

OWCP FOR MEMBERS

YOU HAVE BEEN INJURED WHAT NOW?

HUMAN RELATIONS DEPARTMENT





Overview for the injured worker

Report your Workplace injury to your Supervisor

Is my Injury a Traumatic injury CA-1 or an Occupational Illness or Disease CA-2

Complete ECOMP Registration and CA-1 or CA-2 Supervisor is to provide CA-20 and CA-16 forms (CA-16 only provided with CA-1)

The 5 elements of the Burden of Proof and Medical Narratives

COP and Compensation

Employer Responsibilities





OWCP- FECA

- The Office of Workers' Compensation Programs administers four major disability compensation programs which provide wage replacement benefits, medical treatment, vocational rehabilitation and other benefits to certain workers or their dependents who experience work-related injury or occupational disease.
- The Division of Federal Employees' Compensation adjudicates new claims for benefits and manages ongoing cases; pays medical expenses and compensation benefits to injured workers and survivors; and helps injured employees return to work when they are medically able to do so.

Notify your Supervisor or someone acting in the place of your Supervisor ~~~~~

Every job-related injury should be reported to your supervisor as soon as possible. Injury in this case also means any illness or disease that is caused or aggravated by your employment as well as damage to medical braces, artificial limbs, and other prosthetic devices

The USPS Handbook EL-814 states “You must report an injury immediately”. However, it is fair to say Immediately upon your awareness.

Time frames to be eligible to report an injury and or select COP within OWCP/FECA regulations will be listed in subsequent slides.



Which Form should I fill out?

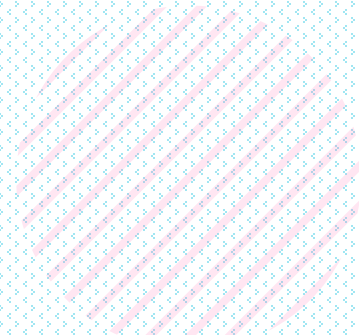


CA-1 Traumatic Injury

- Traumatic injury means a wound or other condition of the body caused by external force, including stress or strain, which is identifiable as to time and place of occurrence and member or function of the body affected. The injury must be caused by a specific event or incident or series of events or incidents within a single work day or shift.
- The injury must be caused by a specific event or incident. This injury was caused by picking up a heavy object, or slipping and falling down, for example.

CA-2 Occupational Illness

- Occupational disease or illness is a medical condition produced in the work environment over a period longer than a single workday or shift by such factors as a repetitive motion injury, or exposure to hazardous elements such as, but not limited to, toxins, poisons, fumes, noise, particles, radiation, or other continued or repeated conditions or factors of the work environment.



When you suffer a traumatic injury CA-1, additional forms



CA-16 Authorization for Examination and/or Treatment.

The employer shall issue Form CA-16 **within four hours of the claimed injury**. If the employer gives verbal authorization for such care, he or she should issue a Form CA-16 within 48 hours. The employer is not required to issue a Form CA-16 more than one week after the occurrence of the claimed injury. This form guarantees payment to the care provider if the employee requires medical treatment because of a work-related traumatic injury.

CA-20 Attending Physician's Report

This medical report is required by OWCP BEFORE payment of compensation for loss of wages can be made to the employee. Recommend this form used in lieu of a narrative medical report issued by the physician.

After initial visit for medical care, it is recommended that you take with you a form **CA-17 - Duty Status Report** to give to the attending physician. This form provides your supervisor and OWCP with interim medical reports containing information as to your ability to return to any type of work. Ca-17 forms apply to CA-2 claims also.



How am I timely for my Claim?



Official criteria:

3 years from date of injury, or for latent conditions, from the date of first awareness, or date reasonably should have been aware of a possible connection to the condition and employment.

30 days from injury - COP eligibility

Agency Timeliness 10 days from Supervisor to DOL





www.ecomp.dol.gov

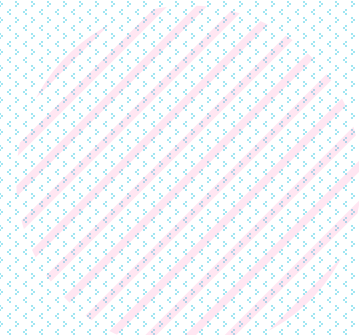


ECOMP Information

- Before you can file any forms in ECOMP as an injured worker or employee, you must first register and create an ECOMP account. By doing so, this places you in control of your claim. This means you do not need to rely on your employer or supervisor to submit your claim on your behalf. This also allows OWCP to communicate directly with you in a near-real time basis.
- To register, click the "Register" link on the ECOMP home page at ecomp.dol.gov.

<https://www.ecomp.dol.gov/#/help/userguide/claimant/Registration>

DOL/OWCP is the final approval authority for acceptance of a claim and payment of benefits





There are five basic elements to an OWCP claim

- The claim must be considered timely.
- The claimant must be a civilian employee.
- Fact of Injury.
- Performance of Duty.
- Causal Relationship.

CONTINUATION OF PAY or COP



45 calendar day window for use of up to 45 days of agency paid leave for Traumatic Injury Claims Only Begins on the date of first disability.

Timeframes for Eligibility:

Must file the CA-1 within 30 days of the date of injury. Absence from work due to the injury must begin within 45 days of the date of injury.

Must submit medical evidence of disabling injury to the employing agency within 10 calendar days

If the preceding conditions are not met, COP may be withheld. This is referred to as controversion.

**ALWAYS ELECT COP, OWCP IS THE ONLY
AGENCY THAT DECIDES IF YOU ARE ELIGIBLE
DO NOT BE TRICK BY YOUR SUPERVISOR**

Postal Service employees have a three-day waiting period before COP will be granted. They may use annual leave, sick leave, or leave without pay during that period, except that if the disability exceeds 14 days or is followed by permanent disability, the Postal Service employee may have that leave restored. See 20. C.F.R. §10.200(c). The three waiting days count toward the 45 calendar-day COP entitlement period. Time lost for medical treatment only does not count as work disability and does not count as a waiting period day, and the employee must elect COP on the front of Form CA-1 to request that any previously-used leave be changed to COP.



Wage Loss Compensation



Compensation paid for total disability, absence for medical treatment related to the injury, or for employees who have returned to work but are earning less than what their date of injury job currently pays.

Filed using a CA-7

Based on pay rate on the date of injury

Can be paid for both Traumatic Injury claims and Occupational Illness/Disease Claims.

Paid at a rate of 75% of date of injury pay if dependents are in the household.

Paid at 66 2/3% if no dependents.

Tax Free



Supervisor's Responsibilities



Notification of Injury:

Step 1: Discuss the facts with employee surrounding the injury

Step 2: Assist employee in filing injury claim through ECOMP portal within (24-48 hrs for maximum benefits)

Step 3: Issue Form CA-20 and CA-16 to employee

Step 4: Step 4: Send Employee to Doctor

Step 5: Notify Safety and HR Injury Compensation Program Administrator

Step 6: Complete Supervisory review in ECOMP portal