



U. S. SOUTHERN COMMAND

A light gray map of the Southern Hemisphere, showing the continents of South America, Africa, and Australia, along with the islands of the Pacific and Indian Oceans.

Workers' Compensation for Newcomers

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Purpose

- Provide benefits to Federal civilian employees for disability due to personal injury, disease, or death arising from or within the scope of their employment.



Benefits

- Continuation of Pay (COP) [traumatic injuries only]
- Wage loss compensation
- Medical benefits
- Schedule Awards
- Vocational Rehabilitation
- Death Benefits



Conditions of Coverage

- Each claim for compensation must meet certain requirements before it can be accepted by the U.S. Dept of Labor, Office of Workers Compensation (OWCP), Division of Federal Employees Compensation (DFEC)
 - Timely Filing of Claim
 - Federal Civilian Employee
 - Fact of Injury
 - Performance of Duty
 - Causal Relationship
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Timely Filing

- Employee Has Three Years From:
 - Date of Injury
 - Date of First Awareness
 - Date of Last Exposure



Civil Employee

- FECA covers all civilian employees except for non-appropriated fund employees
- Temporary employees covered on the same basis as permanent employees
- Contract employees, volunteers, and loaned employees are covered under some circumstances



Fact of Injury

- Factual – Actual occurrence of an accident, incident, or exposure in time, place, and manner alleged
- Medical – Medical condition diagnosed in connection with that accident, incident, or exposure



Performance of Duty

- Injury occurred while performing assigned duties or engaging in an activity reasonably associated with the employment
- Injury occurred on work premises
- Injury occurred off premises while engaging in work activity



Causal Relationship

- Link between work-related exposure/injury and any medical condition found
- Based entirely on medical evidence provided by physicians who have examined and treated the employee
- Opinions of employee, supervisor, or witnesses not considered – nor is general medical information contained in published articles



Traumatic Injury

- Occurs at one point in time or during one day / one work shift
 - **File a claim CA-1 by reporting injury ASAP to your supervisor**
 - **Obtain the receipt and copy of the CA-1**
 - Eligible for 45 days Continuation of Pay (COP)
 - No charge to sick or annual leave
 - After COP then, Compensation for lost wages
(if totally disabled beyond 45 days)
 - 75% tax free with dependents
 - 66 2/3% tax free without dependents
 - Duration as long as medically supported
 - Injury can also be an illness or disease caused or aggravated by employment.
 - Damage to medical braces, artificial limbs and other prosthetic devices.
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Traumatic Injury

- You may *elect* Continuation of Pay (COP) and then *salary must be continued w/ NO charge to sick or annual leave*
 - **unless controverted**
- Medical evidence required and submitted within 10 work days
- COP Not Paid - Only if controverted by one of the following:
 - Disability is a result of occupational disease or illness
 - Employee comes within the exclusions of 5 USC 8101 (1) (B) or (E)
 - Employee is neither a citizen nor resident of the US or Canada
 - Injury occurred off the agency's premises and the employee was not engaged in official "off premises" duties
 - Employee's willful misconduct, intentional harm or death, or proximate intoxication
 - Injury not reported within 30 days of injury
 - Work stoppage first occurred more than 45 days after the injury
 - Employee reported injury after employment was terminated
 - Employee is enrolled in Civil Air Patrol, Peace Corps, or other group covered by special legislation



Initiating Claim

CA-1 Traumatic Injury

CA-1

- Go to <http://www.cpms.osd.mil/icuc/EDI.aspx> ; click on **DIUCS/EDI Supervisor Link** Electronic Data Interchange(EDI) CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) forms on-line; submit via Internet to OWCP.
- Employee completes front : Supervisor back
- **Employee retains the receipt & copy of the CA-1 & elects COP or leave**
- Must be submitted to employing agency within 30 days of date of injury to be eligible for COP – however can be submitted up to three years after the injury
- Must be transmitted to OWCP w/in ten workdays from date agency received form
- **Employee responsibility to submit medical evidence of disability within ten calendar days or risk termination of COP**

CA-16

- **Supervisor authorizes medical care by completing a Medical Treatment Form CA-16**
- **Complete CA-16 within four hours of request whenever possible**
- If doubt as to whether employee's condition is related to employment noted on form
- May refuse to issue a CA-16 if more than a week has passed since the injury since the need for immediate treatment would have become apparent in that period
- OWCP consolidated FECA medical authorization and bill payment with a single company, ACS.
- **Info on medical authorization or status of a bill call: 1-866-335-8319**



Initiating Claim

CA-2 Occupational Disease

- **Injury can be illness or disease directly caused, aggravated, accelerated or precipitated by employment**
- Go to <http://www.cpms.osd.mil/icuc/EDI.aspx> then **DIUCS/EDI Supervisor Link** Electronic Data Interchange(EDI) CA-2 (Federal Employee's Notice of Occupational Disease) forms on-line and submit via the Internet to OWCP.
- Employee completes front
- Supervisor completes back
- **No CA-16 issued for medical care**
- Must be submitted to employing agency within three years of the date when the employee becomes aware, or reasonably should have been aware, of a possible relationship between the medical condition and the employment
- Must be transmitted to OWCP within ten workdays from date agency received form



Beyond the 45 COP period or for Occupational Diseases

- Complete CA7, Claim for Compensation
- Employee's choice to use LWOP or SL/AL
- Keep supervisor and ICPA informed
- Provide appropriate medical support.



Claim Status

- **Claimant Query System (CQS)** - CQS allows an injured employee to access information regarding their own claim such as:
payments, benefits tracking, medical bill status, case status history, accepted conditions, employing agency information, and CA-16 information

CQS access at: <http://owcp.dol.acs-inc.com>

select user type “Claimant,” ; then log-in page, enter case file number, date of birth, and date of injury. Screen appear for queries concerning bills. On same screen view eligibility, accepted conditions , medical authorizations. Then click on “CQS” under “Inquiries” which will direct to CQS main page. Enter 9-digit case file number.

CQS explained at: [http://www.cpms.osd.mil/icuc/Claimant Query System \(CQS\).aspx](http://www.cpms.osd.mil/icuc/Claimant_Query_System_(CQS).aspx)

CQS user guide at: <http://www.dol.gov/esa/owcp/dfec/CQS061709.pdf>



Additional Info

<p>PRIMARY POC (Claims and Bills) DA Injury Comp Program Administrator (ICPA) Civilian Personnel Advisory Center Fort Sam Houston, TX Email: rosanne.cardenas.miller@conus.army.mil Ph. 210-221-2420 Or Fax: 210-221-1015</p>	<p>Technical Assistance and advocacy Quality of Life Adviser Enterprise Support Directorate US Southern Command HQ Email: maurice.tricarico@hq.southcom.mil Ph: 305-437-1122</p>
<p>Intel POC personnel ICPA CPAC Fort Huachuca, AZ Email: eva.dixon@hua.army.mil Ph. 520-533-1481</p>	<p>Benefits, Briefings, Definitions, FAQs, How To, more http://www.southcom.mil/AppsSC/qol2.php?page=10 http://www.southcom.mil/AppsSC/files/QOL/qol1.pdf http://www.southcom.mil/AppsSC/files/QOL/qol2.pdf http://www.southcom.mil/AppsSC/files/QOL/qol3.pdf http://www.southcom.mil/AppsSC/files/QOL/qol4.pdf</p>
<p>Law, Regulations, FAQs more resources DoD Civilian Personnel Management Service (CPMS) Injury Compensation Division (ICUC) http://www.cpms.osd.mil/ICUC/ICUC_index.aspx U.S. Department of Labor (DoL) Office of Workers' Compensation Programs (OWCP) Division of Federal Employees Compensation (DFEC) http://www.dol.gov/esa/owcp/dfec/index.htm http://www.dol.gov/esa/regs/compliance/owcp/forms.htm</p>	<p>Claims Adjudication U.S. Department of Labor Office of Workers' Compensation Programs Division of Federal Employees Compensation CONUS Jacksonville OCONUS Cleveland (904)357-4777 (216)357-5100</p>
<p>OCONUS Bills U. S. DEPARTMENT OF LABOR OFFICE OF WORKERS' COMPENSATION 1240 E. 9TH STREET ROOM 839 ATTN: DAVID WOODS DO NOT OPEN IN MAILROOM CLEVELAND, OH 44199 OR fax 216-357-5464</p>	<p>CONUS Bills Provider: http://owcp.dol.acs-inc.com Employee: U.S. DoL, OWCP, DFEC Central Mail Rm P.O. Box 8300, London, KY, 40742-8300 Medical authorization or bill status Ph.(866)335-8319</p>



Summary

File a claim!



**Let OWCP make a decision
whether the claim is
acceptable**