Analyzing the Chargeback and Managing Long Term Cases

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Why?

Why put Chargeback Analysis and Long-Term Case Management in the same session?

What do they have to do with each other?

Why?

Simply put, the Chargeback Listing helps focus your efforts and allows you to use your time effectively.

It allows you to identify and prioritize claims that require attention with regard to case management.

It allows you to utilize limited resources on claims that need the attention.

Course Objectives

- Understand what is contained in the Chargeback Listing
- Develop a process to prioritize claims for potential resolution
- Identify strategies for effective management of long-term cases
- Identify techniques for achieving effective communication with all parties

Understand the Chargeback Listing

In order to understand the Chargeback Listing it would be helpful to:

- Understand the data your Chargeback Listing contains
- Understand the process your agency uses for viewing your Chargeback Listing
- Understand the process for getting errors corrected on your Chargeback Listing

Understand the Data - OWCP Agency Page

Understand the data your Chargeback Listing contains.

DFEC Agency page contains data dictionaries that explains the elements OWCP uses and transmits to agencies in the CMF, ACPS, Bill Pay and Chargeback data feeds. The page can be found at https://www.dol.gov/agencies/owcp/FECA/federalagency

Agency Chargeback and Data Reports

1. OWCP provides periodic chargeback and data reports to agencies for monitoring and management of agency cases. The attached Data Dictionaries are for usage by those agency representatives that receive weekly, monthly and/or quarterly data extracts from OWCP and require this information to read the data fields:

Agency Chargeback and Data Reports

Report	PDF
ACPS Data Dictionary V2.0	
Bill Pay Data Dictionary v1	
Chargeback Data Dictionary 2	
CMF Data Dictionary (New with Appendices)	

Understand the Data - Data Dictionary

The Chargeback Data Dictionary contains the data elements and their values for the Chargeback Data extract. It is viewed as a pdf document.

CHARGEBACK DATA DICTIONARY

FIELD NAME	LOCATION START	END	FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
CB AGENCY KEY	1	7	NUM/7	PREFIX	Department indicator and accounting code	
ROLLUP CODE	8	11	NUM/4	AGENCY-ROLLUP-CODE	Chargeback agency rollup code	
CASE NUMBER	12	20	NUM/9	CASE-NO	Unique numeric identifier for each case	
RECORD TYPE	21	21	NUM/1	REC TYPE	Appropriate record type	1 – SUMMARY 2 – DETAIL
DISTRICT OFFICE	22	23	NUM/2	LAST-PYMT-DIST	Owning district office	
LAST PAYMENT DATE	24	31	DATE/8	LAST-PYMT-DATE	Date of the latest transaction	YYYYMMDD
LAST SERVICE INDICATOR	32	32	CHAR/1	SRCE-CP-OR-BP	Latest transaction's service type.	B - MEDICAL C - COMPENSATION X – CANCELLED CHECK (COMPENSATION)
LAST ROLL	33	33	CHAR/1	SRCE-CP-LAST-ROLL	Latest roll type for which the claimant was last paid	S - SUPPLEMENTAL P – PERIODIC D – DEATH
PAYMENT TYPE	34	34	CHAR/1	SRCE-PYMT-TYPE	Type of transaction for a case when it is a bill pay or compensation. This is dependent upon the last service indicator	If Last Service Indicator is 'B', then payment type could be either: B - NORMAL MEDICAL BILLS PAID BY THE SYSTEM C - CANCELLED CHECK D - CASH DEPOSIT M - MANUAL PAYMENT If Last Service Indicator is 'C', then payment type could be either:

Understand the Data - Data Dictionary

It can also be downloaded and used as a ready reference that can be used to increase familiarity with Chargeback Data.

The Chargeback Listing provides a wealth of information on the claims charged to your agency.

FIELD NAME	LOCATION START	END	FIELD TYPE	CBSUM-REC NAME	DESCRIPTION	DEFINITION OF LEGAL VALUES ESAFECS
NATURE OF INJURY	214	215	CHAR/2	NATURE	Nature of injury	
CAUSE OF INJURY	216	217	NUM/2	CAUSE	Cause of injury	
PREVIOUS OWNERS	218	224	NUM/7	CURR-PREV-OWNERS	NO LONGER USED	BLANK
DATE RECEIVED	225	232	DATE/8	DATE-REC	Date the initial claim form was received (date stamped)	YYYYMMDD
FORMS RECEIVED	233	234	NUM/2	FORMS-RECVD	Type of claim form used at the time the case was created	1 = CA-1 2 = CA-2 5 = CA-5
DATE CASE CREATED	235	242	DATE/8	DATE-CASE-CREATED	Date the case was created in the district office	YYYYMMDD
ADJUDICATED STATUS	243	244	CHAR/2	ADJUD-STATUS	Case's current adjudication status code	00 = NO STATUS A0 = ACCEPTED - NO BENEFITS PAYABLE AC = ACCEPTED AS COMPENSABLE - COP ONLY, MED BENEFITS AUTHORIZED AD = ACCEPTED AS COMPENSABLE - DAILY ROLL & MED BENEFITS AUTHORIZED AF = ACCEPTED AS COMPENSABLE – FATAL, DEPENDENT ON PERIODIC ROLL, NO MED BENEFITS AL = ACCEPTED AS COMPENSABLE - LEAVE ELECTED MED BENEFITS AUTHORIZED AM = ACCEPTED AS COMPENSABLE - MED BENEFITS ONLY AUTHORIZED AP = ACCEPTED AS COMPENSABLE - PERIODIC ROLL AND MED. BENEFITS AUTHORIZED AR = ADMINISTRATIVE REVIEW AT = ACCEPTED AS WORK-RELATED - WAGE LOSS COMP DENIED, MED BENEFITS AUTHORIZED DO = DENIED; CASE ON APPEAL/RECON D1 = DENIED; UNTIMELY

Understand How to View the Listing

- Each Agency should have a process for obtaining and reviewing the Chargeback Listing quarterly.

  - Data received from DOL should be complete.
    - How does your agency initially review the data from DOL?
    - What happens if the data is not complete?

  - The ability to sort and filter the information contained within the listing will make it easier for analysis.

Understand How to View the Listing

- What is the process your agency uses to review the Chargeback Listing?
- What do you look for when you review the Chargeback Listing?
- What do you do if you find errors on the Chargeback Listing?

Understand How to Correct Errors

- The Listing must be accurate.
  - Review quarterly, submitting corrections according to agency procedures.
    - Requests for changes based on review of the quarterly chargeback report should be . . . made within 90 days of receipt of the report.
    - Due to the time needed to verify information and correct errors, problems brought to OWCP’s attention during the fourth quarter of a fiscal year may not be corrected in time for that year’s bill.

Now What?

- Once you have your listing reviewed and have taken action to correct errors you can begin using the Chargeback Listing as the base document that will help you determine the next case management steps as well as program level actions to take.

- From a program level you can use the Chargeback Listing to identify the most prevalent types of injury by using Nature of Injury and Anatomical Location as well as the costliest types of injury.

- This will provide a starting point to work with Safety and Occupational Medicine to develop a strategy to reduce the prevalence and severity of these types of injury.

Prioritize Claims

- From a case management standpoint, start with cases displaying anomalies:

  - Unusually high or low compensation costs could indicate
    - Incorrect pay rates
    - Duplicate payments

  - Old claims reappearing on the report after periods of non-payment could indicate a worsening of the accepted condition or an election of FECA benefits from an employee that was previously on OPM Disability Retirement.

  - Spikes in medical charges could indicate surgery or other procedures.

Prioritize Claims

- Prioritize cases by pay status as follows:

  - PR should be highest priority (medical required every year)
    - Higher return to work potential
    - Requirement for updated medical annually

  - PN should be reviewed closely for potential adjustment to case status (medical required every three years)
    - Sometimes ability to return to work changes

  - PW cases have formal decisions, so they take lower priority on the list (medical required every two years)
    - Wage Earning Capacity (WEC) established
    - WEC can be actual or constructed

Prioritize Claims

- Prioritize cases by pay status as follows:

  - PS do not require intensive oversight unless the employee was disabled prior to receipt of the Schedule Award

  - DE cases should only require monitoring for change in dependant status or remarriage prior to age 55. Periodically check the DE cases for elder survivors

  - MC cases typically do not have actions needed by the Compensation Specialist. Monitor for unusual costs only.

Setting the Priority

- Within the PR and PN case status, stage the cases in groups for future actions

- Highest priority should be on cases with greatest chance at returning to work

  - Look at severity of the condition
  - Age of the claimant
  - Vocational skills
  - Length of time on the periodic rolls
  - Residence location in relationship to employment opportunity (relocation expenses)

Setting the Priority

A 38-year-old claimant whose case status is PR. Her date of injury was 1/5/2017. She stopped all work 2/13/2017. She is currently still on your employment rolls. Her accepted condition is severe depression. The last medical from the doctor was dated 6/13/2017 and stated the employee was unable to return to work for a minimum of 6 months.

Would this be a case you would prioritize? Why or why not.

Setting the Priority

A 70-year-old claimant whose current case status is PN. His date of injury was 8/12/1991. He stopped all work 7/23/1995. His accepted condition is lumbar strain. He also has a history of heart problems and has suffered a heart attack subsequent to his on-the-job injury that has resulted in significant impairment.

Would this be a case you would prioritize? Why or why not.

Setting the Priority

- Next group should be those with potential change in status

  - Change in eligible dependents
    - Was the employee married when the injury occurred and now divorced?
    - Did the employee have children under 18 when the injury occurred?

  - FERS employees nearing retirement age (FERS Offset)

Priority Summary

- Cases with anomalies

- PR and PN cases with greatest return to work potential

- Cases with potential for change in dependent status or for FERS Offset

- PW cases

- All others

Strategies for Long Term Case Management

- Communication is the key
  - ➢ Start early in the process
  - ➢ Communicate regularly
  - ➢ Be fair and objective in your communication
  - ➢ Continue communication even if the employee is placed on the Periodic Roll

Strategies for Long Term Case Management

- Possible communication suggestions
    - Annual letter to the claimant
    - Periodic phone contact
    - Newsletter

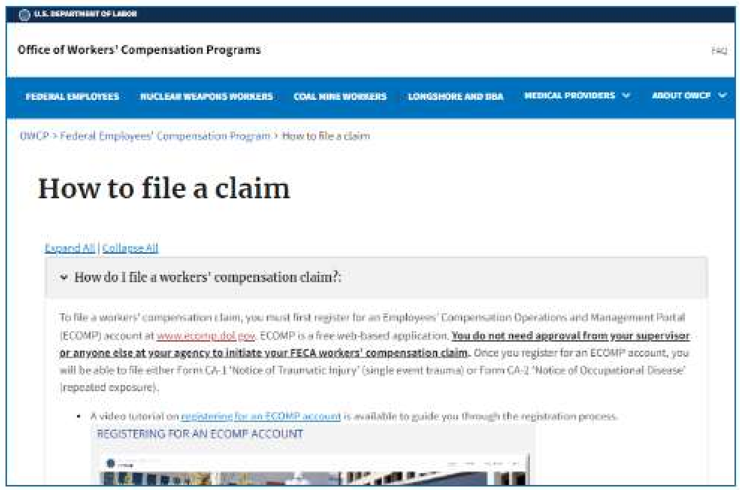
- Primary objective is to keep the claimant informed and connected
    - Updates to information sources and points of contact
    - Job opportunities at your installation

al Employees' Compensation Program

- Claimant and Representative
- Federal Agency
- Federal Employees' Compensation Act (FECA) Claims Administration
- OWCP's New Opioid Policy to Protect Federal Injured Workers
- Claims under the Federal Employees' Compensation Act due to COVID-19
- Medical Provider
- Fiscal Year 2023 National Defense Authorization Act (NDAA)
- Laws and Related Materials
- En Español
- Sa Tagalog

How to File a Claim if You Were Hurt on the Job (Federal Employees)

Watch videos or read a detailed explanation of how to file a claim.



View a claim process infographic for a high-level overview and timelines.

Latest News

- Medical Travel Refund Request – New
- Claimant TAX Information
- Notice Regarding New System for Electronic Filing at ECAB
- New Telemedicine Guidelines for OWCP-FECA
- Information on FECA Coverage for Coronavirus Disease – 2019/COVID-19
- Change to OWCP Medical Bill Processor Web Address
- Information on the Federal Employees Program's Pharmacy Benefits Management (PBM) Program
- Information related to Federal Firefighter claims
- Helpful Hints for Medical Providers
- Caring for a Federal Injured Worker with an Accepted Claim

Strategies for Long Term Case Management

- Stay updated on the claimant's medical condition
  - OWCP requires regular medical updates from the claimant
    - PR status, once a year
    - PN status, once every 3 years
    - PW status, once every 2 years
    - PS and MC status, no update required but the provider should submit medical after every office visit

- Write (not call) the Physician of Record
  - Ask specific questions regarding the disability
  - Provide a work release form (CA-17)
  - Send a copy of a light duty job offer you are willing to make to the claimant
  - Be mindful of 20 CFR 10.506

Strategies for Long Term Case Management

- If there is a field nurse assigned, stay connected

  - ➢ Field nurses are only contracted for a specified period of time, usually at the onset of the disability. Use them while they are assigned to the case.

  - ➢ Request updated work restrictions and find out when the next scheduled appointment will take place

  - ➢ Provide details of the type of light duty work available

  - ➢ Arrange for a site visit for a worksite analysis

Strategies for Long Term Case Management

- If the claimant has been placed in the Vocational Rehabilitation program, work closely with the Rehab Counselor

  - Provide work history

  - If offering light duty, act quickly to avoid unnecessary expenses

Strategies for Long Term Case Management

- Review your local records periodically for updates to the file

- Request Second Opinions (SECOP) or Referee Opinions *when appropriate*. Review DFEC Procedure Manual Part 2 Section 810-9 for a discussion on referrals for SECOP.

Strategies for Long Term Case Management

- Use organizational venues (FECA Working Groups, department meetings, etc) to develop effective strategies on maintaining costs

  - The key is to develop cohesive strategy that cuts across organizational lines

  - Safety, Occupational Medicine, and Human Resources all need to work together in order to return employees to work

Communicate effectively

- Avoid taking an adversarial tone
- Be concise and direct
- Relay facts, not opinions
- Provide supporting documentation
- Understand the other party's position

Questions?