

Summary of Incident Injury Reporting Process for US Forest Service Regular and AD employees

The information in this document is to be used by Incident Team Personnel only.

Issuance of the CA-16, Authorization for Examination and/or Medical Treatment

The issuance of a CA-16 is appropriate for traumatic injury cases filed on a CA-1, if no more than 7 calendar days have passed since the date of injury. Only ASC-HCM Workers' Compensation personnel, or qualified Incident Team personnel are authorized to issue the CA-16. Personnel on incidents without an Incident Team assigned shall call ASC-HCM Workers' Compensation for medical treatment authorization. The number to call is

877-372-7248, option [2], option [5], during regular business hours of 7a.m. to 6 p.m., Monday through Friday. Outside of regular business hours, ASC-HCM Workers' Compensation can be reached at 505-280-7691. When calling, state you have an injured worker and you are requesting authorization for medical treatment.

Copies of the CA-16 for each of the 12 Department of Labor (DOL) Offices are included in this package. The attached CA-16's shall be used for those employees and ADs hired by the Forest Service. If using forms other than those provided in this package, completion of the CA-16 shall include the correct addresses in blocks 12 and 13. The address in block 12 is the Department of Labor's District Office that services the State of the employee's duty station. A list of those offices is included in the package, and may also be found in Chapter 10, section 15, page 29 of 36 in the Interagency Incident Business Management Handbook, issued February, 2008. For all US Forest Service regular and AD employees, the address in block 13 is:

USDA Forest Service
ASC-HCM-WC, Masthead Annex
3900 Masthead St., NE
Albuquerque, NM 87109

For all other Federal employees, block 13 should be the address of the Agency responsible for processing their claims.

The CA-16 shall be filled out completely. In block 6, box B, [1] shall be checked if there is no doubt that the injury is work related. If there is concern the injury may not be work related, check box B, [2], to authorize diagnostic treatment only. Block #7 shall not be completed without direction from ASC-HCM, Workers' Compensation.

Claims Processing

A CA-1/CA-2, as appropriate, shall be completed for all injuries or illnesses. Fax the forms to ASC-HCM Workers' Compensation with copies of the CA-16 and any other supporting documentation within 48 hours of the employee's report of the injury. CA-1's and CA-2's for Forest Service AD employees, must include the employee's Social Security Number (SSN) and be

accompanied by the OF-288, Fire Time Report, Single Resource Hire Form, Resource Order and Crew Manifest (if a crew member), as well as any available medical documentation. The ASC-HCM Workers' Compensation fax number is 866-339-8583. Include the employee's name and SSN on the upper right-hand corner of the second page of the CA-1/CA-2 and all supporting documentation, in case the pages are separated. Original documents are to be mailed to the ASC-HCM-Worker's Compensation section (Federal Express, if possible):

USDA Forest Service
ASC-HCM-WC, Masthead Annex
3900 Masthead St., NE
Albuquerque, NM 87109

The injured employee is to be given a copy of all paperwork and advised to retain the information for their personal records. The ASC-HCM Workers' Compensation Section contact information shall be provided to injured employees, in the event that future treatment is needed. The phone number to provide them is 877-372-7248, option [2], option [5].

Due to the guidance for protecting Personally Identifying Information (PII), CA-1's and CA-2's or other documentation is not to be sent to the injured employee's home unit. Employees are responsible for fulfilling the mandatory requirement to enter the claim in the SHIPS database, upon their return to their home unit. If a handwritten copy of the CA-1/CA-2 has been submitted, a SHIPS copy should not be sent to ASC-HCM Worker's Compensation, as a duplication of the claim could result.

CA-1

A CA-1 is completed to report a traumatic injury. A traumatic injury is defined as an injury or exposure that occurs on, or can be attributed to one work shift. The CA-1 must be filled out completely by the employee and the supervisor, and signed by the employee in block 15, the supervisor in block 38 and any witnesses in block 16. If the employee is unavailable for signature, the supervisor or other responsible party may sign on behalf of the employee. The supervisor should include a current phone number for immediate contact, should the need arise, by ASC-HCM Workers' Compensation. Social Security Numbers are required on the CA-1 to establish a claim with the Department of Labor (DOL). The Privacy Act is addressed in the form instructions. Employees must include their home address and a current phone number in block 7. This address will be used when sending the claim number to the employee and for correspondence from DOL. Employees are encouraged to select box a, Continuation of Pay (COP) in block 15. Supervisors must complete the Official Supervisor's Report, boxes 18 through 39, on the second page of the CA-1. Failure to do so will result in a delay in processing the claim and in payment of the medical bills, which may result in the employee being billed for treatment.

CA-2

The CA-2 is completed to report an occupational disease or illness that develops over more than one work shift. The Forest Service has not been delegated authority to authorize (via the CA-16) any medical treatment for Occupational Disease Claims. The CA-2 must be completely filled out by the employee and the supervisor, and signed by the employee in block 18, supervisor in block

35. If the employee is unavailable for signature, the supervisor or other responsible party may sign on behalf of the employee. Social Security Numbers are required on the CA-2 to establish a claim with the DOL. The Privacy Act is addressed in the form instructions. Employees must include their home address in block 7 and a current phone number in block 5. This address will be used when sending the claim number to the employee and for correspondence from the DOL. Supervisors must complete blocks 19 through 35 on the second page of the Form CA-2. Failure to do so will result in a delay in processing the claim and in payment of the medical bills, which may result in the employee being billed for treatment.

Use of Agency Provided Medical Care (APMC)

As of February 2008, the use of APMC is for first aid injuries only. APMC is not appropriate for care received at medical facilities requiring therapy, stitches, x-rays or other non-first aid treatment. APMC may be used for the treatment of colds, sore throats, respiratory infections and similar conditions associated with exposure to smoke, dust and weather conditions. If the illness is tied specifically to smoke inhalation and can be attributed to one work shift, it is recommended a CA-16 be issued and a CA-1 be completed. Since poison oak/ivy/sumac cases often result in follow-up care after the employee leaves the incident, it is recommended a CA-1 be completed and a CA-16 issued to authorize medical treatment.

Prescriptions

The direction by the US Forest Service, Acquisition Management, regarding prescription payment is as follows: if an employee is treated for a work-related injury and needs to have a prescription filled, a pharmacy should be used which accepts the DOL fee schedule and will bill them directly. These are major chain pharmacies such as Wal-Mart, Walgreen's, Longs, CVS, Rite Aid, etc. If the pharmacy uses the billing contractors, Outsource Billing or Third Party Solutions, they will bill directly. If there are no pharmacies in the area willing to bill directly, a government purchase card can be used. The employee should not be billed for these purchases.

Closing out paperwork at the end of the Incident

At the end of the incident a copy of the medical log is to be sent to the ASC-HCM-Worker's Compensation Section:

USDA Forest Service
ASC-HCM-WC, Masthead Annex
ATTN: Incident Advisory Committee
3900 Masthead St., NE
Albuquerque, NM 87109

This allows ASC-HCM Workers' Compensation to identify Forest Service and Non-Forest Service employees and to determine if a claim was submitted, after the Incident Team is no longer available. All copies of CA forms and medical documentation shall be shredded. All original paperwork for US Forest Service employees and ADs shall be mailed to the ASC-HCM-Workers' Compensation Section. Only the medical log remains in the incident package.

For questions on processing injury or illness claims, please contact a member of the Incident Advisory Committee at ASC-HCM Workers' Compensation.

Sherry Rose
505-343-5518
srose@fs.fed.us

Wanda Chaves
505-343-5513
wchaves@fs.fed.us

Mary Rose Moon
505-343-5516
mmoon@fs.fed.us

Barbara Provonsha
505-343-5526.1.1.1
bprovonsha@fs.fed.us

Sheri Phariss
505-343-5509
slphariss@fs.fed.us

These contacts are for advice and counsel only. Requests for medical authorization should be directed to 877-372-7248, option [2], option [5].

Master copies of CA-16's for Forest Service employees and ADs, with medical provider instructions, can be requested to be mailed, emailed or faxed from any of the committee members above.