The audience for this class should **only** be those customers who are currently being serviced by the ABC-C Injury Compensation Branch (ICB) for Injury/Illness Compensation Claims. <List is on slide 5>

If you are **not** currently being serviced by the ABC-C ICB, this class will only apply from an overview standpoint- please continue to follow the processes and procedures at your Local CPAC/HR Office.

If you experience issues logging into DCS- please understand that we do not control the DCS site, and cannot fix issues you may be experiencing- please contact your local IT for these issues.

A Certificate will not be issued for this class, however you can view your completion in your CHRTAS History approximately 1 week following the course.
GOALS OF THIS TRAINING MODULE

- Understand the basics of Workers’ Compensation under the Federal Employee’s Compensation Act (FECA)
  - Types of benefits
  - Process for submission of a claim

- Understand the Supervisor’s role and the process steps to take when a worker reports an injury or illness

- Identify potential fraudulent/illegitimate claims

- Understand the importance of communicating with the injured worker

- Identify duties for injured workers with physical limitations

- Understand how ECOMP- The Employees’ Compensation Operations & Management Portal is used to file a claim
The ABC-ICB will provide advisory and case management services to injured workers and their managers to include:

- operational guidance to managers and employees concerning their responsibilities within the injury compensation program;
- reviewing, processing and submitting initial claims;
- tracking pending and approved claims including Continuation of Pay (COP) related cases to ensure compliance;
- receive, review, approve and monitor leave buy back requests;
- monitor approved claims and medical evidence.

The Civilian Personnel Advisory Centers, in coordination with the ABC-C ICB, will continue to assist management with accommodations and returning injured employees to work.
WORKERS’ COMPENSATION BASICS
FREQUENTLY USED FORMS

- CA-1: Federal Employee’s Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation
- CA-2: Notice of Occupational Disease and Claim for Compensation
- CA-2A: Notice of Recurrence
- CA-7: Claim for Compensation
- CA7a: Time Analysis Form
- CA-16: Authorization for Examination And/or Treatment
FREQUENTLY USED FORMS (cont)

- CA-17: Duty Status Report
- CA-20: Attending Physician’s Report
- CA-35: Evidence Required in Support of a Claim for Occupational Disease

Forms can be found at: https://www.abc.army.mil/index.html
FREQUENTLY USED TERMS

- CBY: Chargeback Year (July-June)
- COP: Continuation of Pay
- POD: Performance of Duty
- PR: Periodic Roll - temporary totally disabled
- PN: Periodic Roll – totally disabled with no reemployment potential
- ICS: Injury Compensation Specialist
- RTW: Return to Work
Before reviewing the CA-1 or CA-2 submitted through ECOMP, the Supervisor should understand the difference between traumatic and occupational injuries.

- Traumatic Injuries are submitted using a CA-1
  - Traumatic injuries occur within one work shift
  - Identifiable as to a time and place of occurrence
  - Caused by a specific event or incident or series of events (cuts, falls, broken bones, etc)
  - Entitled to an Authorization for Examine and/or Treatment (request CA-16)
  - Entitled to Continuation of Pay (COP)
TRAUMATIC VS. OCCUPATIONAL INJURIES (cont)

- Occupational Injuries/Illnesses are submitted using a CA-2
- These injuries/illnesses develop over the course of more than one work shift/day. *(Common examples of occupational injuries/illnesses are hearing loss, carpal tunnel, and lateral epicondylitis (Tennis Elbow))*

- Produced by continued or repeated exposure to work environments or elements

- Repetitive work activities/movements

- Not entitled to an Authorization for Examine and/or Treatment (CA16) or COP

- Supervisor and injured worker must submit the appropriate form CA-35

- Must use leave and private insurance until DOL approves claim

- Could take several months for Department of Labor to adjudicate
WHO IS INVOLVED WHEN AN EMPLOYEE FILES A WORK RELATED INJURY CLAIM?

- For each claim, the Workers Compensation process may involve numerous parties, including:
  - Injured worker (claimant)
  - Injured worker’s supervisor
  - Army Benefits Center Injury Compensation Specialist (ABC-C ICS)
  - Department of Labor (DOL) Claims Examiner (CE)
  - Treating Physician
  - Local Safety Office and Industrial Hygiene Office
  - Agency medical service/facility (Occupational Health)
  - Affiliated Computer Services (ACS) – Billing arm of DOL
  - Activity Investigative Service
  - Department of Defense (DOD) Liaisons
  - Vocational Rehabilitation counselors (If Assigned)
  - Nurse case manager (If Assigned)
BASIC TYPES OF BENEFITS

- Medical benefits (including transportation expenses)
- Continuation of Pay (COP) (up to 45 days)
- Wage loss compensation (CA7)
- Retention rights (1 year)
- Schedule awards
- Vocational rehabilitation
- Survivor benefits if employee dies as a result of injury
COST OF WORKERS COMPENSATION

- CBY July 2015 through June 2016
  - 9065 new claims were filed

- Workers’ Compensation cases have cost the Army nearly $138 million
  - A significant number of cases contributing to these costs are due to “aged cases,” those cases where the injured worker never returned to work

- Injured workers may receive compensation benefits for the rest of their lives which in turn creates continued costs to the Agency
SUPERVISOR RESPONSIBILITIES
Supervisors are the most important link to workers’ compensation

- Knows the injured worker and the type of work being performed
- Knows if the employee was engaged in a work-related activity
- Can support or defend the action leading up to the incident
SUPERVISOR RESPONSIBILITIES

- First level supervisors will:
  - Enforce all safety and health regulations
  - Provide prompt medical attention and caring support to the injured/ill worker
  - Report all injuries and illnesses immediately to ABC-C and complete all required documentation
  - Ensure employees know when and how to report traumatic injuries and occupational illnesses
  - Review employee ECOMP submitted claims. Complete the Supervisors portion
SUPERVISOR RESPONSIBILITIES (cont)

- Know when to submit a Request for Personnel Action- RPA LWOP- Workers’ Compensation
- Code an injured worker’s time card appropriately
- Make the decision on whether to controvert COP
- Make the decision to challenge a claim based on individual knowledge and available information
- Maintain contact with the injured worker
- Assist the ICS in identifying positions or duties for light duty job offers
WHAT A SUPERVISOR SHOULD DO WHEN AN INJURY OCCURS

- Ensure the injured worker seeks medical treatment (note: supervisor cannot prevent an employee from seeking medical treatment)

- Inform the employee of their right to elect where they can receive treatment

- Contact ABC-C and request a CA-16 if the injury requires immediate medical attention and claimant is treated at a facility that is not a Military Treatment Facility. If after duty hours, contact ABC-C first business day after the injury. Can be sent to the medical facility within 48 hours.

- Do not block, stop or impede the filing of a claim
WHAT A SUPERVISOR SHOULD DO WHEN AN INJURY OCCURS (cont)

- Conduct an investigation by examination of the site where the injury occurred and collection of statements by witnesses (if available).

- Report information inconsistent with incident leading up to injury.
  - Report all required OSHA-301 data to the appropriate Safety Office.

- Report any incident that could potentially be the fault of a 3rd party:
  - Some examples include, but are not limited to the following:
    - Hotels while in a TDY status;
    - Elevators in buildings maintained by a contractor;
    - Leased Office Space where the maintenance is the responsibility of the owner;
    - Vehicle accidents involving a GOV whereby there is another private or contract vehicle involved.
WHAT A SUPERVISOR SHOULD DO WHEN AN INJURY OCCURS (cont)

- Challenge the claim if there are inconsistencies with the work assigned or if there were false statements, unlikely, or otherwise questionable events that led to the injury or illness.
  - **Complete the Suspicious Claim Form provided by the ABC-C ICS**

- Ensure accuracy of submitted claim from ECOMP, upload any additional documents to support or refute the claim
  - Ensure the Employee has selected the appropriate Command and Organization listed on their most recent SF-50-Notice of Personnel Action. Contact the ABC-ICS if there are questions.
  - If the information is incorrect- return the claim to the Claimant and request the claim be deleted and a new claim initiated. This is the only way the claimant will be able to select the appropriate Command and Organization. ECOMP does not allow modifications after the claim is signed.
WORK SITE INSPECTIONS

- Supervisors can request a work site evaluation be conducted by their local Safety or Industrial Hygiene Office
  - Highly recommended for areas/organizations with a high incidence rate

- Advisable in situations where the employee is claiming an occupational injury (CA-2)
  - For example, if an employee is claiming they developed carpal tunnel as a result of the work they perform, then it may be appropriate to have a safety officer/bio-environmental representative conduct an evaluation to determine if the work station can be reconfigured to mitigate or eliminate future claims
Supervisors should contact the ABC-C ICS if there is a belief the worker’s claim is not legitimate. Some “Red Flags” or fraud indicators a supervisor should be on the lookout for are:

- Unexplained time delay in reporting the injury or seeking medical care
- Lack of witnesses to an injury that occurred in an area where it should have been observed
- The witness supporting the employee’s version of the injury frequently serves as a witness for other injuries
- Injured worker is facing a disciplinary action, RIF, management directed transfer/downgrade
FRAUD INDICATORS (RED FLAGS) cont.

- Injury occurred in conjunction with a weekend, holiday, or scheduled leave
- Injury occurred after a leave request was denied
- Employee’s account of how the injury occurs changes or is inconsistent with the medical evidence
- Employee has discussed with supervisor or co-worker a financial hardship
- Employee has known hobbies that could be the cause of the injury
- Employee abuses leave or consistently carries a low leave balance
- Employee has other outside employment
CHALLENGING A SUSPICIOUS CLAIM

- Challenge must be based on facts:
  - Being a poor performer is not an adequate reason

- Supervisor’s Investigation and notes are crucial

- There is no format or form for a challenge
  - It is simply a narrative write-up of the facts
  - The suspicious claim that isn’t challenged may become Army’s million-dollar claim in the future

- The Army has only one opportunity to challenge a suspicious claim, and that is before the claim is adjudicated.
CONTINUATION OF PAY AND LOSS WAGES
CONTINUATION OF PAY (COP)

- When an employee sustains a traumatic work related injury and files a claim within 30 days of the injury, the employee has an entitlement to COP when conditions are met to support the request for COP by the injured employee (ref: slides 29 and 30)
  - COP is a period of 45 calendar days (including weekends and holidays) following the traumatic injury

- Injured worker does not have to use their own leave to recover or seek medical care

- COP does not deduct from employee’s leave balances

- Paid by the Agency
TIMECARDS FOR COP

- Day of injury - document hours missed as LU
- Day after injury - COP begins - document hours missed as LT
- Employee must provide medical evidence showing they are disabled because of the injury within 10 days of requesting COP. If the employee fails to submit the documentation, then the supervisor can stop COP.
CONTRROVERTING COP

Nine reasons to controvert COP:

1. Injury is the result of an occupational disease or illness

2. Employee is a volunteer

3. Employee is not a citizen nor resident of the US or Canada

4. Injury occurred off the employing agency premises and the employee was not engaged in official “off premises” duties

5. Injury was caused by the employee’s willful misconduct, intent to bring about injury or death to self or another person, or intoxication
6. Injury was not reported on a CA-1 within 30 days of the date of injury

7. Work stoppage first occurred more than 45 days after the date of injury

8. Employee first reported the injury after employment was terminated

9. Employee is enrolled in a group covered by special legislation such as Peace Corp, Civil Air Patrol, etc.
Employee remains incapacitated following COP period

- Employee can request compensation from DOL

- There are two options available
  - **Leave without Pay (LWOP-KD)**
    - SF-52-Request for Personnel Action should be submitted when LWOP continues for 80 continuous hours or more and the employee is expected to receive compensation under the provisions of 5 U.S.C. chapter 81, subchapter I (GPPA-CH 15-A, Rule 26 + Note 3)
    - CA7 Form
  - **Leave Buy Back (LBB)**
    - Pay continues as usual
    - OPM 71 Leave Form

- Receives 75% of their pay with dependents or 66 2/3% if no dependents

- Compensation is non-taxable
RETURN TO WORK (RTW)
FOLLOWING UP WITH EMPLOYEE

- It is important for the supervisor to be in contact with the employee after a work related injury has been reported. When an employee is out of work due to an injury, the supervisor should call the injured worker at home and obtain the following information:
  - Limitations the doctor may have placed on the employee
  - Validation of when/if the employee can return to work
  - Whether the employee informed the treating physician about light duty availability
  - Request medical documentation to support time off from work

- Return to Duty: Submit an SF-52 Request for Personnel Action- Return to Duty to stop the LWOP. (GPPA CH 16-8 Rule 9) This action is imperative to ensure no lapse in pay and/or benefits
WHAT IF THE INJURED WORKER HAS RESTRICTIONS?

- The injured worker’s treating physician may clear the employee for work, but with certain limitations.
- Supervisor must abide by the restrictions.
- If the restrictions are permanent or the supervisor cannot accommodate the temporary restrictions, the job may need to be permanently or temporarily modified to comply with the doctor’s orders.
- If the restrictions appear unreasonable, the supervisor should contact the ABC-C ICS to seek further guidance.
- The ABC-C ICS may request a 2nd opinion examination from the Department of Labor.
WHAT IF THE EMPLOYEE RETURNS PART-TIME?

- Employee may submit a completed CA-7 & CA7a for LWOP for loss wages
- The employee can use their own leave for hours not worked with the option to buy their leave back (LBB)
- Validate the employee’s choice for leave requested
- Confer with ICS
WHAT IF THE EMPLOYEE IS UNABLE TO RETURN TO THEIR REGULAR DUTIES?

- Often times an injured worker can perform some level of work

- Supervisor will need to work with the ABC-C ICS to locate a job or create “job duties” that fall within the employee’s capabilities as defined by the Physician

- Remember, the Army is paying the employee’s expenses whether they are working or staying at home. It is better to get some level of productivity out of the employee rather than none at all!

*It is the goal of every supervisor to return the injured worker back to work and minimize workers’ compensation costs to the Army*
RECAP OF THE SUPERVISOR’S ROLE

- Handle injuries immediately and within guidelines as soon as possible
- Investigate all reports of injury or illness
- Report to the ABC-C ICS all “Red Flags” or potential fraud
- Complete Supervisors portion of claim via ECOMP
- Partner with the ABC-C ICS to get the injured employee back to work!
CIVILIAN DEPLOYMENT INFORMATION

- Civilian employees who sustain injury or death while deployed may receive benefits provided by FECA
  - Injuries must be reported to the on-site supervisor as soon as possible, but no later than 30 days from the date of injury
  - Employee should be given the ECOMP Website prior to departure to file a claim immediately
  - Employees are entitled to in-theater military provided medical care, including pharmacy support
  - Employees are responsible to obtain all medical prior to returning back to CONUS
CIVILIAN DEPLOYMENT INFORMATION

- Employees killed in the line of duty are entitled to many of the same benefits as military casualties.

- Survivors of an employee who dies of injuries incurred in connection with the employee’s service with an Armed Force in a contingency operation may be entitled to a death gratuity up to $100,000.00.

- CA40, Designation of a Recipient of the Death Gratuity Payment under Section of Public Law 110-181 in not mandatory but recommended.

- The $100,000.00 amount must by law be reduced and offset by any other federally provided death gratuity.

- DOL pays all entitled pay benefits except overtime.

- The official 40 hour work week must be established.

- Employees will be compensated based on this schedule.
ECOMP- Supervisors
Roles and Responsibilities
ECOMP is a Department of Labor application that allows Army claimants to file forms CA-1 and CA-2 digitally.

- At this time the CA-7 forms cannot be filed using ECOMP.

- ECOMP replaced the EDI method DOD used to file claims in November 2015.
The former EDI system required the employee and supervisor to sit down and file the claim together.

ECOMP allows the employee to fill out their portion of the claim form and then send it to their supervisor for further processing. Employee and supervisor no longer have to fill out the claim form together.

Filing a Workers’ Compensation Claim is a “voluntary” action.
The routing for the CA-1/CA-2 forms were set up by the DoD ECOMP administrator according to the organizational structure identified in the employee’s human resource official record.

As the supervisor this will be invisible to you and you do not have to determine where the claims should be sent. However, it is important that you validate the Organization, Installation and Servicing CPAC chosen by the employee.

Ensure this information is pulled from the SF-50.
Please verify that you are listed as the Supervisor in CPOL. This is imperative, as this is the person our office will send correspondence to for claims management.

Under Organization Structure, you will see the far left column titled **Current Supervisor** - if you are not listed as the Supervisor - Simply go to the 3rd Column titled **New Supervisor**, select the arrow in the Drop Down and select your name. You will scroll to the bottom and select Submit Changes.

**Note:** These changes may take a day or so to refresh, but at least the information will be correct!
Employee will have to register with ECOMP in order to file a claim. The employee will designate their supervisor during the registration process. Please ensure the employee has your correct email. As the supervisor you will not need an ECOMP account in order to review forms submitted to you.
ECOMP’s Workflow

The Army is not using the OSHA 301 process. Therefore you must submit the OSHA 301 data to your Safety Office.

The Army ECOMP process starts with the CA-1 or CA-2 form.
Once the employee completes the CA-1 or CA-2 form, you will receive a notification email alerting you that a form is awaiting your review. As a Supervisor, this is the first step in the process for you.
Filing a CA-1 or CA-2: Email to Supervisor

The email will contain a link to access the form for review—**you only have this link available for 72 hours**, after that the ABC-ICS must resend you a new link.

The type of form to be reviewed

The initials of the employee

Pertinent dates

*Note: The Agency only has 10 Business Days to forward the completed Claim to DOL. It is imperative you review and forward claims as quickly as possible.*
Filing a CA-1 or CA-2: Supervisor Portion

If the screen is only showing half of a document, ensure the Zoom feature is set to 100%!!!

Clicking on the link in the email will take you to ECOMP. If the employee sends the form to the incorrect supervisor or selects an incorrect agency* when filing the form, you can return the form to the employee by selecting the

No, I cannot review this form button at the bottom of the screen.

*Note: if the incorrect organization is selected, the employee must delete their claim and reinitiate with the correct organization!!
You will then select a reason why the form cannot be reviewed. A notification will be sent to the employee and the Agency Injury Comp Specialist (ICS) informing them that you cannot review the form and the reason why.
To start the review, you will click on the Continue button.
The information entered by the employee can be viewed by you but cannot be changed. If you notice information that you believe should be changed by the employee then there are two ways to handle the situation:

1. Talk to the employee and if they agree the information should be changed the form can be sent back to the employee for resubmission.

2. If the employee disagrees that the information should be changed then you can annotate areas where you do not agree with what the employee submitted.

Both processes will be discussed later in the presentation.
You will enter information into the claim form. Not all information is required—some information is optional and does not have to be entered, however be as thorough as possible.
Filing a CA-1 or CA-2: Supervisor Portion

- Optional information for the CA-1 form: However ECOMP may not let you proceed if these areas are blank
  - OSHA Site Code
  - Medical care first received date
  - Date and Time employee stopped work
  - Pay Rate
  - Date employee pay stopped
  - Remarks
  - Date 45 day period began
  - Date and hour returned to work
  - Third party address
  - Anatomical location
  - Nature of Injury
  - Cause of Injury
  - Extent of Injury
  - Physician name
  - Physician address
Fill out each block to the best of your ability. For Questions **20 and 21**. For Non-Regular Work Schedules (ie Firefighters/LEO): Enter No, this will gray out the Regular Work Hours and Work Schedule.
Questions 28-30 are important to respond to as a Supervisor, these questions aid the DOL Claims Examiner in determining who will be liable for the injury or illness. The claimant, the Army or a 3rd Party.
Continue to enter all required information into the claim form. If you disagree with any information entered by the employee and the employee does not want to change what was entered on the form you can annotate the disagreement in the area (outlined in red) at the bottom of the screen. For example if the DOI were entered erroneously by the employee and they did not want to change the DOI they entered you could provide what you believe to be the correct DOI in this field.
You should attach any additional documentation that is felt to be pertinent to the claim and should be considered by the Claims Examiner when adjudicating the claim.
Finally, once all the information has been entered, one final review is done. Any changes can be made at this point by placing the cursor near the field and selecting the **Go to field** button that will appear.
If you have discovered an entry by the employee that is erroneous and the employee is willing to change the information entered into the form then the claim form can be sent back to the employee from this screen. You would select the **Request Resubmission** button and select **RETURN OF FORM REQUESTED BY EMPLOYEE** as the reason why. The form will be returned to the employee. They can then correct the erroneous information and resubmit the form to you.

You **cannot** refuse to process the form even if the employee does not change the erroneous information. **EXCEPTION** - the employee selects their wrong organization!
Once you have completed reviewing the form, the **Sign & Forward or File** option will be selected. Click on the Green Sign & Forward at the bottom of the screen.
Filing a CA-1 or CA-2: Supervisor Portion

You will click **I Agree** to finish processing the form.

I understand that a supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect to this claim may be subject to appropriate felony criminal prosecution.
Filing a CA-1 or CA-2: Supervisor Portion

The form will now be submitted to the Injury Compensation Specialist for the agency to finish processing.

This form has been forwarded for review

ECN 104707 CA-1 Pending final review by FECA Agency Reviewer

Employee Joe Employee
Date of event 11/27/2012
Organization BUREAU OF ADMINISTRATION
Date initiated 11/27/2012

You can print a copy of this form using the Save/Print button above.

A digital copy of this form will be kept by ECOMP for 5 years. (Public Law 91-596 and 29 CFR 1904)
Once the form is submitted to the agency for review, the agency will then take the following steps.

- Review the claim for accuracy.
- Fill out any missing items or make corrections as necessary.
- Forward to Department of Labor
- Send a hard copy back to the supervisor to obtain the “wet signatures” of the employee, any witnesses and him/herself to be sent back to the Army Benefits Center – Civilian via United States Postal Service to the address below.

- Army Benefits Center – Civilian
- Injury/Unemployment Compensation Branch
- 305 Marshall Ave
- Fort Riley, KS 66442

**Note:** The Department of Labor requires the Agency to maintain these wet signature forms for 15 years following the closing of a claim.
Additional Training

Additional training can be found on the ECOMP website at www.ecomp.dol.gov/ under the Help section.
Training is available for employees, supervisors, safety personnel and ICPAs. To view training for supervisors click on the **Reviewing Forms as a Supervisor** link.
Additional Training

The available topics are shown on the left side of the screen. Select any topic listed to view the training on that topic.

Reviewing Forms as a Supervisor

ECOMP User Guide
Additional Training

Reviewing Form CA-1, Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

This form is used when an employee suffers a traumatic injury on the job. A traumatic injury is defined as an injury caused by a specific event or occurrence as opposed to chronic injuries such as those from repetitive incidents, within a single workday. Some examples of traumatic injuries include: a dog bite or a slip and fall.

Click here to read or print a tutorial on how to complete the form as a supervisor in ECOMP.

Click here to view a video tutorial.

For each topic you can view either a written tutorial or view the actual steps via screen recording that will walk you through the necessary actions step by step.
QUESTIONS?
CONTACT INFORMATION

Army Benefits Center – Civilian
305 Marshall Avenue
Fort Riley, KS 66442

Hours of Operation
0700 – 1700 CST

Phone Number's
866-792-7620 - Phone
785-239-1489 – Fax

Email
usarmy.riley.chra-sw.mbx.workers-compensation@mail.mil

Website
https://www.abc.army.mil/HR/InjuryCompensation.html
Additional References

- When Injured at Work Information Guide for Federal Employees
- CA-1 and CA-2 Forms Link
  - [http://www.dol.gov/regs/compliance/owcp/forms.htm](http://www.dol.gov/regs/compliance/owcp/forms.htm)
- Injury and Unemployment Compensation Branch-DCPAS
- Workers’ Compensation for Supervisors
Policy and Resources

- Federal Employees' Compensation Act
  - 5 USC 8101 et seq
- 20 C.F.R Title 20, Chapter I -- Office of Workers Compensation Programs
  - Part 1 - Performance of Functions Under this Chapter
  - Part 10 - Claims for Compensation under the Federal Employees' Compensation Act
  - Part 25 -- Compensation for disability and death of noncitizen Federal Employees outside the United States.
Policy and Resources

- Department of Defense (DOD) Memoranda and Instructions
  - Sep 24, 2007, DSD (P&R) Memo, Policy Guidance for Provision of Medical Care to DOD Civilian Employees Injured or Wounded While Forward Deployed in Support of Hostilities
  - Mar 5, 1997, ASD Memo, Policy for Billing Occupational Health or Workers' Compensation Cases for DOD Employees in Military Treatment Facilities
  - DOD Instruction 1400.25-V810
- OWCP Reference
  - CA-810 Handbook
Policy and Resources

- Implementing Guidance for Workers’ Compensation