



EVOLVE EXPANDE EXCEL
Emerge to Greater Heights

2022 DCPAS VIRTUAL BENEFITS SYMPOSIUM



ICPA Level II Q&A

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Objectives

1. To better understand the process and objectives for comprehensive and focused case reviews.
2. To increase efficiency in obtaining information from a case file that will assist in achieving objectives.
3. To increase awareness of medical or factual evidence that commonly requires clarification.
4. To learn best practices for annual case file reviews, to include indicators of potential prohibited dual benefits situations.

Welcome!

Comprehensive Case Review

- In depth review performed to ensure the evidence in file is sufficient to establish entitlement to the benefits being received.
- Usually performed in accordance with timeframes that are appropriate for the status of the claim being reviewed.
- Involves reviewing medical evidence, incoming/outgoing correspondence and phone records, and annual 1032 forms (if applicable).

Suggestion: Is there a DOI or date of separation (if applicable) SF-50 in file? Is there a DOI position description in the file? If not, please consider uploading one. It's amazing how often the need for these documents presents itself sometime during the life of the claim!

Types of Case Reviews

Focused Case Review

- More of a targeted review with a specific objective in play.
 - Download a copy of a specific OWCP decision or correspondence.
 - Follow up on a specific matter you have been working with OWCP on.
 - Monitor a Field Nurse's progress with a claimant or a Vocational Rehabilitation sponsorship.
 - Find out if a requested diagnostic test and/or corrective surgery has been approved by OWCP, scheduled, and/or performed.

Suggestion: Whether you are performing a comprehensive or focused case review, always make reviewing the case notes section in DIUCS part of your case review process. DCPAS MAs perform frequent reviews of case files and their case review notes just might save you some time!

Types of Case Reviews

Prepare

- A little preparation will go a long way in increasing your efficiency in performing claim reviews.
- Do as much review as you can before you go into the file in ECOMP (agency working file, AQS-comp history, DIUCS, etc.). What is the most current medical you have? What is the claimant's current compensation rate? Is a FERS offset possibly needed?
- Know what you're looking for before you go into the file, obtain it, set your suspense for following up, and move on to the next.

The Review Itself

- It is not necessary to look at every document in a case file when completing a review.
- Again, make a plan during your preparation process for the review. Keep your focus on gathering information that is consistent with your plan. Without a plan, it can be easy to get overwhelmed and/or sidetracked once you start going through a 2,000+ document FECA case file!
- Keep in mind the timeframes for medical evidence that continues to establish ongoing claim related residuals and/or disability: PR-within 1 year of the 1032 issue date, PW-within 2 years of the 1032 issue date, PN-within 3 years of the 1032 issue date.

Case Review Best Practices

Reviewing Medical Evidence

- Must support ongoing residuals of the accepted condition(s) as well as ongoing disability due to the accepted conditions if compensation is being issued.
- Must be well-rationalized. If not, we can ask OWCP to request additional rational from the MD (AP or Secop MD).
- Work restrictions must be detailed and well defined.

Reviewing Medical Evidence

- Look for indications of further case management actions that may be needed.
 - Date of the most recent medical in the file.
 - Are the accepted conditions what the claimant is being treated for?
 - Well rationalized work tolerance limitations.
 - Indications of ongoing treatment (pain management, surgery, PT, etc.).
 - Has the claimant reached MMI?
 - When was the last second opinion performed and what were the results?
 - Is there any indication that the claimant can return to duty in any capacity?

Reviewing Annual 1032 Forms

- To the extent that you are able, verify the accuracy of the information the claimant provides on the form.
- Review for dependents to verify that the correct compensation rate (66 2/3% or 75%) is being paid.
- Review for OPM, SSA, and VA benefits.
 - Understand the circumstances where FERS offsets are needed.
 - Go back and review the earliest CA-7 in file for any indication of OPM and/or VA benefits.
- Review for indication of volunteer work, self employment, or other situations that could indicate the presence of a work capacity.
- When possible, give the claimant the benefit of the doubt when/if their responses on the 1032 Form turn out to be inaccurate or incomplete.

Case Review Best Practices

Dual Benefits

- Office of Personnel Management (OPM)
 - Except for schedule awards, a claimant may not receive wage loss compensation benefits from OWCP concurrently with regular or disability annuity (CSRS or FERS) benefits from OPM.
- Department of Veterans Affairs (DVA)
 - The prohibition against dual payment of FECA and DVA benefits applies to those cases where the disability or death of an employee has resulted from an injury sustained in civilian employment by the United States and the DVA has held that the same disability or death was caused by the military service.
 - The prohibition also extends to an increase in a DVA service-connected disability award, where the increase is brought about by an injury sustained while in civilian federal employment.
- Social Security Administration (SSA)
 - Offset applies to FECA compensation when social security age-based retirement or death benefits are attributed to the claimant's federal service or paid to his/her survivors.

Tip: Use this chart to understand when SSA disability benefits are converted to SSA age-based retirement benefits: <https://www.ssa.gov/oact/progdata/nra.html>

Case Review Best Practices

Dual Benefits

- FECA prohibits payment of compensation and certain other Federal benefits at the same time.
- Does not prohibit claimant from applying for benefits from more than one government program at a time.
- Only if both benefits are approved will the rules governing dual benefits be invoked.
- Send written request to OWCP requesting a review of potential dual benefits if necessary. If you are unsure, reach out to your injury compensation management advisor.

Post Review Plan of Action

- You've reviewed the file and obtained the information that you planned to obtain...now what?
- Develop a mechanism for follow up.
- If you determine that no current case management action is needed, this may be as simple as setting a suspense for 15 months down the road to review the file again for any potential changes.
- If you determine that a case management action is necessary, reach out to the appropriate party to initiate the action. If the OWCP CE is the party that you reach out to, provide them with claim specific reasoning for why you are asking them to do whatever you are asking them to do. Be aware of the timeframes CEs are afforded to respond: up to 3 business days for phone calls and 30 calendar days for written correspondence.

Case Review Best Practices

Return to Work

- Work restrictions must be detailed and well defined.
- Prior to making a job offer certain information needs to be obtained/addressed.
- Job Offers must include:
 - Medical evidence supporting the work tolerance limitations
 - Description of duties to be performed
 - Specific physical requirements of the position
 - Organizational and geographical location of the position
 - Date on which it is available
 - Date by which a response is required
 - Specific tour of duty, days/hours
 - Name and contact information of supervisor

Exercise Scenario #1

You or one of your employees is performing an annual review of a PW claim. The claimant was a firefighter on DOI and he/she suffered a severe back injury following a fall from a ladder. A fusion was completed at L3-4 and once the claimant reached MMI he/she obtained a job in the private sector (separated from the agency) as an office manager. OWCP issued a formal LWEC decision and compensation was reduced accordingly. During your review you notice that the most current medical documentation in file is approximately 3 years old. What do you do?

Scenario #1 Discussion

Recommendation: Don't get caught up on the lack of current medical in this claim. In a PW claim, the only real medical issues in play are (1) whether the accepted condition has fully resolved, and (2) can the claimant return to his/her DOI job in a full duty capacity. In this claim, neither of these outcomes is likely so pushing for development of the medical evidence is not warranted. Ensure the annual 1032 Forms are being returned, review comp rate, potential for dual benefits, etc., and save the medical development request for another claim.

Exercise Scenario #2

You or one of your employees is performing an annual review of a PN claim. The claimant is 68 years of age and has been long term disabled due to the residuals of his/her workplace injury. On the most recent 1032 Form the claimant indicated that he/she does not receive OPM benefits, that he/she does receive SSA disability benefits, and that he/she does not receive VA benefits. What, if any, post review actions should you or your employee take?

Scenario #2 Discussion

At 68 years of age the claimant is over his/her normal retirement age (NRA) with SSA. Once an individual reaches NRA, SSA converts their disability benefits to age-based retirement benefits. This is often done without notice to the claimant, so the indication the claimant gave on the 1032 was most likely an honest misunderstanding as opposed to an attempt to mislead anyone.

Exercise Scenario #3

Continuing your involvement in the previous claim, you or your employee obtained and uploaded a DOI SF-50 into the case file confirming the claimant's retirement coverage was FERS. You contacted the CE at OWCP and asked him/her to please send the standard OWCP fax to SSA to obtain the figures needed to calculate the required 28-day FERS offset. In 30 days the CE sent the fax and in 60 days the response from SSA was received. 30 days after that the CE calculated the 28-day FERS offset and keyed it to take effect with the claimant's next periodic roll payment. What, if any, remaining case management actions should you or your employee take?

Scenario #3 Discussion

Always remember the lead in overpayment! 99.9% of the time, FERS offsets are not entered into the PR payment timely. This means that 99.9% of the time, there is a lead in overpayment that we need to be sure the CE identifies. OWCP must issue a preliminary finding as well as a final decision for the matter of the overpayment to be fully resolved. The period of the overpayment will run from the day the claimant began receiving SSA age-based retirement benefits, through the day prior to the start of the PR cycle during which the FERS offset was put in place.

Exercise Scenario #4

You or one of your employees is reviewing recently received medical documentation for a claimant that has been working in a full time light duty capacity for approximately 4 months. In the report the claimant's AP states that the claimant is at maximum medical improvement (MMI) with a permanent lifting restriction of 20 pounds and that he/she can now return to full duty. What should you or your employee do first?

Scenario #4 Discussion

First and foremost it should be determined whether the 20 pound lifting restriction will prevent a full duty RTW at the DOI job. If the claimant's DOI job does not require lifting greater than 20 pounds, this is a valid FD release and the claimant would be expected to report back to FD (no job offer needed). If the claimant's DOI job does require lifting greater than 20 pounds this is not a valid FD release and the process for finding a permanent modified duty position for the claimant should be initiated. Once such a position is located, a written permanent modified duty job offer should be generated and presented to the claimant.

Exercise Scenario #5

While performing a comprehensive case review you come across a claimant who, on the earliest CA-7 in file, reported receipt of benefits from the DVA for 50% disability due to a service-connected left knee condition. You notice that the claimant's FECA injury, for which he/she is receiving total disability wage loss compensation on the periodic roll, was accepted as a permanent aggravation of a pre-existing left knee condition. You review the most current 1032 Form in file and see that the claimant reported, subsequent to the DOI for the FECA injury, the DVA increased the claimant's service-connected left knee award to 100% due to the effects of the FECA injury.

Is an election of benefits is required in this case? And if so, what is the election between?

Scenario #5 Discussion

Yes, an election of benefits would be required in this claim.

The election will be between the amount of entitlement under FECA plus the amount received from the DVA for 50% prior to the FECA injury, on the one hand, and the total amount of entitlement from the DVA for 100%, on the other hand.

In other words, no election is required between the DVA benefit the claimant was receiving at the time of the FECA injury and the FECA benefits to which the claimant is entitled to for the FECA injury because these benefits are not payable for the same injury. When the DVA increased its benefits an election was required because the increased benefits were payable because of the same employment injury which formed the basis of entitlement to FECA benefits.

OWCP Procedure Manual, Part 2-0812: Periodic Review of Disability Cases.
<https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECA-PT2/group3#20812>

OWCP Procedure Manual, Part 2-0810: Developing and Evaluating Medical Evidence.
<https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECA-PT2/group3#20810>

References

OWCP Procedure Manual, Part 2-0814: Job offers and Return to Work.

<https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECA-PT2/group3#20814>

OWCP Procedure Manual, Part 2-1000: Dual Benefits.

<https://www.dol.gov/agencies/owcp/FECA/regs/compliance/DFECfolio/FECA-PT2/group2#21000>

References

SSA Normal Retirement Age Chart.

<https://www.ssa.gov/oact/progdata/nra.html>

20 C.F.R. § 10.0 – 10.916: Claims or Compensation Under the Federal Employees' Compensation Act.

<https://www.ecfr.gov/current/title-20/chapter-I/subchapter-B/part-10>

References

Questions?



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