



DEPARTMENT OF THE NAVY
COMMANDER NAVY RESERVE FORCE
1915 FORRESTAL DRIVE
NORFOLK VA 23551-4615

COMNAVRESFORINST 12810.1C
N00CP
11 Feb 2019

COMNAVRESFOR INSTRUCTION 12810.1C

From: Commander, Navy Reserve Force

Subj: FEDERAL EMPLOYEES' COMPENSATION ACT PROGRAM

Ref: (1) 5 C.F.R Part 81
(2) DoD 1400.25-M of 12 Apr 05
(3) SECNAVINST 12810.2

Encl: (1) Supervisor's Check List

1. Purpose. This instruction establishes policy and identifies requirements for the Commander, Navy Reserve Force (COMNAVRESFOR) Federal Employees' Compensation Act (FECA) Program. This instruction has been completely rewritten and should be read in its entirety.
2. Cancellation. COMNAVRESFORINST 12810.1B.
3. Coverage. This instruction covers all general schedule (GS) and the Federal Wage System (FWS) civilian employees, whether temporary or permanent for COMNAVRESFOR positions.
4. Collective Bargaining Agreements. Provisions of an existing Collective Bargaining Agreements (CBA), memorandum of understanding (MOU), and/or memorandum of agreement (MOA) applicable to bargaining unit employees supersede the policies and procedures outlined herein unless to do so would violate any applicable government-wide law, rule, or regulation.
5. Policy. COMNAVRESFOR is committed to ensuring appropriate assistance is given to those employees who are injured, or have an illness as a result of employment, while pursuing cost saving methods, within current law to reduce the number of employees on Continuation of Pay (COP), and Periodic Roll (PR) for long term compensable absence.
6. Discussion. The FECA program provides compensation benefits to Federal civilian employees who have suffered work-related injuries or occupational illnesses, as well as funeral and burial expenses, and compensation for qualifying survivors if the injury or illness causes an employee's death. However, benefits cannot be paid if injury or death is caused by willful misconduct of the injured employee, by intent to bring about the injury or death of oneself or another, or by intoxication of the injured employee.
7. Responsibilities. The following responsibilities are assigned:
 - a. COMNAVRESFOR
 - (1) Ensure FECA policies and procedures are carried out in compliance with references (a) through (c)

(2) Champion the use of light duty assignments and restructuring positions to encourage employees to return to work as soon as possible.

b. COMNAVRESFOR Director, Civilian Human Resources (N00CP)

(1) Provide oversight of the FECA program to minimize cost and ensure fair treatment of all employees.

(2) Provide advice and assistance to senior leaders and managers on the execution of the FECA program.

(3) Advise and encourage managers on the use of light duty and restructured positions to facilitate efforts to return employees to work following an on-the-job injury or illness.

(4) Ensure supervisory training is available that addresses the FECA program.

(5) Ensure effective case management and the reporting of suspected fraud, waste, and abuse to the responsible officials.

(6) Designate a Human Resources Specialist as the Injury Compensation Program Administrator (ICPA) to oversee the FECA program, to coordinate the efforts of all involved management officials, and to ensure optimum effectiveness in program administration.

(7) Establish a FECA Working Group consisting of management, safety, medical, investigative services, human resources staffing specialist, and the ICPA. Labor and Employee Specialists and Equal Employment Opportunity Specialist may also be included.

(8) Conduct periodic evaluations of the internal program to ensure compliance with this instruction.

c. Injury Compensation Program Administrator (ICPA, N00CP)

(1) Provide assistance to the injured employee as well as managers or supervisors to ensure employees who are injured on the job are provided proper support in completing required forms and obtaining necessary medical documentation.

(2) Provide training and operational guidance to supervisors and employees regarding their responsibilities within the FECA.

(3) Ensure the Form CA-10 (08-87), "What a Federal Employee Should Do When Injured at Work", enclosure (1), is provided to the Force to be posted on official civilian employee bulletin boards.

(4) Submit appropriate documentation to the U. S. Department of Labor, Office of Workers' Compensation Programs (OWCP) in a timely manner. Using the Employees' Compensation Operations and Management Portal (ECOMP) for tracking, monitoring, evaluating and reporting FECA injuries, COP days, light duty, and medical documentation.

(5) Refer cases of suspected fraud and/or abuse to the appropriate sources, such as the Navy Reserve Force Inspector General (IG), Naval Criminal Investigative Service (NCIS), or OWCP for review and/or determination.

(6) Identify injured employees who can return to work and provide light duty assignments as determined medically appropriate.

(7) Verify the accuracy of all charges and chargeback codes received by OWCP.

(8) Coordinate with Navy Reserve Force Legal, N00L, on claims that appear to involve third-party liability.

(9) If an employee dies as the result of a job-related injury, immediately notify OWCP by telephone or fax and send a completed Official Supervisor's Report of Employee's Death, (Form CA-6 (01-97)) to OWCP within 30 calendar days from the date death occurred.

(10) Initiate requests for review of selected long-term claim files annually and request current medical reports from the DoD Liaison, to ensure claimants are receiving the appropriate compensation benefits and identify claimants who can return to work.

(11) Serve as the chairperson for the FECA Working Group.

d. FECA Working Group

(1) Meet quarterly to analyze FECA costs, trends, and plans, and to develop FECA cost containment initiatives.

(2) Present findings and recommend program improvements to ICPA and DCHR.

e. COMNAVRESFOR Medical (N9)

(1) Medical officers conduct a medical review of controversial and complex cases to determine if the medical documentation supports the employee's work related injury or occupational illness at the ICPA's request.

(2) Provide a representative to actively participate in the FECA Working Group.

f. COMNAVRESFOR Safety (N00SA)

(1) Investigate all reported job-related injuries and prepare required reports.

(2) When requested by the ICPA, provide information to be sent to OWCP to support or to controvert a claim for compensation.

(3) Provide a representative to actively participate in the FECA Working Group.

4) Provide safety training as required.

g. COMNAVRESFOR Inspector General (N002)

(1) When requested by the ICPA, conduct an investigation of the specified claim to determine, and document evidence of fraud and/or abuse.

(2) Provide a written report of findings of the investigation to the ICPA.

(3) Provide a representative to actively participate in the FECA Working Group.

h. First-line Supervisors

(1) Enforce safety and health regulations.

(2) Ensure the location and telephone number of emergency medical facilities are made known at the work site and posted on the civilian bulletin boards.

(3) Ensure employees know when and how to report occupational injuries and illnesses.

(4) Participate in supervisory training and have a good understanding of the ECOMP for filing claims for injuries and illnesses.

(5) Ensure employees are sent for medical treatment when a traumatic injury is reported. If an employee refuses treatment, document the facts of the situation and report to the ICPA.

(6) Ensure COP is reported accurately and completely for time and attendance purposes. For standard labor data collection and distribution application the date of injury code is "LU" and the COP code is "LT." N00CP will generate a COP memo to the supervisor authorizing COP for the injured employee.

(7) Provide positions descriptions (PD) to injured employees to ensure their treating physicians have knowledge of their physical demands of the positions to determine return to work efforts.

(8) Report all injuries and illnesses promptly to the ICPA and Safety.

(9) Promptly sign the printed Notice of Traumatic Injury (Form CA-1) or Notice of Occupational Disease or Illness (Form CA-2) from ECOMP along with the employee's signature and forward via U. S. Mail to COMNAVRESFOR N00CP, ICPA.

(10) Ensure no medical documentation is kept by the supervisor. Supervisor is only allowed to keep the work restrictions for the injured employee to facilitate return to work efforts. Medical documentation must be forward to the ICPA.

(11) Maintain personal contact with the injured employee as the disability warrants.

(12) Enclosure (2) is provided as a checklist for the supervisor when an on the job injury or illness occurs.

11 Feb 2019

i. Civilian Employees

(1) Promptly and accurately report all job-related injuries or illness to their supervisors unless prevented from doing so by the severity of the injury. Employees should always seek necessary medical treatment first. A supervisor may report for the employee in the event an employee is unable to report an injury or illness to anyone, such as a friend, relative, or a co-worker.

(2) Employees on Temporary Duty (TDY) and in a telework duty status, should report job-related injuries or illnesses to their supervisor by the best possible means. If that is impossible, they may report them to N00CP, ICPA.

(3) Observe all safety instructions, procedures, and regulations to include proper use of personal protective equipment and clothing.

(4) Report for medical examination or treatment as described by established procedures or as directed by their supervisors.

(5) Provide medical documentation relevant to the injury or illness to the ICPA no later than 10 working days after the date of injury (DOI). If medical documentation is not received COP may be discontinued.

(6) Provide medical documentation to support any work restrictions (e.g., lifting, walking, kneeling, etc.) promptly to the supervisor, including any changes in restrictions through the point of return to full duty.

(7) Advise the treating physician if light duty is available with a copy of your PD.

(8) Participate in vocational and job related training designed to provide suitable alternate employment when job-connected injury or illness precludes return to previous type of work.

(9) Promptly sign the printed Notice of Traumatic Injury (Form CA-1) or Notice of Occupational Disease or Illness (Form CA-2) from ECOMP and forward via U. S. Mail to COMNAVRESFOR N00CP, ICPA.

(10) Employees are asked to provide a completed enclosure (3) and (4) after each medical appointment by their treating physician. This information will be used to determine the amount of time light duty is expected to last as well as current restrictions.

8. Records Management. Records created as a result of this instruction, regardless of media and format, shall be managed per the Secretary of the Navy Manual 5210.1 of 22 September 2016.

9. Review and Effective Date. Per OPNAVINST 5215.17A, COMNAVRESFOR will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or cancelled in the interim, and will be reissued by the 10-year

11 Feb 2019

anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

10. Forms. All FECA forms listed in this directive can be found using the following link:

CA-1, CA-2, CA-6, CA-10, CA-17, CA-20

<https://www.dol.gov/general/forms>


T. W. LUSCHER
Deputy

Supervisor's Check List

1-Injury Reported-MUST SUBMIT CA-1 OR CA-2 TO RECEIVE OWCP CLAIM NUMBERS

- An immediate investigation of the claim should occur on notification that an injury has occurred. The ICPA/CPO/HRO or safety office should also investigate, if necessary.
- Print, sign, and have employees sign the claim form, received via the ECOMP application email link (Website: <https://www.ecomp.dol.gov/#>) and then give the wet signature claim form to the responsible ICPA.
- Electronically submit CA-1 (Traumatic Injury), CA-2 (Occupational Illness) using the ECOMP email link.
- For Recurrence claims, sign and submit CA-2a manually to ICPA

2-Notify Safety

- Submit local safety forms to your Safety Office
- **DO NOT PROVIDE SAFETY WITH THE OWCP CLAIM FORMS OR MEDICAL DOCUMENTATION**
- If the Safety Office asks for copies of claim form or medical, notify the ICPA or BSO/Command's FECA Program Manager

3-Medical Documentation- MUST BE SIGNED BY A PHYSICIAN (MEDICAL DOCTOR)

- CA-20, Attending physician's report (**provide to employee, BUT MUST BE RETURNED DIRECTLY TO THE ICPA**)
- CA-17, Duty Status report (good practice for completion after each change in treatment- **CAN BE RETURNED TO SUPERVISOR**)

INJURED EMPLOYEE MUST NOTIFY PHYSICIAN THAT AGENCY OFFERS LIGHT DUTY

4- Continuation of Pay (COP) - Must be supported by Medical Documentation

- 45 Calendar days entitlement following date of traumatic injury (CA-1 must be received within 30 days of the date of injury)
- Medical documentation must be submitted to ICPA within 10 workdays or the agency may stop COP
- Timekeeping for COP: "LU" for date of Injury & "LT" 45 days lost time after injury
- Four digit codes for time card are month and day of injury
- If claim is denied, immediately change COP to Sick Leave (LS), Annual Leave (LA) or other applicable leave status

5- Medical Authorization- Must be supported by Medical Justification

- Physician requests authorization: Phone 866-335-8319 or <https://owcpmed.dol.gov/portal/main.do#>
- Medical provider must have Conduent provider number to receive authorization.
- Physician must state ICD-10 code (diagnosis code), CPT (procedure code) and OWCP claim number. Request treatment/procedure must match accepted condition.

6-Compensation after 45 days of COP-Must be supported by Medical Documentation

- Must be a LWOP (Leave without pay) status.
- Complete a CA-7, Claim for Compensation, every two weeks until notified by OWCP.
- Submit SF-1199, Direct Deposit along with first Ca-7 submitted
- After 80 hours of LWOP, supervisor should submit SF-52 to HRO requesting LWOP (KD) status.
- Pay rate is 75% with dependents or 66 2/3rd with no dependents.

7-Medical Bills

- **Website** <https://owcpmed.dol.gov/portal/main.do#>
- Medical Provider must have a Conduent Provider Number to receive payment
- Bills submitted manually must be submitted on HCFC-1500, OWCP-1500, or UB-04.
- Mailing address: Department of Labor, PO BOX 8300, London KY. 40742-8300
- Conduent Customer Service Number is 866-335-8319

8- Reimbursement

- OWCP-915 Medical expense reimbursement, submit with required documentation
- OWCP-957 Medical Travel and reimbursement, submit with medical documentation
- Send complete forms, along with medical documentation to Department of Labor, PO BOX 8300, London KY. 40742-8300

9- Agency Point of Contact

- Injury Compensation Program Administrator (ICPA) for: **Esther Newcomb, N00CP, 757-322-5658 or esther.newcomb@navy.mil**