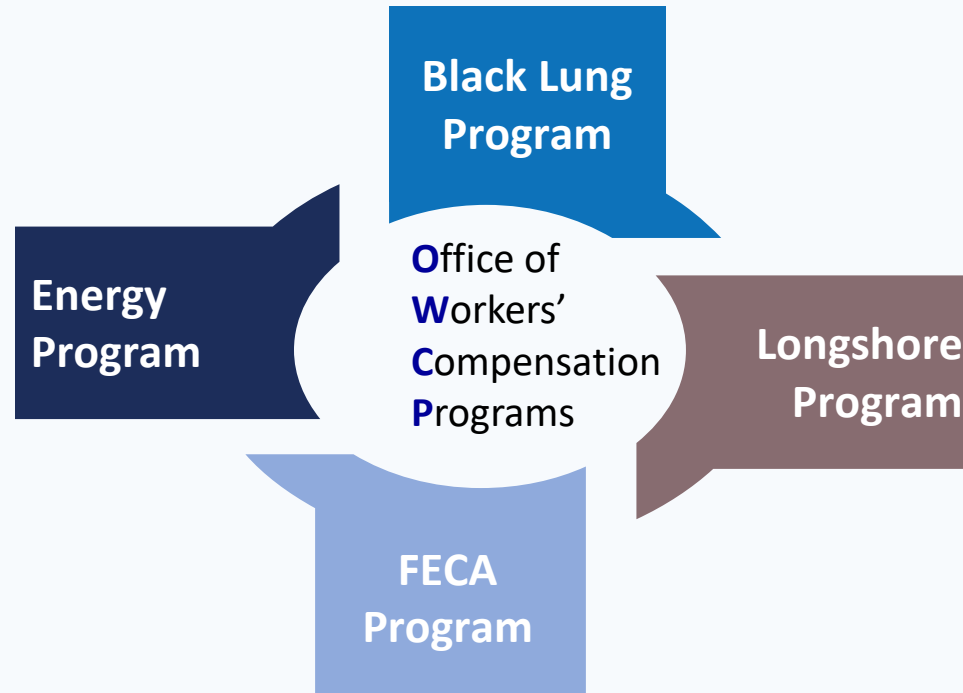




Welcome to the Division of Longshore and Harbor Workers' Compensation webinar. We will begin at 1:00 p.m. Eastern Time



Administration of Claims and Claims Processes

Designated New Compensation Districts

Eastern, Southern & Western
with three Suboffices in each District



Industry Notice #175

Office of Workers' Compensation System (OWCS)

- **Equitable Assignment of Work**
- **Helps Staff Organize and Prioritize their Workload**
- **Rapid and Precise Notifications of Industry Timeliness**
 - Employer Report of Injury
 - Initial Payments
 - Controversions
 - Final Payments



Implementation of New Policy Initiatives

Antonio Rios, Division of Longshore and Harbor Workers' Compensation (DLHWC) Acting Director

Recent Industry Notices

- No. 180: New forms effective May 4, 2020
- No. 179: Electronic signatures April 20, 2020
- No. 178: Enhancement for case creation March 23, 2020
- No. 177: Annual increase in monetary civil penalties Jan 2020

Focus on Intervention Tracking for the Longshore Program

Interventions: Informal Conferences and More

- OWCP's role is to assist wherever we can, and that involves more action than informal conferences. No change to informal conferencing.
- Shift from simply tracking average number of days to resolve disputes to ensuring we are providing resolutions to all of your intervention requests.
- LS-7 form, Request for Intervention, was created to quickly identify and triage your intervention requests on both conference and non-conference requests
 - Conference Memorandum
 - Recommendation without Conference

OWCP intervenes often during its oversight of cases. Examples:

- Notification when additional compensation is due for compensation not paid timely;
- Information on selection of an attending physician;
- Facilitation of medical care and examination;
- Facilitation of communication and action in a claim;
- Technical assistance given in determinations of disability and compensations rates; and
- Protection of parties' rights.

Interventions

Intervention Issues: Fact of Injury, Responsible Employer/Carrier, Jurisdiction (coverage), Temporary Disability, Permanent Disability, Medical Treatment, Average weekly wage, Additional Compensation

Intervention Actions: DOL Written Recommendation

Intervention Resolutions: Issues are either resolved or closed within 90 days following the written recommendation whether the resolution was achieved with or without a conference

Cultivating Stakeholder Behavior

- Better IT Resources
- Enhanced SEAPortal Capabilities
- Case Create Document Submission Electronically
- Case Create Automation
- Highly Encourage Service Waivers
- New Forms



Division of Longshore & Harbor Workers' Compensation

OWCS

**David Abeijon, DLHWC Eastern Compensation
District Director, New York Suboffice**

What is OWCS?

- OWCS is the **new and modernized claims management platform** that consolidates the existing workers' compensation systems of OWCP's four program offices into one cloud-based solution
- OWCS continues OWCP's efforts to achieve operational efficiencies through IT modernization to meet organizational goals and better serve the customer

What is OWCS?

- Fully Integrated System
- Reduced Coding/Data Entry by Staff
- Preparation and Transmission of Documents (PATDOC)
- Reduced Indexing
 - Review Complete: Medical Records, etc.
 - Driving Documents: Triggers Creation of Task
 - Action Mail: Requires CE Review for Next Action
- Personal Action List (PAL)/Dashboard

Why OWCS?

Currently the Longshore Program is using several systems, about 30- years old, that do not effectively communicate with each other, including the OWCP Imaging System, Longshore Case Management System, Special Fund Claims System, Rehab Bill Pay System, and many more.

- ✓ Less efficiency
- ✓ Less time to focus on human aspects of the job
- ✓ Increased risk of error
- ✓ Redundancies
- ✓ More manual process

What impact will OWCS have?

Automation

- Letters will be generated automatically upon case creation.
- Auto-tracking and system notices when LS-202 is received late.
- Notice of 207 are auto-generated upon receipt of Form LS-209.

What impact will OWCS have?

New Forms

- Form LS-4 (Attorney Fee Approval Request)
- Form LS-5 (Application for Special Fund Relief)
- Form LS-6 (Commutation Application)
- Form LS-7 (Request for Intervention)
- Form LS-8 (Settlement Approval Request)
- Form LS-9 (Stipulation Approval Request)

What impact will OWCS have?



New Operational Plan Goals

- 1st Report of Injury
- 1st Payment of Injury
- 14(g) Penalties
- 30(e) Penalties
- 14(e) Additional Compensation
- Review of LS-208
- Interventions
- Settlements
- Stipulations
- Second Injury Fund Applications
- Attorneys Fees
- OALJ Referrals

New IVR Phone System

(202) 513-6809

New automated phone system will route callers to the responsible Claims Examiner.

Stakeholders will be able to obtain case numbers with Social Security Number (SSN) and Date of Birth (DOB).

Phone calls will be tracked and monitored – program goal is phone calls must be returned within 2 business days.

Stakeholder Behavior

- SEAPortal (New Cases and Existing Cases)
- Waivers: LS-801 and LS-802
- Driving Documents
- New Phone Number (202) 513-6809
- Case Create Fax (202)513-6814

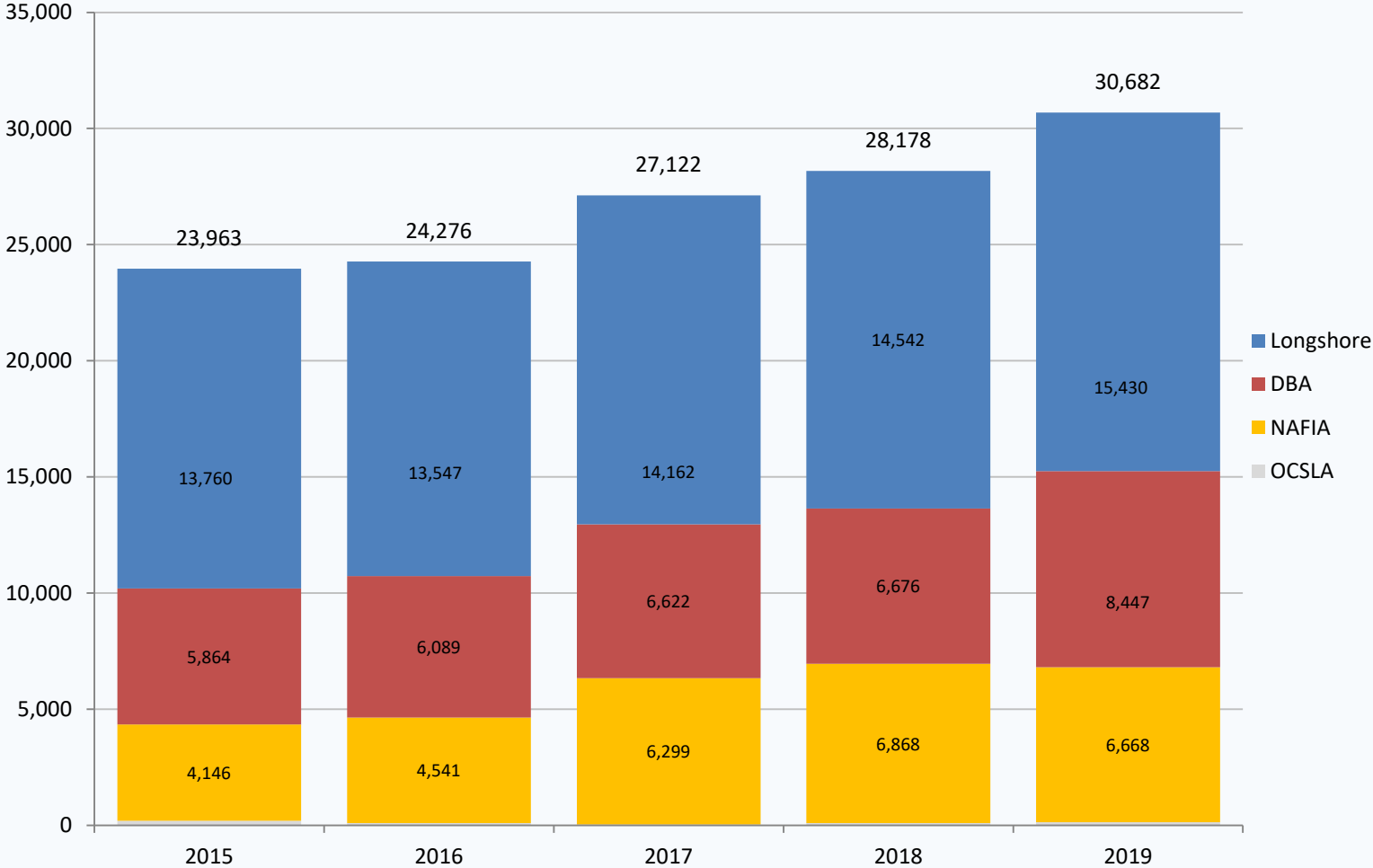


Operational and Policy at the National Level Updates

Kristina Hall
Branch Chief of
Policies, Regulations and Procedures

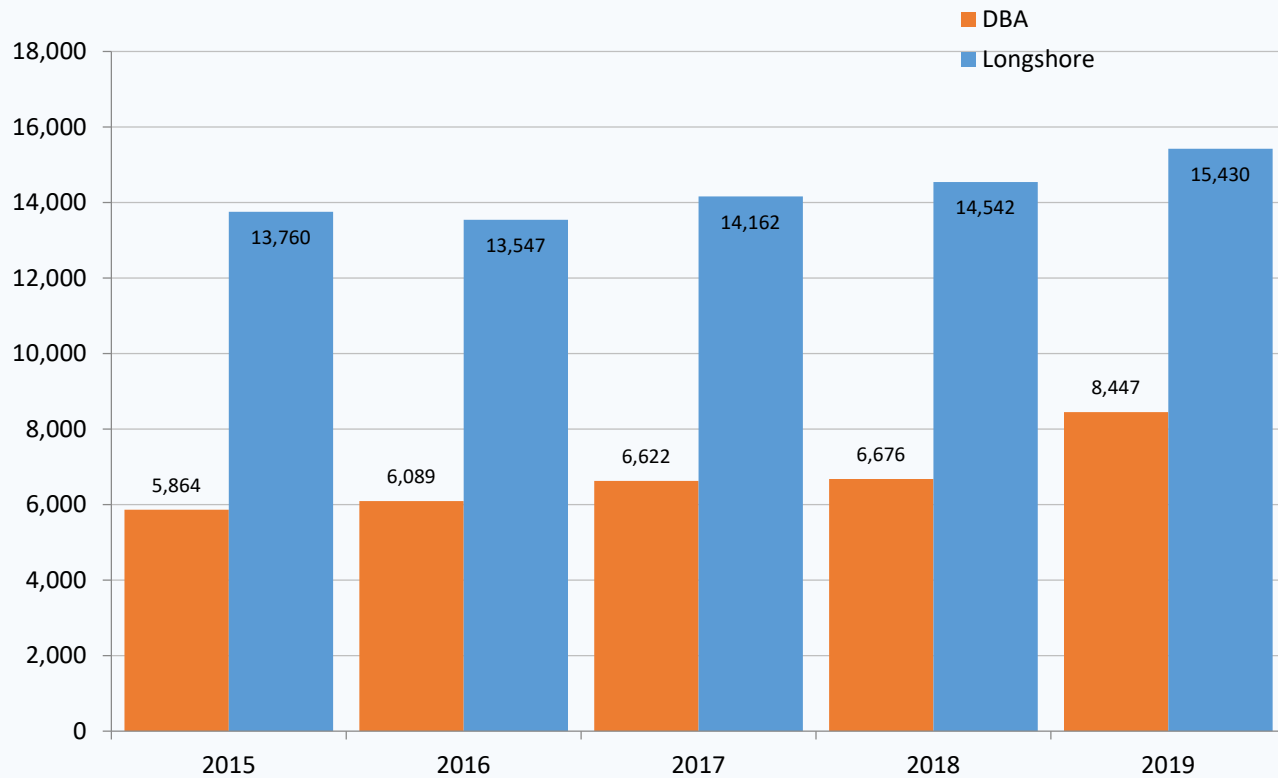
Claims Trends

New Claims Reported FY 2015 – FY 2019 All Acts



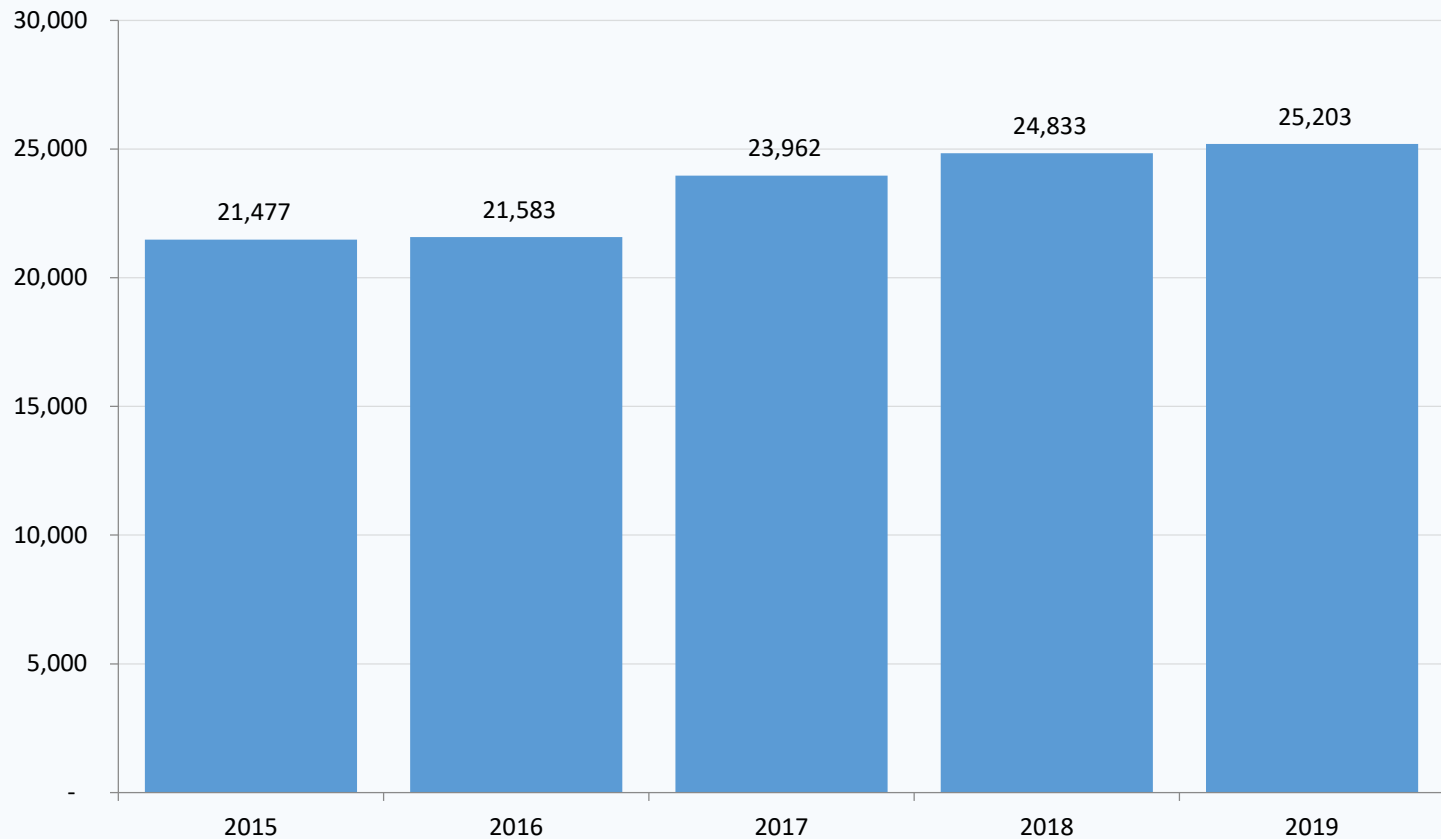
Claims Trends

New Claims Reported FY 2015 – FY 2019 Longshore & DBA



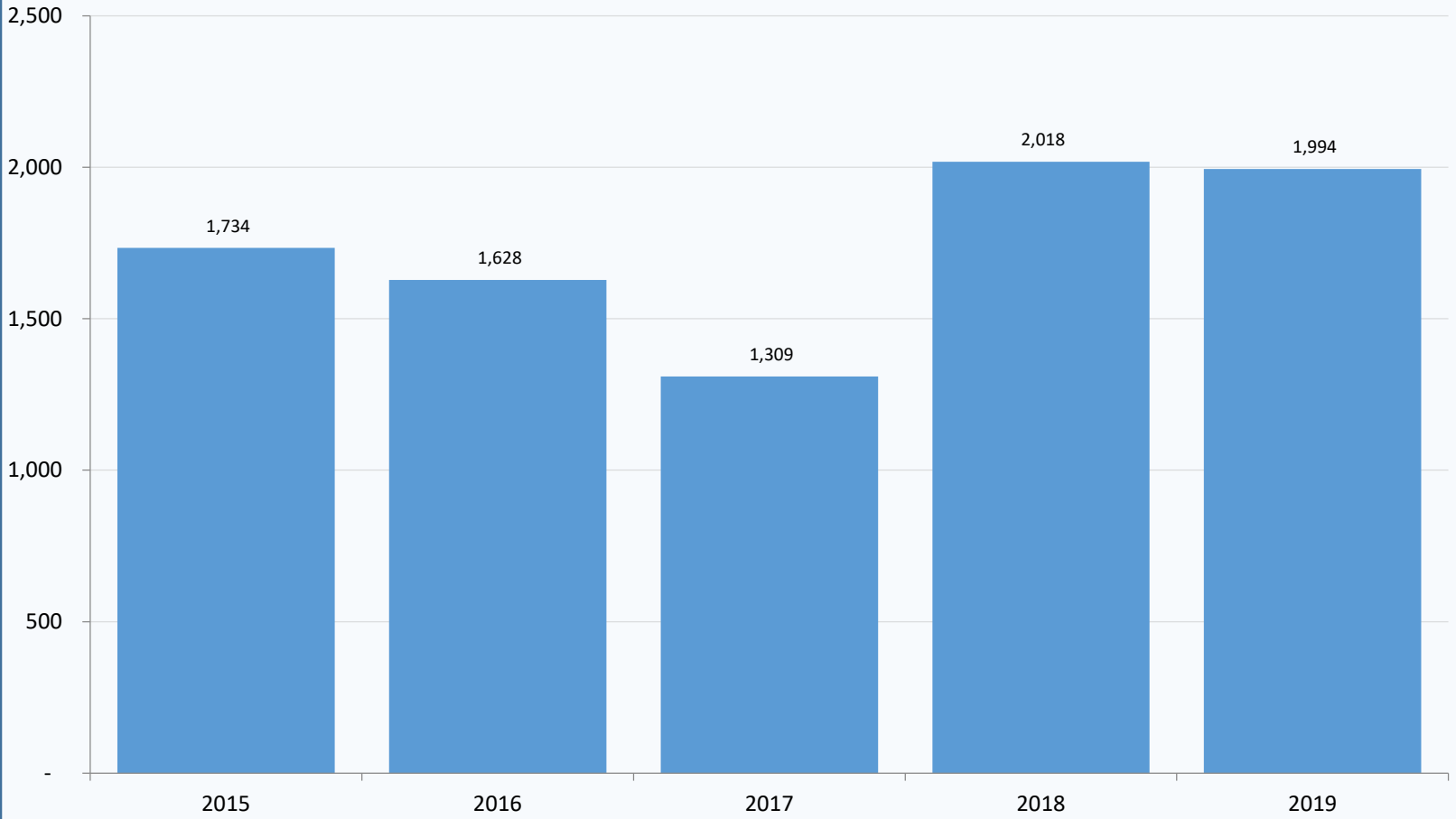
Claims Trends

New Claims Reported FY 2015 – FY 2019 Traumatic



Claims Trends

New Claims Reported FY 2015 – FY 2019 Hearing Loss

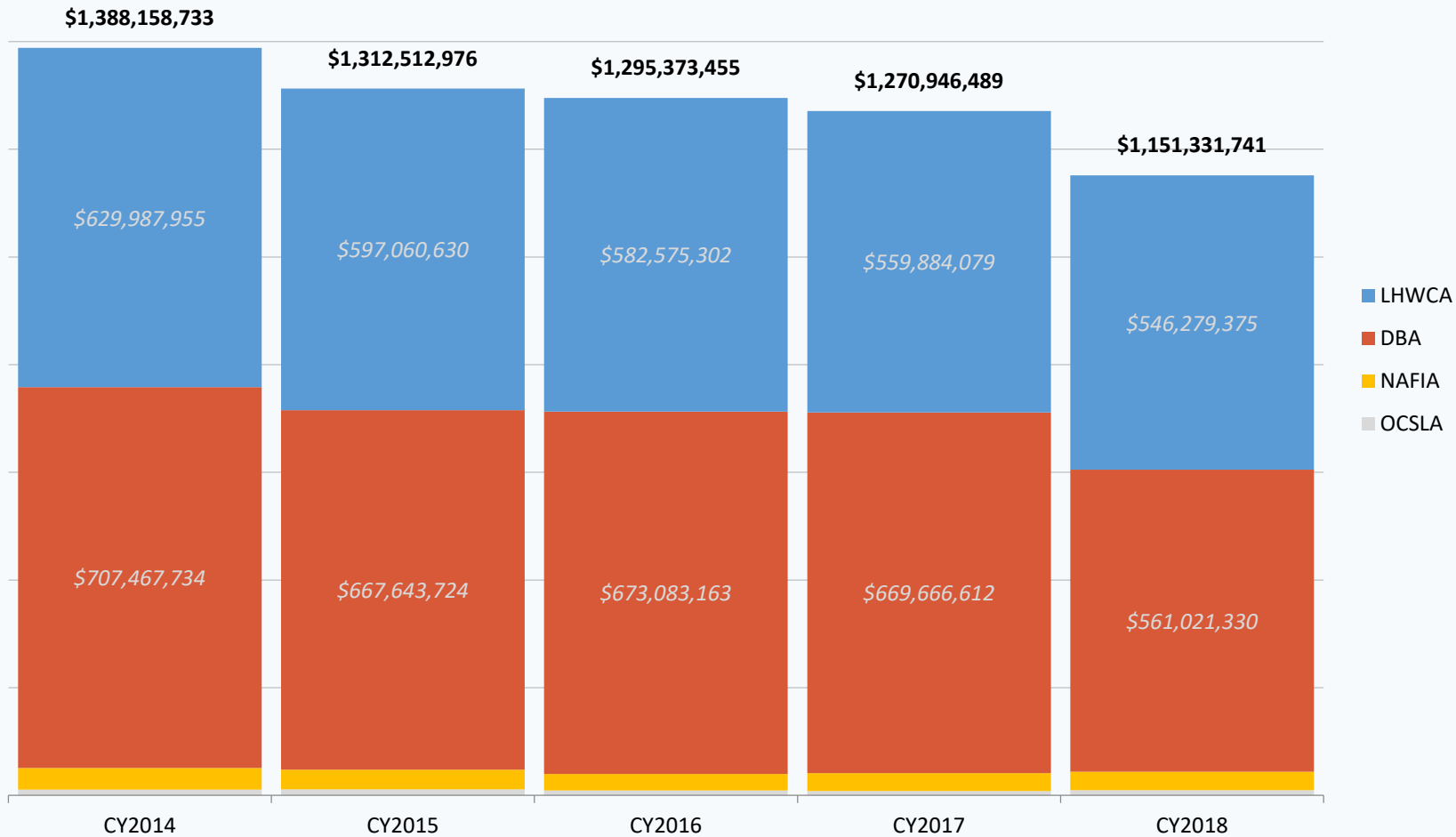


Claims Trends

New Claims Reported FY 2015 – FY 2019
Occupational - other



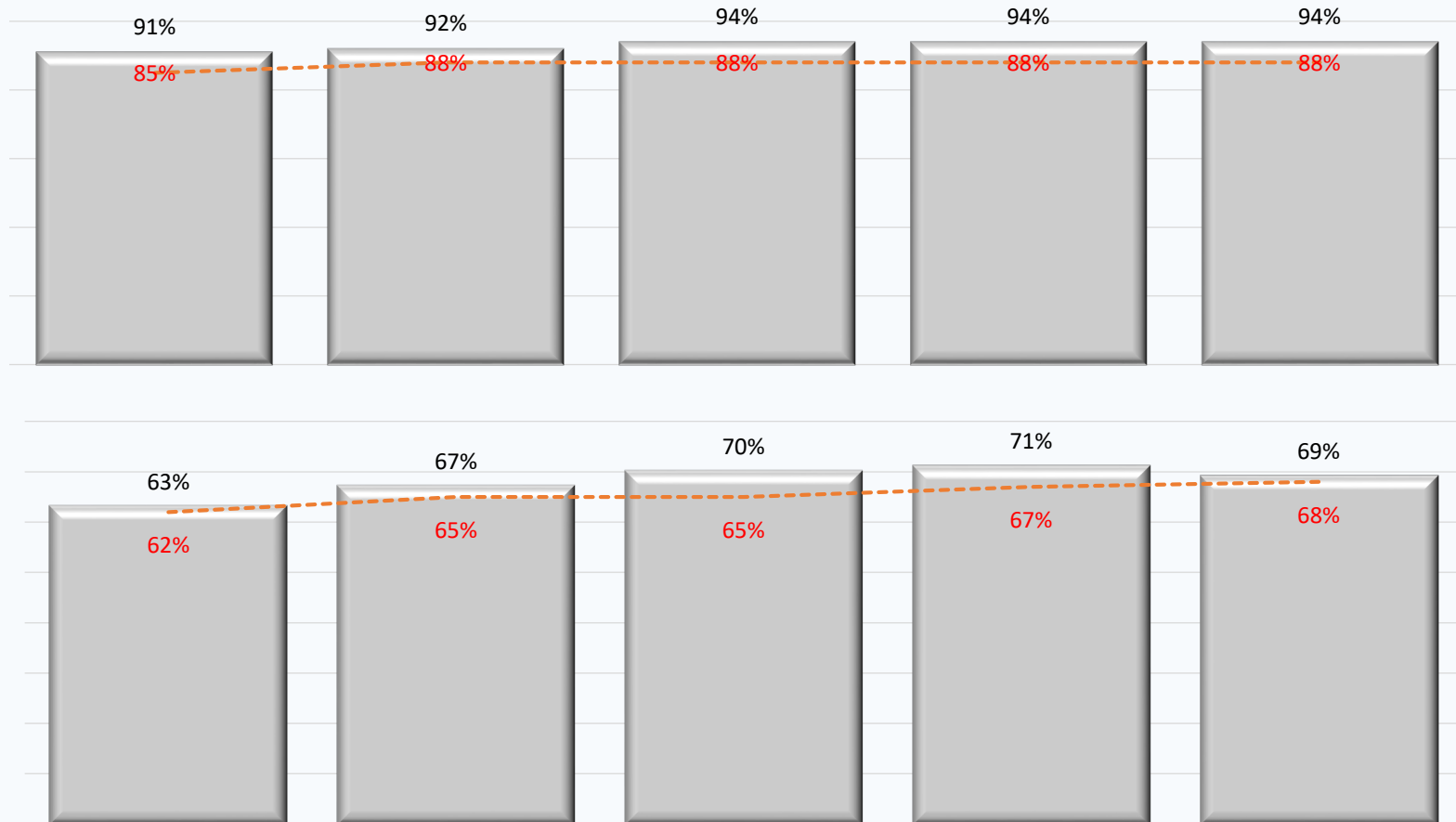
Carrier/Self-Insured Payments by Company Year



Industry Performance DBA

1st Report of Injury within 30 days
1st Report of Payment within 30 Days

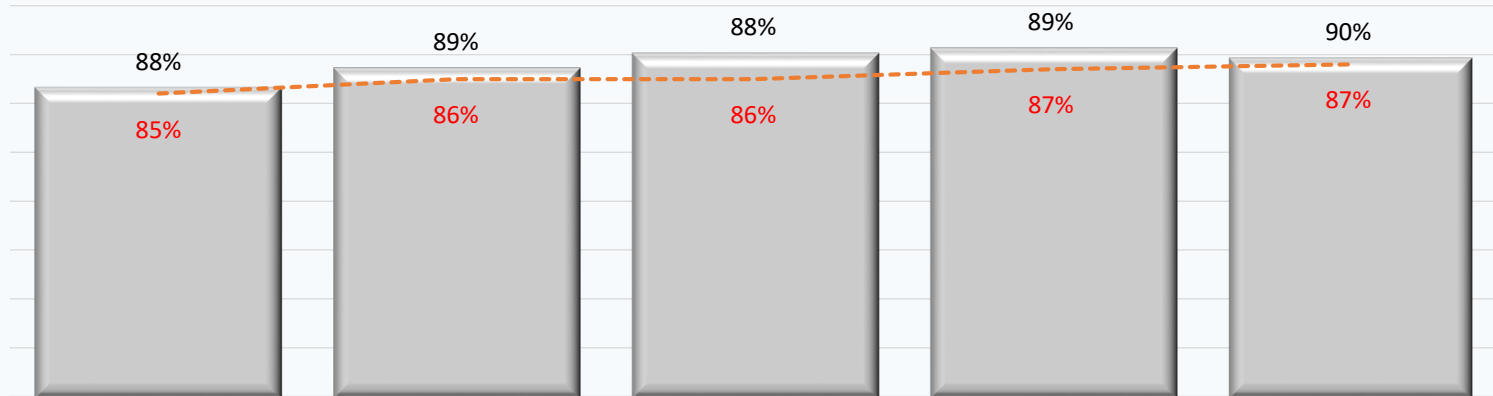
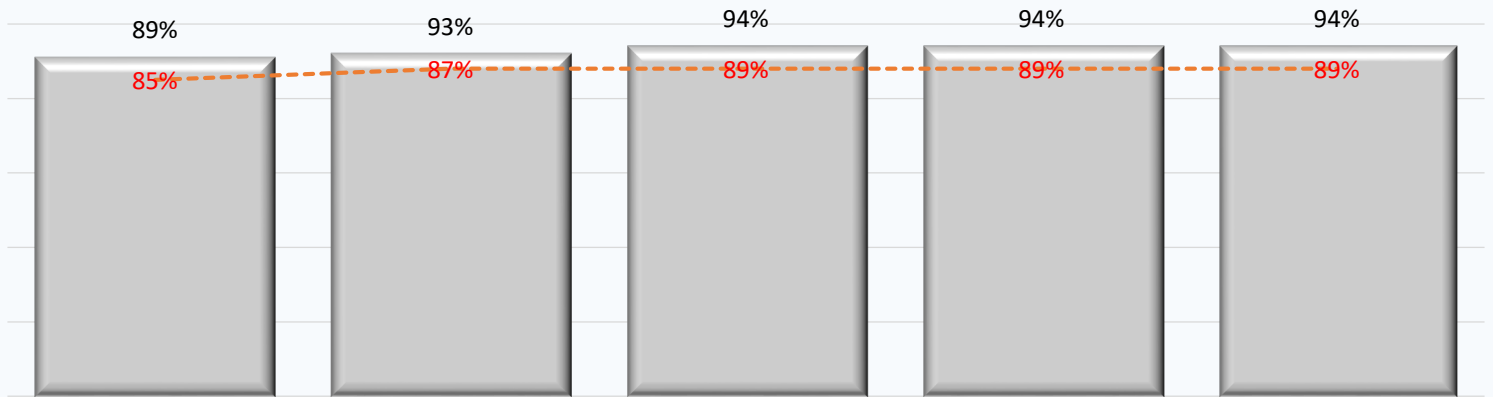
Red = target



Industry Performance Non-DBA

1st Report of Injury within 30 days
1st Report of Payment within 30 Days

Red = target



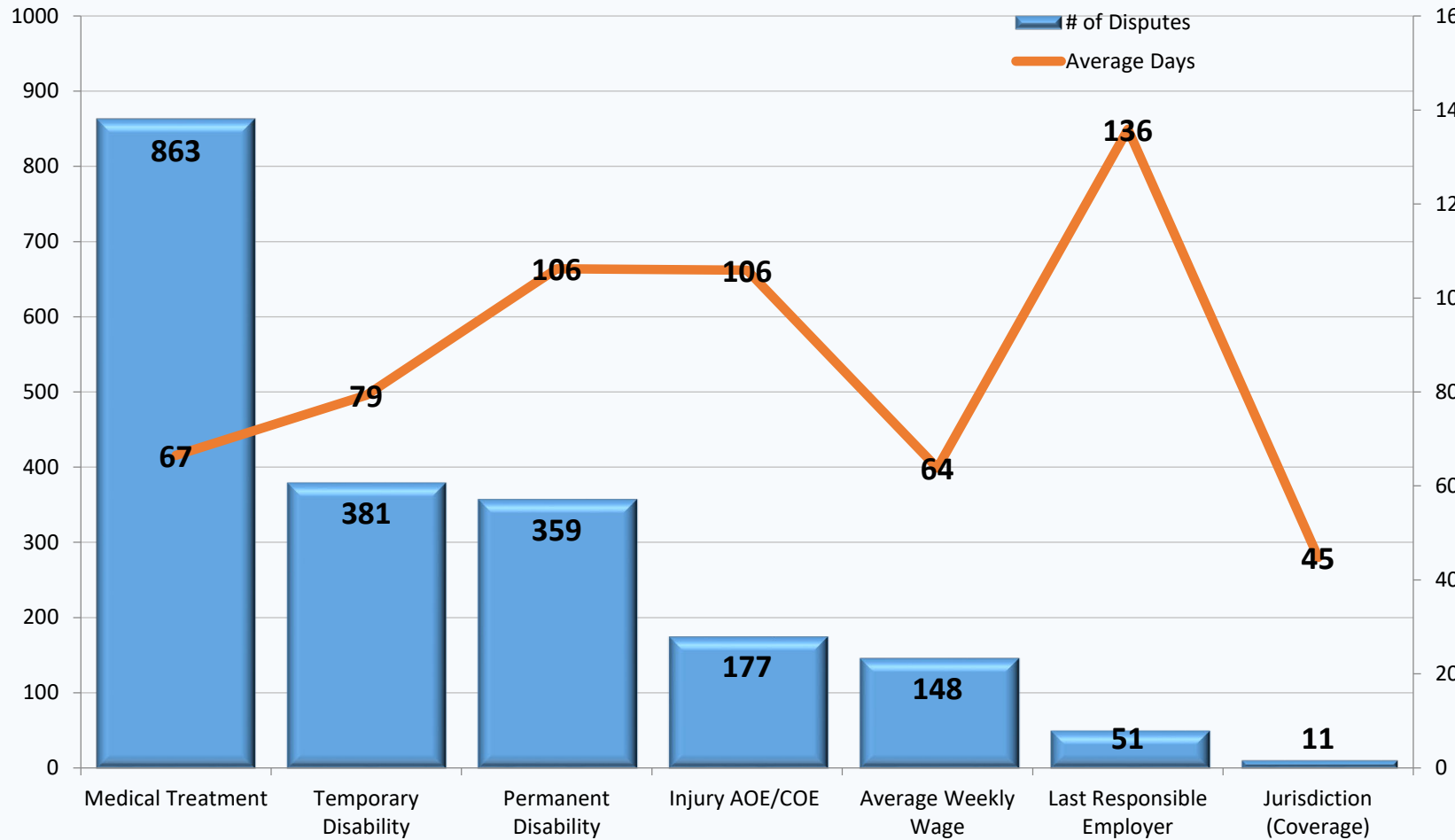
DLHWC Performance

Program Summary

- **Quality and Timeliness of Conference Process**
Goal is 89%. Measured 90%.
- **Data Integrity**
Goal is +/-5% Deviation. Scored +1%.
- **Review of Special Fund claimants' eligibility**
Goal is 95%. Exceeded.

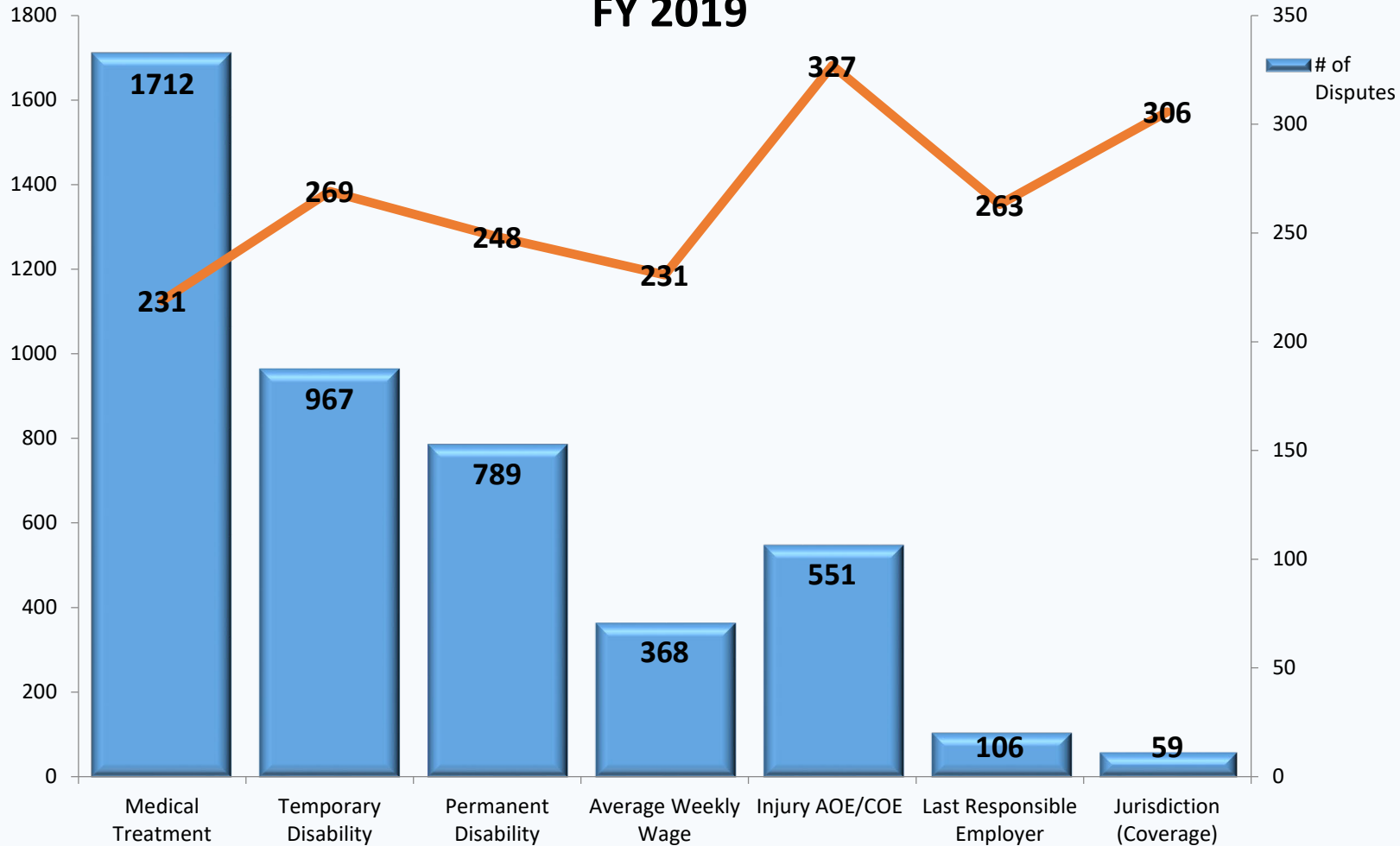
Disputes/Resolutions - DLHWC

FY 2019



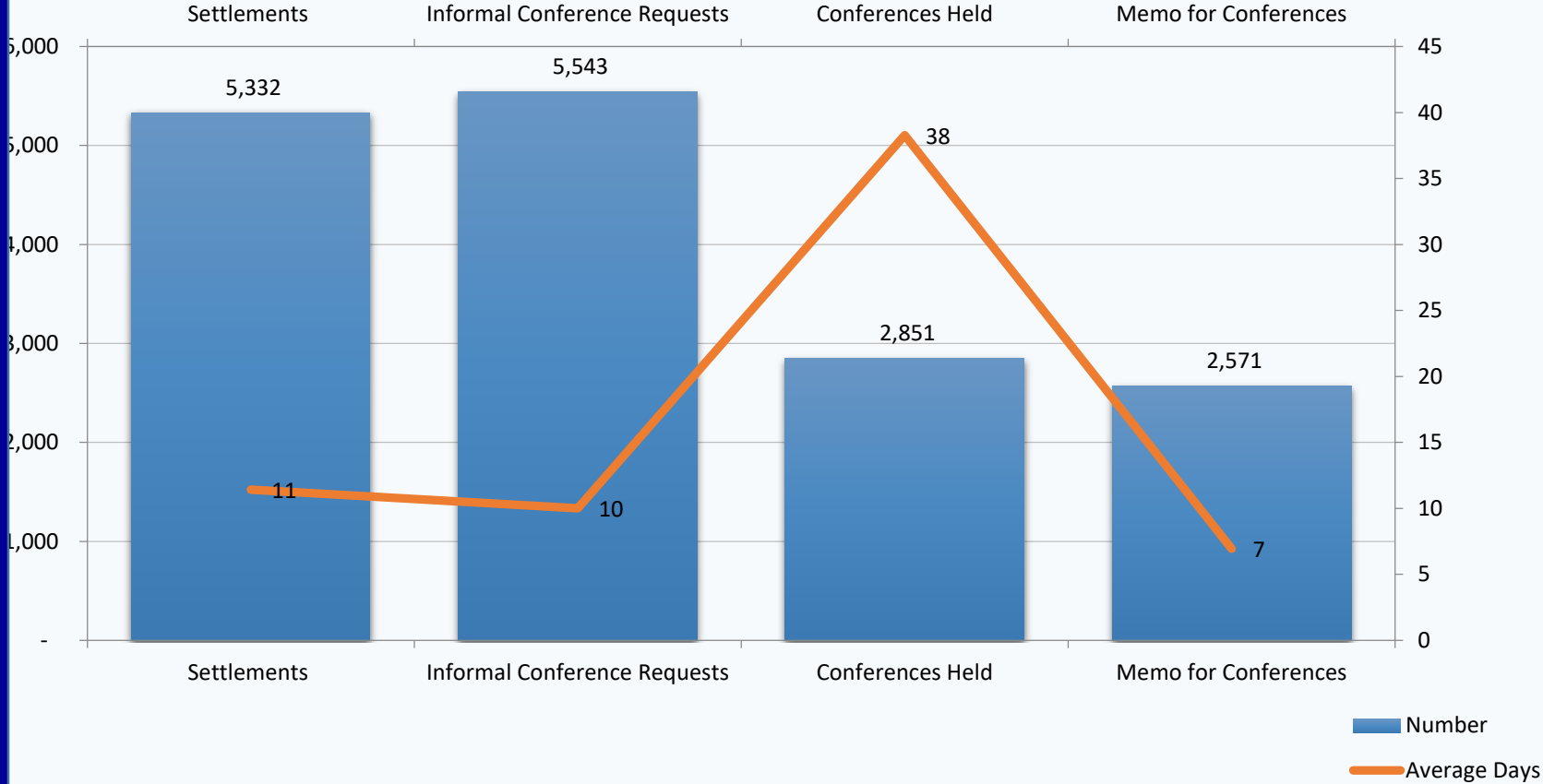
Disputes/Resolutions DLHWC and ALJ

FY 2019



Settlements and Conferences

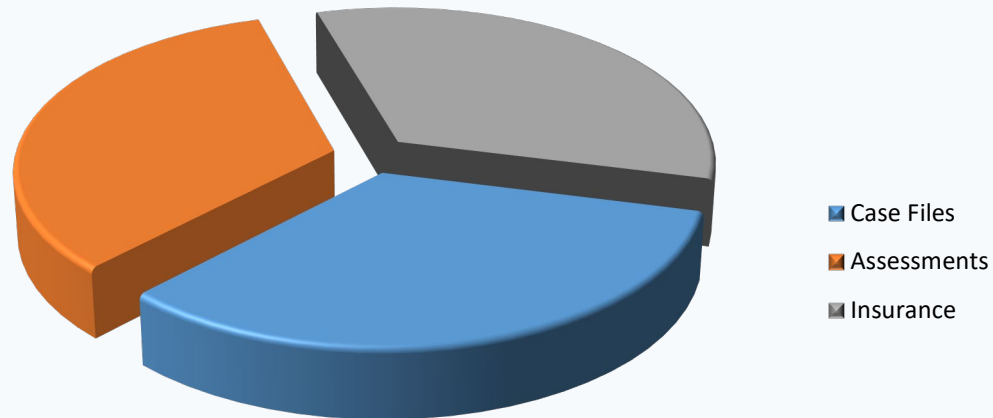
FY 2019



Efficiencies through IT Modernization

In FY 2019, 70% of Incoming Correspondence Was Received Electronically.

FY 2019



We heard from you

- More efficient way to file forms to create a case
 - Added SEAPortal to fax and mail
- Use one email account to serve orders and not staff's individual emails
- One single phone number to reach any office
 - (202) 513-6809
- Redefine “wet” signatures in new digital age
 - Electronic Signatures
- New forms to reduce findings of deficiencies

Training

- ✓ Focused on Differences in Circuit Court Decisions between Suboffices
- ✓ Preparing for OWCS go-live and new workflows
- ✓ Enhanced resource modules
- ✓ Intervention vs. solely dispute resolution
- ✓ Calculating benefits due for awards with payment through Special Fund
- ✓ Interest calculations

Greater Efficiencies

- DLHWC Re-engineering Business Processes
- Delegation of Signature and Approval Authorities
- Standardize duties of CEs nationwide
- Targeting training opportunities for CE and DD
- Deploy new case management system in May 2020
- New forms to achieve efficiencies in document submission and customer service
- Expand partnerships to increased capabilities of electronic transfer of documents and data
- Institute the concept of the “Intervention” to support technical assistance, dispute resolution, outreach, and outcomes

New Form LS- 4

Attorney Fee Approval Request

U.S. Department of Labor
Office of Workers' Compensation Programs



This form was created to more efficiently process requests for Attorney Fees

You must use this form to request the District Director's approval of an attorney fee under Section 28 of the Longshore and Harbor Workers' Compensation Act and its extensions. You must serve a copy on the relevant employer/carrier(s) and their representatives. You must support the application with a complete statement of the extent and character of the necessary work done, described with particularity as to the professional status, the normal billing rate, and the hours spent by each person in representing the claimant. See 20 CFR 702.132.		OMB No.: 1240-0058 Expires: 03/31/2022
Submit form to the OWCP/DLHWC Central Mail Receipt site at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs Division of Longshore and Harbor Workers' Compensation 400 West Bay Street, Suite 63A, Box 28 Jacksonville, FL 32202		Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal) Access the SEAPortal directly at: https://seaportal.dol-esa.gov
1. Date of Accident/Illness:	2. Carrier's No.	3. OWCP No.
4. Name of Injured Worker <u>and</u> Claimant if other than injured worker		
5. Name, Address and Phone# of Person Seeking Fees:		
6a. Amount requested for Fees:	6b. Amount Requested for Costs:	
6c. Hourly Rate(s) for Attorney(s):	6d. Hourly Rate for Paralegal(s)/Law Clerk(s):	
6e. Total Hours Claimed for each Attorney:	6f. Total hours claimed for each Paralegal/Law Clerk:	
7. Have the parties reached agreement on the amount of the fee? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proceed to 8</i> <i>Proceed to 9</i>		
8a. The agreement reached is that payment be made by: (select one but not required if no agreement reached) <input type="checkbox"/> Employer/Carrier <input type="checkbox"/> Claimant		
8b. To Payee:	Amount for Fees:	Amount for Costs:
9a. If the fee is not agreed to, fees are sought under Section (check all that apply): <input type="checkbox"/> 28(a) <input type="checkbox"/> 28(b) <input type="checkbox"/> 28(c)		
9b. Describe efforts made to resolve the fee:		
I certify that all of the information above and in the attachments is accurate. I also certify that I have served the form and attachments on all other parties and their representatives.		
10. Print Name	11. Sign	12. Date

Print

Reset

New Form LS-5

Application for Special Fund Relief

U.S. Department of Labor
Office of Workers' Compensation Programs



This form was created to more efficiently process requests for Relief under Section 8(f)

INSTRUCTIONS: You must use this form to request Special Fund relief under Section 8(f) of the Longshore and Harbor Workers' Compensation Act, 33 U.S.C. 908(f), and extensions. You must attach supporting documentation as described in 20 CFR 702.321(a) and file the application within the time limits set forth in 20 CFR 702.321(b).		OMB No.: 1240-0058 Expires: 03/31/2022
Submit form to the OWCP/DLHWC Central Mail Receipt site at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs Division of Longshore and Harbor Workers' Compensation 400 West Bay Street, Suite 63A, Box 28 Jacksonville, FL 32202		Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal) Access the SEAPortal directly at: https://seaportal.dol-esa.gov
1. Date of Accident/Illness:	2. Carrier's No.	3. OWCP No.
4. Name of Injured Worker <u>and</u> Claimant if other than injured worker		
5. Explain how limitation of liability under Section 8(f) would apply to this injury.		
6. Describe the nature of the injury, and disability/death:		
7. List documentation to show extent of disability and date of maximum medical improvement, if applicable:		
8. List documentation of pre-existing disability(ies) manifest to employer:		
9. List evidence that explains how injury is not the sole cause of disability/death, and if permanent partial disability, how disability is substantially greater as a result of the manifested pre-existing disability(ies) listed above:		
10. List any pending issues/disputes:		
11. 8(f) Relief is sought for: <input type="checkbox"/> Permanent Total Disability (PTD) <input type="checkbox"/> Permanent Partial Disability (PPD) - Hearing Loss <input type="checkbox"/> Permanent Partial Disability (PPD)		
12. If PPD, list documentation establishing injured workers' earning capacity:		

Do **NOT** attach or submit irrelevant records.

Print

Reset

New Form LS- 6

Commutation Application

U.S. Department of Labor
Office of Workers' Compensation Programs



This form was created to more efficiently process applications for Commutation

You must use this form to request approval of commutation of compensation under 33 U.S.C. 909(g) or 42 U.S.C. 1852. You must attach documentation supporting your request if you have not already submitted it.		OMB No.: 1240-0058 Expires: 03/31/2022
Submit form to the OWCP/DLHWC Central Mail Receipt site at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs Division of Longshore and Harbor Workers' Compensation 400 West Bay Street, Suite 63A, Box 28 Jacksonville, FL 32202		Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal) Access the SEAPortal directly at: https://seaportal.dol-esa.gov
1. Date of Accident/Illness:	2. Carrier's No.	3. OWCP No.
4. Name of Injured Worker <u>and</u> Claimant if other than injured worker		
5. This Commutation is for: (select one) <input type="checkbox"/> Permanent Partial Disability <input type="checkbox"/> Permanent Total Disability <input type="checkbox"/> Death Benefits		
6. Country of Residence		
7. Average Weekly Wage	8. Compensation Rate	
9. Describe the nature of the incident (i.e. gunshot, IED) with documentation		
10. Identify official confirmation of the nature of the incident		
11. Has a compensation Order issued? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Have stipulations been submitted confirming details of the incident <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. If you are an employer or insurance carrier, have you attached an interim LS-208 form documenting all payments made? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. On a death case, the following documentation must be attached or previously submitted: death certificate, marriage certificate, birth certificate for all dependent children, evidence of other dependents		
15. Name and date of birth, initial compensation rate of each beneficiary		
Name	Date of Birth	Initial Compensation Rate
I certify that all of the information above and in the attachments is accurate. I also certify that I have served the form and attachments on all other parties and their representatives.		
16. Print Name	17. Signature	18. Date (Month, Day, Year)

Print

Reset

New Form LS- 7

Request for Intervention

U.S. Department of Labor
Office of Workers' Compensation Programs



This form was created to more efficiently process requests for the Program's intervention in claims

You must use this form to request intervention from the Office of Workers' Compensation Longshore Division. The District Office has discretion on what action to take based on the request and documentation in the file. You must send a copy of the completed form to all parties and their representatives.		OMB No.: 1240-0058 Expires: 03/31/2022
Submit form to the OWCP/DLHWC Central Mail Receipt site at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs Division of Longshore and Harbor Workers' Compensation 400 West Bay Street, Suite 63A, Box 28 Jacksonville, FL 32202		Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal) Access the SEAPortal directly at: https://seaportal.dol-esa.gov
1. Date of Accident/Illness:	2. Carrier's No.	3. OWCP No.
4. Name of Injured Worker and Claimant if other than injured worker		
5. Type of Intervention Requested (OWCP reserves the right to make a final determination) <input type="checkbox"/> Non-Conference <input type="checkbox"/> Informal Conference		
6. Employer	7. Insurance Carrier	
8. Name, Address and Phone Number of Party Requesting Intervention		
9. Briefly state the facts of the claim:		
10. List the issues the parties have reached agreement on:		
11. Check Issues Requiring Intervention and attach position paper with supporting documents: <input type="checkbox"/> Occurrence of Injury <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Responsible Employer/Carrier <input type="checkbox"/> Permanent Disability <input type="checkbox"/> Jurisdiction/Situs/Status <input type="checkbox"/> Medical <input type="checkbox"/> Average Weekly Wage <input type="checkbox"/> Special Fund Modification <input type="checkbox"/> Additional Compensation <input type="checkbox"/> Other		
12. Describe efforts made to resolve issue(s):		
As verified by the signature below, this form was sent to all opposing parties and their representatives		
13. Print Name	14. Signature	15. Date (Month, Day, Year)

Print Reset

Form LS-7

New Form LS-8

Settlement Approval Request Section 8(i)

U.S. Department of Labor
Office of Workers' Compensation Programs



This form was created to more efficiently process requests for DLHWC to approve settlement agreements under Section 8(i)

You must use this form to request approval of a settlement under Section 8(i) of the Longshore and Harbor Worker's Compensation Act and its Extensions. You must attach a fully executed 8(i) settlement agreement.		OMB No.: 1240-0058 Expires: 03/31/2022
Submit form and attachments to the OWCP/DLHWC Central Mail Receipt site by certified mail with return receipt requested or commercial delivery service with tracking capability at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs Division of Longshore and Harbor Workers' Compensation 400 West Bay Street, Suite 63A, Box 28 Jacksonville, FL 32202		Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal) Access the SEAPortal directly at: https://seaportal.dol-esa.gov
You must include the following in the 8(i) settlement agreement: Brief summary of facts; Issues in dispute; Claimant's current work status; Medical reports describing injuries, impairment, and date of maximum medical improvement; Anticipated future medical treatment, the costs thereof, and medical paid in the last three years; Collateral sources for future medical treatment, if medical benefits are being settled; Explanation of why the settlement is adequate and not signed under duress; and Signatures of all parties. The application must be self-sufficient when read on its own without any background information. See 20 C.F.R 702.242, 702.243.		
1. Date of Accident/Illness:	2. Carrier's No.	3. OWCP No.
4. Name of Injured Worker and Claimant if other than injured worker		
5. Claimant's Telephone Number (required if claimant is not represented by an attorney)		
6. Average Weekly Wage	7. Compensation Rate	
8. Settlement Amount for Compensation		
9. Settlement Amount for Medical Treatment		
10. Are there any liens? If so, signature(s) are required from lien holder(s) <input type="checkbox"/> Yes <input type="checkbox"/> No		
11a. Are Attorney Fees resolved (itemized fee petition must be attached) <input type="checkbox"/> Yes <input type="checkbox"/> No		
11b. If yes, amount agreed upon		
12. Total Amount Due to Claimant if Approved:		
13. Have the Parties considered Medicare Secondary Payer Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Print

Reset

Form LS-8

New Form LS-9

Stipulation Approval Request

U.S. Department of Labor
Office of Workers' Compensation Programs



This form was created to more efficiently process requests for approval of Joint Stipulations between the parties

You must use this form to request a District Director compensation order approving joint stipulations. You must attach the signed stipulations you want approved. OMB No.: 1240-0058 Expires: 03/31/2022

Submit form to the OWCP/DLHWC Central Mail Receipt site at the following address:
U.S. Department of Labor, Office of Workers' Compensation Programs
Division of Longshore and Harbor Workers' Compensation
400 West Bay Street, Suite 83A, Box 28
Jacksonville, FL 32202

Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal)
Access the SEAPortal directly at:
<https://seaportal.dol-esa.gov>

1. Date of Accident/Illness:	2. Carrier's No.	3. OWCP No.
------------------------------	------------------	-------------

4. Name of Injured Worker and Claimant if other than injured worker

5. Average Weekly Wage:	6. Compensation Rate
-------------------------	----------------------

7. These Stipulations Include (check all that apply):

Compensation Medical Treatment Attorney Fees

8. ENTER ALL PAYMENTS TO BE MADE PURSUANT TO THESE PROPOSED STIPULATIONS

TYPE OF DISABILITY a.	FROM (Mo., day, yr.) b.	THROUGH (Mo., day, yr.) c.	AMOUNT PAID PER WEEK d.	NUMBER OF WEEKS PAID e.	TOTAL f.

9. Amount Due for Attorney fee:

10. Check if Additional Compensation will be paid as a result of these Stipulations:

11. Additional Information (optional):

Print Reset

Form LS-9

Communications

Central Mail Receipt

U. S. Department of Labor
Office of Workers' Compensation Programs
Division of Longshore and Harbor Workers' Compensation
400 West Bay Street, Suite 63A, Box 28
Jacksonville, FL 32202

Case Create Documents only: FAX (202) 513-6814

SEAPortal: <https://seaportal.dol-esa.gov/portal>

Telephone Number for all offices: (202) 513-6809

QUESTIONS?





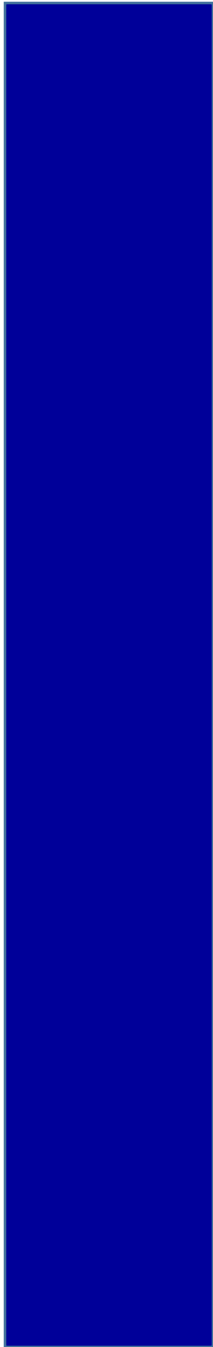
PART 2

Outreach with Stakeholders

Begins at 2:45

Introduction

- This is an informal session.
- If we later propose a rule on these topics, you will have an opportunity then to submit formal written comments after the proposal is published.
- Only comments made after the rule is proposed will become part of the rulemaking record.



What works?
What does not work?
What would you change?

- Exchange of Documents and Information
- Settlement Applications
- Definition of Recreational Vessel
- Penalty Assessments and Procedures

Requests for approval of settlement agreements

What works in the current process for requests for approval for settlement under Section 8(i)?

What does not work?

If given the opportunity, what would you change?

Exchange of documents and information with OWCP

What current options work to easily submit and receive documents and information to/from OWCP?

What does not work?

If given the opportunity, what would you change?

Definition of Recreational Vessel

What currently works with the definition of a recreational vessel?

What does not work and why?

If given the opportunity, what would you change?

Are there any current national, state, or international documentation/licensing requirements, or a combination of them, you believe the industry could use to easily identify recreational vessels?

If OWCP linked the definition of recreational vessel to a vessel's structure, what recreational-vessel-building standards do you believe could be used to define a recreational vessel?

Penalty provisions

The Longshore Act allows OWCP to impose monetary penalties on employers and carriers who fail to timely file first reports of injury and notices of final compensation payment (LS-202 and LS-208), and on employers who discriminate against employees for claiming Longshore Act compensation.

What factors should OWCP consider in determining penalty amounts?

What procedural protections should OWCP adopt for employers or carriers who wish to challenge a penalty assessment?



Thank you!

Your feedback is appreciated.

