



Great Basin OWCP Illness and Injury Incident Guide 2015

Introduction

This incident guide will provide an explanation of forms and procedures used by Finance Section Chiefs (FSC), Injury Specialists (INJR) and Compensation/Claims Unit Leaders (COMP) for processing claims for injury or disease. Compensation for federal employees, casual hires and official volunteers is authorized under the Federal Employee's Compensation Act (FECA) and are administered by the Department of Labor (DOL), Office of Workers' Compensation Program (OWCP). Information on injury compensation can be found in the [Interagency Incident Business Management Handbook](#) (IIBMH) Chapter 10: Compensation for Illness/Injury and Chapter 50: Cooperative Relations.

Responsibilities

Compensation/Claims Unit Leader or Compensation for Injury Specialist responsibilities (from IIBMH page 10-88):

- Ensure the appropriate state or federal forms are properly completed for all work related injuries or illnesses beyond first aid.
- Authorize medical treatment, as appropriate, using state workers' compensation forms, form CA-16, Authorization for Examination or Treatment, or form FS-6100-16, APMC Authorization and Medical Report.
- Review medical treatment documentation for work restrictions and informing the individual's supervisor of these restrictions.
- Ensure that necessary paperwork is completed, processed, forwarded and faxed to the individual's home unit within established timeframes.
- Advise individuals' of their rights and responsibilities when injured or ill.
- Provide information to the Time Unit Leader (TIME) for accurate posting of timesheets for injured/ill individuals.
- Provide information to the TIME for payroll deduction of non-work related medical expenses.
- Follow up on the status of hospitalized or medical evacuated incident personnel.
- Inform FSC and Safety Officer of injury/illness and trends occurring on the incident.

Note: Injury Specialists and Compensation/Claims unit leaders do not have the authority to deny requests for medical treatment if an injury is appropriately reported.

HIPPA Disclosure: (I) Standard: Disclosures for workers' compensation. A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work related injuries or illness without regard to fault. (45 CFR § 164.512(I)).

Incident Preparation

- Discuss with the Finance Section Chief whether or not Agency Provided Medical Care (APMC) has been authorized for the incident and, if it has been authorized, coordinate payments with the appropriate source (Buying Team, Procurement Unit, Home Unit, etc.).
- Make contact with the Medical Unit Leader, the local clinic/hospital billing staff and the local pharmacy to exchange contact and process information. Do not wait until you an injury or illness is presented.
- Ensure there are ample copies of the correct versions of forms available (**see Attachment A**).
- Set up Incident Illness/Injury/APMC log (**Attachment C**) with incident specific information. Be sensitive regarding what is entered into the log (*home unit address rather than personal addresses*). Delete the patient names prior to transition back to the incident agency.

Traumatic Injuries

Traumatic Injuries are defined as a wound or other condition of the body caused by external force, including stress or strain. It must be identifiable by time and place of occurrence and caused by a specific event or events within a single shift (for unknown origins see "Occupational Disease/Illness").

Employees are responsible for notifying their on-site supervisor within one work day of an injury and for the entry of the incident into their injury recording system (eSafety for Forest Service) within 48 hours. Hard copy claims can be filled out and entered into the system of record by the supervisor or proxy, but these systems require the signature of the employee on either the hard copy or electronic copy. FECA requires employees to report the injury within 30 days from the date of injury to retain eligibility for continuation of pay (COP) benefits.

Forms associated with traumatic injuries:

- Reporting Only – Notice of Traumatic Injury (CA-1).
- Received First Aid (on-site) only - Notice of Traumatic Injury (CA-1).
- Received Medical Treatment - Notice of Traumatic Injury (CA-1) and Authorization for Treatment (CA-16).

Issuing an Authorization for Examination/Treatment (CA-16*):

1. After notification of an injury or illness from the Medical Unit Leader, ask the following questions before issuing a CA-16 Authorization for Examination/Treatment (valid for treatment no later than 7 days after initial report):
 - What is the patient's agency and home unit?
 - What is the patient's name?
 - To what facility are they being taken?
 - What is the nature of the injury or illness?

*NOTE: A CA-16 should never be issued for an occupational illness.

Cooperators use their own workers' compensation forms issued by their state/county/city and contract employees use their required workers' compensation insurance. Assist these employees in filling out their paperwork and any faxing/coordination that may be needed.

Do not use OWCP forms for cooperators, unless specifically directed to do so by that agency (such as a CA-1 for documentation only). Never issue a CA-16 to a non-federal worker (such as a state, city, county or contract employee).

2. Fill out the front page of the CA-16:
 - Block #1 can be found on the ICS-206 Medical Plan in the Incident Action Plan or ask the Medical Unit.
 - Block #3 is the date of the actual injury and not the date they report it or receive medical care.
 - Block #4 is the patient's regular title, i.e. Forestry Technician. For ADs use their incident title.
 - Block #7 should be "N/A" as a CA-16 cannot be issued for an illness.
 - Block #12 is the remainder of the OWCP district office; see **Attachment B** for a listing of district office address and the states they service (determined by the patient's home unit address state).
 - Block #13 is the name and address of the **home unit**. For all Forest Service patients (including FS sponsored casuls) use the following address:

**US Forest Service, US Department of Agriculture
Albuquerque Service Center Mail Stop 326
4000 Masthead Street NE
Albuquerque, NM 87109**

3. Instruct the patient (and/or Medical Unit personnel providing transport) to not give the medical facility a personal health insurance card. Unfortunately due to most hospital billing system's payment priorities, there have been numerous times an employee's personal health insurance was billed instead of OWCP.
4. Instruct the patient and/or doctor to fill out the second page of the CA-16, Attending Physician Report. The medical facility may make any copies; however, the original copy of the CA-16 should be returned to the incident with the patient.

*For catastrophic or serious injuries, such as burns or multiple broken bones, call the home unit injury specialist (or ASC for Forest Service Employees 1-877-372-7248 option 2, option2) as soon as all official notifications have been made to discuss the next actions to be taken so that the transition from the incident to the agency will flow smoothly without interruption for the patient. **Attachment D** lists the Red Book Burn Protocols.*

5. If the medical facility is not familiar with OWCP billing, explain that they need to submit in their billing a copy of the CA-16 and an AMA standard Health Insurance Claim Form (AMA OP 407/408/409, UB-92, **OWCP-1500a or HCFA 1500**; as listed on the bottom of the second page of the CA-16) with a Current Procedural Terminology Code of 4 (CPT 4). OWCP's billing address is:

**US Department of Labor, DFEC Central Mailroom
PO Box 8300
London, KY 40742-8300**

Additional information for medical providers can be found in Appendix G.

6. After the patient returns from the medical facility review the second page of the CA-16 to ensure completeness and ensure a CA-1 Notice of Traumatic Injury has been filled out by the patient, witness (if applicable) and supervisor. This may take additional time due to the location of the incident supervisor and/or the condition of the patient).
7. If the patient needs a prescription, utilize local pharmacies and explain that it is a DOL, Office of Worker's Compensation Claim and to bill directly using DOL, OWCP, Division of Federal Employees Compensation (DFEC) fee schedules (most large chain pharmacies know this process). If the pharmacy is not enrolled with DFEC, they should contact DOL, Affiliated Computer Services (ACS) <https://owcp.dol.acs-inc.com>.
 - If a pharmacy will not accept ACS, the employee can either pay for the prescription themselves or it may be purchased by the government using a commissary deduction on the OF-288. The employee can later claim reimbursement of the expense from OWCP. Do not use agency charge cards to pay for OWCP bills, unless a commissary deduction is made.
8. For agency specific direction for paperwork (including timeframes) see **Attachments D and E**.
9. If there is continued paperwork or COP to be applied to the patient's time, work with the Time Unit Leader to post it correctly and attach the sealed file with the forms to their time file (for return to the home unit on demob). Refer to Chapter 10, pages 10-92 through 10-95 of the IIBMH for additional direction on COP.
10. If the injury is serious and/or requires continuing medical care and the patient has been released from the hospital, generally return the injured patient to the home unit as soon as practical for continued medical treatment by their primary physician.
11. Inform the employee that they have the right to choose a physician and the emergency care provider does not count as a first choice. After the initial choice, they must have prior OWCP approval to switch physicians.

12. Any future expenses, such as travel or prescriptions, may be reimbursed by OWCP (after the employee receives their OWCP case number) by using form OWCP-957. Reimbursement may take 8-12 weeks.
13. Complete the Incident Illness/Injury/APMC log after each report or at least daily.

Occupational Disease/Illness

Occupational disease is defined as a condition produced by the work environment over a period longer than a single shift. It may result from a systematic infection, repeated stress or strain, exposure to toxins, poisons or fumes, unknown origins or other continuing conditions from the work environment. Examples include: smoke inhalation, carpal tunnel, etc.

Forms associated with occupational illness:

- Reporting Only – Notice of Occupational Disease (CA-2).
 - Received Medical Treatment - Notice of Occupational Disease (CA-2).
1. OWCP rarely allows agencies to authorize medical treatment related to an occupational disease or illness. The employee is responsible for the cost of the treatment and can file a claim for reimbursement using a CA-2, Notice of Occupational Disease.
 2. Provide the employee with the appropriate forms (listed above) for their claim.
 3. Complete page 3 of the CA-2 Receipt of Notice and return to the employee. See **Attachments D and E** for agency specific paperwork directions.
 4. Complete the Incident Illness/Injury/APMC log after each report or at least daily.

Agency Provided Medical Care (APMC)

APMC is used for first aid treatment of federal and some state/local personnel only. First Aid does not include medical treatment for cuts requiring stitches, X-rays, MRIs or burn treatment, etc. It is used when the agency anticipates that merely a single trip to the medical provider or possibly a single recheck during will be needed. It can only be used while the employee remains at the site of the incident and they are not entitled to lost time benefits, such as sick leave, annual leave or continuation of pay. More information on APMC can be found in the IIBM, pages 10-96 through 10-99.

1. Before using APMC, ensure that the host unit has authorized its use by checking with the Finance Section Chief, Incident Business Advisor, or Agency Administrator.
2. APMC is not to interfere with employee's rights under OWCP for treatment of work related injuries and illnesses. It may be disadvantageous to the employee and they must be counselled on their options. Federal employees do not have a right to treatment under APMC as they do with OWCP cases.
3. Ensure the use of APMC for illnesses is appropriate, such as first aid treatment of respiratory infections, colds, sore throats and similar conditions associated with exposure to smoke, dust, and weather conditions and only used to relieve suffering. It is not intended for dental work or non-work related injuries.
4. Issue the APMC Authorization and Medical Report, form FS-6100-16. Fill out the Part A 'Authorization', have the doctor fill out the Part B 'Report' and instruct the medical facility to return the original with the patient.
5. Assign a medical resource request number (M#) in sequential order using the Incident Illness/Injury/APMC log. Record the M# on the APMC form and all associated medical expenses and write "Paid by APMC" on all documents once payment has been made. (M#s are only issued for APMC and not for OWCP cases.).
6. If you do not have purchasing authority coordinate with the Finance Section Chief, Buying Team, or local purchasing agents to make payments. Anyone making APMC purchases will need all original receipts and any additional documentation for their credit card adjudication.

Continuation of Pay (COP)

If the employee files a CA-1 within 30 days of the date of injury, seeks medical attention, and the claim is accepted by OWCP, the employee is entitled to a maximum of 45 calendar days of continued pay. This leave is used to attend physician and physical therapy appointments, surgical procedures, or while on total or partial disability, per the physician's orders. COP is paid at the employee's regular salary rate. It starts the first day an employee misses work within the first 45 day period. Time loss due to an injury after expiration of COP can be charged to the employee's sick or annual leave or leave without pay. Information on COP can be found in the IIBM, pages 10-92 through 10-95. The Time Unit will document COP on the employee's OF-288 and the home unit will post the COP per their pay policies. If an employee uses COP leave for any part of a day, it is counted as one full day of COP.

Casuals/ADs who sustain traumatic injury are entitled to COP as follows:

- For members of an organized crew: Until the crew is terminated, or 45 calendar days within the 90 day eligibility period, whichever comes first. The home unit may require a written statement noting when the crew was released from the incident.
- For support casuals: Until the time they would have normally been laid off (such as the end of the incident or a predetermined date, such as the casual's 14th day of the assignment). The home unit may require a written statement from the incident supervisor verifying when the job would have normally ended.

Recurring Illness/Injury

If the illness or injury reoccurs after being submitted to OWCP, the patient should call their OWCP assigned contact (with their OWCP claim number) to gain authorization for treatment. If it is an emergency situation, the incident should ensure the patient receives appropriate treatment, but do not issue a CA-16 authorization to the clinic or hospital.

Interactions with the IBA

The Incident Business Advisor (IBA) needs to be informed of all illness and injury trends, serious accidents and fatalities. Contact does not necessarily need to be made to the IBA at the time of a serious injury/illness or fatality, especially if it will impede medical treatment or is considerably outside of normal work hours. However, the IBA should be notified during the next available opportunity (e.g., the next morning). For less serious illness and injuries, providing a daily summary (written or verbally) will usually suffice, but should be discussed during the in-briefing.

Attachment A: Guide to Injury and Illness Forms

Type of Illness/Injury	CA-1	CA-16	CA-2	FS-6100-16
Traumatic Injury, No Medical Treatment or on-Site First Aid only	X			
Traumatic Injury, Medical Treatment	X	X		Only if APMC is Authorized by Agency
Exposure Incident (reporting only)			X	
Occupational Illness/Disease			X	

X = Forms issued by Injury Specialist, current forms can be found at: www.fedforms.gov under Department of Labor Forms section.

Purpose, Responsibilities and Filing Instructions (click on form number to open)

CA-1 Notice of Traumatic Injury (current version date: Jan 2013)	Use if injury occurred within one work day or shift. Employee and witness complete side one and submit to supervisor within three work days. The supervisor completes side two and side four (receipt of notice) and submits to injury specialist* within one work day of receipt.
CA-16 Authorization for Examination/Treatment (current version date: Feb 2005)	Authorizes payment for initial medical care for Traumatic Injury only and issued by the injury specialist* only. DO NOT USE FOR ILLNESS. Employee returns to the injury specialist* within one work day of medical treatment.
CA-2 Notice of Occupational Disease (current version date: Jan 1997)	Use if illness occurred over longer than one work shift, or if cause is unknown. Employee and supervisor complete and the supervisor submits the claim to the injury specialist* within one work day.
FS-6100-16 APMC Authorization and Medical Report (current version date: Mar 1988)	Authorizes initial medical expense, documents initial diagnosis. Use only if authorized by the Finance Section or agency. Requires an Incident Order Number and M#. Submit copy to injury specialist as soon as possible.
Agency Reporting System eSafety or SMIS, etc.	Supervisor enters information into the system within five days of the date of injury/illness (within 48 hours is the agency expectation).

*Note that the title "Injury Specialist" in this context is most often a Finance Section Chief, Compensation-for-Claims Unit Leader or Incident Injury Specialist.

Attachment B: OWCP District Office Locations

District Office 1 – Boston (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont)

U.S. Dept. of Labor, OWCP
JFK Federal Building, Room E-260
Boston, MA 02203
(857) 264-4600
Fax: (857) 264-4602

District Office 2 – New York (New Jersey, New York, Puerto Rico, and the Virgin Islands)

U.S. Dept. of Labor, OWCP
201 Varick Street, Room 740
New York, NY 10014
DFEC: (212) 863-0800
DFEC Fax: (212) 863-0801

District Office 3 – Philadelphia (Delaware, Pennsylvania, and West Virginia; Maryland when the claimant's residence has a zip begins 21***)

U.S. Dept. of Labor, OWCP
Curtis Center, Suite 715 East
170 S. Independence Mall West
Philadelphia, PA 19106-3308
(267) 687-4160
Fax: (267) 687-4155

District Office 6 – Jacksonville (Alabama, Florida, Georgia, Kentucky, Mississippi, No. Carolina, So. Carolina, and Tennessee)

U.S. Dept. of Labor, OWCP
Charles E. Bennett Federal Building
400 West Bay Street, Room 826
Jacksonville, FL 32202
(904) 366-0100
Fax: (904) 366-0101

District Office 9 – Cleveland (Indiana, Michigan, Ohio; All special claims and all areas outside the U.S., its possessions, territories and trust territories)

U.S. Dept. of Labor, OWCP
1240 East Ninth Street, Room 851
Cleveland, OH 44199
(216) 902-5600
Fax: (216) 902-5601

District Office 10 – Chicago (Illinois, Minnesota, Wisconsin)

U.S. Dept. of Labor, OWCP
230 South Dearborn Street, Eighth Floor
Chicago, IL 60604
(312) 789-2800
Fax: (312) 789-2801

District Office 11 – Kansas City (Arkansas, Iowa, Kansas, Missouri, and Nebraska; all employees of the Department of Labor, except Job Corps enrollees, and their relatives)

U.S. Dept. of Labor, OWCP
Two Pershing Square Building
2300 Main Street, Suite 1090
Kansas City, MO 64108-2416
(816) 268-3040
General Fax: (816) 268-3041

*District Office 12 – Denver (Colorado, Montana, New Mexico, No. Dakota, So. Dakota, **Utah, and Wyoming**) U.S. Dept. of Labor, OWCP

P.O. Box 25602
One Denver Federal Center, Bldg 53
Denver, CO 80225-0602
(303) 202-2500
Fax: (303) 202-2501

*District Office 13 – San Francisco (Arizona, California, Hawaii, and **Nevada**)

U.S. Dept. of Labor, OWCP
90 Seventh St., Suite 15-100F
San Francisco, CA 94103
(415) 241-3300
Fax: (415) 241-3301

*District Office 14 – Seattle (Alaska, **Idaho**, Oregon, and Washington)

U.S. Dept. of Labor, OWCP
300 Fifth Avenue, Suite 1050F
Seattle, WA 98104-2429
(206) 470-3100
Fax: (206) 470-3101

District Office 16 – Dallas (Louisiana, Oklahoma, and Texas) U.S. Dept. of Labor, OWCP

525 South Griffin Street, Room 100
Dallas, TX 75202
(214) 749-2320
Fax: (972) 850-2301

District Office 25 – Washington, D.C. (District of Columbia, Virginia; Maryland when the claimant's residence has a zip not 21***)

U.S. Dept. of Labor, OWCP
800 N. Capitol Street, N.W., Room 800
Washington, D.C. 20211
(202) 513-6800 (D.C., Maryland and Virginia)
Fax: (202) 513-6806

**Great Basin area OWCP district offices*

Attachment C: Injury/Illness Log

INJURY, ILLNESS & AGENCY PROVIDED MEDICAL CARE (APMC) TREATMENT LOG										
INCIDENT NAME: Mountain Fire			INCIDENT#: ID-BOF-000001			FIRE CODE: XX1A		DATES: 06/30 – 07/09/14		
M#*	Report Date	Illness/Injury Date	Home Unit Name & Address	Nature of Injury/Illness	Treatment	Forms Prepared				Disposition/ Remarks
						CA-1	CA-2	CA-16	APMC/ Other	
	07/04/14	07/03/14	Boise Hot Shots, Boise NF 1249 S. Vinnell Way, Suite 200 Boise, ID 83709 208-373-4100	1" laceration to right knee	Transported to clinic, 3 stitches, tetanus shot and antibiotic Rx	X		X		CA-1 entered into eSafety. Contact made with ASC and CA-16 faxed to ASC. Need follow up to remove stiches in 5-7 days.
M-1	07/06/14	07/06/14	Payette Regulars, Payette NF 800 W. Lakeside Ave. McCall, ID 83638 208-634-0700	Camp crud with fever, sore throat and cough	Transported to clinic, cough syrup RX		X		APMC	Light duty for 24 hours. Clinic visit and Rx paid with APMC by Buying Team member, Jan Doe on CC.
	07/07/14	07/07/14	Twin Falls District BLM 2536 Kimberly Road Twin Falls, ID. 83301 208- 736-2350	Stomach cramps, nausea and vomiting	Transported to clinic, IV fluids and 2 Rx given		X		CA-35 & CA-20	All forms completed and faxed to home unit. Clinic visit and Rx paid by employee. Demobed home.

**M#s are only issued for APMC payments and not OWCP cases.*

Attachment D: Agency Specific Paperwork – Forest Service

Questions: Call the USDA Forest Service, Albuquerque Service Center, Workers Compensation (ASC-HRM-WC) with any questions, 877-372-7248 option [2] for HRM, option [2] for Forest Service employees. The Forest Service’s Albuquerque Service Center (ASC), Human Resource Management (HRM), Workers Compensation Program information is found at: http://fswweb.asc.fs.fed.us/HRM/owcp/WorkersComp_index.php.

The Federal Employees’ Compensation Act changed in 2011 and requires the reporting of work related injuries and illnesses electronically. The Forest Service, ASC-HRM, Workers’ Compensation Branch (WC) is utilizing the Safety and Health and Workers’ Compensation Incident Reporting and Case Management System (eSafety) to comply with this requirement.

- To assist with the mandatory use of eSafety to report and record FS employee injuries and illnesses, and increase process efficiency, ASC-HRM, Worker’s Compensation (WC) Branch will no longer accept hand-written CA-1 or CA-2 forms.
- ASC-HRM, WC now requires an e-Safety generated and populated CA-1 or CA-2 be printed, signed and faxed to the Worker’s Compensation section at 1-866-339-8583 or scanned/emailed to hrm_workers_compensation@fs.fed.us. This requirement applies to injuries/illnesses occurring during incident assignments.
- Access to the eSafety system requires an eAuthentication account. If medical treatment is authorized on a CA-16, the bills from the local provider are the employee’s responsibility until a signed eSafety generated CA-1 is received at ASC-HRM, WC and processed to the Department of Labor.

Forest Service AD hires, the CA-1 or CA-2 form must include:

- ✓ AD’s Social Security Number (SSN)
- ✓ OF-288, Fire Time Report
- ✓ One of the following documents: Single Resources Hire Form, Resource Order, or Crew Manifest (if on a crew). This is needed to verify the AD was hired by the Forest Service. If utilizing a crew manifest include the hiring unit supervisor name and phone number.

Employee’s Role

Scenario	Process
Injured FS employee has computer and internet access to eAuthentication.	Employee will enter CA-1 or CA-2 data directly into eSafety.
Injured FS employee or FS hired AD does not have computer and internet access to eAuthentication; COMP/INJR has computer and internet access to eAuthentication.	COMP/INJR will enter the employee’s portion of the CA-1 or CA-2 into eSafety on behalf of the injured employee or will log into eSafety “Reporting on Behalf of Someone Else” and assist employee or AD in completing the fields.
Injured FS employee or FS hired AD is not at camp or is otherwise unable to complete eSafety and COMP/INJR does have computer and internet access to eAuthentication.	Employee will complete hard copy or form fillable CA-1 or CA-2 and submit to COMP/INJR. COMP/INJR or incident supervisor may enter the employee’s portion of the CA-1 into eSafety on behalf of the injured employee or complete a form fillable CA-1/CA-2 and provide to ASC-HRM-WC.
Injured FS employee or FS hired AD and COMP/INJR is unable to access a computer, internet, or eAuthentication.	Hard copy or form fillable CA-1 or CA-2 will be completed, signed and faxed to the injured employee’s home unit for entry into eSafety.

Supervisor's Role

Scenario	Process
Incident supervisor is FS employee and has computer and internet access to eAuthentication.	Incident supervisor will complete the supervisory portion of the CA-1 or CA-2 in eSafety, print a hardcopy and employee, supervisor and witness (if applicable) signs the document. COMP/INJR will fax to secure eFax at ASC-HRM-WC or scan/email to hcm_workers_compensation@fs.fed.us with all supporting documentation.
Incident supervisor is not a FS employee or does not have computer or internet access.	Hardcopy or form fillable CA-1 or CA-2 is completed and signed at the incident and faxed to the injured employee's home unit supervisor for entry into eSafety. The eSafety generated form must be printed, signed by the home unit supervisor and faxed to ASC-HRM-WC. (The home unit supervisor is serving as a proxy for the incident supervisor in this scenario and will keep the faxed CA-1 or CA-2 generated at the incident as backup documentation). Upon demobilization of the employee, the CA-1/CA-2 completed at the incident will be sent back with the employee where it will be provided to the home unit supervisor for distribution.

- A CA-1 or CA-2 should be completed within 48 hours of the date of injury.
- If an eSafety generated CA-1 is completed at the incident, the CA-16, any available medical reports, and Casual Hire form (if AD) should be faxed or scanned/mailed with the CA-1 to ASC-HRM-WC at 866-339-8583.
- If the CA-1 is completed at the home unit, the home unit should enter the information into eSafety and fax the eSafety generated CA-1 to ASC-HRM-WC and the incident should fax or scan/email the CA-16 and any supporting documentation to ASC-HRM-WC. The documents will be matched up by the case manager at ASC-HRM-WC.
- The Casual Hire Form is required to be faxed with a CA-1 or CA-2 for AD employees before the claim can be processed. For AD crews, a crew manifest and/or resource order that lists the injured employee's name can be sent instead of the Casual Hire Form. Ensure the hiring unit official's name and phone number are included on the manifest or resource order.
- All supporting documentation must have the employee's social security number in the upper right hand corner of each page. This will facilitate matching the documentation to the appropriate CA-1 or CA-2 when it is submitted through the secure eFax or email inbox. Redact this PII information from the documents after successful transmission.
- The original CA-1 or CA-2 with supporting documentation is retained by the injured employee.
- "Documentation Only" CA-1 or CA-2s, Near-Misses, Safety Hazards, Safety Stories, Motorized Vehicle Accidents and Aircraft Mishaps should be entered into eSafety.
- Although there are COMP/INJR personnel available to assist on the incidents, the ultimate responsibility for eSafety entry remains with the injured employee and their home unit supervisor.

ASC-HRM, WC Secure eFax – 1-866-339-8583

ASC-HRM, WC Secure Inbox – hcm_workers_compensation@fs.fed.us

ASC-HRM, WC Help Desk – 1-877-372-7248 (Option #2)

eAuthentication link - <https://usdafs.connecthr.com>

Attachment E: Agency Specific Paperwork –All Other Agencies

Other Federal Agencies

Within two days of receipt of the CA-1/CA-2, contact the individual's home unit compensation specialist and fax original injury/illness forms, supporting documentation and medical treatment records. Originals documents will be sent home with the individual or mailed home to the home unit (discuss with the home unit compensation specialist to determine).

Department of Interior SMIS information can be found at: <http://www.doi.gov/safetynet/>.

Cooperators (Local/Rural/City/County)

Cooperators are normally covered under their home unit workers' compensation program; e.g., county, local government. Cooperators experiencing injury or illness on the incident should complete home unit specific forms and notify their home unit of workers' compensation claims per their agency requirements. The COMP maintains injury compensation records and transmits documents to the home unit per cooperator agency policy.

If a cooperator is hired as a federal casual, follow FECA or APMC procedures as appropriate. If a cooperator is hired as a state employee, follow state workers' compensation procedures.

Federal agencies entering into cooperative agreements do not have the authority to grant FECA coverage to individual cooperators. Some cooperative agreements require reimbursement for medical costs. This should not be interpreted as providing coverage under FECA.

States

State employees experiencing injury or illness on the incident should complete state specific forms and notify their home unit of workers' compensation claims per agency requirements. If state forms are not available, the employee may use a CA-1 or CA-2 to initially record the necessary information. Federal references should be crossed out and the state name written at the top of the form. The state employee is responsible to contact the home unit to obtain the proper reporting forms. The COMP maintains injury compensation records and transmits documents to the home unit per state agency policy. Do not issue CA-16 for medical treatment.

Refer to the Great Basin (or appropriate Geographic Area) Chapter 50 Supplement for state specific information on illness and injury. The next three pages are the excerpts from the Chapter 50 Supplement for the States of Idaho, Nevada and Utah on Workers Compensation.

STATE OF IDAHO

COMPENSATION INJURY/ACCIDENT AND ILLNESS

A. Agency Provided Medical Care (APMC)

IDL, cooperator, and Timber Protective Association employees may utilize APMC while performing suppression duties. Under this program, host agencies pay for limited first aid costs for minor injury or illnesses that occur on an incident and require only one treatment.

The use of APMC is appropriate for first aid cases involving treatment received on the day of the injury or illness and do not require any additional follow-up. Use of APMC **will not** include authorization for therapy, stitches, x-rays, etc. On Incidents managed by an IMT, a Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1, or a Notice of Occupational Disease and Claim for Compensation, CA-2, are acceptable forms. Refer to the IIBMH, Chapter 10, for further direction.

1. IDL Employees while on an Incident under IDL jurisdiction

The Supervisor's Accident Report Form, HR-1303, should be filled out as soon as possible following an injury/illness. This is an Idaho State form and is the preferred form of documentation when injuries/illnesses occur to State employees while conducting official business. This form can be obtained from any IDL office. Treatment rendered under these conditions at the home unit will be paid for by the IDL payment process (credit card or direct bill).

B. Workers' Compensation Insurance (when APMC is not used)

1. IDL Personnel

All employees of the Idaho Department of Lands, including full-time, part-time, temporary/seasonal, and Casual employees are covered by Workers' Compensation Insurance through the Idaho State Insurance Fund while in the course and scope of employment.

If an employee requires treatment not covered by APMC, a First Report of Injury should be completed. The Idaho State specific Form "First Report of Injury" may be printed from the Idaho State Insurance Fund website at <http://www.idahosif.org/DownloadDocument.aspx>. If the Idaho form is not available, the Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1, or a Notice of Occupational Disease and Claim for Compensation, CA-2, are acceptable forms. Refer to the IIBMH, Chapter 10, for further direction.

2. Timber Protective Associations

Timber Protective Association employees are covered by Workers' Compensation Insurance through the Idaho State Insurance Fund.

If an employee requires treatment not covered by APMC, a First Report of Injury should be completed. The Idaho State specific Form "First Report of Injury" may be printed from the Idaho State Insurance Fund website at <http://www.idahosif.org/DownloadDocument.aspx>. If the Idaho form is not available, the Report of Traumatic Injury and Claim for Continuation of Pay/Compensation, CA-1, or a Notice of Occupational Disease and Claim for Compensation, CA-2, are acceptable forms. Refer to the IIBMH, Chapter 10, for further direction.

3. State Cooperators

State cooperators are required to carry Workers' Compensation Insurance on all employees and volunteers. If an injury or illness occurs, follow their agency- specific guidelines.

All work-related injuries and accidents must be reported to the home unit as quickly as possible. The home unit may assist with notification and documentation. Failure to report a work-related accident is a serious matter and may preclude an employee's coverage under Workers' Compensation insurance.

STATE OF NEVADA

COMPENSATION INJURY AND ILLNESS

1. Worker Compensation Insurance.

The State of Nevada carries Workers Compensation insurance coverage for all State of Nevada employees, emergency firefighters (casuals) hired by NDF, inmates working on wildland fire suppression crews, and volunteer firemen from those Volunteer Fire Departments located in Elko County and administered by the Nevada Division of Forestry.

- If an injury or occupational disease (OD) arises out of, or during, the course of employment, the employee, volunteer, inmate/inmate's crew supervisor or emergency firefighter must provide written notice to the employer as soon as practicable, but not later than seven (7) days after the accident or date of the OD. A "Notice of Injury or Occupational Disease Incident Report" (form C-1) must be completed by the injured worker and signed by his/her supervisor. Distribution of the form is noted on the form.
- The Supervisor's Accident Investigation needs to be completed (immediately, if possible, but not later than 48 hours). Obtain written witness statements if applicable. In addition NDF staff must complete the "Employer's Report of Industrial Injury or Occupational Disease" (form C-3) at the time the employee completes a C-1 form and submit all paperwork (form C-1, C-3 & Investigative Report) to the State Office in Carson City.
- If medical treatment is sought, and the injury occurs on a fire in the State of Nevada, a "Claim for Compensation" (form C-4) will be available at the place of the initial treatment. The injured employee, volunteer, crew supervisor of an inmate, or the emergency fire fighter must file a completed "Claim for Compensation" (form C-4) within 90 days after an accident. The treating physician or chiropractor must complete the "Claim for Compensation" form within three (3) working days after the treatment and mail the completed form (employer's copy) to NDF at the address listed above, and mail a copy of the Nevada Administrators Workers' Compensation Third Party Administrators to the address listed on the C-4 form.
- These forms may be obtained at <http://risk.state.nv.us> or from the NDF State Office in Carson City.

All work-related injuries must be reported to the home unit as quickly as possible. The home unit may assist with notification and documentation. Failure to report a work-related accident is a serious matter and may preclude an employee's coverage under Workers' Compensation insurance.

STATE OF UTAH

COMPENSATION INJURY AND ILLNESS

1. APMC. The State is not authorized to provide and pay for APMC on State jurisdictional fires. State employees and cooperators may receive APMC on other jurisdictional fires following guidelines in the IIBMH.
2. Worker Compensation Insurance. State employees and state cooperators are covered for work related injuries or illness through various workers compensation insurance plans. Federal CA reporting forms should not be used.
 - a. State employees are covered by the Workers Compensation Fund of Utah (WCF). Injury or illness reporting will be initiated by the employee and their supervisor who will submit information to their home unit HR office where it is submitted electronically to WCF within 7 days of the injury or illness. Utah Department of Natural Resource form titled WORK RELATED INJURY/ILLNESS REPORT FORM (HR-6) is used to collect initial information. The treatment facility will need the WCF claims address. The WCF claims address is:
 - i. Workers Compensation Fund, 100 West Towne Ridge Parkway, Sandy, UT 84070.
 - ii. Questions can be directed to Utah Department of Natural Resource; Forestry, Fire and State Lands, Kurt Bradburn (o) 801-538-7318, (fax) 801-538-7319, email: kbradburn@utah.gov.
 - iii. The HR-6 form is located at http://www.lonepeak.utah.gov/business_mgmt.html
 - b. Cooperator Coverage. State cooperators are required to carry workers compensation insurance on all employees and volunteers. Utah has several Government Associations or Trusts that provide insurance including WCF to the local fire department organizations. Cooperator employees will provide contact information and reporting procedures for their worker's compensation provider.

STATE OF WYOMING

COMPENSATION INJURY AND ILLNESS

1. APMC: The State/County is not authorized to provide APMC on State/Private land fires. On multiple jurisdictional incidents, APMC may be provided through a federal agency. Wyoming firefighters may receive APMC on other jurisdictional fires under guidelines in the IIBMH and will file appropriate State Worker Compensation insurance forms.
2. Workers Compensation Insurance: Wyoming firefighters are covered under Wyoming Workers Compensation for incident related injury/illness. If a Wyoming firefighter is injured or contracts a disease as a result of and/or in the course of an incident their employer must be notified no later than 72 hours after sustaining the injury. A Report of Injury form can be found on the following web site: <http://wyfireinfo.wy.gov> (click on Business Tab), from a Wyoming Agency Rep or on the Wyoming Department of Workforce Services, Workers Compensation Division web site: www.wyomingworkforce.org. If guidance is needed, there is a list of all the Workers Compensation offices in Wyoming in the Wyoming Resource Mobilization Guide.
3. The “Wyoming Report of Injury” form must be received by State Workers Comp office within 10 days.

Federal CA forms cannot be used for Wyoming Workers Compensation.

Attachment F: Red Book Burn Protocols

From Chapter 7 – Safety & Risk Management

Required Treatment for Burn Injuries

The following standards will be used when any firefighter sustains burn injuries, regardless of agency jurisdiction.

After on-site medical response, initial medical stabilization, and evaluation are completed, the Agency Administrator or designee having jurisdiction for the incident and/or firefighter representative (e.g. Crew Boss, Medical Unit Leader, Compensations for Injury Specialist, etc.) should coordinate with the attending physician to ensure that a firefighter whose injuries meet any of the following burn injury criteria is immediately referred to the nearest regional burn center. It is imperative that action is expeditious, as burn injuries are often difficult to evaluate and may take 72 hours to manifest themselves. These criteria are based upon American Burn Association criteria as warranting immediate referral to an accredited burn center.

The decision to refer the firefighter to a regional burn center is made directly by the attending physician or may be requested of the physician by the Agency Administrator or designee having jurisdiction and/or firefighter representative.

The Agency Administrator or designee for the incident will coordinate with the employee's home unit to identify a workers compensation liaison to assist the injured employee with workers compensation claims and procedures. Workers compensation benefits may be denied in the event that the attending physician does not agree to refer the firefighter to a regional burn center.

During these rare events, close consultation must occur between the attending physician, the firefighter, the Agency Administrator or designee and/or firefighter representative, and the firefighter's physician.

Burn Injury Criteria

- Partial thickness burns (second degree) involving greater than 5% Total Body Surface Area (TBSA).
- Burns (second degree) involving the face, hands, feet, genitalia, perineum, or major joints.
- Third-degree burns of any size are present.
- Electrical burns, including lightning injury are present.
- Inhalation injury is suspected.
- Burns are accompanied by traumatic injury (such as fractures).
- Individuals are unable to immediately return to full duty.
- When there is any doubt as to the severity of the burn injury, the recommended action should be to facilitate the immediate referral and transport of the firefighter to the nearest burn center.

A list of burn care facilities can be found at: <http://www.blm.gov/nifc/st/en/prog/fire/im.html>

For additional NWCG incident emergency medical information see: <http://www.nwcg.gov/branches/pre/rmc/iems/index.html>

How this guidance relates to Contract Employees: While we can recommend our burn protocols to contractors, ultimately they must make that decision in compliance with any prior authorizations or referrals needed by their workers compensation insurance.

Attachment G: Information for Medical Providers

Division of Federal Employees' Compensation (DFEC)

Information for Medical Providers

Must I enroll as a Provider?

To be paid for treating federal employees covered by the FECA, you must enroll. As of March 31, 2004, all bills submitted by unenrolled Providers will be returned along with instructions on how to enroll. Enrollment is free and is simply a registration process to ensure proper payments. It is not a PPO enrollment.

How do I enroll as a Provider?

You can enroll online at <https://owcp.dol.acs-inc.com>. Click on "Provider" in the FECA section in the shaded section on the top left side of the screen. Then click on "Provider Enrollment" and follow the instructions.

Do you have instructions on how to enroll on-line as a Provider?

Yes. Our "Tools and Tips for Providers" page at <http://www.dol.gov/owcp/dfec/regs/compliance/CBPtools.htm> contains a link to these instructions. On this page we also have medical authorization and billing tips as well as instructions for using the ACS web portal to request medical authorization.

I have enrolled as a Provider. How do I register to use the web portal?

Go to the portal at <http://owcp.dol.acs-inc.com>. Click on "Provider" in the FECA section. Then click on "Web Registration" and follow the instructions. If you try this and have questions, need technical support or require additional assistance, call the Health Care Solutions Operations Center Helpdesk at 1-800-461-7485 or 1-850-558-1775.

Telephone inquiries regarding eligibility, medical authorizations, or bill payment status may be accessed 24 hours a day, 7 days a week available to Injured Workers, Employing Agencies, and Medical Providers via the Interactive Voice Response (IVR) system by calling 866-335-8319.

Do I have to enroll as a provider to use the web portal?

A provider may use the eligibility inquiry function without enrolling as a provider and registering to use the web portal. To use the on-line authorization, bill status, and payment status functions, a provider must enroll and must register to use the web portal. Both enrollment and web registration can be accomplished online at <http://owcp.dol.acs-inc.com>.

How do I find out if a prior authorization is required?

Whenever you treat an Injured Worker, check the ACS web portal (<http://owcp.dol.acs-inc.com>) or call the IVR at 866-335-8319 to see if the procedure requires authorization.

Level 1 procedures (for example, office visits, MRIs without contrast, and some other routine diagnostic tests) do not require authorization. If you need a hard copy confirmation of this, complete an online authorization request at <http://owcp.dol.acs-inc.com> and print the message displayed after the request is submitted.

Level 2, 3 and 4 procedures require authorization. These authorization requests can be made online at <http://owcp.dol.acs-inc.com> or via by faxing a completed authorization request and supporting documentation to 800-215-4901. The Medical Authorization forms are available online at <http://owcp.dol.acs-inc.com>. Click on "Forms and Links" and then choose FECA from the Program Specific Forms and

Links box. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations. These forms request the specific information needed to process each type of authorization request.

How do I make medical authorization requests?

You may request authorization online at <http://owcp.dol.acs-inc.com>. Or, you may fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Medical Authorization forms are available online at <http://owcp.dol.acs-inc.com>. Click on "Forms and Links" and then choose FECA from the Program Specific Forms and Links box. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations.

Do you have any tips to help me with the authorization process?

Yes. Our "Tools and Tips for Providers" page at <http://www.dol.gov/owcp/dfec/regs/compliance/CBPtools.htm> has links to authorization and billing tips. On this page we also have instructions for enrolling on-line and for using the ACS web portal to request medical authorization.

I have an Injured Worker who has a CA-16 but no claim number. How do I request an authorization?

CA-16s are issued by Employing Agencies to Injured Workers so they can seek immediate medical care. When there is a CA-16, NO authorization is needed for office visits and consultations, labs, hospital services (including inpatient), X-rays (including MRI and CT scan), physical therapy, and Emergency services (including surgery) related to the work injury. You must enroll as a Provider to be paid for services provided under a CA-16. The CA-16 DOES NOT cover non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym memberships, and work hardening programs. Authorization for these services cannot be requested until a claim number has been established.

I'm a specialist to whom an Injured Worker has been referred for a consultation. Do I need an authorization?

An authorization is not required when an Injured Worker is referred by her/his treating physician to a specialist for a consultation. However, you must be enrolled as a Provider to be paid for the consultation visit.

I've tried to use the eligibility inquiry, but I get a message that the service requested isn't covered for the accepted conditions. What do I do?

Request authorization online at <http://owcp.dol.acs-inc.com> or fax the appropriate Medical Authorization form and supporting documentation to 800-215-4901. The Claims Examiner will determine if the claim can be expanded for a new condition based on information in file and information submitted with the request or if additional development is needed.

I want to prescribe a particular medication for a patient. It's not covered for the conditions accepted on the claim. What do I do?

If you believe a medication is necessary for the treatment of the injured worker's accepted conditions please submit medical documentation for review by the claims examiner. As is the case with anything sent to OWCP, please be sure to include the injured worker's claim/case number on every page. Please mail all documentation to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300.

How do I know what the accepted conditions are for a claim?

This information is now available online at <http://owcp.dol.acs-inc.com>. Click on the "Eligibility and Accepted Conditions" link.

My patient thinks that other diagnoses need to be added as accepted conditions on a claim. What should I do?

If an injured worker believes that additional or different conditions warrant acceptance on her/his claim, s/he needs to submit to OWCP medical documentation supporting expansion of the claim for review by the claims examiner. As is the case with anything sent to OWCP, this medical documentation should include the injured worker's claim/case number on every page and should be mail to U.S. Department of Labor, DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300.

How do I learn the status of a medical authorization request?

Injured Workers, Providers, and Employing Agencies can check on the status of medical authorizations at <http://owcp.dol.acs-inc.com>. Having this information on the web is beneficial since authorization information is available 24 hours/day, 7 days/week without calling for an authorization number or waiting for the receipt of an authorization letter in the mail. Claimant eligibility, bill status, and medical authorization inquiry functionality is also available 24 hours a day via our Interactive Voice Response (IVR) system. To access the IVR, call 866-335-8319. To speak with a Customer Service Representative regarding an authorization, you may call 850-558-1818 which will be a toll call. This number is available Monday to Friday, 8am to 8pm, EST.

How do I learn the status of a bill or claim for reimbursement?

Injured Workers, Providers, and Employing Agencies can check on the status of bills and reimbursements at <http://owcp.dol.acs-inc.com>. Claimant eligibility, bill status, and medical authorization inquiry functionality is also available 24 hours a day via our Interactive Voice Response (IVR) system. To access the IVR, please dial 866-335- 8319. To speak with a Customer Service Representative regarding a bill or reimbursement, you may call 850-558- 1818 which will be a toll call. This number is available Monday to Friday, 8am to 8pm, EST.

Can I bill electronically?

Yes! Using Electronic Data Interchange (EDI) has many benefits including

- Faster payment of claims -clean bills are processed in an average of 14 days or less
- Increased efficiency - greatly reduces keying errors or data omissions
- Transmission of bills 24 hours/day, 7 days/week
- Reduced cost and time of preparing and mailing paper claims
- No lost bills
- Ability to send claims in the X12N HIPAA standard

Information about this option is available at <http://www.acs-gcro.com/> or by calling the EDI Technical Support line at 800-987-6717.

I think I might need some help in using the web portal. Do you have some instructions or a user manual?

Yes. Go to <http://owcp.dol.acs-inc.com> and click on the Help link (it's on the right side, above the yellow box). This will open a User Guide.

If OWCP authorizes a medical service as related to the FECA claim but does not pay my submitted bill in full, can I seek additional payment from the injured worker for the difference between what was billed and what OWCP paid?

No, you may **not** seek additional payment. If an authorized service has been rendered for the injured worker's accepted work-related condition, he or she is not responsible for charges over the maximum allowed in the OWCP fee schedule or other tests for reasonableness. 20 C.F.R. §10.801 (d) provides that by submitting a bill and/or accepting payment, the provider signifies that the service for which reimbursement is sought was performed as described and was

necessary. In addition, the provider thereby agrees to comply with all regulations concerning the rendering of treatment and/or the process for seeking reimbursement for medical services, including the limitation imposed on the amount to be paid for such services. Therefore, if your bill is reduced by OWCP in accordance with its fee schedule, you may **not** charge the injured worker for the remainder of the bill. See also 20 CFR §10.813 and §10.815 (h).

What is the Fee Schedule and how do I get a copy?

The Federal Fee Schedule is applied to medical bills and to some durable medical equipment bills. Access the Federal Fee Schedule free of charge at <http://www.dol.gov/owcp/dfec/regs/compliance/fee.htm>.

Where do I send mail?

Send all mail and bills for Federal workers' compensation cases to:

U.S. Department of Labor
DFEC Central Mailroom
PO Box 8300
London, KY 40742-8300

Please be sure to include the claim number on every page you send.

What are the benefits of centralizing medical authorizations and billing?

The new system is designed to allow our contractor, ACS, to approve services and payments based on established treatment guidelines and OWCP staff decisions regarding covered conditions. In turn, this allows OWCP staff to dedicate more time to entitlement issues and return to work efforts. We have made eligibility, medical authorization, and billing information accessible 24 hours a day/7 days a week to Injured Workers, Employing Agencies, and Providers via the Interactive Voice Response (IVR) system and the web. Providers can now request, and for routine services receive, authorization on-line which is easier for providers and speeds up the authorization process.

Why did you change to a toll number to talk with a Customer Service Representative?

We offer an automated toll-free Interactive Voice Response (IVR) system at 866-335-8319 which provides access to information regarding eligibility, authorization, and bill payment status. This information is also available online at <http://owcp.dol.acs-inc.com>. A great deal of information is available through the automated toll-free IVR and web based processes which are available 24/7. All of these allow for a greater savings to DFEC so that future enhancements can be implemented.