

>> S. Rosen: Good day and welcome to managing workers' compensation cases, finding your way through the maze, part 2. This is the second part of a two-part course, workers' comp managing your way through the maze part 1 was and is an online course. We hope a number of you have been able to view that. If not, we would encourage you to do that course available on DOI Learn perhaps later. Having said that, workers' compensation part 2 is a self-contained course and you will be able to take part in this and be able to hopefully get a number of things that will help you be able to manage your cases. This course has been put together in collaboration with the Fish & Wildlife Service and we feel very, very lucky to be here at the National Conservation Training Center. We also have a number of people with us from Bureau of Reclamation and from BLM and we are really excited about them being here with us also.

Now, we know that a number of agencies in the department are also working with the SOR, services for OWCP accountability and retirement, formerly known as FLIRT. They work with a number of your agencies managing long-term cases. The important thing to remember whether you are doing short-term case management or long-term case management, the principles are really the same. There is really no difference, that you are going to apply the same type of procedures for all those cases. Good proactive case management is good proactive case management. That's what hopefully we are going to be teaching you and working with you here today.

What I would like to do now is introduce our instructors. What we have is Michael Arighi who's the regional workers' comp program manager for the Pacific west, Alaska and intermountain regions. And Michael worked with OWCP as a claims examiner and senior claims examiner for almost 15 years before you came to the Park Service. And we have the workers' comp coordinator from Yosemite, Cindy Whitten, coordinator extraordinaire. Both of them demonstrate the best practices of doing workers' compensation and that's why we have them here with us and hopefully we will tap into them and learn how they do things and help you manage your cases better and be able to be successful because what we want to do for you is really help you to be successful in managing your workers' compensation cases.

We know that workers' comp is a collateral duty for most of you and what we want to do is really acknowledge that and how much we appreciate you taking the time off from -- we know your busy schedule right now, especially in our parks and refuges that we are started to staff up, bring a lot of people on board. You are extremely, extremely busy. So we really appreciate you being here. What we want to do here is really ensure that employees get timely quality workers' compensation services and anything that we can do to help facilitate that we want to do. One of the things you are also going to hear us talk about extensively is bringing people back to work, that the most important thing is to bring people back to work timely once they have gone off work and gotten their benefits. We want to get them back to work and we will talk more about that later on.

The purpose of this course is not to make you an expert. We're hoping to give you some of the basics in order to help you and share in some of the problems you may be having, may be able to answer them and use Michael and Cindy to actually get some help and some of their best practices will help you be more effective. We would also recommend that you actually take the workers' compensation courses that are offered by the local OWCP district offices, that most of those offices offer courses, basic and advanced course, once a quarter, some of them twice a year. At least once a year each of them is offering a course. You can go to their Web site and get more information about that. Again, we would strongly, strongly encourage you to do that.

Some of you with us today are new and we hope that we are going to be giving you some of the basics so that you can proactive manage your cases and show you the tools to do that. Others of you have been doing this for a long time and we hope that you learn something new and we also hope that you'll share with us some of the things that you've learned that will help all of us be able to manage our cases better. Now, this is not a TV show. I'm not Dr. Phil. This is not "American Idol." It is not "Oprah."

And one of the things that really makes this course very special and really effective is the ability for you, the student, to be able to talk to us, the instructors and vice versa. And if you have a question, raising your hand -- we can see a lot but that we can't see. So what you have in front of you is a push-to-talk microphone. And this allows you to communicate with us. And if you have a question or you have a concern or an issue that you want to bring up, that what you want to do is push down on the button and identify yourself by giving us your name and where you're located. And then remember to release the button. And then the instructor will acknowledge you and then push the button again and express your question or your concern. It's also important to keep the microphone about 12 inches away from your face or else it gets a little garbled and it is hard for us to understand and for everyone to understand and hear what your question is.

So we hope that you take advantage of that and do it often, we know that when you were young, your mother probably told you not to interrupt and to -- that it's impolite. Here we want you to. If you have a question or concern, we want you to push that button and ask that question. If more than one person perhaps comes in at a time, we might catch one of you, not both of you, and you will see us give you a time-out. We can assure you that everyone will have an opportunity to ask their question. We'll probably ask the person that we heard ask theirs and then we'll get to the next person who had a question. If you have a question, we really don't have the time here to get into individual cases, so what we would ask you to do is to frame that question as a general question, as a principle, and we can answer it and everyone else will benefit from that.

And any specific questions that you have we'll give you some resources to call, to contact so that you can get that question answered and also email the instructors here and we would be more than happy to respond to that. So what we would like to do right now is to check in with a couple of sites so that we get to know who our classmates are here today and we can ensure the electrons are working the way they are supposed to be working. So we would like to give your name, your position, how long you've been with

the Park Service or with your agency and really what you hope to learn here today. So first I'd like to ask someone at P. ridge working for BLM in Arizona to share with us your name and where you are and what you would like to learn here today. That's at P. Ridge. I'm sorry, that is NPS.

>> This is [ inaudible ] and I'm from P. Ridge.

>> S. Rosen: And your name?

>> I have been with the Park Service a little over a year. And I'm just learning all about the OWCP and the COP and I'm the timekeeper so I need to work in conjunction with those matters.

>> S. Rosen: That's great. We're glad you're here. One of the big challenges is getting that time keeping correct. We have had some challenges with proper coding of continuation of pay and we will talk a little bit about how that can affect some of our statistics later on. We are really glad you are here. We hope that we give you some of the information and you learn what you need to be able to do your job so thank you very much. Is there someone there from BLM in Arizona?

>> Good morning. This is Bill Huntington at the Arizona state office. Just checking in.

>> S. Rosen: Bill, what do you do there?

>> I'm the state safety manager here, but I handled OWCP work comp for close to 15 years here for the Bureau and I'm helping to train since I gave the program off to our H.R. group.

>> S. Rosen: So what would you like to learn here today? Besides what the other people should be doing.

>> I think the main thing is just to refresh what I do know with regards to OWCP and SMIS and also to assist the other groups in learning the program better.

>> S. Rosen: That's great. Thanks so much. I know in the Park Service, workers' compensation and safety work very closely together. Workers' comp is the trailing indicator for safety. And we try and work collaboratively with them in order to help them identify cases and to help mitigate some of those courses at the same time safety does their job really well, it makes our job easier. We are glad you are here with us today. Thank you very much for that.

What I would like to talk about right now is just give you a little bit of background each of you, when you came into the course today hopefully and if not the first break you will be able to obtain it or share at your sites is the participant guide. If you look at the lower right-hand side of the page when you see it on the screen here, you are going to see a little piece of paper and page number. That tells us where in the participant guide what

we're talking about with that information -- some additional information can also be found.

The participant guide serves not only as a workbook to follow along with some information during the course here today but also provides you with some reference material that when you get back to your offices and you have to work with cases that you will be able to refer to and that you will find helpful. Again, if you have one with you, you're all set to go. If you don't, then at our first break, you may want to try and download one so that you will be able to participant guide. Certainly after the course you would want to get a hold of it so you will have that information with you.

The focus on our program is proactive case management. You have heard that said many times. And if you look at the graph that's on page 6 of your participant guide you will see how many impact this can have for you. It is really, really important that we bring people back to work as soon as possible because when we look at the objective that is we have in our course today and you can find those on page 2 of your participant guide, you are going to find that this is what we want to cover today during our course. And you can see that the -- we are going to be talking about explaining the roles of the alternative work assignments. We will be talking about recordkeeping. One of the things we will be talking about is certainly how to utilize the safety management information system which has reports in there that we can use how to identify how to prioritize cases, reports there to help us to really follow and manage our cases. This really serves as a map for how you manage your cases. We will be spending time there.

So what we are going to do now is really look at the benefits of really -- the importance of bringing people back to work. And if you look at the graph in front of you on page 8 of your participant guide, you are going to see that we have an employee who's 40 years of age and is earning a salary of \$40,000 a year. If we don't bring them back to work in a timely manner and somehow reduce their workers' comp, then over the lifetime they will receive over \$1.75 million in workers' compensation benefits. Maybe today that doesn't sound like a lot of money, but for most of us it truly is. And this is why it is so important to proactively manage those cases, our long-term cases and our short-term cases. Whether they are handled by the SOR team or we do it ourselves. It is critical to bring those people back to work.

Now, if you look at page 3 your participant guide, you are going to be able to see that -- how we've done on timeliness and now we have done on lost production days. Every year the Department of Labor reports to the White House how all the government bureaus are doing in regards to filing their claims timely. We have all been doing extremely well. The baseline was determined in this case in 2003 and this was before electronic filing. So electronic filing has had a major impact on how we've done in filing timely. And you can see that the Park Service at the end of last year was at 86.7%. And Fish & Wildlife even did a little bit 87.8%. BLM has done exceptionally well at 97.2%. You can see how we are all well ahead of the target for 2009. When we look at the next goal of lost production days -- next slide, please -- that you'll see that we're not doing quite as well. However, they changed the baseline on us. They are using 2006 for the baseline. In

2003 we were actually at 131 days of lost production days. That combines continuation of pay, the number of days a person is on workers' compensation during the first year where they're off work. And you can see where the Park Service last year was at 85.1 and Fish & Wildlife Service has done exceptionally well at 27.4. The other bureaus have also been doing fairly well.

At the Park Service we do have a little ways to go but we are moving in the right direction. That's another reason why COP coding is so important because they do utilize the number of COP hours in calculating the lost production days. So it is very important, again, to bring people back to work timely and also to ensure that the coding, that 160 code is used correctly. That affects not only the lost production days as we talked about but it also impacts on the lost time case rate on the safety side of the house. So we want to make sure that data is correct and be reviewing that for our cases. As I said earlier in workers' comp 1, we covered the period of time from when an unfortunate event happened and person got injured and we followed one of our employees named Richard right up until and through the COP period.

Right now we're going to be picking up with Richard following his claim from the end of the continuation of pay. And, again, this course here is self-contained and if you hadn't seen the first one, that's going to be okay and you will be able to follow along. So we are going to be now asking Cindy to give us a little bit of a recap on Richard and what's been happening and to let us know what's going to happen next. Cindy?

>> C. Whitten: Thank you, Steve. Let's get started by making sure you are on page 4 of your participant guide, and let's recap Richard. Richard is a maintenance mechanic. He is a 15-year federal employee. He works Monday through Friday, 7:00 a.m. to 3:30 p.m. He is married and he has no children. We also had Harry, Richard's supervisor. One of the most important key players in case management is going to be you, the workers' comp coordinator. We have now moved up. It is now May 21st-- no, let me recap Richard some more here. What was going on with Richard on the 24th he hurt his back while lifting a grinder.

We determined his claim met the requirements of a traumatic injury because the injury occurred in one work shift. We issue a CA-16 for medical treatment and he was put on TTD for several days. His CA-1 was filed timely so he was eligible for continuation of pay. We counseled the timekeeper about the appropriate time keeping codes to use for Richard's time away from work and we also determined that Richard's COP entitlement period would end on July 16th. It's now May 31st, and it is 7:00 in the morning. Harry, Richard's supervisor is calling you.

Richard went to the doctor for his follow-up appointment on the 30th and he can return to work but he has work restrictions. Harry is just not sure how to use him or even if it is a good idea. Harry is actually thinking it might be better to leave Richard at home and fully recover. He might hurt himself further. He doesn't want to have him off any longer than he needs to, but I believe Steve has some words of wisdom that may change the way

Harry's thinking. Steve?

>> S. Rosen: Thanks, Cindy. What we will be talking about is alternative work assignments. Director's order 50A in the Park Service requires that we bring people back to work as soon as possible when they are able to work at least four hours a day. Now, one of our co-instructors who will be here with us April 29th and 30th for the workers' compensation course for supervisors -- that's a little plug -- Karlen Peyton says if a person can breathe they can come back to work. We don't go to quite that extreme. If a person can work at least four hours a day, they should be coming back to work. Folks get -- come back to work to get well. They don't come back -- they don't get well to come back to work.

We want people to come back to work as soon as possible. And all the research and evidence shows that after a year the chances of a person going back to work at all is reduced by 50%. It is very, very important to get folks back to work as soon as they are able to do so and work at least four hours a day and we do that by putting them into a modified or light-duty job within the restrictions outlined by their doctor. If you look at page 5 of your participant guide, you'll see that alternative work assignment is a temporary job during recovery, that it really aids in the healing process of the employee, and it reduces the lost time. It reduces the amount of extra work which is placed on other people on the team and it really has the least negative impact on a person's life that the impact of an injury not only affects the injured worker but all the people around them. What we want to do is see that, again, people are brought back to work as soon as possible.

Now, if you look at your participant guide at Appendix C you are going to see a sample alternative work assignment form. And there are a number of sample ones that are available in the Park Service Web site on workers' compensation and you want to ensure -- take one of these samples, perhaps you want to identify one of these positions in advance so you have them. If you need them, they will be readily available. You know what, to modify them so ensure that they are within the work restrictions as outlined by the doctor. If you look at Appendix C, again, behind the alternative work assignments, you're going to see a sample letter that can be sent to the doctor, advising the doctor that we do have light duty available and asking the doctor to approve the light duty job assignments. Again, people don't get well to return to work. They return to work to get well. What I would like to do now is to ask you to turn to page 6 in your participant guide.

You are going to see there a list of questions which a supervisor may ask themselves and you may bring up to the supervisor to identify some possibilities within their unit that they could do. Now, oftentimes you may find supervisors who are resistant to bring people back to work until they are fully recovered. And in those cases, you may need to encourage them to bring folks back to work. If they are still resistant, you can tell them -- the best place for them to work with their same team in their same division and to, again, to facilitate that permanent return to work. But if that supervisor is a little resistant again to bringing that person back to work, you might want to let them know that if they can't

find something to do that you will find something else for them to do in another part of the park or the refuge or another site. And oh, by the way, Mr. or Miss Supervisor you will be paying for that person because they will receive their COP as if they were still working. Sometimes that's enough incentive for the supervisor to say, wait a minute, I think we can find something for this person to do.

What I would like to you do on page 6 of your participant guide, the bottom, is to identify some assignments that Richard could do in your work site. Now, you have a duty status report, a CA-17 in Appendix N of your participant guide. Now the CA-17 is one of your most important tools that you have in bringing the person back to work. On the left-hand side of the form, the supervisor with the assistance of H.R. perhaps would write down what the physical requirements are of their regular job. This gets sent to the treating doctor. Remember, we either mail or we fax information or questions to the treating physician. We don't call. We are not allowed to do that. And then the doctor would take that and then say, well, the person can come back to work or can't come back to work. If they cannot come back to work, we are asking them to write down on the right-hand side of the page what the person can do, what their physical capabilities are and mail that back to us.

And then we base our alternative work assignment or any job offer based on those work restrictions. So what I would like to do is to give you about ten minutes to discuss at your site and to review these questions and kind of decide what is it that Richard could do in your park or at your site within these work restrictions. And we'll come back in about ten minutes and ask some of you to share what you've come up with. [Break]

>> S. Rosen: Well, welcome back. You are probably wondering what you have been looking at there during our break. Again, we are fortunate to be here at the National Conservation Training Center in West Virginia. And what you have been looking at is their eagle cam that they are very fortunate here to have actually a mating pair of eagle that is come back every year. That's a live cam. And we show that to you on the breaks and when you are doing some exercises so you can watch that.

What was there just now was actually the eaglet and the mother is probably up on branch nearby keeping a close eye on the baby and probably in about three or four weeks they will be fledgling. We like to show that to you when we can. Right now each of you have been spending -- and hopefully you had some interesting conversations there at your sites trying to decide what type of work duties, assignments that Richard could do given his work restrictions. So I'd like to ask somebody at Katmai National Park some of the duties they came up with. If you can give us your name and please share with us some of your activities.

>> Hi, this is Stacy Skinner from Katmai. We had filing, computer work, answer the phones, do the visitor information packets that need to go out all the time. We have a lot of phone call -- informational phone calls at this time. And we also have vacuuming and

dusting for our dorm and other facilities. That was about it.

>> S. Rosen: Stacy, that's excellent. Thank you so much for sharing those with us. Sounds like Richard will be busy during his recovering time while he is healing. Thank you. And at BLM in Oregon, is there some other assignments that you came up with that Richard could do?

>> I came up with he could do some light cleaning.

>> S. Rosen: And who is this?

>> Pat Hicks.

>> S. Rosen: Pat, thank you so much. You will have him doing some light cleaning up there. One of the things you would probably want to do when you actually filled out the alternative work assignment to identify the light duty is get pretty specific of what he would actually be doing so that a doctor could really look at that or OWCP if they need to ensure they are within the work restrictions. But that certainly would be good to get Richard back to work and get him being productive and doing some work that needs to be done. So thank you very, very much. Are there any other assignments that anyone else may have that haven't been mentioned so far that you think Richard might be able to do? Well, that's okay. We have plenty of work. It sounds like we have identified for Richard, he will be kept pretty busy. Maybe if there were too many more, we would create another injury which we certainly don't want to do.

The reason we want to stay within those work restrictions is to ensure that Richard is able to heal and come back to full duty as soon as possible. So thank you very much. Next we are going to be talking about some other tools that you can use to manage your cases. And OWCP has some very helpful tools for us that we can use that let's us know what's happening and what is going on and that we can be a real resource not only for us but also for our employees that we're trying to assist. So Michael is going to now explain some of those really helpful tools to us and how to use them. Michael?

>> M. Arighi: Thanks, Steve. Yeah, OWCP has given us some very useful ways of tracking what's going on with cases that are under their bailiwick. So one of them is AQS. Manufacture you have probably already seen this. Most of you probably have access to AQS. When you go in, that screen should look familiar. That's the screen you get once you've signed in. And this screen gives you a couple of ways -- actually three, of looking up a case. The obvious one, the one up on top, the first thing you normally do is look by case number. And that's fine as long as you have a case number. With SMIS input of our initial claims, typically you are going to have that claim number in about 24, maybe 48 hours.

So usually you can go in that way. But sometimes you don't get that claim number back and you have got a doctor calling you, for example, and saying, I really need -- hi, I'm so and so. I'm the orthopedist and I got referred this case and I need a claim number on this

before I can see your patient. So you can go in by either Social Security number or last -- first and last name of the claimant and you can find out what that case number is. If you are going through and reviewing a chargeback report, for example, most likely you are going to have claim numbers for everything. So you can go through and you can do claim number after claim number after claim number and that's fine. But there are those situations where you don't have a claim number. Somebody comes in and said, you know that injury I had about ten years ago? I don't have any of the paperwork on that anymore, but it's giving me trouble again and I really think I need to see the doctor. Oh, well, okay, then you go in by the SSN or by the last name, first name and you can maybe dig out that case number.

AQS, however, only shows cases that are either still active or still at least on the active database. They may be in an open status or closed, fairly recently closed. If they are retired or destroyed, they don't show on AQS. OWCP has some ways of seeing those cases because their query into the database is a much broader range than what we see on AQS. But if they are retired or destroyed, we typically won't see them on AQS. One other feature that has been added to AQS quite recently and it is very handy is you can now get a CA-16 on AQS. This is down at the bottom. You see the top of that page is case queried by injured worker name. If you go down below that to the links at the bottom, you usually have to scroll down -- so some of you may have not have noticed this yet.

If you scroll down to almost the bottom, you can now get a CA-16. When you click on the link that's highlighted there, you'll actually get a disclaimer page that warns you, you know, this is a contract for payment, et cetera, et cetera. Well, we kind of already know that and pretty much as far as I know anybody that I've authorized access to AQS is also authorized to dispense a CA-16. That's probably true with most of the other bureaus as well. If you are doing the workers' compensation to the point where you're having to look at AQS, you are probably also the person who's the first recourse to get a CA-16. So you can go into AQS now and you can generate that CA-16 directly. It is a PDF file. It looks real good but it is not a fillable PDF. Would it be nice? Yeah it would be real nice if they made it a fillable PDF. We have requests in for it but don't hold your breath. You have a nice clear CA-16 that you can print out, fill out by hand, send along with your employee or send to the hospital that you have sent your employee to already. So it's a real nice addition.

So what do you find in AQS when you get in there? All sorts of very useful stuff. There's case information of all kinds. Case status, you can find payment information. You can check to see whether compensation claims that you've submitted have arrived, whether they have been paid, if they have been paid, how much they've been paid. You can even find out how much -- or what the pay rate that they've used was and what the compensation rate they used was. I will mention some reasons for wanting to know that in a little bit. You can also find the claims examiner codes if you get a listing from your local OWCP district office of phone numbers. It will also have claims examiner I.D. codes. That's very handy because that way you know who the claims examiner is, you know who to talk to. It also shows the ICD-9 codes, the condition acceptance codes.

Those are very important because any kind of treatment that somebody is going to be getting is going to be linked up with those ICD-9 codes. And if they match, things get paid. There are no problems. The procedures get authorized. Everything works out hunky-dory.

If those procedure codes and the ICD-9 codes that are on the case don't match, things don't work. They don't fit together. Authorizations get denied. Bills get denied. This is one of the big reasons for bills getting denied. We will talk a little bit about some of the reasons that bills have problems a little later on but that's part of it is right there with those ICD-9 codes. You can also check when you've had a problem in the past with a case and see what those accepted conditions are now. You may have something where you have been having problems because the only accepted condition, say, was a back strain. The specialist -- your employee has gone to a specialist and the specialist is saying this is more than a back strain, this is actually a herniated disk and we will probably have to do epidural steroid injections or whatever. And the code that's on there is still showing a back strain.

Well, you can anticipate with about 99% certainty that you will be running into problems. It is worth it at that point to do a little liaison with the claims examiner. You can look at the ICD code and see who that is. Do a little liaison and look at the codes and ask if you have more evidence that warrants a code more specific than a back strain. I think the doctor sent in a report that talks about the herniated disk and relates it back to the injury. So could you look at that and see if you could maybe update the codes. So you can be proactive on that and you can save yourself actually enormous amounts of energy and trouble down the line by noticing something like that up front and taking appropriate action on it. Okay. One of the other things that's very useful on that AQS page is that you can -- I was talking about bill payments and authorizations. You could actually see those by going to the link at the bottom of that AQS page and it will take you into the ACS portal which is the bill payment and authorization portal. It takes you in behind the sign-in screen for ACS. So you go in with privileges that allow you to actually look at the billings and look at the authorizations.

You don't have to have a separate sign-in to get into ACS in order to see those things. And once you get in there, what do you see? Well, let's get this slide, please. You can see eligibility inquiry. If the doctor is saying, I don't know, is it going to be okay to do a MRI or CT on this case? They can tell you what the procedure code is that they would use for it. You can put that procedure code in at the ACS site and you can see whether based on the ICD-9s that are on the case whether that would be an authorized procedure. It provides a bill payment history. This is enormously important for many of you because you are probably the first line of people that are getting the calls from the providers saying our bills aren't getting paid or from the employees saying, hey, how come I'm getting a dunning notice from this collection company from a bill that OWCP was supposed to pay? Guess what, same place to look for both of those. You can go in the ACS portal and look in the bill payment history and you can usually get a pretty good idea what's going on. Why the bills aren't either showing up or they are showing up and payment is being denied.

If it is being denied, you can look at the codes and you can find out why they're saying the bills are being denied. They give an English explanation below the code that says EOB code, explanation of benefits. Actually it is an explanation of why we're not paying code. But under that EOB code, there is a number. And if you click on that number, it is actually a hot link, it will drop down a little box that gives you a quasi English explanation of what's going on. It actually sounds like English translated from the original Hungarian by Greeks. It is often quite close to unintelligible but it is trying to tell you why it is not paying those bills. So that's actually a very useful feature of AQS, is that you can get into ACS from it. A couple of other things you can find on the ACS site. You can get the forms that ACS accepts for billing, for requesting medical authorizations, for signing up with ACS in the first place.

All of those are on the ACS site. You can refer your providers to that site and they can get the forms that they need. There's one particularly important one there that I just want to highlight. There is a version of the standard Medicare billing form, HCFA or CMS-1500. On that site it is called an OWCP-1500 and I would strongly recommend that you urge your providers to download that version. Why? They can get that anywhere on the Internet. That form is available -- if you do a Google search for HCFA-1500 you will come up with somewhere around a million hits. Why should they get that one which only appears that one and on the OWCP form site? Because it has a variant set of directions for how to fill it out that are different from anywhere else on the Internet. There are a couple of those that are critical to getting bills paid timely and properly. The primary instruction that's important not only do they have to have the OWCP case number on the bill, some of the others will say, okay, that's one of the options to put into that field up on the top.

But the only instructions that talk about it are these instructions that down in, I believe it's block 33. They have to have their ACS issued I.D. number. And it says in bold print, on these instructions and nowhere else in the world that if you don't, your bills may be denied or delayed. You know what? They mean it. They will be denied or delayed. I have seen a number of them that have been one or the other. It pays for them to go to that site, get that set of forms, use that set of forms and they will have far fewer problems. It is also the only source for the paper form they use to request authorizations for surgery or durable medical equipment or physical therapy. They go on that site. They download that form, print it out, fill it out by hand and fax it into ACS. That's how they request their authorizations for those particular things. So this is a very useful site. One other thing that they have on there -- and it is on the front page. You don't get that from going in through AQS. You have to go directly to the ACS site, is that you can do an inquiry on providers in a particular area and you can find providers who say that they will accept basically OWCP referrals.

So if you're having trouble finding a provider in your local area or you don't know whether there are any -- high camp, I know you don't have -- you can go into that ACS provider inquiry and it will show you people in your local community area or someplace that you can reasonably get to. It will give you a list of the physicians who have said that

they will take OWCP. I understand there are occasionally some problems with this and I know there's at least one problem in the way you query it. Don't query it by zip code or you will only get the people by that zip code. If you are querying in a metropolitan area like San Jose, California which has lots of doctors but also has lots of zip codes, if you query only by zip codes, you will only get those in that zip code and not the rest of the area.

If you query by city name, city and state, you will get anybody who is reasonably within the zip codes within that city which gives you a much larger area to choose from. So I recommend that you not do it by zip code but do it by city. And if they don't show anything for the city that you're querying by, go to the next closest larger city because you may find in smaller towns or even smallish cities that there may not be anybody. But the next largest town they will have someone. Now, we talked a little about some of the problems that we have with getting bills paid. Yeah, there are. And most of them can be fixed and most of them can be fixed even fairly easily. And, in fact, most of them can be avoided if the billings are done the right way in the first place. So let's look at some of the common provider errors.

Biggest one, provider isn't enrolled. What happened? They haven't enrolled with ACS. Guess what? ACS can't pay them unless the provider has enrolled with ACS. There is not a good way around this either. It is not like the employee can pay the bill and then ask OWCP to reimburse them for it because if the provider who provided the service for which OWCP is being asked to reimburse isn't registered with ACS, OWCP can't reimburse because that provider has to be registered with ACS. So there is really no good way around it. Just encourage the providers to enroll. It is now done online. They can go to that front page on the ACS site and they can enroll online. Providers using the forms that are in ACS, we were just talking about this. They don't use those forms, the chances that something is going to go wrong are much higher. If they do use those forms, the chances are pretty good that they actually will get paid which is the whole point of this exercise.

Forms have to be complete. Boy, do they ever. They have to have all of the information on them. The procedures have to be identified by procedure code. They have to have units charges, if those are involved. They have to be itemized by date. All of that has to be done and it has to be done right or those bills will get either rejected or partially rejected. Maybe some of the procedures paid and couple that weren't itemized properly or didn't have units charges or whatever was necessary will get denied so they get a partial payment. And the way the letters they get with those partial payments go, it may be hard to figure out exactly what went wrong and what charges are being paid for, which ones they aren't and why they are not getting paid for. You can see that from looking at the bill pay inquiry. You can actually see the individual line items that were denied and the EOB code that says why they didn't pay that particular one. You can at least give them that information. As I said, it may or may not make much sense but at least you can get to it. You can call ACS as well. The numbers are on their front page and you can ask -- or the provider can ask what that explanation of benefits code means.

What did we do wrong that kept us from getting paid? How do we fix it so we can get it paid? Those are important. They have to ensure that they've got the right CPT 4 codes and the right ICD-9 codes on the billings. Again, otherwise they don't work right. Now, other problems, the provider I.D. is wrong or it is expired. It turns out those provider I.D.s are good for a couple of years and then they expire and they have to renew them. If you get somebody who doesn't do very many OWCP cases, for example, a dentist, they may see an OWCP case once every ten years. So if they get a provider I.D. for one and it is only three years before they see the next case, their provider I.D. probably has expired. Tax I.D. numbers have to be right. Dates of service, that's an important one. They need to put in a range. Even if it is only one day because they performed a service on one day.

But if they are requesting an authorization, they should request it for a time period, not just for a specific date. This is particularly important with things like surgeries where they're saying, okay, we are going to do surgery -- we are going to do surgery on a certain date. And they request authorization for that date. It gets hung up in ACS. Turns out this is one that has to be reviewed by the utilization reviewer and that has to be reviewed by OWCP. By the time it gets back the date you had planned for the surgery has passed. They requested the one date for the surgery. It is finally authorized, it is authorized for the date that has already passed and the surgery didn't take place because they didn't have authorization. They go in now -- we got it approved and they go in with the date the surgery was actually done with the bill and the bill denies.

Why did it deny? Because it was authorized for a date isn't the date they performed it on. So it is best if they put in a range, starting maybe with today but going on for a reasonable length of time for ACS and OWCP to process that request so that when they get the authorization, it's authorizing it to be done somewhere in this range. And then when the bill goes in, it is actually within that range and it pays. No problem. Otherwise, if it is authorized for a date before the surgery happens, they have to go in and get the whole thing reauthorized for the correct date when it actually did happen before the bill will get paid. They want to make sure they do this in a way that will maximize their chances of actually getting paid instead of causing a whole bunch of basically frictional work that doesn't accomplish anything, it just makes everybody mad. Another one is timeliness of the bill.

There is a timeliness of when the bills have to be submitted. Bills have to be submitted in the calendar year in which the injury occurred or the following calendar year. So if I'm injured today and I go see the doctor, they have until December 31st of next year, 2010, to submit that bill timely. Seems like a long time. Yeah, well, actually it is a fair amount of time to submit. But you get ones like -- I think it is one that Cindy had where the -- they were coming back after the employee five years later saying how come this didn't get paid? No, it is one I ran into. It turned out they submitted the bill all right and it had been actually not even quite denied. It had been denied with an explanation of benefits code that said the case is in a pending status and payments are not yet authorizable. Then they did absolutely nothing for almost five years. And then they come back and say, hey, this bill never got paid. I think they got new management or new back office or

something and somebody said, we got this outstanding bill we ought to get paid. Turned out it was relatively simple.

I told them to resubmit the bill with the denial letter they'd gotten which said basically it hasn't been accepted yet because it turned out the case had been accepted a week later but they don't recycle those bills when the case is accepted. So anything that's been put off before the case is accepted stays put off basically forever unless somebody does something about it. They submitted their bill along with the denial that said, you know, it's not payable because the case hasn't been accepted yet. Sailed right through. They got paid. Everybody was happy. But you got to watch out for those time limits because if they had not submitted that bill timely and had evidence that it had been denied, they would have been out of luck. They are not supposed to come back on the claimant for that money. Nine times out of ten they will. There's no real good enforcement mechanism to keep them from collecting it.

The way the regulations are written, if they try to collect it, OWCP, if they get really mad can debar them from getting any payments from OWCP again. Unfortunately most providers don't consider this a threat. They consider it a promise. So we'd rather not antagonize the providers. We rather make sure they know right up front that they need to get these bills in by the end of the current calendar year or at the very latest the calendar year following. If they do, no problem. Another big problem that we found on the bills is sort of like this one where they -- where the provider gets something. In that case they got an EOB bill or EOB back that said we can't pay this right now because the case hasn't been accepted.

But they also get ones -- RTPs, return-to-provider letters. That sends the bill back to them basically that says there is something seriously wrong with it, like it is on the wrong form or something of the sort. That should be a wakeup call because what that means is that bill has never been input to ACS' system and if they wait more than that calendar year following the end of this calendar year before they fix that and send the bill in, ACS is going to look at that and say, that bill is not timely. You send in the RTP letter and they say you didn't submit it properly in the first place so you never submitted it timely. And then they are stuck with it. Then this causes big problems and often big headaches for the employee. So we rather that that doesn't happen.

Those are some of the big implementation we've identified. We know there are others out there. We'd like to open the floor up to your comments and see if you have run into any other problems that you think may be useful. Any questions or any other questions on the AQS and ACS and what you see to this point?

>> Hi, this is Sandy Pearson from Carlsbad Caverns. We ran into a problem with the dental claim to find out they don't use the 1500 form for that.

>> M. Arighi: Yep, that has been a problem. Cindy, I know you have had some dental claims. What has been your experience with these in how to get them paid?

>> C. Whitten: Try to avoid employees getting dental injuries. It is difficult because the ADA, the claim form that's used for dental purposes, I have found sometimes when it goes into ACS in London, Kentucky, it is not scanned as a bill. It is scanned as a medical document. And so what I have always done is when I send it to ACS, I send it in a separate envelope, different from any other bills if I happen to get the envelope and I make a note on it this is a dental bill to be paid so it draws attention. I work very closely with the dental office to make sure the bill is submitted appropriately because I'm dealing with one right now -- the services took place in 2006. By the time we were able to actually get the authorizations updated and corrected in ACS, the provider I.D. number expired. Now we are trying to get the provider I.D. number updated. So the dental ones tend to take a little bit more gentle handling. I don't know that there is a real easy answer. I thought I had it figured out back in 2006 when I started working through this one. So good luck. If you have any questions, feel free to call me and I will try to help you work through it.

>> M. Arighi: Is that any help?

>> This is Gloria, BOR, Boise.

>> M. Arighi: Yes, Gloria?

>> I have a bill -- unpaid bill from dental service 2007. The physician continues to submit a bill under the wrong procedure code. We have advised the provider about the error and they have sent the bill to collection and it seems like it is not going anywhere. They still continue to tell the employee that he is responsible to pay for the bill.

>> M. Arighi: They have submit it had to OWCP through ACS and ACS has denied it as submitted? Is that the case?

>> I'm sorry, I didn't hear the last part.

>> M. Arighi: So they actually have submitted the bill and they have submit it had through ACS and ACS has actually formally denied it because the code was wrong? Is that the case?

>> Correct.

>> M. Arighi: Okay. You're in Idaho. I would see if you could call the Seattle OWCP office and go in through their general number and when you get -- the people who answer the phone are actually claims examiners in the Seattle office. Ask if you can talk to maybe Barbara McDonald. And she can direct you to the appropriate person in her office who deals with the bills. And they may be able to -- you may be able to put them in contact with the provider and get the provider to fix the procedure codes to get the right ones on there if, in fact, they provided a service that is payable under OWCP. Call Barbara McDonald, ask her who you would talk to about the ACS provider miscommunication problem and see if they can get together with the provider and fix

that. I don't know if that's any help.

>> Okay, thank you.

>> M. Arighi: That would be where I would start. Anybody else? Well, I do think it is getting better. We have gotten somewhat fewer questions than we have gotten in prior years. So I think maybe the process is getting a little bit fixed. I'm glad to hear that. At this point, I think I segue back to Cindy and we have talked about some of the information you can get from ACS and from AQS and how they help you manage your cases better. Next Cindy is going to talk about Richard's disability benefits when his time loss goes beyond COP.

>> C. Whitten: Thanks, Michael. We are going to get started with -- make sure you are on page 8 of your participant guide. We are going to get back to Richard. It seems Steve had a little talk with Richard's supervisor, Harry, and Harry has decided that it might be a good idea to go ahead and bring Richard back. So it is now June 1st. It is 8:00 in the morning. And Richard is back working full-time within his restrictions. He has a recheck appointment on June 5th at 8:00 a.m. but he is a bit concerned about the financial impact this may have on his family since he may be working part-time, still going to doctor's appointments.

And his COP is starting to run out. He wants to make sure that his pay isn't going to stop or cease and he is going to end up with some financial problems. So before we can advise Richard what's going to be happening, we need to understand what disability benefits we have -- the injured worker may have entitlement to. First, we have temporary total disability which is wage loss compensation. Now, there is a three-day wait. If there is less than 14 days of disability after the COP period. This leave without pay can be used with sick or annual leave. There is no wait if it is for medical appointments. Compensation starts after the COP expires and for occupational cases, it starts once a case has been accepted by OWCP and it can be retroactive. The next disability benefit would be a schedule award. What a schedule award is, it is a permanent loss or loss of use of certain functions of the body.

Partial loss is compensated on a proportional basis. A schedule award can be paid if the employee returns to work at the same time they are receiving regular pay, but they cannot receive a schedule award and wage loss compensation payments from OWCP at the same time. If they start receiving a schedule award, their compensation payments will cease. Next is the loss of wage earnings capacity or what's referred to as a LWEC, and this is when an employee returns to a lower paying job. Say, for instance, an employee is -- was making \$25 an hour and they're now making \$10 an hour, they would have a \$15 an hour LWEC. This LWEC is paid at 66 2/3% or 75% of the amount of money -- I'm sorry, 66 2/3% if they have no dependents and 75% if they have dependents. The next one is disfigurement and that's an injury to the face, head or neck where disfigurement results. This award is not to exceed \$3,500 if the disfigurement will likely be a handicap in securing or maintaining employment. The next one would be home care from the medical provider, I stress from a medical provider.

This is when an injury is so severe that the employee is unable to care for their physical needs, such as feeding, bathing and dressing. This is payable only to a medical provider. It can't be paid, for instance, if an employee is home and their spouse is taking care of them. It wouldn't be paid to the spouse. It would have to be paid to a medical provider. And, finally, we have house and vehicle modification. This is when the injury severely restricts the independence of normal function of living. This would be -- say, for instance, if the person is now in a wheelchair and they had to make modifications to the stairs or something so they can get in and out of the house or something like that. So now let's talk about what we need to do in assisting our injured worker in making their decisions now that they are at the point where they are going to have to decide, what are they going to do?

Now their COP is running out. About 15 days before COP runs out, they are at a decision point. Are they going -- we would ask ourselves and we would take a look at the case, are they continuing to lose time as a result of the injury? If so, the employee needs to decide whether they are going to be applying for compensation payments from OWCP or if they are going to choose to use their sick and annual leave. If the employee chooses to use compensation or payments from OWCP, then we would send a CA-7 to the employee to complete with a copy of the SF-1199 which is a direct deposit form. They could go to the OWCP Web site and select the form and complete it and send it to you. They should be returning that form to you within -- by the 40th day. The reason why is so this allows for processing by you and OWCP to be able to ensure that their comp payments are paid timely.

You would counsel with the employee what their compensation payments would be and when they would start and then send it to OWCP. So how do you file a CA-7 to OWCP? It would require you to complete the second -- the backside -- the agency side of the CA-7 to ensure that the employee has completed their portion completely and ensure that the 1199 or direct deposit form is attached. You would also want -- most likely end up having to do what's called a CA-7a which is the leave audit or the history in order for -- it records the COP that they use or if there was intermittent use. You would also want to ensure that you have all medical documentation that OWCP may not have received recently and especially if, say, you have the employees just recently been to the doctor and you are pretty sure that disability statement or notice has not reached OWCP yet. I make sure those are attached to my CA-7 so that the examiner will have kind of a complete current up-to-date history and it saves delays and processing of the claim. If the employee has had -- with this CA-7 would include more than 80 hours of leave without pay, you need to ensure that a SF-50 personnel action has been generated to document the leave without pay.

When an employee is filing for compensation payments, they must be on leave without pay and that's hours code 162. And the reason we have a timekeeper out there, the reason we are using hours code 162, it is important because this prevents the delays within grades and promotions because the employee is not to be penalized while they are on workers' comp for a workers' comp injury for time off due to the injury. It should not

penalize or delay their within grades or promotions. Once you have faxed a CA-7 package to OWCP, then what you would do is go into AQS and check the CA-7 tracking area of AQS to see if the CA-7 has actually been received. I get concerned if I don't see it there within three days.

If I don't see it within three days, then I call the examiner to make sure that they do have it and they are processing it because if you have not ever looked at that section of AQS, you can see where there is notes that tell you whether it is in process or it needs additional medical or if they are going to dough my it so you are able to see what's happening. There is another section where you can actually go in to see compensation payments that are being made and once you go into that section, you are able to see the from and to date that the payment is being made, the amount, the date it's going to be paid, if it is going to be direct deposit or if they were mailing it. And you can also click on that and go deeper into the system and be able to see the actual comp rates and whether health insurance was taken out or life insurance.

So what can the employee expect if they choose to receive compensation payments during time off after COP? If they have no dependents, they will receive 66 2/3% of their regular pay. If they have dependents, they receive 75% of their regular pay. For compensation payments, it does consider if the person has night differential, Sunday and hazard pay. But it does not consider overtime. Compensation payments from OWCP are not taxable, so it is tax-free. There is no TSP contributions while an employee is receiving compensation payments because remember they are on leave without pay from the agency. So there is no money for TSP. The health and life insurance benefits do continue while a person is on compensation. One thing I would -- that I recently discovered to make you aware of as you are doing CA-7sis I have found when I'm requesting compensation payments and it is in the middle of a pay period that in some cases OWCP is prorating the health insurance payments.

So if the employees may be getting 40 hours of pay from the agency, we are taking out the full health insurance and life insurance deductions where OWCP is taking out whatever the daily rate is of the insurance. The employee is actually paying more health insurance and more life insurance than they should normally be paying. So either we have to get them reimbursed from OWCP or we have to coordinate with NBC reimbursing the employee. What I have been doing is making a note on my CA-7 to the examiner saying the agency will be deducting the health and life insurance so that it doesn't -- it saves work on both ends. Something that recently came up for me to help you with that.

What if the injured worker chose to use their sick and annual leave instead of compensation payments, how would that affect them? The choice for the employee to use sick or annual leave in lieu of OWCP payments is their employee's choice. This would continue getting their regular check from the agency. The regular deductions continue. They can apply for leave buy-back later. The timekeeper uses code 024 for annual leave and 034 for sick leave. That helps you when you are auditing to quickly identify the sick and annual leave they were using was used for their workers' comp case.

So it helps you in identifying it later when you are doing the audit. I encourage you any time I can to an employee to apply for compensation payments from OWCP if the case is in position for them to do that and be paid quickly. When a person is using their sick and annual leave, they do have their regular deductions coming out. So say they have a mortgage payment coming out of their regular check or a car payment or anything like that, of course, they would have to make arrangements if they are receiving compensation payments with their financial institution where they are going to make those payments themselves because the OWCP payment comes from OWCP. It does not come from the agency.

From the agency basically they are going to receive a zero check. So you need to make sure that the employee understand that if they have deductions coming out and they choose compensation, that they need to make those arrangements. Some of the other cons about an employee choosing to use sick leave and annual leave instead isn't a clear picture of what's going on with the case for the claims examiner. Because you have no way that you are letting the examiner or OWCP know that the person is losing time from work for the injury. As far as they know, they're actually -- the employee is working and everything is fine. The CA-7 is the trigger that let's the examiner know when they are getting ready to make that payment that the person is losing time from work and things are going on. I think it also helps them trigger whether maybe we need a nurse case manager, which Steve is going to cover later, or maybe other assistance in managing the case.

But the biggest part is the employee chooses to use sick and annual leave and then apply for leave buy-back later, the leave buy-back process can be very time consuming and very cumbersome. And we are going to go over that next. But before we move on, do you have any questions regarding the compensation and CA-7 process or the use of sick or annual leave? Okay. What we will go ahead and do now is to take a look at the employee moving forward and say they chose to use sick and annual leave and now they want to apply for leave buy-back. Leave buy-back must provide supporting medical evidence for each period of leave buy-back. Hopefully in your case file you have all that medical evidence from the doctors and the providers that will support that. But if not, the employee is responsible for getting that information for you.

They cannot use leave buy-back during a period when the employee was eligible for continuation of pay. In order -- if they were eligible for continuation of pay, you would have to correct the record to change the sick and annual leave to continuation of pay. To know that they can choose to convert that leave used for COP for up to one year after using it. With leave buy-back, it does reduce an employee's taxable earnings. That's because in order to apply for leave buy-back, we need to place them on leave without pay. Because they are on leave without pay, it also affects their leave accrual, maybe their reduction in their retirement contributions.

And if they have TSP contributions and matching contributions and the agency matching contributions, it will reduce those. Leave accrual for an employee receiving -- that is using their sick and annual leave is done on a prorated basis like the part-time employees.

The leave buy-back process is actually much simpler when the application is processed in the same -- or completed and processed in the same calendar year the leave was used. That's because the NBC is able to -- when they process the application, are able to reverse the deductions for taxes or health insurance, if necessary, or others. So they can apply that money to the amount of money that the employee owes.

The employee must still be on the agency rolls in order to apply for leave buy-back. If it was a temporary employee that may have used sick and annual leave and they have left for the season and now they decide that they want to apply for leave buy-back, they would not be able to do that. An employee may want to consider whether they want to choose to do leave buy-back, depending on if they're CSRS or FERS employee. Leave buy-back is usually most advantageous for the employee to do that. They are going to be receiving compensation payments from OWCP. They will have their leave recredited. I really can't think of any time when leave buy-back would not be advantageous to the employee.

So now let's a look at the process we go through in order to process the leave buy-back application from an injured worker. The way I start from my park is I have the employee complete a CA-7a. I don't start out with a CA-7 because OWCP's timely filing starts at the point that the employee signs a CA-7. As you are going to see through this process is that it could take us several months before we can have all the documentation in place to actually submit the CA-7 for processing. The employee needs to ensure that the information -- the medical information has been provided to support each period that they're requesting. So I'll call the employee in and I will verify the information on the CA-7 that they submitted and then if I find any discrepancies, I call the employee and I go over that with them. I verify the absences by using a number of various tools we have available. Some we have not talked about yet but we will later. I use some medical reports that I received from the providers. I use bills that I may have received from providers to verify that the employee was actually there in case I'm missing a report. I use the ACS bill pay history hoping that the provider submitted their bills timely and were paid.

And SMIS, you can go into the chargeback section, you can do a chargeback report. And if you click on the employee's name or claim number, it takes you in a little bit deeper into that employee's specific claim. And then you will see there the bills that have been also paid so you can also use that. Also, use the FPPS printout to see what has been transmitted to payroll and what the timekeeper has transmitted to ensure that the employee has filed for either -- see what hours code they have used, whether they have used 162. Or many times I have found that the employee was paid regular hours and here they are applying for leave buy-back and they received regular hours pay so we have to go in and correct those. I have the employee provide copies of their leave slips or the timekeeper provide copies of the leave slips to verify leave slips were submitted.

Once you get the CA-7 completed and you work out all the discrepancies with the injured worker, then what you do, you can either send or fax the CA-7a and the b which is the

application part of the leave buy-back application to NBC. And they will certify that everything is correct, hopefully with no discrepancies. If they find any discrepancies, they will send it back to you and they will let you know what they are and then you work again with the employee and the timekeeper to correct those discrepancies and then resubmit the CA-7a and b to NBC. Once NBC is able to finally certify the CA-7a and b and they return it to you, you would meet with the injured worker and go over the application. NBC will be sending to you a final of what they actually come up with as to how much money the employee would owe. How much of a leave accrual they are going to lose because remember they are going to be putting in leave without pay. So the sick and annual leave that they used will be recredited to them, so it will reduce their leave accruals. And then if the employee chooses to proceed with the leave buy-back application, they have to find stating so.

If they choose not to proceed with the leave buy-back application, then you would have the employees sign that they choose not to complete the leave buy-back application and you file it in your case file. You don't need to notify OWCP. You don't need to go any farther from there. Good idea to let NBC know what the employee has chosen to do. I usually fax them a copy of the CA-7b showing that the employee is declining the leave buy-back application. You would then fax to OWCP the CA-7. You fax CA-7 directly to the district office and then they will complete their application. Once they have processed the application, they will send a check to AOC. And sometimes the information on that check is not real clear and AOC can't always make the connection of who and where.

So what I do when I see in AQS that the check has been processed and I received a letter from OWCP that the payment has been processed, I will take a copy of the letter and printout, I will print out proof that the check has been made and I will contact NBC and let them know so that they can connect with AOC and begin the process of reconciling the leave buy-back process. So -- oh, I was just told that AOC is for NPS only. What AOC is, is our accounting operations center. So for those that are with BLM and BOR, I'm not sure who your accounting office is or if this process applies. But for National Park Service -- for National Park Service, we use AOC, accounting operations center. I hope I didn't confuse anybody. Or I cleared up any confusion I may have created. So you can see at this point why -- I mean leave buy-back is a very time consuming and cumbersome process.

Now that disability -- when an employee is beyond their COP period and we know that disability can be paid, isn't impacted by the three-day wait, I haven't had to process a leave buy-back application, thankfully, in about three years. So I strongly encourage employees if the case is in a position where you know the CA-7 is going to be paid, all the medical is there, maybe they had a surgery or something -- or the surgery is pending and the examiner is on top of the case, and the CA-7 is going to be processed, I strongly encourage that you encourage the employee to go ahead and file a CA-7. We now have the leave buy-back application process but we're not done yet. NBC for Park Service -- well, no, okay. Nevermind. NBC will correct the payroll records so you don't have to worry about having a timekeeper or a supervisor submitting corrections for the payroll.

They'll correct the payroll records. But you need to ensure that SF-52s have been processed or are being processed to document any period of time where the leave without pay is greater than 80 hours and also the return to duty action was processed for the return to duty.

The SF-50 is required to record the leave without pay and the OPF and to document the period of absence as credible service for the period of time it was being paid under 5 USC Chapter 81 which is the FECA law. So after we finish that, then the leave buy-back application is completed once you have ensured that the employee has actually been recredited their sick and annual leave. And also to be able to know that the sick and annual leave will not be recredited to the employee until -- well, whoever receives the payment both from OWCP and the injured worker. So if the injured worker owes a portion in order to buy back their sick leave until that is received, the sick leave will not be recredited. Before we move on, we want to recap what we have covered in this last segment. Can alternative work assignment facilitate getting the person back to work?

We have learned how to apply for compensation payments from OWCP. We've heard -- we've learned how and when to process leave buy-back application and we've also been creating lots and lots of paperwork, now I'm betting, what am I going to do with all this paperwork, where should I file it, how long should I keep it or do I even need it? So I hope in in next segment, we are going to be able to answer some of your questions and share some of my past 20 years of doing comp cases for Yosemite, some of the things I've learned. Before we move on though, I would like to ask if you have any questions regarding what we have just covered. Okay. We will move on to record keeping. With recordkeeping, OWCP really owns the files. They do not belong to the agency that are owned by OWCP. These files are confidential information files and they are covered under the FOIA.

I caution you keeping this in mind when filing documents in the case file. These files must be kept in a secure location under lock and key. These files can be an audit item for accountability reviews for a regional or WASO team. Over the last several number of years, I have used different filing systems or processes in trying to decide what works best for my case files and these are a couple I have come up with that really work well. I use these trifold files for my cases that are short-form closures or basically are only COP cases. This section is where I keep the CA-1, any correspondence to and from OWCP, any emails or anything -- or job descriptions I may have.

The middle is where I keep all the medical. If I get any phone calls, I can quickly know where to go for the medical. In this section is where I keep any bills, any T&A printouts, those types of things. And then I use these dividers that our warehouse keeps to separate the documents who quickly recover and find anything that I'm looking for. The outside where is I will usually put the name of the claims examiner, the phone numbers of the claims examiner, the doctor they are seeing and that kind of information so they are quickly, readily available to me if somebody should call. Those long-term cases, where they have had surgery where I had to file a CA-7 or something that may resurrect themselves when they recover years later down the line I use this multi-divider file.

Usually in this section is where I keep the emails and notes that I have. This is where I keep the CA-1.

I print out the face sheet print out from AQS and whatever is current I keep on top. The job description employee's application, the CA-1 information, this is where I keep all the medical. Whenever I'm looking for medical, the medical is like in an OPF order, any correspondence from or to OWCP or anybody else, all my CA-7s are kept in this section divided and this is where I keep all my bills, T&As, audits or anything that I do. And that makes for quick reference. And then also in the front of the file is the doctor's name and if there was a surgery or voc rehab person is involved, nurse case manager. That also helps if I'm out of the office, if somebody needs to look for something quickly, they know exactly where to go and where to find it and all the information is right there. Hope that helps you.

Now, if we need to create a file, we have to start making -- here we have case files for every employee on your chargeback report. If you don't know how to get a chargeback report or use a chargeback report, Michael will be covering that more later. I also create - - you create a case file for any new CA-1s or 2s that come into your office that have medical or lost time. The protective claim forms are often referred to as report-only's. Those are filed in the employee medical file. You don't make case files for those. Those go in the medical file and stay there unless you need to use it at a later date to open a claim. I also set up -- sometimes you can receive a medical -- you will get medical in the mail but you won't get the CA-1 yet or you won't be informed. I will go ahead and set up a temporary file and have it ready in case -- I know if I don't see a CA-1 or 2 in a couple of days I need to follow up on that form. So next is what do you keep? You need to keep all signed CA-1s, 2s, 7s, 7as, any CA form. The challenges I have found over the years with SMIS is getting back those signed CA-1s and 2s.

So what I started doing a couple years ago is I print out the CA-1 or 2 and I have a little note that I put on the top of it. I send it to the supervisor telling them, please have the employee review and sign the employee part and then the supervisor to sign their section. And then I put in it a self-return blue envelope with my name and my address and usually about 99% of my CA-1s and 2s come back to me within a few days after I have sent it out to the supervisor to have signed. So I have been able to deal with that issue of getting signed CA-1s and 2s back quickly. Any supporting medical documentation, that means current medical. If you don't have current medical, then you need to be going out and getting that current medical documentation.

Any correspondence with OWCP, medical providers, any checklists that you may have developed along the way, any COP tracking forms and any telephonic notes that you may have recorded. So now that you have got all these documents, how long do you keep them? The agency maintains the file for as long as the case is active. Once a case is closed, the agency maintains a case for three years. But do not confuse off the rolls with a case being closed. Check AQS before you decide whether the case can be destroyed. After the case has been closed for three years, the agency may destroy the file. Now, one of the benefits with the case filing system I use is if I have a case that's in one of these

multi-fold files, I don't destroy that case because usually that case has either had a surgery, has filed CA-7s, has maybe had some more extensive kind of medical so I know there is a possibility that may resurrect itself sometime in the future. So I keep those case files. So when I'm going through to purge my files, I know I can quickly ignore that one.

But if it is in one of these case files, these are the ones I know I need to look at. What happens if an employee transfers to another park? The case file is maintained at the park responsible because they have the chargeback cost where the injury took place. If an employee -- say an employee transfers to Yosemite from another park, I will have the workers' comp case manager maybe send me a copy of the case file they have because then that way I can help the employee with our local medical providers and I can help ensure that the -- if they are needing to file CA-7s and those types of things, can be taken care of being I'm the one that's right there. But I only keep a copy of the file. I do not keep the original file. As far as investigative files, those are maintained by the region that the person belongs to. The park can keep a copy if they desire, but they must keep those documents separate from the case file. Employees are not entitled access to this case file. Steve will talk more about investigative -- the investigation process and that later. So he will cover that more later. So we have talked about the filing process and what to keep and what not to keep and before we move on, do you have any questions?

>> This is Gloria from BOR.

>> C. Whitten: Hi, Gloria. Your question?

>> I've had some employees submit copies of their prescription. Is that considered part of their medical documents also that I keep?

>> C. Whitten: I would probably go ahead and keep a copy of it with the medical. I mean, it can't hurt. If something comes up later and have you it, it is just part of the remember. It is probably not that important part of the record. But if they provide it, I keep it.

>> Okay, thanks.

>> C. Whitten: Did I answer your question? Okay. Any other questions? Any questions about anything that we've covered up to this point that may have popped up that maybe Steve or Mike can also answer before we move on and pile on more information? Let's kind of take a look at everything we've covered, the return to work, alternative work assignments. We've talked about AQS, ACS. We've talked about compensation after COP expires. We have talked about the leave buy-back process and recordkeeping. So we've covered a lot of information.

So if anything -- any questions or anything you have thought about up to this point about any of these subjects, then this is a time to be able for us to help you with those. Okay. So what we are going to do now is we are going to turn this over to Steve for Steve to talk to us about the chargeback report and Mike will end up -- will help us to learn how to

retrieve one and what to do with it. Steve?

>> S. Rosen: Thanks, Cindy. Well, we've covered a lot of stuff now. And I think that before we pile on any more things to you, that we are going to give you a chance to digest it. If any questions come up during our break, we'll have an opportunity to answer them. And we will be back in about ten minutes and we'll give you an opportunity to check in on our eaglets and see how they are doing. We will be back in about ten minutes.  
[break]

>> S. Rosen: Welcome back from break. We hope you enjoyed looking at our resident eaglet and mom is watching very carefully from a branch up above. First thing I want to do is check in and see if there are any questions that may have come up during the break from what we've talked about so far. Okay. Then moving right along. If anything does come up, remember, you have the push-to-talk microphones in front of you and we strongly encourage you to use them. Again, if you have a question we can assure there are a number of people out there with you that have the same question. It really helps everybody by sharing your questions or concerns.

Now we are going to move on talking about one of the most important tools and valuable tools that you have and that's the SMIS, safety management information system, some of the reports that are available in there. During workers' compensation 1, one of the things that came up numerous times is workers' comp coordinators really being a little upset about the fact that it would take a long time for the CA-1 or the CA-2 which had been submitted by the employee to the supervisor not to get to the coordinator until maybe two, three, four weeks, even longer later. And by the time the coordinator, you the coordinator got the forms, it was already passed the 14-day requirement for timely filing.

One of the things that the SMIS system provided us with, wanted to incorporate some of the workers' comp tools was the claims log. And the claim log allows you to track the process of following the claim all the way from when the employee initiates the claim, gets an I.D. right through to when they submit it to the supervisor, then when the supervisor submits it to you. So you can actually track that. So what we do is strongly encourage you to be monitoring that claims log which is available in SMIS, in the workers' compensation report section, and check to make sure that any claims had been filed, had been sent, if they got bottlenecked anywhere in the system that you help to pry them loose. If a supervisor has had a claim sitting there for perhaps several days, you may want to remind them that there is a CA-1 or 2 that you need them to complete their portion of it so they can return it to you and you can submit it. That's just one of the tools and reports that are available to you to help you to ensure the worker gets timely the benefits they are entitled to.

Another tool that's there is the workers' compensation case management report. And this is a report that the Park Service initiated with the Office of Safety and Health to actually track workers' compensation cases. We came to realize there is all this information that was available in SMIS, information that came from FPPS, that came from OWCP that

was sitting there. But it was very, very hard to obtain. Before that time the only chargeback report we had was the one that we received from the Department of Labor and it was organized by case file number, by OWCP district office number and it could take hours, if not days, to identify all your cases. By tapping into the vast amount of data in SMIS and creating a report, it allowed us to identify cases and print chargeback reports by date of injury, by chargeback year which really gave us a tool to look at and manage our cases.

And what we are going to do now is ask Michael to help us with that report. This is actually a tool. This report is a map for -- how for you to manage your cases. What this will do will allow you to access that data which was always there before but we just couldn't get our hands on it. And literally, it becomes your map to decide how to prioritize your cases and to look at the chargeback cases in your area that you're responsible for. And this is available to all DOI bureaus. So I strongly encourage all of you to pay close attention to Michael and learn how to really use this very, very valuable tool. Michael?

>> M. Arighi: Thanks, Steve. As Steve was saying, this is a way to get the data that you need to be able to manage your cases in a proactive manner. Let's see how we get that data. First you log into SMIS as a workers' comp coordinator. I expect most of you have done that. But what you may not have done to date is to create a batch. In order to get a report, you have to have a batch that has organization codes in it, org codes. And the way you do that is that you go into SMIS, go into the compensation reports menu which is on the top left of the page where you sign in. And when you get to the compensation reports menu, what you'll see is what's on this next slide. Now, in order to get anything out of it, as I said, you have to have a batch. You go into the report batches up at the top and create or edit batches which is what the pencil is pointing to. When you click on that, you get another page. That page shows you how to add a new batch. It gives you a place to add a new batch.

Up at the top you see a link that says "add new batch." You can see that there are a whole bunch of batches showing on there. This happens to be my set of batches because that was easiest for me to sign into. And I have got a bunch of batches already. If I needed to create a new batch, I would go up to "add new batch." That's a hot link, and that takes me to the next one. And the next one just let's me put a name to that batch. Now, if you are a small park and you only have maybe an org code or two involved in your park, you could give it -- or whatever your unit is, you could give it a name that just corresponds to the unit.

But, for example, some of our large parks may have as many as a dozen org codes in the park. They might want to have one that represents all of the org codes throughout that entire unit and then they may want to break it off into logical segments so that they can look at, say, in our case the difference between the injury rates for rangers and maintenance and fire and all of these. And if they have separate org codes, that's real easy to do. So I'm going to create a batch, and I'm going to give it a name. The name I'm

going to give it is "new." Give it a name that makes sense to you. You will be using this batch. Then click the "select organizations to include in this batch."

It will take you in somewhere where you can figure out which organizations to put in which batches. So you are going to have a list of available organizations. Your list may be much smaller than this. Again, this is mine so I can see basically anything within Park Service. Yours may well be just your region. You would check that and just highlight it and click "add," the button it is pointing to. That will pop it over to the right, to the selected organizations. And then you click the button at the bottom that says "proceed to org code selection."

This does the same thing at the next level and allows you to pick out the specific org code in your organization. Again you just highlight them, click on add. It will pop them over to the right, to the batch member organizations. And then click "finished editing." And your batch named in this case "new" will have a bunch of org codes that you have selected it. Now you want to do something with this data. You can go into the OWCP case management link which is right below the report batches. You have a couple of ways of getting things but the one I recommend because I find it gives me the most useful data is the "by chargeback year."

The one that says "chargeback report" is okay and the data is the same but it just doesn't give you all of the same data. I like the "by chargeback data" because it does. So you go in by chargeback year, and that will take you into another input mask where you can put in the information where you want to get the information that you are looking for. So on this one, what you get is a chance to choose your batch. Yeah, "choose your batch." Choose the personnel categories. You are probably going to want all just to look at everything you've got. And then choose -- CBY is chargeback year, so you will want to choose a chargeback year. This is for the current year. Chargeback year, by the way, doesn't run tandem with fiscal year. It runs ahead of it.

So chargeback year 2009 began July 1, 2008, and ends June 30th of this year. That is so they know what the amounts are for 2009 to roll into the 2010 budget. That's a charge against our base appropriation for the 2010 budget. And then you have a bunch of sort criteria. Those are very important because you can look at things in a lot of different ways. If you have a -- if you are looking at the big picture of, say, a whole unit and you have some smaller subunits within that, you might want to do it by organization. That will give it to you by org code. It will give you all the ones in one org code and the next org code and next org code in serial order. The ones I find most useful actually are the total paid at the bottom or the medical or comp paid. It's, again, in serial order from the highest to the lowest. I find those very useful. Hours of COP I don't find very useful. Rehab status is almost totally useless to me. Steve likes it, I know, but almost totally useless to me.

Case status can be useful because then you can look at your cases that are active and you can see them as P.R., P.W., P.N., D.R. Those are all your active statuses. But those are broken up -- because they go in alphabetical order, they will be broken up in different

places on your data. You click the link that says "send info" and that will send your request and retrieve your info out of SMIS and it will present it in a report that looks much like a spreadsheet. In fact, if you have any skill at all with Excel, and it doesn't take much, you can copy that data and, believe it or not, you can actually just highlight it, carry your highlight down to the bottom, click control c to copy it. Open Excel, put the cursor at the top and click control v to paste the data into the spreadsheet and there it is. You can actually look at it. That way you can sort the columns and the rows in ways that make sense to you or you can get rid of rows that are just getting in the way and confusing you and messing up your printout and leave just the ones that are of interest to you.

If you, as I sometimes do -- I will be presenting my data to any next level supervisors. I will delete things like case numbers and Social Security numbers that are in the original data and SMIS which are neither appropriate or necessary for my next-level supervisors to be looking at. You can manipulate the data that way in Excel and it is very handy. And if you do that, you can get a printout that looks a little like the next chart. This is Appendix K on page 39 as well. We'll be using this so sort of keep a finger there because we will do a little looking at this example and see what we can do with it. So now you've got your report. You've got it somewhere that you can do something with it. You now can figure out what you want to do with it. Okay. Here's the process I use. There are a couple of steps I do to everything right up front, all the data.

Then I group that data. I group it into four groups. I will explain which ones they are and why. And then I look through the groups in order. But there are certain things that I do to all the data right up front. What I'm trying to do is get rid of the things that don't belong there for one reason or another so I validate that data. Do all of the injured workers really belong to you? This is what's known as catching SMIS errors. And there are some. You will find that there are cases showing up on yours that may not even belong to your park. However, be careful with that. They may actually once have belonged to your park and they may have been off on comp for a number of years, long before you ever got there. So you may not know them but they may really be yours. Check with H.R. and you can probably find out -- somebody digging back in the archives and finding out that guy really was ours until he got injured. Now, if you have got somebody who got injured 20 years ago before you got there, is there a case file for them? Good question. There should be.

There should be, particularly if this is somebody who is still receiving compensation. There absolutely should be in your archives somewhere. Check it out, make sure you know who that person is. If you do all of that and you don't find anything and nobody in the park knows that person, it may not be yours and you look on AQS and you go, wait a minute, we're in upper Montana, how come this guy's living in Phoenix, is he really ours? He may not be. In that case, talk to whoever it is in your organization that deals with problems with the data. In Park Service, you would talk to your regional workers' comp manager. Me in my regions, or Mary Chandler or Carol Moore, and we would dig around and figure out who that is supposed to belong to. We can ask OWCP to change that designation so that it is actually being charged back to the appropriate park. Then

you need to know, are those people still around? Are they alive? If you have got people on there showing up as 90 years old, you might have a question. Are they really still alive? Many of our units are in small rural areas and asking around locally, you probably have a pretty good chance of finding out.

You may even know that that's that doddering old fellow that wanders into the supermarket every couple of weeks or you may wonder whether you saw that name in an obituary column a couple of weeks ago. You may want to dig around. They may still be alive. If so, fine, they should appropriately be in the chargeback. If not, if they've died, you want to let OWCP know that. Amazingly enough, people who die don't report their deaths to OWCP. Unfortunately, all too often their relatives don't report it either. Sometimes those checks can keep coming for a rather long time. There are the classic horror stories of cases where the employee died and the heirs have been receiving that check for five or ten years after the death. They have been very careful not to report that death and they have been spending it just as if it was their own money. Well, it's not. You want to know who gets involved in cases like that? Secret Service. It is nothing to mess around and they shouldn't be messing around with it. If you find a case like that, let OWCP know. They will stop the checks and they will refer the Secret Service, get the Secret Service dogs on it. Good thing. That's what you want.

Now, what do I do after I have validated all these? These are mine. I'm sorry, I really am stuck with all those cases. Now I need to figure out what to do with those cases. So I'm going to go through and I'm going to prioritize which ones I look at first. Why? Well, if I had all the time in the world, it wouldn't matter. But I don't. And since I don't have all the time in the world, I want to spend my time where it will be most productive. I break them into four groups. I know a lot of people who have been doing this a long time and we all kind of do the same thing. Most of us don't do it really formally, but we've developed sort of the same criteria for which ones we look at first and which ones we look at last. So I have kind of reduced it to a system here so you know which ones I look at and why.

The first group is the ones that have been off a short period of time regardless of age. Why? Steve was saying after one year, 50% of the people never get back to work. So what I want to do is I want to look at people who have been injured less than a year because greater than 50% of those people are likely to get back to work. So I will concentrate my energy on working with those people. You people in agencies that are working with the SOR group, these are most of the people that you're going to be working with directly. The SOR people will be working with groups two, three and four. But the group one people, the people who have been injured less than a year, you will be working with those. I don't care again what the age is because they are close to the workplace. They haven't been out that long. They still think of themselves as working for you.

Group two, these are a little bit harder case. These are one that is have been off longer than a year. But a year to three years, not all that long. Again, any age. Why again? Because they are closer to the workplace. They feel more a part of the workplace still.

They are beginning to withdraw from it. They are beginning to get into their own patterns of dealing with things. They're beginning to depend on being able to watch Oprah every afternoon. She is on in the afternoon? Okay. And they are into their own pattern of managing their disability. But there's still some possibility of getting them back to work. So they're a relatively fruitful work to group with. Not as fruitful as group one but there is some likelihood that you will get some return for the energy that you spend in working on those cases.

Group three, these have been injured for longer. Since they have been off for more than three years, they are really into their own pattern of how they're dealing with it now. And so those -- I start with the ones that are younger. Why? Because there is a greater chance that you are going to be able to get them back. They have got more productive years ahead of them. You can make a better argument to them that, hey, you are wasting your life just sitting out there when we can get you back to work doing something, doing something useful to you, doing something useful to society. People are susceptible to that argument and for good reason. People do, as Steve said -- they identify with their work. When you can get them -- give them the opportunity of making that connection again, there's a pull for that, particularly for the younger people.

Last group, those are the one that is have been off for a long time and they are old, they are over 60. I do something with them when I have a little time left. They're the last priority. Why? Obvious. They have less time left in the workplace. They feel like they are retired already. It is a real struggle to get people who have been off a long time, they are old already, it is a real struggle to get them back. Besides, at that point they've become inheritors of all the ills the flesh is aired to, so you will have different accommodations. You will have people who had orthopedic injuries in their 30s, they have been off 20s or 30s and they've got -- now the orthopedic injury may be stable and not all that disabling, but now they've got high cholesterol, high blood pressure, heart problems, emphysema because they have been smoking for the 30 years they have been sitting around on the sofa.

It is really hard to get those people back to work. Because if you make a job offer, you have to consider all the new conditions that have developed since they went off. So they are a real struggle on your part, not that it can't be done. Sometimes it can. But if I'm going -- if I have limited time, I am mostly going to spend it on the ones I have a greater likelihood of being able to get back to work. I start with group one. I work my way through them, through the next batch of steps. And if I have time, I go back and I work on some of the ones through -- in group two. Then I work my way through group three and if I have time I work my way through group four. Then I go back and by the time I am done with that, believe me, there will be more people in group one, off less than a year but you have been spending your time on other cases and maybe haven't gotten to them. Time to get to them now.

So what do I do when I get to them? First thing I do when I get to these, labeled as step four, is that I look for the medical. What's the medical say? Is the medical documentation current? Big clue. Most of the time it's not going to be current. Why?

Because at some point after the first few months where the doctors often are sending you medical reports, they stop. They start sending them directly to OWCP and they don't think to include you with a copy. The employee isn't coming in because they're now on the periodic rolls so they don't have to do a CA-7. They don't have much reason to see you anymore. So they're not bringing you the medical. So pretty much the medical stops.

So you need to go out to OWCP and ask them. Big hint, it is because you are trying to get somebody back to work and you can't get them back to work if you don't know what the restrictions are. That's a legitimate reason for requesting medical from OWCP. It is also legitimate under their regulations under DOL government 1 to ask for it to determine the status of the case. But they are not really accepting of that rationale. They are accepting of the need to consider whether you can offer a job or not because that's the point of what they are trying to do is get people back to work.

So if the medical documentation is current now, you have gone out to OWCP because you didn't have any but they do. So you get it, take a look at it. Does it match up with what you know about the case? Are you getting medical documentation that's talking about how this shoulder injury just isn't recovering and it is really going to be a hindrance to getting back to work but you think about that and you go, wait a minute, that doesn't sound right and you look back at what you have and then you look in AQS and you go, wait a minute, all that's accepted on here is a back injury. Where did this shoulder come from? That might be a clue that it's time to talk to the claims examiner at OWCP and say, what happened here?

Why do we have an accepted back injury and now we have got a shoulder? If that shoulder is not accepted, what are the restrictions on the back? Can I bring this person back to work based on what's wrong with the back? What happened with this shoulder, where did it come from? Does the medical that you've got give a prognosis? How long is this going to last? Is this person at maximum medical improvement? Are they permanent and stationary or are they still recovering and the doctor thinks, oh, they will probably be back to -- or up to maximum medical improvement in the next three to six months? Well, in that case you might consider offering an alternative work assignment. That might be possible.

If not an alternative work assignment, if they are at maximum medical improvement, you are going to start thinking about making a permanent job offer. Steve will talk about those in a little more detail but that's the possibility if they are at maximum medical improvement. That means that those restrictions are probably permanent and if you can accommodate those restrictions, if you can offer work within those restrictions, that you can make a suitable job offer that will get that person back to work or worst-case scenario get their compensation terminated for not accepting the job and coming back to work. If the work restrictions aren't real clear or current but you have got a medical report from OWCP but the work restrictions aren't real good, at least you know what doctor you can go out to. You can write to them and say, hey, I need you to fill out this CA-17 or this OWCP-5 to give me the actual work restrictions because I want to think about offering a

job and I really need to know in some significant detail what this person can do, what this person can't do because I can't offer the job unless I know what they can do so I can offer that kind of work. So you can do that. You can do that, write to the doctor and say, I need this, get it updated.

Next step, I move on to checking what the employee can do. Can the injured worker perform his usual and customary duties? That's an interesting possibility. Bring that next slide up. That's a trick question, isn't it? What happens if the injured worker can perform his usual and customary job duties? He's recovered. He's no longer disabled, he shouldn't be getting comp. What do you do then? You call up OWCP and say, wait a minute, that medical you sent me says this person is able to do this, this, and this, that's his regular job. Why is compensation being paid? He is no longer disabled. You want to make sure you notice these things and if that person could do their regular job, they shouldn't be getting compensation, welcome back to the workplace, they should be coming back to work. That doesn't happen often but it does happen. You see it.

So what normally will happen is you will find that there are still restrictions. That's when you want to know what that prognosis is. Is the person at maximum medical improvement or are they still recovering? If they are recovering, how long is the recovery expected to take? Are they at a point where you can do an alternative work assignment? If not an alternative work assignment, if they are at maximum medical improvement, maybe a permanent job offer. Got to think about that. Then you have to think, can we make the person a suitable job offer? So maybe you can. Next slide. There you go. If you can make them a job offer, either an alternative work assignment or a permanent job offer, you want to work with H.R. first. You need to know things like whether you have hiring authority to bring this person back.

We have a problem in Park Service, I'm sure BLM and few others have it as well, with A.D.s. There isn't a hiring authority to bring them back. That makes it really awkward. Classification, because if you're modifying a job description and you are taking out what are critical tasks from that job description, you are probably going to need to have that job description reclassified. And in order to make it a suitable job, if it is a permanent job offer with OWCP, in order for it to be found suitable, it has to be a classified job. So if you're messing around removing permanent job duties because they are physically unable to do them, then that job is probably going to have to get reclassified. You need to think about those things. You also need to look at qualifications. Just because you have got a plumber who's hurt and you have some desk work available manning the front desk, that person may not be qualified to do that. Or another less formal but equally important qualification may not have the personality to do that.

You don't really want somebody sitting at your front desk welcoming visitors with a "yeah, what do you want?" Doesn't go over real well. You have to think about those things when you are thinking about offering a job. Temporary employees, you can't make them a permanent job offer because they weren't a permanent employee to begin with. There are some things you can do. Steve will talk about this a little more in the later segment but this is an important one. Look at those temporary employees and think

about bringing them back. This is the time of year to be thinking about that because you can bring them back for the season. If you bring them back for the season, then you can reduce or eliminate their compensation on an ongoing basis once they've come back and successfully worked for a season.

When you're making these job offers, particularly a permanent job offer but even for an alternative work assignment, make it in writing and send it in to OWCP. Why? You want them to look at it. Make sure there is a required response date on it, too. You want to know that the employee is responding to you. You want to know that they're coming back to work at a certain date or if they're saying no, you want that well documented because OWCP can take action. If the employee declines an alternative work assignment, the action OWCP will take is to refer them most likely to vocational rehabilitation and vocational rehabilitation's first step will be to contact you and to say, gee, we would like to see if you could offer them a job. And you could say I did offer them a job.

If you offer them a job through the voc rehab process, then compensation can be reduced to nothing or to a rated amount based on if they don't cooperate with the voc rehab. So that's why you want to get OWCP involved in the process. Another last little piece that you want to do, you want to check the status of dependents just to make sure they're getting compensated properly. This is sort of generic periodic roll review stuff. Claims examiners are supposed to do it. They do, but things get missed. It is helpful to have another set of eyes on it. For example, is there -- is compensation being paid at the augmented rate for having a dependent? You can check that by going into AQS, going into compensation payment history. It will give you a list of payments. You click on one of those. They are all hot links.

You click on one of those. It will pop up a thing that tells you about that payment. It will tell you what the pay rate it's using is and it will tell you whether it is paying at 2/3 or 3/4. If it is paying at 3/4 and you know this person is living alone, doesn't have a wife or husband or any dependent children living around anymore and they are still getting 3/4, it is time to raise the issue with OWCP. There may be something else going on that they know about, there may still be dependent-age children that they are paying mandated child support for and that still would entitle them to the 3/4, but they may not be living with them. So there may be things you don't know about that may make it legitimate. Call it to OWCP's attention because it may be that they shouldn't be getting the augmented compensation. If you see that it is at 2/3, fine, pass that one, check mark, go on. Check whether voc rehab has started or not. If so, did it complete? Did the person get rated? If they didn't get rated, what happened? If voc rehab didn't start, what happened? Did it get ruled out because the medical condition was too severe or did it get ruled out because they went out to a voc rehab counselor who said basically there aren't any jobs where that person lives, there is no point in doing voc rehab because there isn't anything to rehab them into? That does happen, by the way.

A classic case I had was somebody who lived way up in the wilds of far northern California where there were no jobs in the nearest town and there weren't any towns very

near. So he had carpal tunnel. They said, there aren't any jobs up here, we can't rehab him. He was rated as permanently disabled with no possibility of rehabilitation. Probably appropriate at the time. However, this is one of those you want to check every year or so because things change. He moved. He moved to Phoenix. Guess what? There are jobs in Phoenix. So I made noise at OWCP. They looked at it and went, oh, yeah, you're right. So they started -- they actually referred it out to a voc rehab counselor. The voc rehab counselor contacted the claimant and before the appointment was set up for their first meeting, the former employee had gone out and gotten himself a job. Not a real great one but a job and he got rated on that. He went from permanently disabled with no possibility of rehab to working. That's a success as far as I'm concerned. It gets him back in the workforce, doing something appropriate that he could do and reduced the compensation that we were having to pay for him. Good output all the way around.

When you get one of these, keep on OWCP. Make sure they are taking appropriate action. Then the last step is I look and see if there are any more in that group that I'm working on. I have maybe worked one case through and now I'm looking down at the next line, working that case through. Are there any more in group one? I have run out of people in group one. Then I will go back to the first one in group two, work my way through the first one in group two. As I say, it sounds very formal the way I'm saying it, and I don't do it quite that formally. But that's in my mind the process that I'm following as I'm doing these. You learn to prioritize and to work through these priorities in sequential order. Good thing to do that way. While I'm doing this, I also am looking for what I consider red flags. What are those? Those are just things that look wrong. There's something wrong there that makes me think that there might be something bigger wrong.

Red flag, no medical costs and high compensation costs. What's wrong there? High compensation costs, they are getting paid wage loss compensation for inability to work. They're unable to work because of an industrial injury. Well, then why aren't they getting any medical? That doesn't make any sense to me. If they are not getting any medical treatment, maybe they don't need any medical treatment. If they don't need any medical treatment, maybe it is because they've recovered. So that's a red flag to me that I need to look for a possibility of recovery here. There are other possibilities. That's not the only possibility. It may be somebody that the doctor has said, yeah, there is not much I can do for you, you are going to have to live with the pain and they learn to do that. That's possible. But I also would like at that point to get a second opinion's see whether there is something more that can be done for them. If there isn't, if they have to live with the pain and they really can't work, fine, then maybe that's appropriate. But it's a flag to me that there is something that needs to be looked into.

Another one is the converse of that. High medical costs, no compensation. So what does that mean? They are getting an awful lot of treatment but they are still able to work. If they are able to work, then why are they getting all of the treatment? There seems a disconnect in these. That's why they look like a red flag to me. Case in point for that -- Bernie, shut up, you know the case -- is a fellow who was getting three-time-a-week

chiropractic treatment. Gee whiz is that appropriate six years after the injury? Didn't look like it to me. That's palliative care. Is it really necessary? Is there really even the absolutely essential subluxation to justify getting chiropractic care? After a great deal of jumping up and down and screaming, OWCP took a look at it and did a second opinion on it. And I think they said no, there isn't. He doesn't need that care and he doesn't have a subluxation. Okay, that's pretty final. Then you have to keep on OWCP to make sure they do the appropriate action, which in this case would be to terminate that medical care, say, no, you can't get that medical care, it is from the provider. Medical evidence does not establish you need that medical care. So you want to check out and make sure there's something going on that should be.

Other things that would make me wonder connected with the voc rehab process, the injury is over five years old but there hadn't been any voc rehab. Why? Or they have been in voc rehab for a very long time. How come? Worst-case scenario, somebody like the guy I had who was in school from about 2001 until 2007. He started off as a maintenance mechanic. By the time he got through he had a masters degree. Appropriate? I don't think so frankly. This is a case that OWCP messed up. They didn't want to admit it, but that was what happened. Yeah, Steve, I will tell you that story later. But anyway, so there can be things that go wrong. At that point, I want to do something about them and see if I can get them on the right track again. It feels like the train has veered off the tracks and is going way off in a wrong direction. Employment status code of 2, that's another red flag for me. That's just I need to check them out real carefully because these are temporary employees. Steve will mention something about these that there are ways in which we can work with this to move those people off of the compensation rolls where they have become a permanent employee de facto whether they were ever a permanent employee with us or not.

So those are some of the ones I look at. I think those are the majority of them. Look at the chargeback report in Appendix K. We will make an exercise out of this. Take a look at that one and circle the items that you think are red flags. Page 13 will also give you those red flags so you can sort of move between them. And let's take about, what? Seven minutes and let you think about this. And then when you come back, we'll take some volunteers and if nobody volunteers, we're taking names. Okay? See you in a few minutes. [Break]

>> M. Arighi: Okay, we're back. Have you had enough time to take a look at the chart and see which ones you think have problems? Okay. Let's ask for a volunteer from our studio audience here. Who wants to go first? Don't all talk at once. All right. I told you I would be taking names, so I will look at my handy-dandy little chart here of who is supposed to be on this thing. Let's see, Donna Itacker, are you on the call? You're not here? Stacy, we already used you. I don't want to overuse you. How about, is Valerie Atkinson here from Western Arctic?

>> I'm here.

>> M. Arighi: Got any answers for me?

>> Well, I found -- I have quite a few cases that our employee status is 2, so that would be temporary.

>> M. Arighi: Okay. Those are ones that we might want to look at. What about ones with other red flags? Yeah, there are a whole bunch of 2s. Any other red flags? Let me find somebody else --

>> Okay.

>> M. Arighi: You found a good one. You found one of the ones that I was talking about. Let's see if somebody else found something else. Who else do we have out there? Oh, do we have Angelica Daley out there?

>> Yes.

>> M. Arighi: Are you there? Okay. Did you find something that looked like a red flag to you?

>> We were looking at the ones with the large compensation costs and no medical, like the first one.

>> M. Arighi: Like the very first one, you're right, yeah. That might be one I'd want to look at. It has some medical but it is -- \$160 is, like, one medical appointment, right? Yeah, we might want to ask what's going on with that one. We could look back and we might find that they had lots of medical the year before, had a surgery and they're still in recovery from surgery. Okay, that might make sense. Or we might look back and find that \$160 is the first medical in the last five years. So that would definitely raise a question whether maybe the person has gotten better or not. So I will take that one. Thank you. Anybody else?

>> This is Sandy Pearson from Carlsbad.

>> M. Arighi: Good for you, what did you find, Sandy?

>> There were three of them where the date of injuries were in the 1970sand 1980s. I wonder if they were still injured or if these people are at maximum medical improvement.

>> M. Arighi: That might be a good question. I will point out one of them that's kind of a trick entry on here. The one -- it is about the fourth from the about the tomorrow and ends in '06, that one has an injury date in the '70s, actually, '83, that's a long time ago. But the status is DE. That's a death case. It will all have compensation, not any medical. Better not have any medical, he has been dead since 1983. So what we have now is a widow that's collecting benefits. So that one I'm not going to worry about. But say the

one right above that that ends in '03, that's PW which means the person has been rated, is having a loss of wage-earning capacity. Has \$24,000 in comp still even after the rating and zero dollars in medical. My first response on one like that is I actually call up the ACS bill pay query on that person. Go into that case, go down to the bill inquiry link and look for all the resolved bills since, say, 2000. That's a pretty good background because I'm looking at 8 1/2 years worth of bills.

What you may find in one like this in the last 8 1/2 years there hasn't been any bills. That's a big oops because for a PW case, OWCP is supposed to get medical every two years. For a PR case, that's somebody who is on the regular periodic rolls, they are supposed to get that every year. So if you are seeing ones that are PR and they don't have medical for three or four years, OWCP needs to be asking for medical. They haven't gotten current either. If they are PW and they don't have any for over two years, again, OWCP needs to be doing their job and getting the medical on it. PN, those are the ones that are permanently disabled with no possibility of rehab. They still need to show that they're disabled every three years.

If there isn't any medical for five or ten years on one of those, by the way, that's not uncommon, you want to talk to OWCP and say we don't know what the status on this case is because there doesn't appear to be medical in years. By the way, you can sometimes find on these where there is no medical and there is high comp, that there is only no medical because they are not getting medical through OWCP. Where this happens most often I've found is people who have VA medical entitlement, they are getting all their medical care at the VA. VA doesn't bill OWCP typically. Most often they don't even know it is an OWCP-related case. So they don't bill OWCP so there are no bills being paid for the medical. There may actually be ongoing serial, medical reports available.

If you go back to the claimant and say we don't have any medical reports on you, oh, goes back to his VA doctor and pulse out a bunch of medical reports and they send them in to OWCP. So it is not always a slam-dunk that they are not getting any medical and they are recovered. There may be other reasons. That's not real common that you will find that. It does happen but it is not real common. Anybody else find any other cases that were an issue for them?

>> It is Penny from P. Ridge.

>> This is Gloria.

>> The second that 40 COP hours.

>> M. Arighi: Okay. Why did you see a problem with that one, Penny?

>> There is no medical bills. There is no compensation paid. It was just kind of strange that they would have time paid to them but nothing showing why.

>> M. Arighi: Could be. That could be -- it could be a relatively recent injury. I actually ran this in '07. My guess is that the COP posting is erroneous. That gives me a chance to point out a problem with this report. This was pulled out of the compensation by chargeback year. Be careful that you don't look at that too carefully to try to figure out COP. Reason being, it's not terribly accurate there. The COP hours that are actually charged on a case are available in SMIS but for reasons that I've never been entirely available to track down, they don't come across very accurately in this report.

They do in another report also available through SMIS that shows COP hours specifically, that one you can go down and you can see by Social Security number who got how many hours in what pay period. That one I would use for the COP. There might be a problem. It would be worth investigating with that COP hours query and see whether, in fact, there is a problem here or whether it is an erroneous posting in SMIS. It might be either one. I think Gloria was trying to get in here, too, and I don't want to shut you out. So yes?

>> You answered my question.

>> M. Arighi: Okay!

>> It was regarding the COP.

>> M. Arighi: Ah, okay, all right. Any others? Okay. I think I'm going to move this along to Steve and he is going to talk a little bit about rehab, I think, and few others things related to that. So, Steve?

>> S. Rosen: Thanks, Michael. What I want to talk about right now is making a job offer. Once an injury has taken place that returning a person to work is best for the injured worker and also the easiest way and the best way to reduce workers' compensation costs. We want to make sure that if we do make a job offer, that it is within the work restrictions of the injured worker as outlined by their treating physician and accepted by OWCP. There are some cases where OWCP would accept different work restrictions than from the treating physician but in most cases it will be from the treating physician. That offer needs to be in writing -- next slide.

That offer needs to be in writing. We want to be sending OWCP a copy of that job offer at the same time so they can verify and determine suitability. We will talk a little bit about that in a bit. If the employee doesn't accept the job offer, that we want to get that in writing if we can and if the injured worker refuses, then we want to let OWCP know that and they understand often many times an injured worker won't really care to sign that. But we will try and get them to sign that rejection and to forward that on to OWCP after we do that. Now, when we make a job offer, we want to make sure that we include everything. There is nothing faster that can sabotage a job offer than by not jumping through the hoops that are required for OWCP to make a suitability determination and to find out that the job, in fact, is suitable. If you look at Appendix J in your participant

guide, you are going to see a checklist that lists all the things that a job offer needs to include in order for it to be determined to be suitable by OWCP. So I would ask you to take a look at that in Appendix J. Now, one important thing -- and, again, a quick way to have a job offer be determined not suitable would be if it's not kept open during the entire process that the injured worker has to appeal that job offer.

This is another reason why we want to send a job offer to OWCP at the same time, that the employee after a suitability determination has been made by OWCP, that it is acceptable, it is suitable that the employee has 30 days to respond. If they for some reason find that job offer is not suitable and they give their reasons, OWCP may look at those reasons and go, well, we agree with this and they may say -- they will give you the reason why it is not and you want to try to modify that job offer so it does fit in with what OWCP is using as a criteria to determine suitability. If OWCP comes back and then says, okay, well this job offer is suitable, even though the injured worker refused it, the injured worker has now 15 days to show up for the job. So during that entire 45-day period, the vacancy must remain open.

If after that time the employee comes back and says, okay, I will take the job and you have actually filled that position so that it is not available, you are going to have to start all over again from square one and begin. So, again, it is very important to keep that job vacancy available for that employee. If at any time when you're putting together this job offer and it is not 100% clear to you that the offer is suitable, that it is clearly within the employee's work restrictions, then what you want to do is send a copy of that job offer to the treating physician so they can sign off on it.

If the pending physician signs off on it, it does make it a little more difficult for the employee to go back to the doctor and say I can't do this for this reason or that reason once the doctor has already stated that they feel in good faith that the employee can do the job. We have also given you some -- on page 14, some potholes that you want to avoid when you are making a job offer. These are ones that people have learned the hard way that when making a job offer and it has been determined not to be suitable by OWCP, and, again, a lot of us have learned these the hard way. I would specifically draw your attention to Number 1 which is the offered job is beyond the injured worker's physical capabilities, beyond their work restrictions.

Providing -- offering a temporary job to a permanent employee is also a reason for a job to be determined as not being suitable, that a permanent employee does have benefits. They have health benefits and also benefits that you're aware of. The fact is that temporary employees do not have these benefits. And OWCP by case law has determined that that is not a suitable job. So when you are making job offers to permanent employees, you want to make them permanent job offers. However, temporary employees they can be temporary jobs. We will talk a little bit about that a little later on. Also, as Michael touched on earlier, many people develop subsequent conditions which prevent them from doing the jobs.

Any job offers have to take into consideration the whole person. That if a person did have an orthopedic injury to begin with, a back injury, and now the restrictions from that might not be as severe but over time they have developed a cardiac condition or other conditions so that the job offer you are providing exceeds what the person can do, that's going to be determined to be unsuitable. So it is very important that you take those into consideration. If the employee provides you with any information or medical documentation of any additional work restrictions, that you need to take those into consideration when making the job offer.

Again, you want to submit the job offer to OWCP and the employee at the same time so that the clocks are actually running together concurrently rather than consecutively. You don't want to make a job offer to the employee, the employee then comes back on the 29th day and says I can't do this, provides information, sends it on to OWCP. OWCP takes some time in order to make the determination. They make a determination as suitable and then we have already been 60 days down the road. By sending it to OWCP at the same time as the injured worker, the injured worker's clock is going and OWCP at the same time is working on determining whether or not the job offer is suitable. So, again, want to strongly encourage you to copy OWCP with any and all job offers.

Are there any questions on making a job offer? We have a lot of experienced people out there. Next what I would like to do is move on to the nurse intervention program. And the nurse intervention program is a program that the OWCP started to try and help to facilitate bringing folks back to work. On the CA-1 if there is no proposed date for when the injured worker is going to be returning back to work, they are going to automatically assign a nurse to that case. The nurse serves as a bridge between OWCP, the doctor and the injured worker to try to make that happen. Oftentimes doctors are resistant to responding to OWCP or communicating with the agency to bring folks back to work. Whereas, nurses speak their same language and oftentimes that can make the big difference in being able to get clear work restrictions. The nurses can talk to the treating physician, to the doctor. Whereas, we cannot talk directly with them.

The nurse is actually an extension of the claims examiner. And if you look at Appendix E in your participant guide, you are going to see more information about the entire nurse intervention program. Oftentimes the injured worker may have some anger, animosity toward the agency because that's where they got injured and they have a need to direct that anger perhaps somewhere. And people who aren't able to go back and do their usual job -- again, we talked about the identity people have with their jobs -- that people go through those five stages of grief that they would with a death because loss of a job many times, it is seen as a small death. They are also going through problems at home perhaps. That the divorce rate among injured workers is one of the highest subgroups that exists. A nurse can certainly help to facilitate that relationship with the injured worker and the employer to try and help facilitate and make that return to work successful. It also can help to prevent a second injury which oftentimes we see a person comes back to work, they are forced back to work and then a month or so later we find that they have filed another claim. What we want to do is try to make that transition as smooth as possible. We also have other resources in the Department of Interior. We have employee

assistance programs as well as the core plus program which could help to perhaps facilitate that process.

But the nurse can be a very, very important link in helping to facilitate that person back to work. You as a workers' comp coordinator or supervisor coming to you brings up the issue that they are having problems bringing a person back to work, then we strongly encourage you to initiate with OWCP asking for a nurse to be assigned to the case to help facilitate that process. Perhaps you are not getting a response timely from the doctor to provide you with work restrictions. Like we talked about, the injured worker is resisting to come back to work. Again, the nurse can make a big difference in helping to facilitate that process. Don't hesitate to ask OWCP to assign a nurse. Are there any questions about the nurse intervention program and utilizing their resources? Now, oftentimes, especially with the parks and the refuge we have, a lot of the parks are in isolated areas. And OWCP may not actually assign a contract nurse directly to work on-site with you or with the doctor but they will assign a nurse telephonically to try to help -- to facilitate that process.

Moving on if there are no questions to an area that is close and dear to my heart -- I was a rehabilitation specialist for OWCP for a number of years -- is vocational rehabilitation. And when you have an injured worker who has reached maximum medical improvement or there is a pretty good indication -- good assessment that the person is not going to be able to return to the usually and customary job and you have a pretty good idea of what those restrictions are going to be, you want to initiate vocational rehabilitation. We have to remember that time is money, and the person is receiving full compensation. What we want to do is get the people back to work as soon as possible. If we're not able to make a suitable job offer, we want to start that process as soon as possible. Also, we may have a position in our parks where a person perhaps with a little bit of training would qualify for and vocational rehabilitation can also provide those services.

So we want to, again, utilize those services OWCP has to facilitate bringing people back to work. Now, there are a number of services which vocational rehabilitation does provide. Those include counseling and guidance that we talked about some of the problems that employees may be going through dealing with, dealing with the loss of the position. Maybe even some problems at home as a result of it. The rehab counselors that are contracted by OWCP are trained in dealing with these issues to help facilitate the person to be able to accept their current condition and oftentimes hopefully maybe even see that's an opportunity. The first place they are going to check before they do -- come up with any other type of plan is to going to come back to you a final time to see whether or not you can bring the person back to work.

Bringing the person back to work is the best option. When vocational rehabilitation takes place, the person oftentimes may get trained and placed in another job and because of their limitations they are in a position that's entry level. That is more often than not at a lower salary than what they would be receiving back in their park or their place of employment. They wouldn't be starting all over again, light duty job. They would be

coming back ideally at the same pay rate or close to the same pay rate they had when they went out.

Now the vocational rehabilitation counselor will do an assessment on the employee. They will do vocational testing. They will review -- they will be looking at the transferable skills that the employee has. They are going to be developing a plan. Take into consideration the labor market, the person's physical restrictions and the test results and be identifying a target position this person can do at the end of vocational rehabilitation. They may receive training. If you have a direct -- transferable skills they may go direct into job placement. The counselor will provide follow-up to ensure that the job can do that person successfully. If the rehabilitation program incurs any other expenses, transportation, training, along those lines, the employee can get \$200 in additional allowance to cover those costs. What's very important to remember is that all during this vocational rehabilitation program, the person receives full workers' compensation benefits. Except really in cases where there is catastrophic injury where the rehabilitation program will take two years.

You have to take to heart Michael's comment if you see somebody sitting in vocational rehabilitation in active status for a number of years, then there is probably something -- either an error in the data or the person should not be in rehabilitation that long and you want to follow-up with OWCP to find out why. At the end of vocational rehabilitation, if the person actually gets a position, what they were trained in, then they are going to have what's called a loss of wage-earning capacity done. It looks at the job they were paying when they left and the job they are paying now and they get a portion of the difference. Don't let yourself get pulled into actually answering for them what exactly is it going to be because there is a formula they use and I can pretty much assure you it is not going to be exactly dollar for dollar what they will be getting, but it is approximately that difference.

Now, if placement for the employee is not successful, then what's going to be done is called a constructive wage-earning capacity. And the rehab counselor provides information to the claims examiner of what that job pays that the person is qualified for, what they were trained for, within the restrictions. They will be rated at that position. Now, there are times when a person will finish vocational rehabilitation. Perhaps a target position would pay \$25 an hour and before they get a job in that position, the injured worker may go out and get a minimum wage job. Now, wages are -- actual wages are the best measure of a person's wage-earning capacity but it may not be in certain cases, especially if a person is going through vocational rehabilitation for a higher paying job. In that case, the rating should be done on the job they were trained for, that the actual wages are not the true reflection of what the wage-earning capacity is and you should be definitely contacting the claims examiner and bring it to their attention.

What they can then do is a memo to file stating the actual wages are not a true reflection of the person's wage-earning capacity and they can then make that modification. There is only three reasons that you can make a modification to a formal rating and that would be the first one was wrong, which it would be in this case. Secondly would be that there was

really a material change in the person's medical condition. And third would be the person became self-rehabilitated which has another -- a number of conditions that have to be met in order for that to be in place. So are there any questions about vocational rehabilitation, initiating it, following up on it and why it's better to bring our folks back to work where they were injured rather than going to vocational rehabilitation?

>> Gloria from BOR.

>> S. Rosen: Gloria, you have a question or comment?

>> What are the steps to initiate? What are the steps to initiate a program?

>> S. Rosen: Very good question. All it would take would be a letter to the claims examiner stating the reasons why you want to initiate it and at that point in time, the claims examiner, if they agree, they should be initiating the vocational rehabilitation and you should be notified that the person has been referred to vocational rehabilitation. If a person refuses vocational rehabilitation, there are sanctions. Compensation can be suspended or it could result in a rating being done immediately. An injured worker must participate and cooperate with vocational rehabilitation.

>> Thank you.

>> S. Rosen: You're very, very welcome. Are there any other questions? Okay. Then I'm going to move on right now to -- we are going to talk a little bit about fraud and abuse. We feel very, very strongly that everyone who is entitled to and should be getting workers' compensation benefits should be getting them. Having said that, anyone who can work should be working. And although research shows that only 3 to 5% of folks are actually abusing or committing fraud in workers' compensation, that over 95% of our folks who are unfortunate enough to suffer an injury, perhaps needing some medical attention, lose some time from work, come back to work as soon as they can.

However, there are circumstances where there are a few people who are abusing are actually committing fraud and we do take those situations very, very seriously. If you look at page 16 of the participant guide, we have identified some red flags. We want to again emphasize these are just red flags of possibilities that may make you want to go, hmmm, and look into a little more carefully of why people may be -- some things that may not be right and there could be some very legitimate reasons why these things are. Michael had talked about some of these red flags when he was talking about reviewing the workers' comp case management report.

We had a situation where the employee was showing up every year around the same time with a new hitch attached to the back of his pickup truck and then go off on comp a day or two later for two weeks. We investigated that and we found that the person was participating in a fishing tournament every year at that time and he was actually filing a workers' comp claim and collecting COP for those two weeks and then would come back to work. That type of situation is inappropriate and appropriate actions were taken. So,

again, we take these things very seriously and where it's appropriate, we will investigate fraud. Now, what we do is we ask you and most of the cases that are initiated come from you. We also have a fraud hotline. We have a contractor that's available to do these investigations. That what we need to have is credible evidence that what we need for you to do, we just don't want rumors.

If you have any credible evidence that a person engaged in activities that are outside the work restrictions which have been outlined by their doctor -- next slide, please -- engaged in activities outside of their restrictions outlined by their doctor and sent to OWCP or the number of cases we found that people have been working actually sometimes under the table in jobs outside. Injured workers are required to provide information to OWCP whenever they start having a job or any other income and is a form that's required for the F-1812 that we are required to report any income that they may have. In these cases, we want to know about them. What you need to do in these cases, you need to contact your regional workers' comp coordinator. Next slide, please.

And what you want to do is staff this with your regional workers' compensation program manager, discuss it and if it is agreed that this is something that needs to be looked into further, then the regional workers' comp manager will put together a referral package with you, the workers' comp coordinator, and submit that to me. And that's the code talk for the investigative contract that will be assigned to the contractor and it will go to an investigator who will follow up on that. You, the workers' comp coordinator or perhaps somebody else in your park, may be called upon to be the point of contact for that investigator. And at the end, they collect the data, the information.

Oftentimes it is video or photographs. And then we will take appropriate action from that. As I said, we have a contractor. A number of you may have seen the poster that is around in the Park Service that provides the phone number for the fraud hotline that's below there. Folks can call that and leave information anonymously. It is helpful, though, if people are willing to leave their name and phone number because oftentimes we might need a little bit more information in order to follow up. Just someone calling up and saying "I think someone is claiming fraud" isn't enough. We need more information than that to make it much further. Also, the contractor who maintains the hotline and does the investigations, we've also used them to review workers' compensation cases at local OWCP offices. They have been utilized by the Park Service as well as by the Fish & Wildlife Service.

Again, that contract is open to all the Department of Interior bureaus. We created it that way so that if any of the other bureaus have any interesting in utilizing that contract, then I would strongly urge you to contact your workers' compensation program lead in your agency and have them contact me and we can work out the logistics to make that happen. An example that I ran into was one of our parks, a person who was on total compensation. The treating doctor said the person cannot work at all. And they went for a second opinion and that second opinion doctor confirmed that. We had reports the person was seen carrying a large bucket of clams. You know it was some place on the ocean. And carrying utensils to do serious clamming.

We put an investigator on that and we received video of the person clearing their land. They were riding a bobcat, clearing it. They had a big fire going. Remember, this person was totally disabled and could only walk with the assistance of a cane. My favorite part of the video was the person pulling up saplings out of the ground. Also, the person qualified for disability retirement. We turned this information over to OWCP, the video, as well as to OPM. The workers' compensation was stopped and the person's entitlement to disability retirement was also terminated. So we do follow up on these. The case is eventually turned over to the A.G. and referred to the U.S. attorney. We do take these very, very seriously and we do follow up on them. Are there any questions about vocational rehabilitation, the nurse intervention program or our fraud and abuse program?

>> Sorry, this is Gloria, BOR. I have a question about job offer.

>> S. Rosen: Okay, Gloria, what's your question?

>> Would you explain the information about submitting the job offer to OWCP at the same time you would submit it to the employee? You had said something about the clock starts ticking when OWCP gets the letter. Would you elaborate on that or explain that again?

>> S. Rosen: Absolutely. When you send a job offer to the employee, all right, the employee may wait for a week or two, depending on how much time you have given them to report for the job. And they may come back to you and say well I'm not going to take this job because I don't think it's suitable, I can't do that. So at that point, what you would do would be to take the job offer and say, we think this job offer is good and you are going to send it to OWCP. OWCP is now going to spend time determining whether or not that job offer is suitable. If you send that job offer to the injured worker and to OWCP at the same time, OWCP is going to start working on that job offer to determine if it is suitable or not.

And you have sent it to the injured worker at the same time for them to accept it. So now if the employee comes back and says, well, this job offer I don't think is suitable, OWCP has already had that job and perhaps even before the injured worker comes back to you and says "I don't think it's suitable" OWCP will come back and say "the job offer is suitable."

So then what you have done is saved perhaps that 30 days in waiting for OWCP and having to go to them after the injured worker refused it and said it was unsuitable. Does that answer your question?

>> Yes. Thank you.

>> S. Rosen: You're very, very welcome. That was a very good question. And, remember, even after OWCP comes back and they say the job offer is suitable, the injured worker can still have the opportunity to go back and give reasons why they think it might not be suitable and then they still have 15 days after that to actually take the job

if OWCP takes it into consideration their reasons why they think it is not suitable and they still say it is, you still have to have that job available to them for 15 days to come back to work. Okay?

>> Okay. I have another question regarding fraud.

>> S. Rosen: Okay. What's your question, Gloria?

>> Would you define "credible information," we have sites outside -- or area offices and if someone should contact me about a possible fraud, should I request an individual to submit a statement, something in writing to me?

>> S. Rosen: Well, that's a very good question. All of us took an oath when we became federal employees to fight waste, fraud and abuse. Now, if one of our investigators -- and I don't know if you would qualify for that. You can certainly ask for it and they could refuse. One if one of your investigators, law enforcement people, asked that person to give a statement, if they refused, they could be jeopardizing their position. So, again, I don't know how quickly you maybe want to go to that extreme. But certainly to encourage them to provide you with enough information so that you can make a referral.

If it ever comes to the point where the investigation is going formal, then the person is going to have to cooperate with any investigative services that we have. Your goal, I think, would be to try to get enough information from that person so that you could consult with your management at Reclamation to determine where they want to go next and be able to provide them with as much credible information as you can get. It would be their decision to make whether or not they want to turn it over for a formal investigation or to pursue it. Is that helpful?

>> Thank you.

>> S. Rosen: You are very, very welcome. Are there any other questions that folks may have on anything that we have talked about? Well, I just want to talk very briefly about long-term case management. And what we want to do is really to summarize a few things we have talked about so far. And that is to really use the chargeback reports. Michael has given you a step-by-step way to access them and use them. They are really your map for managing your cases, short-term or long-term. Remember, we don't treat those cases any differently.

We ensure that we have current medical in all those cases and we want to be working those case so that we can bring people back to work and take appropriate action. Again, people who should be getting benefits, we want to work to help them get those benefits so people who can come back to work, we want to bring them back to work. Use the tools that OWCP supplies to us and makes available to us. AQS and ACS being two of the most important and to help you get current case information. Communicate with OWCP. The claim examiner really is your friend. I know at times that's hard to -- for some people to think about, but they really are. We don't want to call them up and ask

them questions and cry wolf about stuff. There is nothing that will get a claim examiner more frustrated than someone calling up and saying I don't think this person should get comp and really demonstrating not having any sophistication about the program. When you have a legitimate reason to call them, you should call them and they actually see us as working with them and for them and helping them to do their jobs.

They have caseloads which are extremely large and any assistance that we can give them by submitting stuff which they need timely really helps build those relationships. You want to build those relationships with your claims examiners as Cindy has done. Know when to make job offers. Know when to make your job offers. When people have reached maximum medical improvement, you want to be making a permanent job offer. When people are in recovery, you want to make a temporary job offer, alternative work assignment because, again, people don't get well to come back to work. They come back to work to get well. We want to facilitate that process.

As we have just been talking about, know when to request an investigation. And very important thing is to inform your folks when disability retirement is an option, that there is an absolute window when folks are able to make and apply for disability retirement. That has to be within one year for when they come off of the agency rolls, not OWCP rolls but off the agency rolls. If they don't do it within that time, they are going to forfeit that ability to do that. If they don't file for it and perhaps some time down the road they're thinking, well, I got workers' comp, I don't need this, I'm not going to need it. But down the road after your great case management, for some reason the workers' compensation benefits are terminated, then they will not be able to apply for disability retirement at that time. They may qualify for regular time if they have the amount of time as a federal employee.

If they do, they are able to transfer over to regular retirement. But they will not be able to apply for disability retirement. It is very, very important when you remove someone from the rolls that you make sure they are made aware of their responsibilities in regards to disability retirement and filing. The last thing to remember is that just because somebody is off your rolls, your agency rolls does not mean that they are off the OWCP rolls. And they are still showing up on your chargeback rolls. Many of us now are finding we have only gotten proactive with workers' compensation in perhaps the last two, three, four, five, maybe ten years and we are paying for some things in the past. Again, the longer people are on workers' compensation, the odds and the chances of bringing them back to work decrease significantly and we are paying for some of those sins now.

So we want to make sure we work our current cases and new injuries as proactively as we can to bring them back to work. As well to make sure we have current medical and attempt to bring people back to work who have been on our rolls for longer time and to manage those cases. As Cindy told us, every case that we have that are on our chargeback we should have current medical for. And make sure people who are entitled to workers' comp are receiving workers' comp and those who are not, are not. Are there any questions? Having said all this, we also want to make sure you are aware that you

are not alone. There are folks out there to help you find the way through the maze of workers' compensation.

And we have folks out there as well as some web resources that should help you to get through the maze. Now, for the Park Service -- if you look at page 18 in your participant guide, that you have regional workers' compensation managers and we have also points of contact. These are the people that you should be calling if you have any questions, concerns about what to do. In the Fish & Wildlife Service, if you look on page 19 of your participant guide, you are going to see a listing of your state points of contact, your regional points of contact. And these folks, again, are there to help you to get your way through the maze of workers' compensation. And, again, we strongly urge you to contact those people and many of them have been here with us today.

There are also Web resources. And these are -- can be very, very helpful for you in getting the information you need, some of the training that you might need or your employees who need some information may need. One of them which most of us are familiar with is the SMIS Web site. And this is where we go to file our claims your have, our CA-1s, our CA-2s and there is also a reference library there. Also, the Department of Labor OWCP has a really excellent Web site which has resources there.

There are training programs there and there is actually a handbook which all of the experienced workers' comp coordinators and managers I know actually have on their desk the injury compensation of federal employees handbook. It is called the CA-810. It is about 40 or so pages long and it really provides very concise definitions, explanations of time frames, explanations of different benefits, reporting requirements and it is really an invaluable resource. I encourage all of you, if you don't have it, to go to their Web site and download it. As Michael showed us, the AQS and the ACS is also there for us to be able to use. Are there any questions about anything that we have talked about this afternoon?

>> This is Gloria at BOR.

>> S. Rosen: Gloria, you have a question.

>> Not a question, just a comment.

>> S. Rosen: Share.

>> I want to thank you, Mike and Cindy for putting this training together. It was very informative.

>> S. Rosen: Well, you are very welcome. We enjoy doing that. I think you can tell that. We really enjoy and it means a lot to us to be able to share this information so we can really all share the best practices and collaborate with the training so everybody gets the best services, our injured workers, as well as the information we need to provide to

manage cases effectively. So thank you very much to you.

>> Hi, this is Sandy from Carlsbad Caverns.

>> S. Rosen: Yes, you have a question?

>> I took the part 1 online and I noticed an it doesn't have me complete unless I take a test. Could you fill me in on where I find that test?

>> S. Rosen: Yeah, I have gotten a couple of emails on that. When you go into DOI Learn and take the course, to take the actual video, there was a link there that took you to a Web site in SMIS that was outside of DOI Learn. What you want to do now is go back into DOI Learn and when you look at the course, there will be a link there to actually take the test. Does that help?

>> Thank you.

>> S. Rosen: That's probably going to save me a lot of emails in the future. So I really appreciate you, Sandy, asking that question. Well, we hope --

>> Steve, this is Valerie. Western Arctic National Park land.

>> S. Rosen: Valerie!

>> I went into DOI Learn to see if I could pull up the course and I can't find it in there. I did it by the RSK6160. I put it managing workman's compensation cases, I couldn't find it.

>> S. Rosen: Well, if you go into the catalog and look at search and you put in workers' compensation, it should come up. And if you have any problems with that, please send me an email and we will get you there. But if you go into the catalog and put in "workers' compensation" or "managing workers' compensation," the courses should come up. Okay?

>> Okay, thank you.

>> S. Rosen: You're very, very welcome. Are there any other questions or concerns? Well, we hope that this really, you know, continues a trend to really share common needs training. We are going to really encourage you -- one thing you can do to make your jobs a lot easier, that is on April 29th and April 30th we're going to be doing a supervisor's guide to workers' compensation, fact or fiction. And this is a three-hour course. It is geared towards supervisors and managers and, of course, we would certainly encourage you to be there also with your supervisors and managers to participate in this. Probably 90% of the course is workers' compensation but we touch on safety. And the mantra is to send employees home at least as healthy as when they come to work in the morning.

So we encourage you to get your supervisors there. If they're doing what they need to do in regards to the workers' comp, it would make your job a lot easier. We have the best workers' compensation program in the world. But we if we don't proactively manage our cases and manage the cost, we can lose it just as easily as we have it. We want to make sure that we do manage our cases and manage our program. We're committed to providing safety and workers' comp training to help you be successful and to do your jobs. I hope that -- we all hope that we provided you with some of the tools and some of the best practices that we've found in actually managing the cases and helping people get back to work and to have our program really be truly effective.

I want to express my thanks to Michael and Cindy and their supervisors for allowing them to be here and also to Richard Powell and Mary Parkinson and Dave Davies for pouring our program and most importantly to you for being here and taking time from this busy, busy time. We try to schedule it close enough to the seasons so that stuff is fresh in your minds but also not so close where you are so busy that you can't be here. To receive credit for the course, if you're a NPS employee, we are going to ask you to go to [NPS.gov/training/tel](https://www.nps.gov/training/tel). Click on the DOI Learn tab and look for this course. And we ask you to do that evaluation within two weeks. Ideally you will do it sooner while information is still fresh in your mind. That we really do use this information to enhance and to modify the program to meet your needs each year when we do this so that it is really helpful for you to provide those comments. And we find sooner the better.

It is also very important for everyone to sign the roster in the room because we know that there are probably some folks out there who didn't really sign up in DOI Learn and we'll use that roster to confirm that. If you are with another bureau other than the Park Service, we keep the registration open until the close of business on Monday and you will need to go into DOI Learn and register for the course. And then the evaluation form is going to be sent to you. You need to complete that, email it back and that will then confirm your participation in this program. So what I would like to say in closing is that we probably have not succeeded in answering all of your questions.

The answer we have found only have served to raise a whole new set of questions. In some ways you may feel that you are as confused as ever. However, it is our sincere hope that you are confused at a higher level and about more important things. Thank you so much for being here. We hope to see you on April 29th or 30th and be safe.