department of Labor, DFEC Central Mailroom, PO Box 8300, London, KY 40742-8300.

In recognition of the anticipated increase in WHCA claims and the relationship between the DBA and the WHCA, it is necessary to address certain aspects of the claims process to ensure prompt and orderly adjudication of the WHCA claims. One of the critical issues that need to be addressed is whether an insurer or employer must first obtain a compensation order under the DBA from DLHWC finding that its employee is entitled to DBA benefits, before filing a claim for reimbursement under the WHCA. Similarly, guidance is needed concerning whether a claimant must obtain a compensation order issued by DLHWC finding that an employee is not entitled to benefits under the DBA before submitting a claim for detention benefits on behalf of the employee. A question has also been raised regarding the extent that DFEC will rely on the findings in a compensation order including the findings made in a section 8(i) settlement.

Reference: Statutes; WHCA 42 U.S. C § 1701 et seq., DBA 42 U.S.C. § 1651 et seq., Federal Employees' Compensation Act (FECA), 5 U.S.C. § 8101 et seq., Regulations; WHCA 20 C.F.R. Part 61, Longshore 20 C.F.R. Part 702, Procedure Manuals; Federal (FECA) Procedure Manual Chapter 4-300; Longshore PM Chapter 0-200, Forms; CA-278.

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Purpose: To establish clear guidance on the procedures for processing reimbursement claims and detention benefit claims under the WHCA.

Applicability: Regional Directors, District Directors, Assistant District Directors, and National Office Staff.

Action:

The following policies are hereby put into effect--

1. Compensation Orders Under the DBA are Strongly Encouraged but Not Required for Reimbursement and Detention Benefit Claims.

The WHCA or its regulations do not require that a compensation order under the DBA be issued before either a DBA-benefits reimbursement claim or a detention-benefits claim can be filed and adjudicated. However, to ensure efficient adjudication of reimbursement claims and detention benefit claims under the WHCA, OWCP suggests that employees, employers and insurers obtain a compensation order under the DBA from the appropriate DLHWC district office since that will expedite payment of claims.

2. Reimbursement Claims Should Not Be Filed Until Benefits Have Been Paid, Should Contain Appropriate Documentation and It is Strongly Encouraged that a Compensation Order under the DBA be Obtained.

The fundamental requirement for filing a reimbursement claim is that the employer or insurer has actually paid benefits to the employee or the employee's dependents. Notice of an intention to pay or report of injury such as a LS-202 is not sufficient grounds to justify filing a claim under the WHCA. A claim requesting reimbursement should not be filed until an employer or insurer has made payments for which it is seeking reimbursement. Such a request should be made by means of a Form CA-278 with supporting documentation. The WHCA regulations require the following documents if available; statements of the employee or employer, medical reports, proof of liability (e.g. insurance policy) and compensation orders. *See* 20 C.F.R. § 61.101(c). It is recommended that the employer or insurer also provide a statement concerning why its claim should be reimbursed as a war hazard.

In addition, the regulations and procedures contemplate that entitlement to benefits should be established, and the rate of compensation and period of payment should be relatively fixed and known before a claim for reimbursement is submitted. *See* 29 C.F.R. § 61.105; Federal (FECA) Procedure Manual Chapter 4-300.12. Thus, it is recommended that the employer or insurer first seek to obtain a compensation order from the appropriate DLHWC district office.

If a compensation order has been issued on the DBA claim, the employer or insurer must submit BCT-FY05.nfo

this order with its claim for reimbursement under the WHCA when filing the claim with the Defect's special claims unit in the Cleveland District Office. *See* 20 C.F.R. § 61.101(c). Absent extraordinary circumstances, the DFEC will generally accept the findings regarding DBA compensability including DBA coverage, injury, causal relationship, dependents and benefit rates made in the compensation order without further independent review. In addition, a compensation order can be the basis for DFEC to assume direct payments of DBA benefits.

If a compensation order has not been issued on the DBA claim, either because the claimant declines to participate in the proceeding or because one or more parties do not agree to the issuance of such an order, the insurer or employer may obtain an OWCP recommendation on the compensability of the DBA claim by requesting an informal conference at the office of the DLHWC District Director.¹⁽¹⁾ 20 CFR § 702.311 et seq. Such a request should only be made after the employer or insurer has engaged in documented good faith efforts to contact the employee or the eligible survivors, to reach agreement on all issues in the claim, and to obtain a signed stipulation for issuance of a compensation order. The informal conference may be held in person or by telephone, and the District Director or the Claims Examiner must make every effort to ensure the participation of the claimants and/or their legal representatives and will document their efforts. Following the informal conference, if the parties still cannot agree to submit stipulations for entry of a compensation order, the District Director or the Claims Examiner will prepare a Memorandum of Informal Conference, setting forth all pertinent issues in the DBA claim, a summary of all relevant facts and evidence, and his or her recommendations and rationale for resolution of such issues. In the case of a permanent (or potential permanent) disability claim, such recommendations should not be made until the employee has reached maximum medical improvement. The Memorandum of Informal Conference will address all issues of DBA compensability and will contain the same elements of a compensation order; however it will not have the binding effect of a compensation order.

If a Memorandum of Informal Conference as described above has been issued by the DLHWC, the Memorandum should be filed with the claim for WHCA reimbursement. Absent extraordinary circumstances, the DFEC will accept the recommendations made by the DLHWC District Director or Claims Examiner with regard to DBA compensability, including DBA coverage, injury, causal relationship, dependents and benefit rates without further independent review.

Note: Development of Reimbursement Claims filed without either a compensation order or an informal conference memorandum is likely to result in greater processing time than those reimbursement claims that were filed with compensation orders or informal conference memorandums, as the DFEC will be required to develop all aspects of the claim including DBA compensability. This includes DBA coverage, injury, causal relationship, dependents and benefit rates. DFEC may consult DLHWC on this additional development.

3. DFEC Will Not Accept a WHCA case for Direct Payment without a Formal
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Compensation Order, Absent Extraordinary Circumstances.

While the acceptance of a reimbursement claim can be based on an informal conference memorandum issued by a DLHWC District Director or Claims Examiner, DFEC will not utilize the informal conference memorandum as the basis to assume direct payment of DBA benefits. It has determined that, absent extraordinary circumstances, only a compensation order will meet the requirement of the regulations that “the rate of compensation or benefit and the period of payment have become relatively fixed and known.” *See* 20 C.F.R. § 61.105(c). Thus an employer or insurer seeking to have DFEC assume direct payment of a claim should obtain a compensation order fixing liability for the claim.**1(2)**

4. Settlements Pursuant to section 8(i) of the LHWCA Should Be Carefully Reviewed by Insurers Who Believe They May Seek Reimbursement from OWCP under the WHCA To Assure the Settlement is Not Excessive.

DBA claims with potential for WHCA reimbursement may be settled pursuant to § 8(i) of the Longshore and Harbor Workers' Compensation Act (LHWCA), 33 U.S.C. § 908(i). Settlement applications are reviewed and approved by the District Director within thirty days of receipt unless the settlement sum is inadequate or procured by duress. The settlement application must comply with the regulatory criteria in 20 CFR § 702.241 – 243, and the order approving settlement must include an explanation of why the proposed settlement is adequate.

If the DBA claim has been settled under § 8(i) of the LHWCA, a copy of the settlement application and the compensation order approving settlement must be submitted to the DFEC when the employer or insurer is seeking reimbursement under the WHCA. The reimbursement claim should also include an explanation from the employer or insurer as to why the settlement was not excessive. Absent extraordinary circumstances, the DFEC will generally accept without further independent review the findings with regard to DBA compensability, including DBA coverage, injury, causal relationship, dependents and benefit rates, made in the compensation order approving the § 8(i) settlement by the District Director. Settlement amounts that appear to be excessive will constitute extraordinary circumstances and DFEC will conduct its own independent review of the settlement, engage in any development it deems appropriate and if necessary determine the appropriate amount of benefits that should be reimbursed.

5. Claims for Detention Benefits Should Contain Appropriate Documentation; It is Recommended that a Compensation Order under the DBA be Obtained.

A claim for detention benefits should contain the information identified in the regulations at 20 C.F.R. § 61.301, which includes the name, address, and occupation of the missing employee; name, address and relation to the employee of any dependent making the claim; name and address of the employer; contract number under which employed; and date, place and circumstances of capture and detention. The employer must provide information about the BCT-FY05.nfo

circumstances of the detention, which should include available evidence on whether the employee is being detained by a hostile force or individual within the meaning of the WHCA, and the employee's pay rate at the time of capture. Dependents making claims for detention benefits may be required to submit all evidence available to them concerning the employment status of the missing person and the circumstances surrounding his or her absence.

In addition to filing the above information, it is highly recommended that the person filing the claim for detention benefits (such as an employer, insurer, employee or the employee's dependents) should first obtain a compensation order from the appropriate DLHWC district office. Upon receipt of the DBA claim and after conducting the necessary investigation, the DLHWC will immediately issue a compensation order which will include a finding on whether the employee is covered under the DBA and whether DBA benefits are payable. If there is no evidence that the employee is either injured or has died, the compensation order will be in the form of a denial of DBA benefits. If the DLHWC is unable to issue a compensation order, the DLHWC will issue an informal conference memorandum in accordance with the procedures described in Section 2 of this Bulletin. At the same time that the compensation order or informal conference memorandum is issued, the District Director will advise the claimants of the opportunity to file for detention benefits under the WHCA with DFEC.

Either the compensation order or the informal conference memorandum can be a basis for the acceptance of the detention benefit claim. The DFEC, absent extraordinary circumstances, will accept the findings of either the compensation order or the informal conference memorandum as they pertain to the DBA claim such as whether the employee is injured or has died and whether the employee would be entitled to DBA benefits. The DFEC will engage in development as to whether the employee has been detained and the appropriate amount of compensation benefits.

Note: Development of detention benefit claims filed without either a compensation order or an informal conference memorandum may result in greater processing time than those detention benefit claims filed with compensation orders or informal conference memorandums as the DFEC may be required to develop all aspects of the claim, including DBA compensability. The DFEC may consult DLHWC on this additional development.

6. WHCA Reimbursement Claims May Be Denied Due to "Premium Loading."

A claim for reimbursement filed by an insurance carrier or self-insured employer will be denied if it is found that the benefits paid or payable were on account of injury, detention or death which arose from a war-risk hazard for which a premium (which included an additional charge or loading for such hazard) was charged. By submission of a Form CA 278, the party seeking reimbursement is certifying that that premium loading has not occurred. If deemed necessary in a particular case, the DFEC will scrutinize DBA insurance policies and any other relevant information to ensure that such premium loading has not occurred and insurers may be required to certify that such loading has not occurred beyond the statement on the Form CA-278 that the
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claim does not contain, nor will the insurance carrier or self-insured demand, an additional charge or loading for war-risk hazard, as defined in 42 USC 1711(b).

Disposition: Retain until the indicated expiration date.

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

Distribution: Regional Directors, District Directors, FECA Director, and Longshore Director

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OWCP TRANSMITTALS (OT)--TEXT

Endnotes

1 (Popup - Popup)

¹ Nothing in this Bulletin changes the existing informal conference procedures for the purpose of resolution of one or more claim disputes at any stage of a DBA claim while it is pending before the District Director.

2 (Popup - Popup)

¹ Nothing in this Bulletin changes the existing informal conference procedures for the purpose of resolution of one or more claim disputes at any stage of a DBA claim while it is pending before the District Director.