



# Joint Task Force National Capital Region Medical **INSTRUCTION**

NUMBER 1438.01

JUN 14 2013

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J-1

SUBJECT: Injury Compensation

References: See Enclosure 1

1. PURPOSE. This Instruction, in accordance with (IAW) References (a) through (d), implements Joint Task Force National Capital Region Medical (JTF CapMed) policy, prescribes procedures, and delegates authority on implementing the DoD Injury Compensation Program under the “Federal Employees’ Compensation Act” (FECA), Section 8101 of Title 5, United States Code (Reference (e)). This Program is to provide benefits to civilian employees of the federal government for disability due to personal injury, disease, or death arising from or within the scope of their employment.

2. APPLICABILITY. This Instruction applies to JTF CapMed Headquarters (HQ), Fort Belvoir Community Hospital (FBCH), Walter Reed National Military Medical Center (WRNMMC) [hereafter FBCH and WRNMMC are referred to as Medical Treatment Facilities (MTFs)], and the Joint Pathology Center (JPC).

3. POLICY. It is JTF CapMed policy to:

a. Ensure that civilian employees have a safe and healthful work environment that complies with the DoD safety and occupational health policies identified in DoD Instruction 6055.1 (Reference (f)).

b. Provide prompt medical attention and full assistance in claiming just compensation for injuries or occupational illnesses incurred in the performance of their duties.

c. Ensure accountability at all levels for the effective management of all aspects of the DoD Injury Compensation Program under FECA (hereafter referred to as the “Injury Compensation Program” (ICP)) IAW the provisions of Reference (g).

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d. Ensure that all possible actions are taken to control and reduce FECA costs by creating a safe and healthy working environment and making every effort to return injured or ill employees to productive employment.

4. RESPONSIBILITIES. See Enclosure 2

5. PROCEDURES. See Enclosure 3

6. RELEASABILITY. UNLIMITED. This Instruction is approved for public release and is available on the JTF CapMed Website at: [www.capmed.mil](http://www.capmed.mil).

7. EFFECTIVE DATE. This Instruction:

a. Is effective upon publishing to the JTF CapMed Website; and

b. Must be reissued, cancelled, or certified current within 5 years of its publication in accordance with JTF CapMed Instruction 5025.01 (Reference (h)). If not, it will expire effective 10 years from the publication date and will be removed from the JTF CapMed Website.



SCOTT WARDELL

Executive Director for Administrative Operations  
By direction of the Acting Commander

Enclosures

1. References
2. Responsibilities
3. Procedures

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ENCLOSURE 1REFERENCES

- (a) Deputy Secretary of Defense Memorandum, "Authorities for Joint Task Force National Capital Region Medical (JTF CapMed)," February 7, 2012
- (b) Deputy Secretary of Defense Action Memorandum, "Civilian and Military Personnel Management Structures for the Joint Task Force National Capital Region Medical," January 15, 2009
- (c) Comprehensive Master Plan for the National Capital Region Medical, April 23, 2010
- (d) Supplement to the Comprehensive Master Plan for the National Capital Region Medical, August 31, 2010
- (e) Federal Employees' Compensation Act Title 5, U.S. Code Section 552a, 5545, 5546, 8101, 8105, 8106, 8107, 8112, 8115, 8119, 8122, 8124, 8128, 8129, 8131, 8133, 8134, 8140, 8147, 8148, 8149, 8344, and 8468
- (f) DoD Instruction 6055.1, "DoD Occupational Safety and Health Program," August 19, 1998
- (g) DoD Directive 1400.25, "DoD Civilian Personnel Management System," November 25, 1996
- (h) JTF CapMed Instruction 5025.01, "Formats and Procedures for Development and Publication of Issuances," March 5, 2012
- (i) Title 29, Code of Federal Regulations, Part 1614, "Federal Sector Equal Employment Opportunity," current edition
- (j) Title 29, Code of Federal Regulations 1910.1904, "Recording and Reporting Occupational Injuries and Illnesses"
- (k) Under Secretary of Defense Memorandum, "Injury Compensation Automated Data Systems," Dr. David S. C. Chu, July 23, 2003
- (l) Defense Injury & Unemployment Compensation System (DIUCS) dated April 18, 2011
- (m) Defense Portal Analysis Center (DefPAC)
- (n) OPM "Guide to Processing Personnel Actions," December 31, 1998

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ENCLOSURE 2

RESPONSIBILITIES

1. COMMANDER, JTF CAPMED (CJTF). The CJTF will:

- a. Ensure that the ICP is effectively administered as directed by References (e) through (g).
- b. Designate the Injury Compensation Specialist of the JTF CapMed Civilian Human Resources Center (CHRC) as the JTF CapMed Injury Compensation Program Administrator (ICPA).
- c. Charter a Regional FECA Working Group (RFGW) to monitor and report to MTF Commanders and the JPC Director on FECA program costs and initiatives to reduce costs and return injured employees to productive employment.

2. JOINT MTF COMMANDERS AND THE JPC DIRECTOR. The Joint MTF Commanders and the JPC Director will:

- a. Ensure management responsibilities under their authority are carried out in a timely manner.
- b. Ensure employees are advised of their rights and responsibilities under the ICP and that compensation claim forms are made available to employees.
- c. Confirm that maximum effort is made to keep injured employees safely on the job and light-duty positions are made reasonably available.
- d. Undertake maximum effort to restructure positions for employees who have been permanently or partially disabled because of a job-related injury or illness. The “reasonable accommodation” provisions of Reference (i), normally applicable to employees with disabilities, also apply to and are recognized by the ICP.
- e. Appoint appropriate personnel from management, safety, medical, and investigative staffs IAW SC 810.3.4 of Reference (g) to the RFGW and ensure that those representatives meet periodically to analyze FECA costs, trends, plans, and develop cost containment initiatives.

3. JOINT MTF AND CENTER MEDICAL OFFICERS. The Joint MTF and Center Medical Officers will:

- a. Review all reported cases of occupational illness and work related injuries and take appropriate action.

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b. Upon the ICPA's request:

(1) Provide medical information to be sent to the Office of Workers Compensation Program (OWCP) to support or to controvert a claim for an occupational illness or work-related injury.

(2) Communicate with the employee's personal physician, in writing, to clarify medical evidence when ICPA's attempts fail.

(3) Conduct a medical review of controversial and complex cases.

(4) Participate with the CHRC in returning employees to duty as soon as medically feasible, concurring with the treating physician's recommendations.

(5) Assist the ICPA in informing the local medical community of the FECA program and problems being experienced.

(6) Review, evaluate, and recommend appropriate light-duty assignments and make recommendations for employee placements involving duty limitations, if any, where such position continues to satisfy and fulfill the organization's mission.

(7) Advise the employee's attending physicians, in writing, that the medical facility may give supportive treatment such as physical therapy, under his or her direction (arrangements should be made with the concurrence of the employee and attending physician).

(8) Actively participate in the RFWG.

4. CHIEF OF OCCUPATIONAL HEALTH. The Chief of Occupational Health will:

a. Receive notice (within 48 hours) that an occupational disease, illness, or work related injury claim has been filed. This notice must not compromise the protection of sensitive medical, personnel, or payroll data.

b. Provide appropriate workplace exposure monitoring and epidemiology data necessary for investigation.

c. Advise workplace managers, supervisors, and respective Activity Safety Offices of exposure monitoring results from any relevant cases, and recommended workplace practices to control worker exposure (i.e., process changes, material substitution, engineering controls, personal protective equipment, administrative controls, and worker training).

d. Actively participate in the RFWG.

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5. JOINT MTF AND CENTER SAFETY OFFICERS. The Joint MTF and Center Safety Officers will:

- a. Investigate all reported job-related injuries and prepare required reports.
- b. Provide information to be sent to OWCP to support or to controvert a claim for compensation, when requested by the ICPA.
- c. Actively participate in the RFWG.
- d. Provide safety-related training as required.
- e. In conjunction with the CHRC, identify positions or duties for light-duty assignments, where such positions or duties continue to satisfy the organization's mission.
- f. Maintain Occupational Safety and Health Administration (OSHA) 300 log, IAW Reference (j), to fulfill the organization's mission.

6. JOINT MTF AND CENTER INVESTIGATIVE SERVICES. The Joint MTF and Center Investigative Services, as required by SC 810.3.7 of Reference (g), allows investigative personnel assigned to:

- a. Conduct an investigation of the specified claim to determine and document evidence of fraud, when requested by the ICPA through appropriate channels.
- b. Provide a written report of findings of the investigation, through appropriate channels, to the ICPA.
- c. Appoint a representative to actively participate in the RFWG.

7. FIRST-LINE SUPERVISORS. First-Line Supervisors will:

- a. Create a culture of safety consciousness and rigorously enforce safety and occupational health regulations by posting DoD Safety and Occupational Health Protection Program (DD 2272).
- b. Make every reasonable effort through light-duty programs to ensure that employees who become ill or injured in the performance of their duties are able to return to productive employment as early as possible.
- c. Ensure that all involved in the Injury Compensation Program, including private sector medical personnel, are aware of the agency's safety and injury compensation programs.

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- d. Investigate and take appropriate action on fraud and abuse in the Injury Compensation Program.
- e. Ensure that the location and telephone number of emergency medical facilities are made known at the work site and are posted in an easily accessible location.
- f. Ensure that employees know when and how to report occupational injuries and illnesses.
- g. Obtain training in, and have a good understanding of, the Electronic Data Interchange (EDI) application when filing claims for injuries and illnesses under Reference (j).
- h. Ensure that employees know they have the freedom to choose a treating physician (see SC810 paragraph 3.a. of Enclosure 2 and paragraph 5.h. of Enclosure 3), and seek treatment from the same physician even in traumatic injury cases, provided the physician has the appropriate specialty training. If an employee refuses treatment, document the facts of the situation as reported and investigate as necessary.
- i. Ensure Continuation of Pay (COP) is reported accurately and completely for time and attendance purposes.
- j. In conjunction with the CHRC's staffing employment division, identify realistic and reasonable positions or duties to make light-duty offers.
- k. Ensure doctors are notified in writing of possible duty modifications and/or accommodations.
- l. Report all injuries and illnesses promptly to the ICPA.
- m. Report all injuries and illnesses to Activity Safety Officers IAW governing safety and occupational health regulations.
- n. Decide whether COP is appropriate and/or applicable based on available information in conjunction with ICPA and/or CHRC.
- o. Maintain continued personal contact with the injured employee to the extent the disability warrants.
- p. Enforce safety and occupational health regulations, including the wearing of required protective equipment and clothing, and take appropriate disciplinary action against employees for failure to comply.

8. CIVILIAN EMPLOYEES. Civilian Employees will:

- a. Promptly and accurately report all job-related injuries or illnesses to their supervisors, unless prevented from doing so by the severity of the injury, and the need to first secure the

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safety of the employee. If an employee is unable to report an injury or illness, anyone, such as a friend, relative, co-worker, or supervisor may report the incident for the employee. Employees on temporary duty assignment or telework should report job-related injuries or illnesses to the CHRC by the best available means. If impossible, or the employee is unable to reach the CHRC, they may report injuries or illnesses to the nearest DoD Civilian Personnel or Human Resource Office.

b. Observe all safety and occupational health instructions, procedures, and regulations to include the proper use of personal protective equipment and clothing.

c. Report for medical examination or treatment as described by established procedures or as directed by their supervisors.

d. Advise the treating physician of light-duty programs.

e. Advise supervisor when the employees are medically released for light-duty IAW SC 810.3.9.6 (Reference (g)).

f. Provide medical documentation as soon as possible, but no later than 10 working days, or COP may be discontinued.

g. Return to regular or light-duty as soon as medically feasible IAW SC 810.3.9.8 (Reference (g)).

h. Participate in vocational and job-related training designed to provide suitable alternate employment when job-connected injury or illness precludes return to previous position and/or type of work.

9. ICPA. The ICPA will follow the provisions of SC 810.3.10 of Reference (g) to ensure the optimum effectiveness of ICPA. The designated ICPA will:

a. Serve as the focal point in all aspects of the ICP, coordinating efforts of safety officials, occupational health officials, medical officials, supervisors, and other management officials as well as local labor representatives as appropriate.

b. Ensure optimum effectiveness in the administration of the ICP by maintaining a professional and cooperative relationship in his or her contacts with the OWCP district offices, supporting DoD liaisons, Activity personnel, and the injured worker.

c. Provide training and operational guidance to supervisors and employees concerning their responsibilities within the ICP.

d. Ensure that Form CA-10 (poster), "What a Federal Employee Should Do When Injured at Work" is posted and easily visible at the work site.



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e. Maintain a working knowledge of the EDI application, ensure that supervisors are trained in, have a good understanding of the application, and utilize EDI when filing claims for injuries and illnesses under FECA (Reference (k)).

f. Provide an electronic copy of the Injury and Illness Incident Report, OSHA 301 form, generated by EDI application to respective Activity Safety Officer as CA-1 and CA-2 are submitted by supervisors for recordkeeping purposes IAW Reference (j).

g. Ensure timely and accurate reporting to OWCP. When notified about a job-related injury or illness or an actual or potential claim, give prompt help to the supervisor and the employee. The ICPA shall ensure that pertinent forms are properly and timely completed. (The ICPA is not responsible for the accuracy of information provided and entered on forms by the employee, supervisor, or witnesses, but must obtain clarification of conflicting or confusing statements.)

(1) Upon receipt of Form CA-1 or Form CA-2, check the form for completeness. If there is any doubt about the information provided, the ICPA will resolve the matter before further processing. The electronic version of Forms CA-1 and CA-2 contain an Authorization for Release of Information. The ICPA can require the employee to sign and date an Authorization for Release of Information. Because there is a short time limit (10 working days or less) on processing injury compensation forms, any necessary action should be taken on a priority basis;

(2) When appropriate, the ICPA will request that safety or medical services furnish, in writing, a report on the claim and include this information with the claim when sending it to OWCP. If this would cause an undue delay, this information can be sent to OWCP at a later date. Both safety and medical services officials may independently initiate letters or other documents to accompany claims. After determining that all forms are correct and reflect the correct chargeback account code, the ICPA sends them to OWCP;

(3) If the injury results in no medical expense and no loss in duty time, the Form CA-1 or Form CA-2 is permanently filed in the Human Resources Employee Medical File (EMF) without sending a copy to the OWCP. However, the ICPA shall send notification to the Activity Safety Office that a traumatic injury or occupational disease or illness claim has been filed. This notice must not compromise the protection of sensitive medical, personnel, and payroll data;

(4) In prolonged COP cases, the ICPA will ensure that a Form CA-7 is completed and sent to the OWCP, no later than five calendar days before the COP period expires (if the claimant wishes to file for compensation);

(5) When the injured employee is absent from duty, the supervisor, ICPA, and medical officials shall estimate the earliest date that the employee should be reasonably able to return to full-time or part-time light or regular duty based on medical evidence deemed appropriate by OWCP. On that date, if the employee has not returned, and the employee has not provided medical evidence to support continued absence, the supervisor shall contact the employee to learn the reason for failing to return to duty. The ICPA shall contact the attending physician in writing to inquire about restrictions and estimated return to duty and/or the servicing OWCP

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office for an expected date of return to duty. If the employee is still not able to return to duty, a new estimated return date is established, and the procedure is repeated until the employee is returned to duty. It is important for physicians to understand that supervisors can and will accommodate reasonable duty restrictions imposed by medical officials. It may be necessary to consult with the CHRC Labor Management Employee Relations Specialist if the employee does not provide appropriate medical documentation and/or does not follow leave procedures;

(6) Assist supervisors and employees in all aspects of the ICP, including completion of electronic and paper forms and case follow-up with the OWCP;

(7) Maintain adequate records to administer the ICP and reconstruct claim files, if necessary. A copy of all documents sent to OWCP shall be retained in the Activity claims file;

(8) Monitor COP days to ensure they do not extend beyond the 45-calendar day period;

(9) Periodically compare COP payments in the civilian pay activity with the claim status shown in the ICPA's records to ensure accuracy;

(10) Establish procedures to ensure that all claims (CA forms) and related documents are processed through the office of the ICPA;

(11) If light-duty is a possibility, ensure that job requirements and environmental conditions are made known to physicians when injured or ill employees or former employees are scheduled for examinations;

(12) Notify OWCP and furnish documentation of any pre-existing medical condition that might be useful in adjudicating a claim;

(13) Refer suspected fraud cases through channels to the proper military investigative authority, Department of Labor (DOL) Inspector General, or other investigative services. Contact the supporting DoD liaison for any needed assistance;

(14) Notify the Selective Placement Coordinator of employees requiring placement assistance;

(15) Coordinate with the Activity legal office on claims that appear to involve third-party liability;

(16) Ensure that an ample supply of required forms is maintained and available to employees and supervisors, as needed;

(17) If an employee dies as the result of a job-related injury, immediately notify OWCP, by telephone, fax, or telegraph-mail, and send a completed Form CA-6, "Official Supervisor's Report of Employee's Death," to OWCP within 30 calendar days from the date death occurred;

(18) Attend pre-scheduled meetings of the Occupational Safety and Health Council or other similar activity. The ICPA must annually initiate requests for review of selected long-term claim files and request current medical reports from the supporting DoD liaison IAW paragraph 10.w. of Reference (g), Enclosure 2.

(19) Maintain a file of names of physicians who have been excluded from payment under FECA. (The OWCP makes this determination and provides the list.) The ICPA shall ensure that Activity officials who issue a Form CA-16 are kept informed of the names and changes on that list;

(20) Work with rehabilitation counselors and the CHRC staffing function on reemployment referrals and work with OWCP-directed field nurses on return to duty under the Nurse Intervention Program;

(21) Verify claimant information received from OWCP in Reference (l). Immediately ask OWCP to correct erroneous information. All erroneous chargeback code corrections should be requested through the supporting DoD liaison;

(22) Verify program reporting information and certify the accuracy of all charges and chargeback codes received from OWCP using Reference (l) reports (see paragraph 2.d.(3) of Enclosure 3), Reference (g), and Reference (m). Immediately request that supporting DoD liaisons coordinate the correction of erroneous data with OWCP;

(23) Certify the accuracy of all charges and chargeback codes on the DOL quarterly chargeback billing lists and report any errors to the supporting DoD liaison;

(24) Contact the supporting DoD liaisons for assistance with unique and problematic issues; and

(25) Meet reporting requirements for briefing JTF CapMed and individual MTF Commanders or the JPC Director on the status of the ICP, to include the RFWG's data on annual program costs, illnesses or injuries encountered, etc. This should be the first order of business for the RFWG.

h. Provide necessary counsel and assistance to injured employees. When an employee sustains a job-related injury or illness, explain to the employee the basic benefits provided under FECA and the following:

(1) Entitlement to compensation for injuries or illnesses sustained in the performance of duty: 66-2/3 percent of basic salary for employees without dependents; 75 percent for employees with dependents;

(2) The importance of providing written notice of injury and timely submission of forms and related documentation;

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(3) Entitlement to COP, up to a maximum of 45 calendar days, for a traumatic injury. If the injury extends or is expected to extend beyond the 45-day COP period, the employee should be informed of the proper procedure to claim wage loss (Form CA-7). Explain the 3-day waiting period (see glossary in Reference (g) for definition);

(4) The difference between use of sick and annual leave versus COP for Form CA-1, item 15, who approves COP, and how COP days are counted. If COP is disallowed by OWCP, explain that money paid to the injured or ill employee is considered a debt and is subject to recovery;

(5) The difference between benefits under workers' compensation and federal disability retirement, if eligible;

(6) For employees separating from employment, the consequence of withdrawing retirement contributions. Provide the employee a copy of the notice to individuals with funds in the civil service retirement system;

(7) Adjudication of claims by the DOL and OWCP. The employing Activity acts only as an intermediary in gathering information pertinent to the claim and submitting it to OWCP. Decisions made by OWCP can be appealed by the employee;

(8) Leave buyback procedures when an employee does not wish to immediately file for compensation, the claim has been approved by OWCP, and/or the COP period has expired or there is no entitlement to COP. If applicable, explain the 3-day waiting period;

(9) The penalties provisions as detailed in paragraph SC 8101.k. of Reference (g), "Penalties for Employees and Supervisors;"

(10) The employee's right to select his or her own physician, as long as the physician is located within 25 miles of the employee's place of employment or residence. To change physicians, after the initial selection has been made, written justification must be provided and prior approval obtained from OWCP;

(11) The importance (requirement) that OWCP authorization is needed before extensive tests, hospitalization, or surgery;

(12) Procedures for filing medical and travel expenses; and

(13) Death benefits to survivors in fatality cases.

10. RFWG. HQ-level ICPAs monitor numbers and types of injuries and associated costs (including COP). The ICPA coordinates with higher HQ-level safety and medical offices for technical advice and assistance in improving work environments and developing cost containment initiatives. The RFWG provides advice, support, and solutions to help reduce the

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cost of compensation to meet the demands of the integrated healthcare system. The membership of the RFWG is comprised of the ICPA, JTF Safety Officers, and the JTF CapMed Comptroller. The RFWG will:

a. Develop initiatives and policies with the objective of returning injured employees to work by using subject matter experts such as the facilities' medical officers, safety officers, and occupational health officers.

b. Reduce the cost of compensation within the National Capital Region (NCR) by reducing barriers in the reemployment of injured employees.

c. Establish the Protecting Our Workers and Ensuring Reemployment (POWER) by:

(1) Collecting and analyzing data on the causes and consequences of frequent or severe injury and illness.

(2) Prioritizing safety and occupational health management programs that have proven effective in the past.

(3) Ensuring each MTF and Center are:

(a) Aware of the expectation for continued improvement in total injury and illness case rates;

(b) Reducing lost-time rates;

(c) Analyzing injury and illness lost-time injury and illness data;

(d) Increasing the timely filing of workers' compensation claims;

(e) Increasing the timely filing of wage-loss claims;

(f) Reducing lost production day rates; and

(g) Encouraging employees' return to work in cases of serious injury or illness.

(h) Reducing barriers to the POWER initiative that reduces lost production days due to work-related injuries and illnesses and returning injured employees to light-duty positions as applicable.

ENCLOSURE 3

PROCEDURES

1. HANDLING AND CONTROLLING CLAIMS. For proper injury case management, it is essential to closely monitor the completion and control of claims and establish an administrative system that accurately reflects the status of all claims at all times. This section provides procedures for handling a claim once an injury or illness is reported.

a. The supervisor notifies the CHRC ICPA immediately or as soon as possible after an injury has been reported.

b. The supervisor assists the employee with filing the claim form using the EDI application, which forwards all claim forms to the ICPA upon completion. The ICPA is responsible for processing all injury or occupational illness or disease forms and submitting the claim form to the appropriate OWCP district office in the most expeditious manner.

c. The ICPA will monitor claims to ensure that employees' rights are protected, that appropriate management options are timely exercised, and that workers' compensation costs are effectively controlled.

d. The CHRC will issue Form CA-11, "When Injured at Work," to all employees at the time of appointment. This is a pamphlet issued by the DOL that provides facts about compensation for civilian employees of the federal government.

e. When notified that an injury, occupational illness, or disease, or a recurrence of a documented injury has occurred, the employee's immediate supervisor should take time to discuss with the employee the nature of the injury, how, when, and where the injury, or recurrence occurred and obtain the names and statements of any witnesses. Also, refer to paragraph SC 810.13 (Reference (g)) for information about injuries sustained under special circumstances.

2. AUTHORIZING MEDICAL EXAMINATION AND TREATMENT FOR TRAUMATIC INJURIES

a. If an employee requests medical care, the supervisor should:

(1) Advise the employee that he or she has the initial choice of physician;

(2) Prepare and issue Form CA-17, "Duty Status Report;"

(3) Offer to refer the employee to the Activity medical services for examination and recording of the injury in the employee's medical record. Referral to the Activity medical

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services is not mandatory on the employee's part, nor shall it be construed as the initial choice of the attending physician; and

(4) The Supervisor, or Activity Medical Officer, or Activity Hospital/Clinic or ICPA shall:

(a) Make an appointment with the physician of the employee's choice;

(b) Inform the employee that he or she should make another choice if the physician is not available or is excluded from payment under FECA;

(c) Issue Form CA-16, "Authorization for Examination and/or Treatment," to a physician willing to provide treatment, which informs the employee that a change of physician requires prior OWCP approval or referral by his or her attending physician. The injured employee should receive the Form CA-16 within four hours of request;

(d) If an employee reports an injury several days after the fact, or did not request medical treatment within 24 hours, the supervisor may still authorize medical care using Form CA-16. The supervisor may, however, refuse to issue a CA-16 if more than a week has passed since the injury on the basis that the need for immediate treatment would normally have become apparent in that period of time. The supervisor signs the CA-16;

(e) Instruct the employee to contact the supervisor immediately after examination and treatment, and to inform the supervisor of the diagnosis, treatment, and work status; and

(f) Inform the employee that it is the employee's responsibility to provide the supervisor medical evidence as to his or her duty status and to inform the physician of the fact that light-duty is available should the employee be physically able to perform such duty.

b. The employee should:

(1) Advise the supervisor or Activity physician of his or her choice of physician (who may be an Activity medical officer);

(2) Choose a physician who is eligible and willing to give timely examination and treatment if an initial choice of the physician is not available to give examination or is on the excluded list; the employee must identify another eligible physician;

(3) Inform the physician of the availability of light-duty, if the employee has been informed that light-duty is available; and

(4) Notify the supervisor of ability to return to duty immediately following treatment and regularly provide updates.

### 3. FILING THE CLAIM

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a. The supervisor will ensure the completeness and, to the extent possible, accuracy of each claim prepared before submitting it to the ICPA.

b. Immediately upon notification that an injury has occurred, the immediate supervisor should investigate the claim. The CHRC, ICPA, or Activity Safety Office should also investigate, if necessary. The investigation should either substantiate the claim or show doubt about the validity of the claim. Sources and expertise available during the investigation are to include the injured employee; witnesses or others who have knowledge of the events/circumstances; the immediate supervisor; the treating physician; safety staff; and relevant files including the injury compensation case file; official personnel folder or Activity physician; and the employee's medical file. If review of the medical records shows evidence to dispute the claim or shows that the injury may have aggravated a preexisting condition, such evidence or a memorandum signed by the Activity physician (to include the name of doctors and hospitals where the employee was treated) is sent to the ICPA for forwarding to OWCP.

c. Based on the results of the investigation, the supervisor shall decide whether to controvert the claim in accordance with the guidance and procedures detailed in SC 810 (Reference (g)). If the supervisor is confident that there is no basis for controversion, he or she shall immediately print and submit the claim and all supporting documentation to the CHRC for forwarding to OWCP. If the investigation reveals questionable circumstances surrounding the claim, the supervisor will contact the ICPA.

d. The ICPA develops a controversion package IAW SC 810, section 5 of Reference (g), and forwards it with the claim to the OWCP. The supervisor notifies the employee verbally or in writing that the claim has been controverted. A copy of the written notice or a memorandum for record should state that the employee was notified of the controversion and be placed in the employee's file relevant to this incident.

e. If it is decided that either the traumatic injury or occupational disease claim, or any portion of it should be challenged, the ICPA shall enter the reasons in Block 35 of either the CA-1 or CA-2 claim form.

f. If it is decided that the entitlement to all or a portion of COP resulting from a traumatic injury claim should be controverted, the ICPA shall enter the reasons for controversion in Block 36 of the CA-1 claim form.

g. In either a challenged or controverted case, the ICPA must ensure that any supporting documentation, such as signed witness' statements, investigative reports, and photographs are forwarded to OWCP once a claim number is assigned to the case.

h. The supervisor shall notify the employee verbally or in writing that the claim has been controverted. A copy of the written notice or a memorandum for record should state that the employee was notified of the controversion and be placed in the employee's file relevant to this incident.



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#### 4. COMPLETING OWCP FORMS

a. Form CA-1, "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation." Use this form for traumatic injury cases only. A traumatic injury is defined as "a wound or other condition of the body caused by external force, including stress or strain." It must be identifiable as to time and place of occurrence and member or function of the body affected. It must be caused by a specific event or incident, or series of events or incidents within a single day or work shift. The Form CA-1 provides official notice to the employee's supervisor and to OWCP that a traumatic injury has occurred.

(1) Time Requirement. The employee should complete and submit the Form CA-1 as soon as possible after the injury, but no later than 30 days after the date of injury. To be eligible for COP, the employee must file the Form CA-1 within 30 days from the date of injury. Statutory time requirements for other FECA benefits will be met if the Form CA-1 is filed no later than three years after the injury. NOTE: Someone acting on the employee's behalf (that is, a co-worker, a relative, or the supervisor) may complete the Form CA-1.

#### (2) General Procedures

(a) The supervisor or Activity's medical service provides the employee with a Form CA-1, or provides access to the electronic CA-1 form through the EDI application.

(b) The employee completes items 1 through 15. The ICPA, supervisor, or Activity's medical service should complete items 17 through 38 on the Form CA-1, print the completed form, and sign the completed form. The employee signs the completed form.

(c) If the employee is eligible for COP, but elects annual or sick leave, the supervisor or ICPA explains COP to the employee.

(d) The supervisor gives the employee or the employee's representative a signed receipt.

(e) The supervisor forwards the Form CA-1 to the ICPA.

(f) The ICPA receives electronic notification of the completed form and reviews the Form CA-1 for accuracy and completeness. The ICPA must code the appropriate items on the form.

(g) If the employee has lost time from work or incurred medical expenses, the ICPA prints a hard-copy of the completed CA-1 form, approves, and submits the electronic form to OWCP within 10 working days from the date of first notice. The ICPA files one copy of the CA-1 in the EMF and one copy in the working folder for the claim. The ICPA shall send notification to the Activity Safety Officer that an injury has been claimed.

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(h) If the employee does not lose time from work and has no medical expenses, the ICPA files the original Form CA-1 in the EMF and sends notification to the Activity Safety Officer that an injury has been claimed.

(i) If the employee later seeks medical treatment, loses time from work, or both, the ICPA will retrieve the claim from the EDI application, correctly recode the claim, print, approve, and then submit Form CA-1 to OWCP.

b. Form CA-2, "Notice of Occupational Disease and Claim for Compensation." The Form CA-2 provides official notice to an employee's supervisor and OWCP of an occupational illness or disease caused or aggravated by factors of employment. In addition to submitting this form, the employee must furnish a narrative statement and supporting documentation explaining how the ailment is related to the work environment (see SC 810.5 (Reference (g))).

(1) Time Requirement. The injured employee or someone acting on his or her behalf should complete and submit the Form CA-2 to the official supervisor. Statutory time requirements will be met if the Form CA-2 is filed no later than three years after the date the employee first became aware, or if the employer had prior knowledge of the illness or disease. It should be emphasized that the employee has the responsibility to provide all the necessary documentation as outlined in item 2 under "Instructions for Completing Employee's Portion of the Form CA-2," before submitting it to the official supervisor. NOTE: Occupational disease cases are not eligible for COP.

(2) General Procedures

(a) The employee's supervisor helps the employee in obtaining the Form CA-2 and appropriate checklists provided in SC 810.5 of Reference (g).

(b) The employee completes items 1 through 18. The CHRC, supervisor, or Activity's medical service should complete items 19 through 35 on the Form CA-2; print the completed form and request that the employee sign the complete form. NOTE: Someone acting on the employee's behalf; that is, supervisor, co-worker, or relative may complete Form CA-2 if the employee is unable to do so. The ICPA will review and monitor the roles and responsibilities of the FECA in the JOA.

(c) The supervisor gives the employee or the employee's representative a signed receipt.

(d) The supervisor submits the Form CA-2 to the ICPA.

(e) On receiving electronic notification of a completed Form CA-2, the ICPA should review all entries for completeness and accuracy of information. The ICPA should ensure that the additional information required by the Form CA-2 instructions and Occupational Disease checklist is included. If the employee did not submit the required statements and medical reports, the ICPA should emphasize to the employee that failure to do so will either jeopardize the claim or delay OWCP's adjudication process. If the employee insists on submitting the Form

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CA-2 without supporting documentation, the ICPA should document in Block 35 of the form that the employee was advised to submit the necessary supporting documentation, but declined to do so. The ICPA will then approve and submit the CA-2 to OWCP.

c. Form CA-2a, "Federal Employee's Notice of Recurrence of Disability and Claim for Continuation of Pay/Compensation." Form CA-2a reports a recurrence of an earlier disability, injury, or illness. An employee is considered to have a recurrence when, after having returned to work, he or she is again impaired and stops work because of the original injury or occupational disease. (A new period of impairment is not a recurrence if it is caused by a condition that results from a new incident or injury even to the same portion of the body previously injured or from a new exposure to the cause of previously suffered occupational disease.) NOTE: The ICPA may help the employee and supervisor in filing a recurrence claim. The procedure is:

- (1) The employee notifies the supervisor of the recurrence.
- (2) The employee completes Form CA-2a, Part A. If the employee is no longer employed with the federal government, the employee should complete Part C.
- (3) The supervisor completes Part B and forwards the Form CA-2a to the ICPA.
- (4) The ICPA forwards the Form CA-2a (and controversion package, if appropriate) and related documentation to the OWCP.

d. Form CA-5, "Claim for Compensation by Widow, Widower, and/or Children." The Form CA-5 serves as official notice to OWCP of surviving, widower's, or children's claim for compensation due to an employee's death which resulted from job-related injury or illness. The ICPA forwards Form CA-5 to OWCP within 30 days of the death, but no later than three years after the death. If death resulted from an injury for which a disability claim was timely filed, there is no time restriction on submission of the Form CA-5. The procedure is:

- (1) The ICPA provides a Form CA-5 (all items on the Form CA-5 are self-explanatory) to the potential claimant.
- (2) The widow, widower, child or children, or child's or children's guardian completes the Form CA-5.
- (3) If death resulted from the injury or illness previously reported to OWCP, the ICPA enters the OWCP file number on the upper right corner of Form CA-5.
- (4) The ICPA obtains a certified copy of the death certificate and a copy of the autopsy report (if available) to forward to OWCP.

e. Form CA-5b, "Claim for Compensation by Parents, Brothers, Sisters, Grandparents, or Grandchildren." Form CA-5b serves as official notice of eligible dependent's claim for compensation due to employee's death, which resulted from job-related injury or illness. A

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dependent can be the employee's parents, brothers, sisters, grandparents, or grandchildren. The claim must be filed within three years following date of death. The procedure is:

(1) The ICPA provides a separate Form CA-5b to each claimant. NOTE: A separate form is required for each person claiming benefits.

(2) Each claimant completes a Form CA-5b (instructions are on the back of the form) and returns it to the ICPA.

(3) If death resulted from an injury or illness previously reported to OWCP, the ICPA enters the OWCP file number on the upper right corner of Form CA-5b. NOTE: A separate form is required for each person claiming benefits.

f. Form CA-6, "Official Superior's Report of Employee's Death." CA-6 serves as official notice of an employee's job-related death. In case of an employee's job-related death, the supervisor must immediately notify the ICPA and the Activity Safety Office. The ICPA, in turn, will immediately notify OWCP and the supporting DoD liaison by telephone, priority message, or facsimile message. NOTE: Expedience is required so that the OWCP Medical Advisor can advise if an autopsy will be required. The procedure is as follows:

(1) In all death cases, the ICPA will help supervisors in completing Form CA-6.

(2) After a thorough investigation by the Activity Safety Office of the circumstances surrounding the death, the supervisor completes the Form CA-6 and returns it to the ICPA. If the death resulted from an injury or illness previously reported to OWCP, the ICPA enters the OWCP file number in the upper right corner of the Form CA-6.

(3) The ICPA reviews the form for completeness and submits it to OWCP immediately. Any missing information should be obtained in the quickest way possible.

g. Form CA-7, "Claim for Compensation on Account of Traumatic Injury or Occupational Disease, with Attached Form CA-20, Attending Physician's Report." Form CA-7 is used to claim compensation for wages or time lost due to a traumatic injury or occupational disease. OWCP must have Form CA-1 or CA-2 on file to process the Form CA-7. If Form CA-1 or CA-2 was not previously submitted, it should accompany the Form CA-7. Form CA-7 is also used to initiate a claim for a schedule award or leave buy-back. The procedure is as follows:

(1) The ICPA provides the employee with a Form CA-7 with attached Form CA-20, "Attending Physician's Report." In traumatic cases, if the medical evidence shows that disability will extend past the COP period, the ICPA provides a Form CA-7 to the employee with instructions to return it to the supervisor or to the ICPA not later than 10 days before COP expires. The ICPA should send Form CA-7 to OWCP by the 40<sup>th</sup> day of COP to avoid interruption of the employee's pay. In occupational disease cases, the supervisor should forward Form CA-7 to the ICPA within 10 calendar days from the date pay stops. The ICPA should forward to OWCP as soon as possible, but no later than five workdays after its receipt from the employee. When filing Form CA-7 for continuing periods of disability, the claimant should complete the form at two-week intervals until he or she returns to full-time duty or OWCP places

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him or her on the periodic rolls. NOTE: The ICPA should send the Form CA-7 to OWCP as soon as possible, but no more than five working days after receipt from the employee.

(2) The employee or someone acting on the employee's behalf completes Part A (items 1 through 20) of the form.

(3) The supervisor completes Part B (items 20 through 38) SC 810.4.2.7.2.4 (Reference (g)). The employee takes the Form CA-20 to the attending physician and requests the completed form be returned to the ICPA.

(4) The ICPA reviews the Form CA-7 for completeness and accuracy and sends it to OWCP with the following:

(a) A copy of the position description from the job held on the date of injury and a copy of the Standard Form (SF) 50, "Notification of Personnel Action," in effect on the date of injury;

(b) Physical requirements for the job held on the date of injury (SF 78, "Certificate of Medical Examination"); and

(c) A copy of most recent, "Application for Federal Employment," from the Official Personnel File. The Form CA-7 should be promptly forwarded to OWCP even if the attachments have to be sent later.

(5) The ICPA makes periodic follow-ups with OWCP until a decision has been rendered.

h. Form CA-16, "Authorization for Examination, and/or Treatment." Form CA-16 is used to authorize an employee who claims a traumatic injury to obtain examination or treatment at a medical source of his or her choice. Such a medical source may be: any duly qualified local physician, surgeon, osteopath, and, within the scope of their specialty, a podiatrist, dentist, clinical psychologist, optometrist, and (within certain limitations) a chiropractor. Form CA-16 will not be issued to providers who are excluded or suspended from participation in the FECA program. An excluded physician may be reimbursed only for services rendered in a medical emergency. NOTE: In emergencies, the employee will be sent to the nearest available physician or hospital. The physician who provides the emergency treatment is not usually considered the employee's initial choice of physician. In emergency cases, it is not necessary to take time to fill out the appropriate forms however; these forms must be submitted within 48 hours following first examination or treatment. Form CA-16 should never be issued without a specific medical provider indicated; without the date of issue and signature of the Activity representative entered; or once the urgent need for immediate treatment has passed.

(1) OWCP Approval. Form CA-16 is issued in traumatic cases only. Issuances of a Form CA-16 can obligate the DoD for the cost of medical treatment for a 60-day period from the date of issuance. If there is doubt that the injury is job-related, block 6.B.2 should be checked. Only one CA-16 should be issued for an injury. It may not be issued for an occupational claim (Form CA-2) without prior approval from OWCP. Form CA-16 should rarely be issued in cases

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of recurrence. It may not be issued if more than six months has elapsed since the employee last returned to work. Form CA-16 is not used to authorize a change of physician after the initial choice is exercised by the employee. Form CA-16 should not be used to authorize medical testing for an employee who has merely been exposed to a workplace hazard, unless the employee has sustained an identifiable injury or medical condition as a result of that exposure.

(2) The supervisor or the Activity medical facility completes Part A (items 1 through 13) and gives the original to the employee. The employee should receive Form CA-16 within four hours of request. NOTE: "Light-Duty is Available" may be shown on the Form CA-16 provided by the Activity approved physician or by a letter provided by the employee's physician attached to the Form CA-16 informing the physician of light-duty). Activity approved physicians must be informed of possible duty modification / accommodations provided for injured employees.

(3) The employee gives the original to the Activity approved physician or treating medical facility.

(4) The Activity approved physician completes Part B (items 14 through 38) of the Form CA-16.

(5) On receiving the completed original Form CA-16 from the Activity approved physician, the ICPA forwards it to OWCP.

i. Form CA-17, "Duty Status Report." Form CA-17 is used in disabling injury cases to provide the supervisor and OWCP with a brief interim medical statement concerning the employee's ability to return to full or light-duty. The procedure is:

(1) The issuing official completes Part A, (items 1 through 7) SC 810.4.2.9.2.2 (Reference (g)). The employee gives Form CA-17 to the attending physician.

(2) The attending physician completes Part B of the Form CA-17 (items 8 through 20) and sends it back to the supervisor.

(3) If the physician completes the Form CA-17 immediately, the employee himself/herself may return it to the supervisor. NOTE: "Light-duty is available" may be entered on the Form CA-17.

(4) Upon receipt of the Form CA-17 from the attending physician, the supervisor or Activity physician determines whether the employee can return to full duty or to a light-duty assignment.

(5) The ICPA should forward the original Form CA-17 to OWCP and retain a copy with the compensation case file.

(6) Duty Status Determination. The claimant or treating physician should return medical evidence to the supervisor or ICPA immediately after examination or prior to the employee's

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next scheduled work shift, allowing the supervisor or ICPA to determine the employee's duty status. Upon determination of status, the employee will be:

- (a) Returned to full duty.
- (b) Assigned to or continued in a light-duty status.

1. Light duty is provided to an employee who has sustained a job-related injury and has physical limitations identified by the treating or Activity physician. The light-duty assignment should be within the limitations imposed by the treating physician. When an employee has partially overcome a compensable disability, it is DoD policy that supervisors make every effort to assign the employee to duties within his or her medically-defined work limitations.

2. In determining light-duty assignments, the supervisor considers the employee's medically-defined work limitations; the employee's job skills; the work organization to which the employee is regularly assigned; and the hours that the employee regularly works.

3. Supervisors may verbally make light-duty offers, but must follow-up in writing within two business days of the verbal job offer. Copies of the job offer should be sent or faxed to the treating physician. The offer should include a description of the duties to be performed, the specific physical requirements of the position, and any special demands of the workload or unusual working conditions; the organizational and geographical location of the job; the date on which the job will first be available; the date by which a response to the job offer is required; and pay rate information for the offered job. The employer will send a complete copy of any job offer to OWCP when it is sent to the employee IAW Reference (g).

- (c) Placed in a COP status as described in SC 810.7 (Reference (g)); or

(d) Placed in a sick leave, annual leave, or leave without pay (LWOP) status as elected by the employee.

5. LWOP DOCUMENTATION. The supervisor is responsible for submitting a SF 52, "Request for Personnel Action," when an employee is on LWOP for 80 continuous hours or more and is expected to receive compensation benefits. The Nature of Action code should be entered as, "460 (LWOP/OWCP)," and the authority code must read, "Q3K." The remarks sections should read, "The employee is expected to be paid 5 U.S.C.81." If DOL subsequently denies the claim, the authority code must then be corrected to reflect LWOP only and the authority code must read, "DAM," rather than Q3K. The supervisor, upon the employee's return to duty (RTD), will immediately notify both OWCP and the ICPA, and submit an RTD SF 52 to the ICPA. The RTD SF 52 should be reviewed by the ICPA and submitted immediately along with a cover letter verifying the employee's RTD to OWCP to ensure that compensation has been terminated (Reference (n)).

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6. OBTAINING THE STATUS OF THE CLAIM. The ICPA obtains information from OWCP, such as current medical information, Work Capacity Evaluation Form 5, and rehabilitation information by telephone or written request.

## 7. INJURY COMPENSATION RECORDS

a. Access and Disclosure Guidelines. All records related to an employee's injury or illness(es) are sensitive. The ICPA should protect them from unauthorized access and disclosure, limit access to the records to those individuals with an authorized need to know; use caution when releasing medical reports; and under no circumstances, release a psychiatric report. If in doubt, the ICPA should contact OWCP or the supporting DoD liaison for guidance. NOTE: It is mandatory that the employee specify in writing the name of the individual designated to act as his or her representative.

b. Injury Compensation Case Files. The ICPA prepares and maintains an injury compensation case file for each injury or illness for which compensation is claimed. As a minimum, the case file is to consist of copies of OWCP forms, relevant medical information supplied by physicians, claim-related correspondence, and other sensitive information that specifically relates to the injury or illness. NOTE: Case files should be secured in locked cabinets or otherwise secured as required by the Privacy Act. All records are official records of OWCP and are covered by the government-wide Privacy Act system of records titled DOL/GOVT-1. The ICPA shall follow the guidelines set forth in SC 810.4.4.2.1.2 (Reference (g)) in establishing, maintaining, and disposing of Injury Compensation case files.

c. Claim Numbers. Upon electronic notification from Civilian Personnel Management Service that OWCP acknowledges receipt of the claim and assigns the claim number, the ICPA shall verify ownership of the case and chargeback code and, if there are discrepancies, the ICPA shall notify OWCP district office immediately. The ICPA shall also annotate all appropriate documents with the claim number in the upper right-hand portion of the document before forwarding to OWCP.



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GLOSSARYABBREVIATIONS AND ACRONYMS

CHRC	Civilian Human Resources Center
CJTF	Commander, Joint Task Force National Capital Region Medical
COP	Continuation of Pay
DOL	Department of Labor
EDI	Electronic Data Interchange
FBCH	Fort Belvoir Community Hospital
FECA	Federal Employees' Compensation Act
HQ	headquarters
IAW	in accordance with
ICP	Injury Compensation Program
ICPA	Injury Compensation Program Administrator
JPC	Joint Pathology Center
JTF CapMed	Joint Task Force National Capital Region Medical
LWOP	Leave Without Pay
MTF(s)	Medical Treatment Facility/Facilities
NCR	National Capital Region
OSHA	Occupational Safety and Health Administration
OWCP	Office of Workers Compensation Program
POWER	Protecting Our Workers and Ensuring Reemployment
RFWG	Regional Federal Employees' Compensation Act Work Group
RTD	return to duty
SF	Standard Form
WRNMMC	Walter Reed National Military Medical Center