

Office of Workers'
Compensation Programs

Division of Federal Employees', Longshore and Harbor Workers' Compensation

Annual Longshore Conference:

March 21 - 22, 2024

Antonio Rios, Director

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)



Agenda

- WHCA
- Longshore Organizational Structure
- National Performance
- Claims Trends
- What the Industry is Seeing?
- Ombuds Office

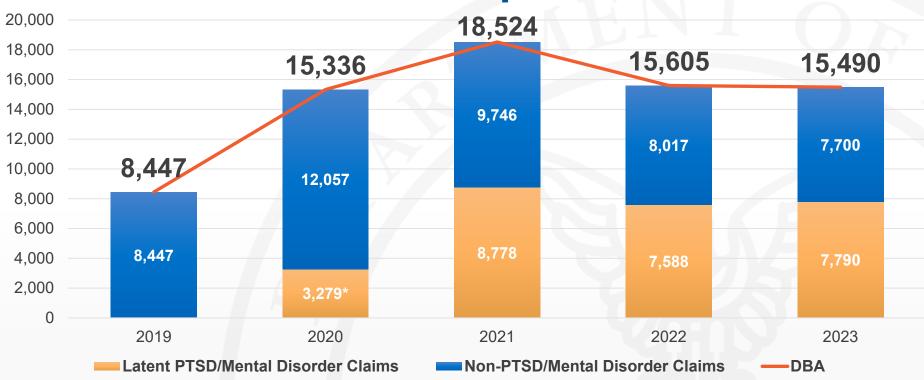
- ECOMP
- Paperwork Reduction Act (PRA)
- Medical and Default Orders
- Settlements
- Attorney Fees

3/26/2024

War Hazard Compensation Act



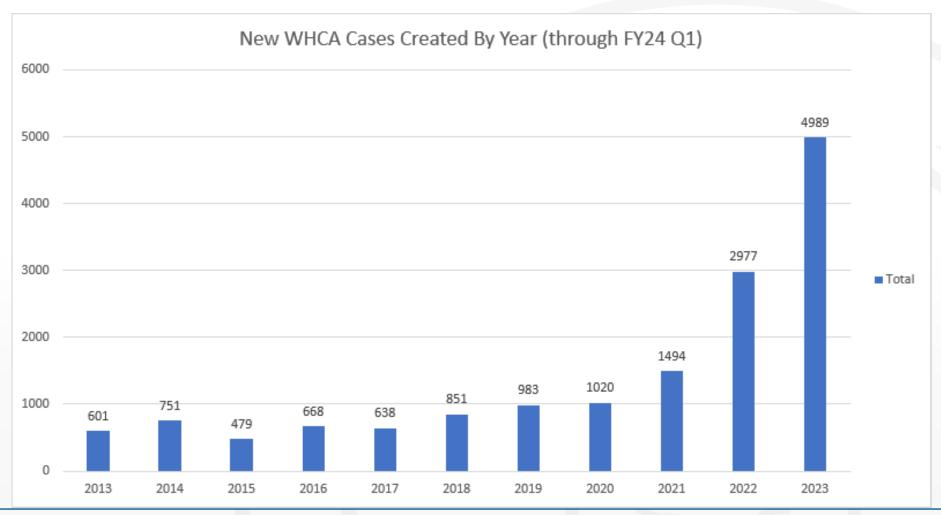
Trends – DBA Claims Reported FY2020 – FY2023



^{*} Reflects data captured as of OWCS go-live in May of 2020

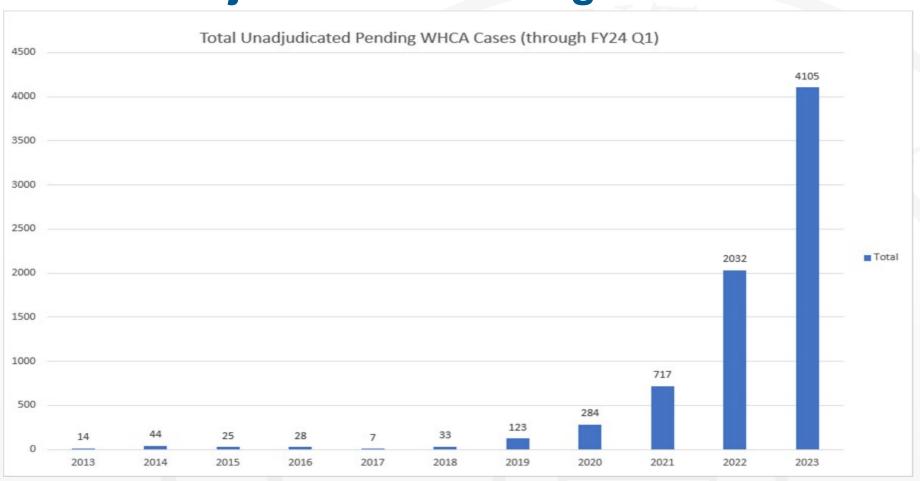


Total New WHCA Cases Created





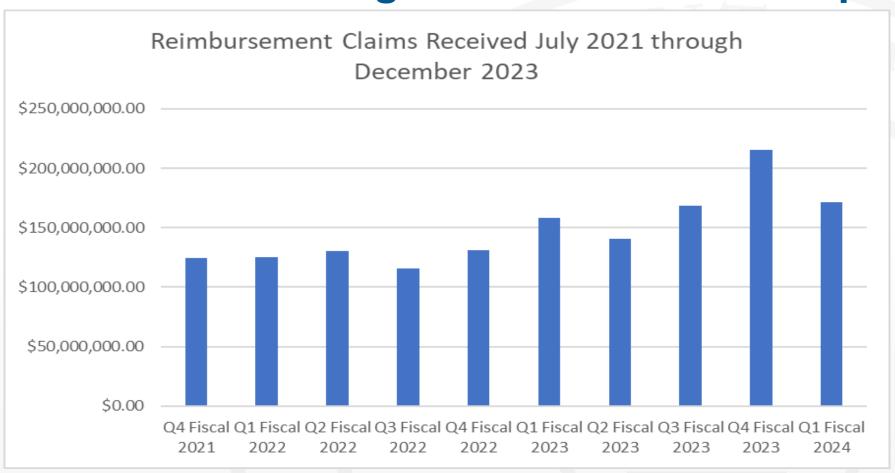
Total Unadjudicated Pending WHCA Cases



Incoming Reimbursements Reimbursement Approvals Pending Reimbursements



Total Incoming Reimbursements Requests

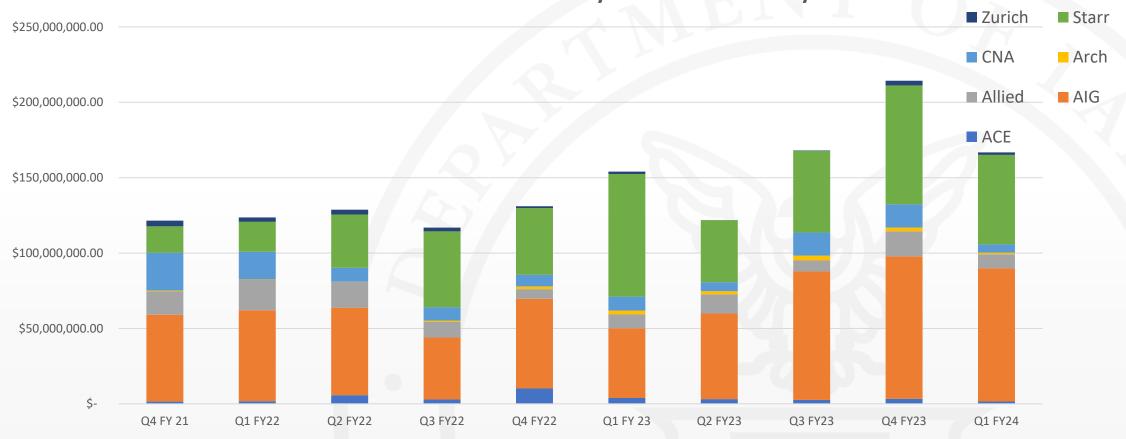


3/26/2024



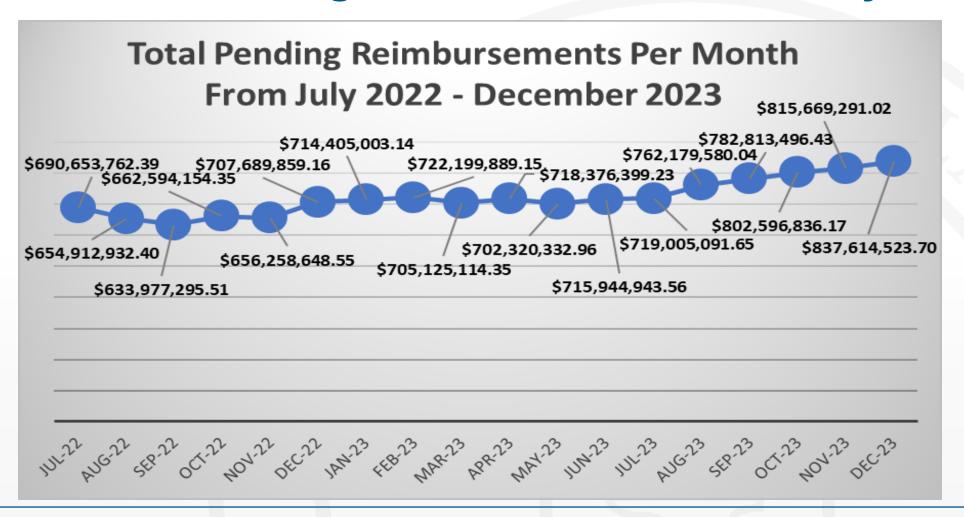
Total Incoming Reimbursements By Carrier

Reimbursement Claims Received July 2021 - Dec. 2023 By Total and Carrier





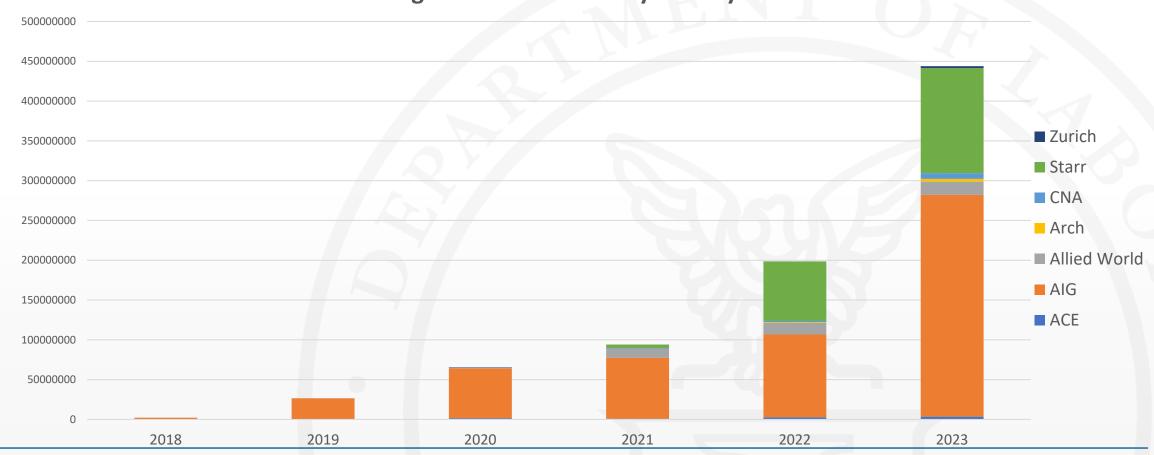
Total Pending Reimbursements Monthly





Total Pending Reimbursements By Year

Pending Reimbursements By Year By Carrier





WHCA Listening Sessions:

- Held: June 12, 2023 in New York
 - Agenda:
 - Background and Recent Changes
 - Data Comparisons
 - Current Processing Practices and Potential Alternatives
 - Feedback and Discussion
- Next Session: April 10, 2024 in New York

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Overall Changes Made to WHCA Claims Processing

- In the Second Half of CY2022, process improvements were implemented to improve War Hazard claims processing.
- Installed a new management / supervisory team, and organizational structure, which allowed leadership to further focus on War Hazards claims processing.
- Adjusted claims staff performance standards to reflect our priorities, especially improving our reimbursement processing volumes while also maintaining process and payment quality.



Some of the Changes Implemented...

- The assignment of carriers' reimbursement claims across claims examiners, allowing more flexibility in how we deploy our resources.
 - Now, rather than one or two claims examiners being assigned a specific carrier's reimbursement claims, all claims examiners may be assigned reimbursement claims from any carrier.
- The assignment of reimbursement AND adjudication of to all claims examiners, rather than having a sub-set of claims examiners solely focused on case adjudication or processing reimbursements.

3/26/2024

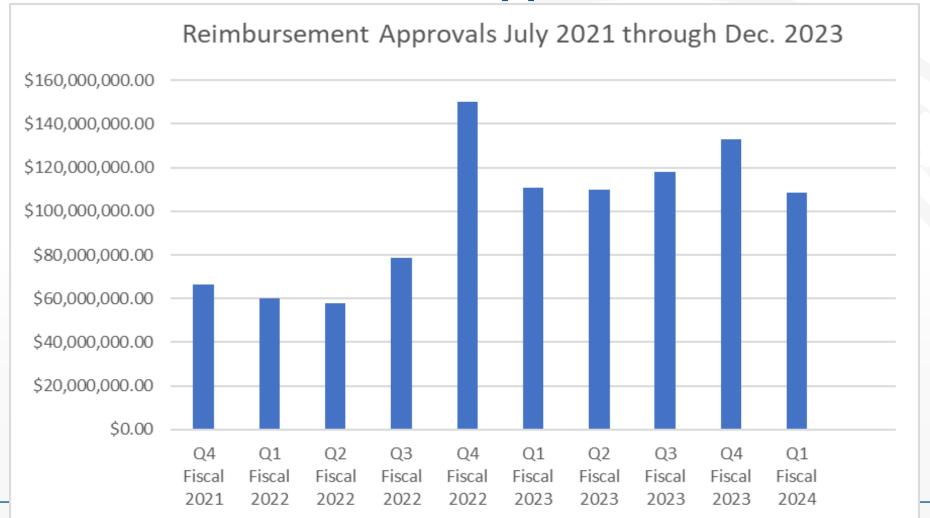


War Hazard Compensation Act Reimbursements





Reimbursement Approvals



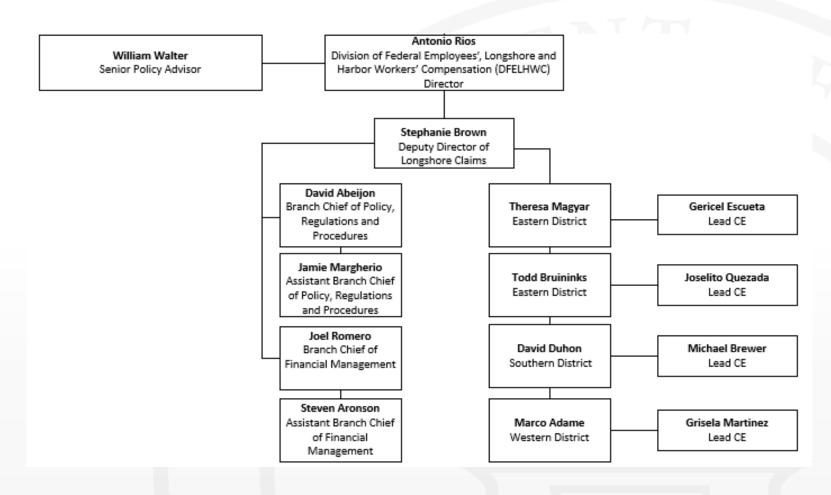
Stephanie Brown, Deputy Director of Longshore Claims

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)

Longshore Organizational Structure



<u>DFELHWC – Longshore Organizational Chart</u>





Longshore Workforce (2020-2024)

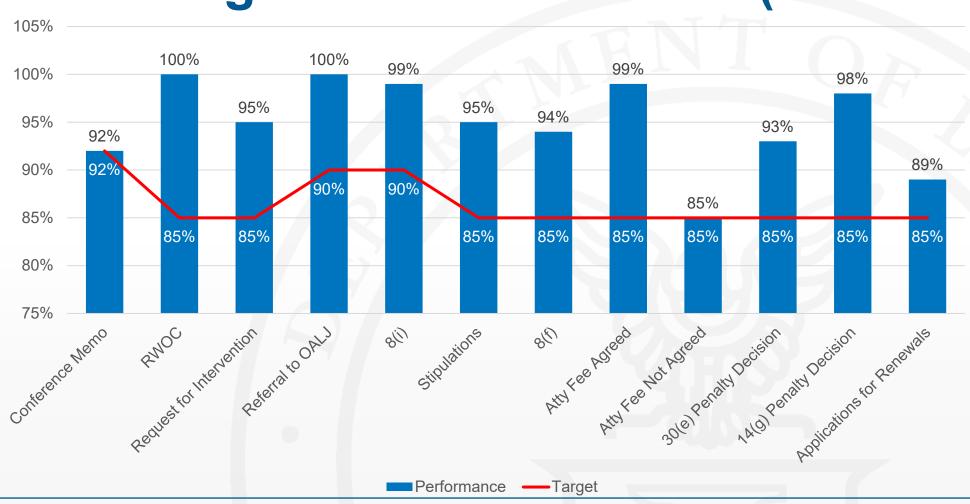


 The model built allows the program the flexibility to reorganize and reassign based on need (patterns/trends/workload analysis).

Longshore Performance

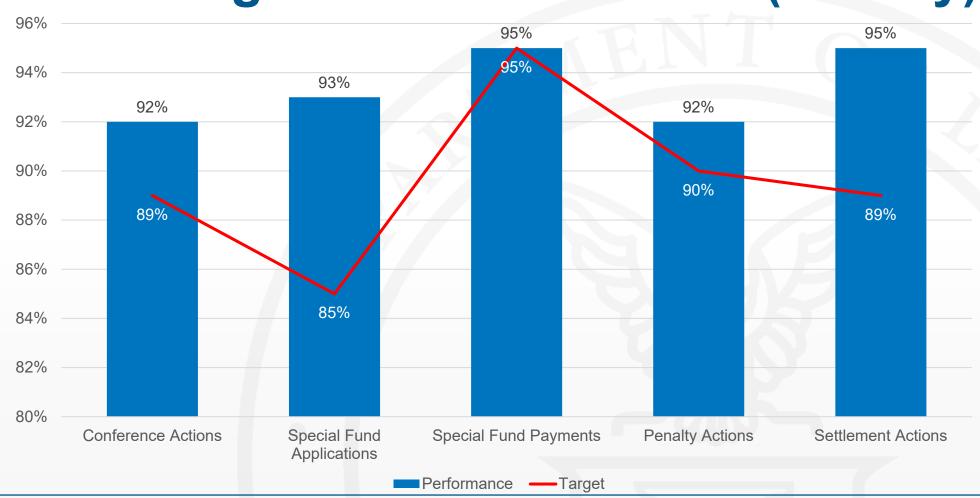


FY23 Longshore Performance (Timeliness)





FY23 Longshore Performance (Quality)





FY23 Longshore Performance (Timeliness)

- 98% of penalty decisions for Notices of Payment resolved within 90 days (goal is 85%)
- 93% of penalty decisions for First Reports of Injury resolved within 90 days (goal is 85%)
- 92% of conference memorandum issued within 10 days (goal is 92%)
- 100% of recommendation(s) for intervention issue made within 90 days if no conference is held (goal is 85%)
- 95% of actions completed on requests for intervention within 15 days (goal is 85%)
- 100% of referrals to the Office of Administrative Law Judges processed within 21 days (goal is 90%)
- 99% of settlement applications processed within 18 days (goal is 90%)
- 95% of stipulation applications processed within 30 days (goal is 85%)
- 94% of Second Injury Fund requests processed within 45 days (goal is 85%)
- 99% of attorney fees agreed upon processed within 15 days (goal is 85%)
- 85% of attorney fees not agreed upon processed within 120 days (goal is 85%)
- 89% of applications and annual renewals for workers' compensation coverage processed within 45 days (goal is 85%)



FY23 Longshore Performance (Quality)

- 95% of settlement actions sampled for quality rated as correct (goal is 90%)
- 93% of Second Injury Fund applications actions sampled for quality rated as correct (goal is 85%)
- 95% of Second Injury Fund payments sampled for quality rated as correct (goal is 95%)
- 92% of penalty actions sampled for quality rated as correct (goal is 85%)
- 92% of informal conference actions sampled for quality are rated as correct (goal is 89%)

Industry Performance



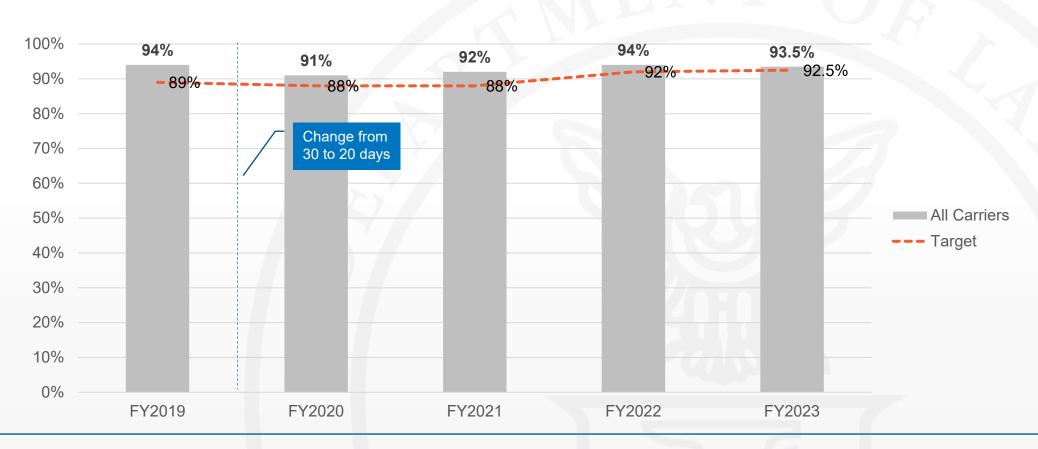
FY23 Longshore and Special Fund Industry Performance

Measure	FY23 Result	FY23 Target
1st Report of Injury filed within 20 days for non-DBA cases	93.5%	92.5%
Percent of Final Assessment Bills collected within 60 days	90%	90%

- 93.5% of Employers' First Report of Injury filed within 20 days for non-DBA cases (goal is 92.5%)
- 90% of Industry Special Workers' Compensation Fund (Longshore Trust) Final Assessment bills collected within 60-days of issuance (goal is 90%)



Industry Performance First Report of Injury within 20 days Non-DBA





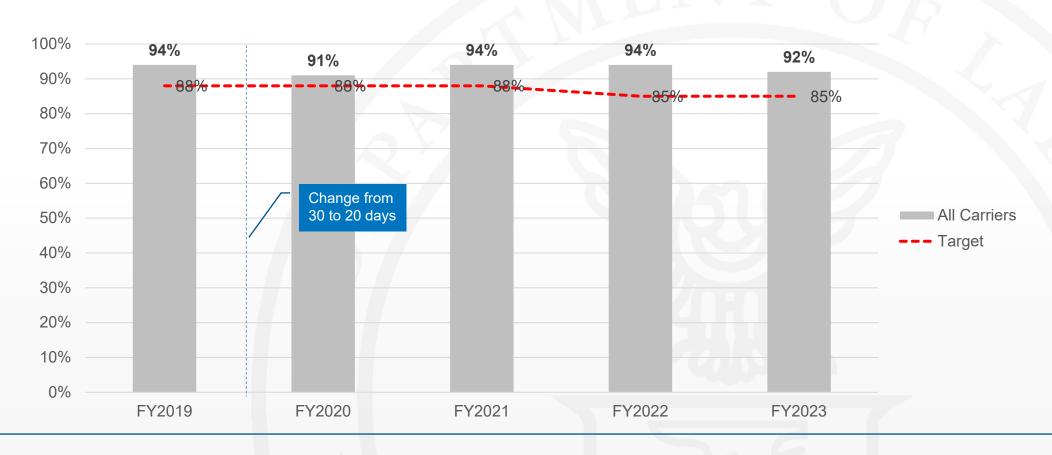
FY23 DBA Industry Performance

Measure	FY23 Result	FY23 Target
1st Report of Injury filed within 20 days for DBA cases	92%	85%

92% of Employers' First Report of Injury filed within 20 days for DBA cases (goal is 85%)



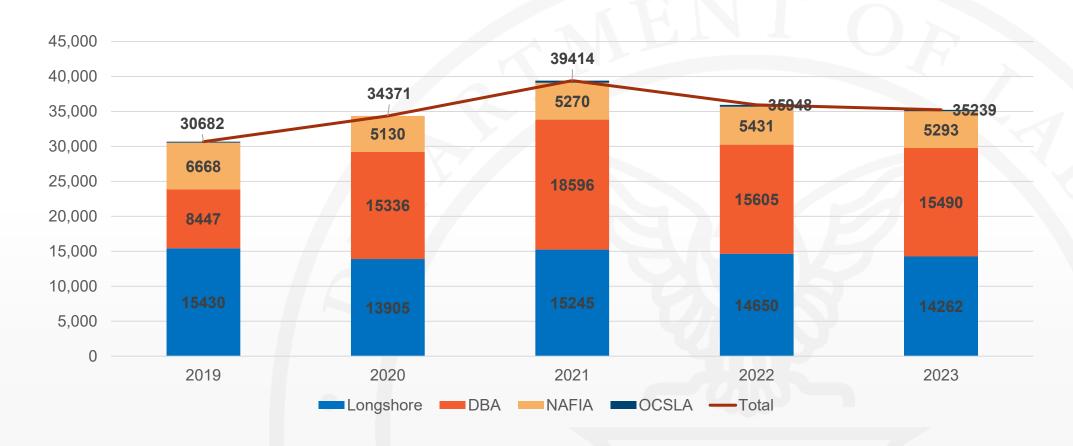
Industry Performance First Report of Injury within 20 days DBA



Claims Trends

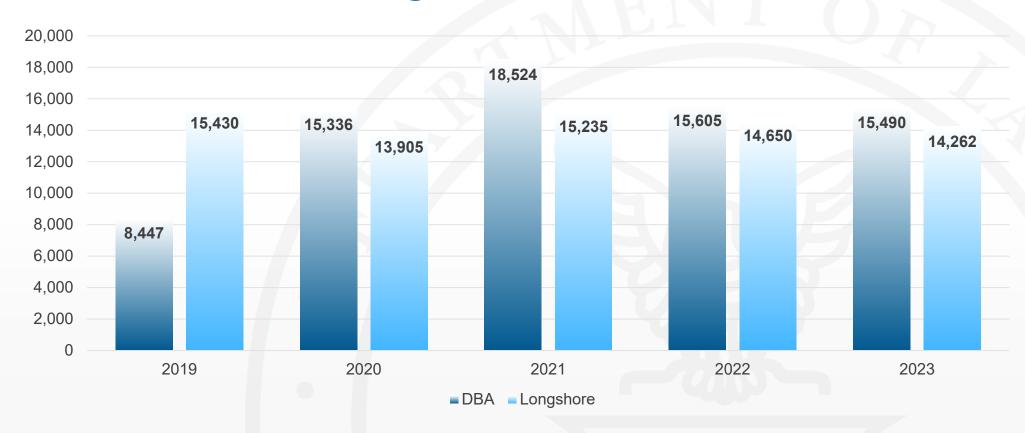


New Cases Created by Act (FY2019 to FY2023)





Trends – Claims Reported FY2019 – FY2023 Longshore and DBA





Trends – New Claims Reported FY2019 – FY2023 Traumatic and Occupational



What the Industry is Seeing



Claims-Related Issues

Issue	OWCP's Stance
Requesting OALJ referral without medical evidence	 Sharing medical is necessary to make a good faith effort to resolve disputes OWCP may delay referral to the OALJ where there is not any medical on file and develop for it, or where medial was submitted with the referral but sufficient time for defense to review has not elapsed. Our obligation and preference is to refer the case when requested by parties though.





Claims-Related Issues

OWCP's Stance Issue Change made to the referral OALJ Rejection of letter to limit avoidable rejections referrals for **Expect outreach from CEs** regarding discrepancies between various the LS-18 data and the case file reasons (i.e. name variations, case #s, addresses) Submit LS-18 as a stand-alone document so that it can be referred without delay.

Stephen R. Henley, Chief Judge Office of Administrative Law Judges U. S. Department of Labor 800 K. Street, N.W., Suite 400 North Washington, DC 20001-8002

In accordance with the provisions of 33 U.S.C. § 919(d) and 20 C.F.R. § 702.331, this matter is referred for a formal hearing under the Longshore and Harbor Workers' Compensation Act ("the Act").

The following is provided for your information: (May choose several)

- Enclosed is the claimant's pre-hearing statement.
- The case was previously referred on (insert date). We now have received the Pre-Hearing statement from (insert name). The statement is being forwarded for
- This case involves a dispute regarding Last Responsible Employer. The parties request this case be consolidated with OWCP No. (insert case
- number) for hearing.
- Section 8(f) has been raised prematurely. The employer's right to later seek
- Section 8(f) has been considered and denied. Attached is a copy of the Section
- The employer did not submit a fully completed Section 8(f) petition within the time frame allowed, or to date, and the Director will assert the absolute defense in accordance with § 8(f)(3) of the Act.

Pre-Hearing Statement

Longshore and Harbor Workers' Compensation

Reset

This form will be used by OWCP to refer the claim for a formal collection of information unless it displays a currently valid ON

OWCP case LS-06123456 OWCP Office: National Office Injured Employees

Date of Injury: 12/30/1967

Employer:

Act: LHWCA

Submit form to the OWCP/DFELHWC Central Mail Receipt site at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs Division of Federal Employees', Longshore and Harbor Workers' Compensation

400 West Bay Street, Room 63A, Box 28 Jacksonville, FL 32202

1. Employee's name (First, middle initial, last)

OWCP No.



Claims-Related Issues

Issue	OWCP's Stance
• Copy Requests	 Work with opposing counsel (who can now access case files on ECOMP). Do not request as a matter of course in the Notice of Appearance letter. Remove language requesting copy from NOA – only request as needed.





Budget and Innovation

	ENT
Issue	OWCP's Stance
FY23 to FY24 budget and outlook	Level or lessDevelopment freeze
Creative Innovation	 Where we can innovate without development or utilize our in-house staff and current partnerships, we are, as always pushing forward. Where development is required or major projects such as ECOMP access for Employers/Carriers, the program plan has not changed, <u>but the timeline has</u>.



China Waiver Application

Does the China Waiver apply to Hong Kong?



China does have a current active waiver, but it <u>does not</u> apply to Hong Kong. A separate waiver for Hong Kong would need to be submitted following the DBA waiver guidance.



Shalonda Cawthon Ombudsperson, OWCP

Office of Workers' Compensation Programs

OWCP Ombuds Office

Federal Employees', Longshore and Black Lung Programs



- The OWCP Ombuds Office is a newly created office that functions within the Office of Workers' Compensation Programs (OWCP) focused on the Federal Employees', Longshore and Black Lung Programs.
- Supports the mission of OWCP by serving as an independent, impartial and confidential resource that receives and helps to resolve inquiries and concerns from OWCP claimants and other external interested parties.
- Accept inquiries and concerns by email and phone. Online Inquiry Form in development. Will be located on the OWCP website.
- Partners with program staff to address inquiries and resolve individual claimant concerns in order to promote improved customer service and enhance the overall customer experience.



The OWCP Ombudsperson can ...

- Listen objectively to understand an individual's question and/or concern
- Share OWCP resources and appropriate contacts in response to inquiries
- Help to resolve concerns related to OWCP's handling of claims, after assistance has first been sought through established procedures
- Identify trends and systemic issues that may have an impact on customer experience
- Recommend systemic changes to help avoid similar concerns in the future

The OWCP Ombudsperson <u>cannot</u> ...

- Handle matters regarding the Division of Energy Employees Occupational Illness Compensation (DEEOIC) - they have their own Ombuds office
- Advocate for or represent an individual or entity
- Make or recommend decisions in individual claims
- Overturn decisions made by OWCP program staff or others involved in the adjudicatory process of a claim
- Provide legal advice or representation



OWCP Ombuds Office



Shalonda Cawthon, Ombudsperson

OWCP.Ombuds@dol.gov

202-354-9599

Jamie Margherio, Deputy Branch Chief of Policy, Regulations and Procedures

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)

ECOMP





ECOMP

Are you a Claimant or Claimant's Attorney who would like online access to your cases?



Welcome to ECOMP The Employees' Compensation Operations & Management Portal

Increasing Users

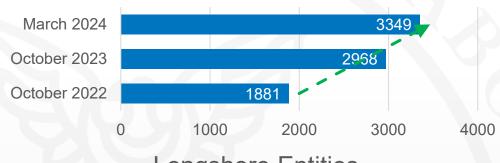
Total DFELHWC Users – 788,039

- Includes 783,955 registered FECA claimants
- Longshore Claimants 4,084 registered,
 3,349 identity verified

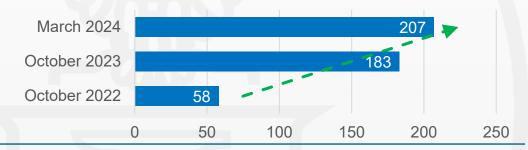
Entities

- FECA 777 Entities (law firms, unions, non-attorney reps)
- Longshore 207 Entities (law firms)

Longshore ID Verified Claimants



Longshore Entities





ECOMP – History

2021

Longshore joined other OWCP divisions in offering Claimants access to ECOMP to view their case files and case details online.

2022

Claimants with SSNs can designate an attorney in ECOMP and provide that attorney with access to the case file.

2023

Recognizing that foreign nationals without SSN could not be identity verified and therefore, could not access ECOMP, the Program piloted the ECOMP Foreign Waiver program.



2024

The ECOMP Foreign Waiver Program will be open to all attorneys of foreign nationals who wish to provide their attorney access to ECOMP.

Future

Employer/Carrier and Defense Attorney access to ECOMP.











ECOMP – Entity Experience



https://owcp.industrypartners.dol.gov



Welcome to the Entities Page

Entities Overview

Entities are individuals, business entities, or organizations that may be given access to specific OWCP case files. To be an authorized Entity user within OWCP's ECOMP portal, each user must register and be identity verified within ECOMP.

Some Entities are granted access to claimant files based solely on the claimant's designation of representation. These Entity types include attorneys/law firms, union representatives and non-attorney authorized representatives.

Entities

Register for an account or sign in to get started!

	Sign In
	Email or Usernar
	assword



ECOMP – Entity Dashboard

YOU'RE SIGNED IN AS AN ENTITY MANAGER ACCOUNT SIGN OUT

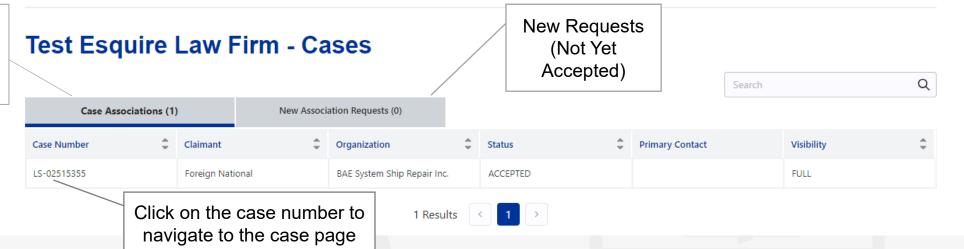
Entity Case Dashboard

Your Entity Case Dashboard allows you, as an authorized Entity, to view the case(s) to which you have been granted access. The cases associated with your Entity organization are listed below in the Case Associations tab.

The New Association Requests tab has new representation requests that are pending your response. For each you will see who is making the request with the claimant's name and case number. You must make a decision on each request to either accept the request for association, or deny the request for association. (This tab will not apply to Entities such as Longshore Employer and Carriers since case association is based solely on the parties in each claim and not on a specific request.)

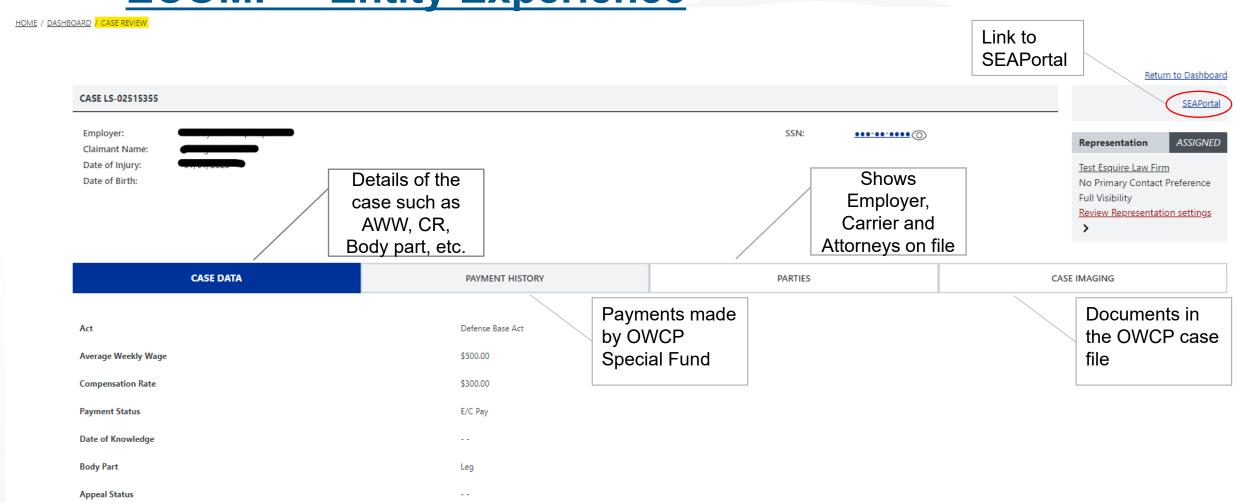
If you represent a claimant and the case is not listed below, this means the claimant has not requested this association through ECOMP. While it is not a requirement that claimants or representatives use ECOMP for any proceeding in OWCP, if a representative wishes to view a case in ECOMP, the claimant must request that association through ECOMP. There is no option within ECOMP for you to request access to a claimant's case. The claimant must initiate this selection in ECOMP, Helpful instructional videos to assist claimants with selection of a representative within ECOMP are available on our HELP site.

Currently Associated Cases (Accepted)



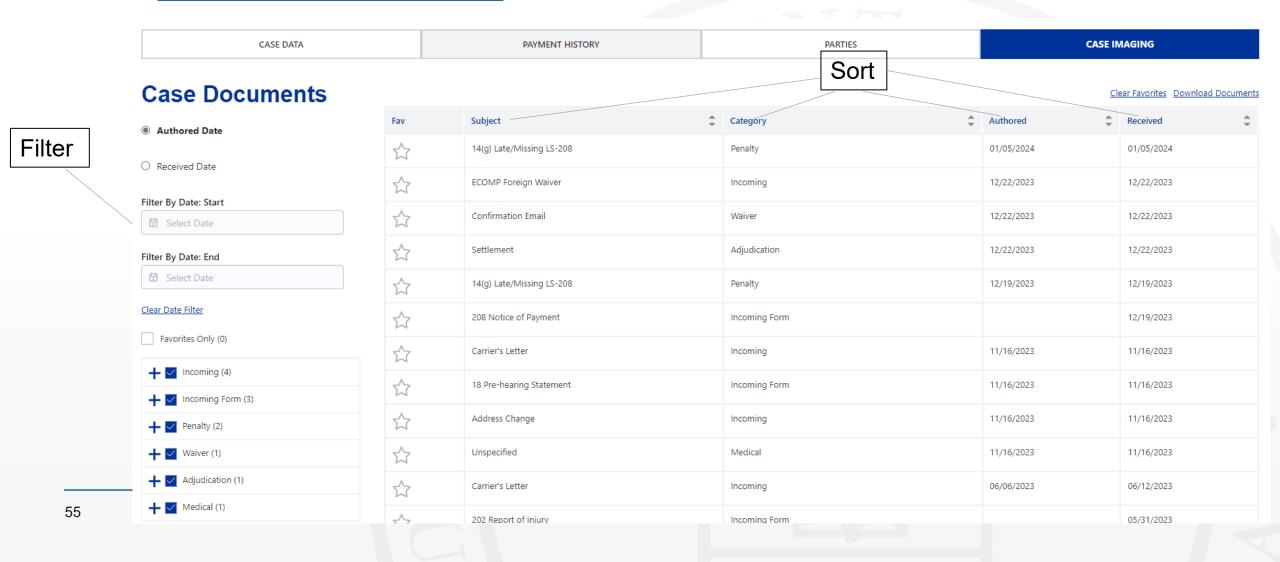


ECOMP – Entity Experience



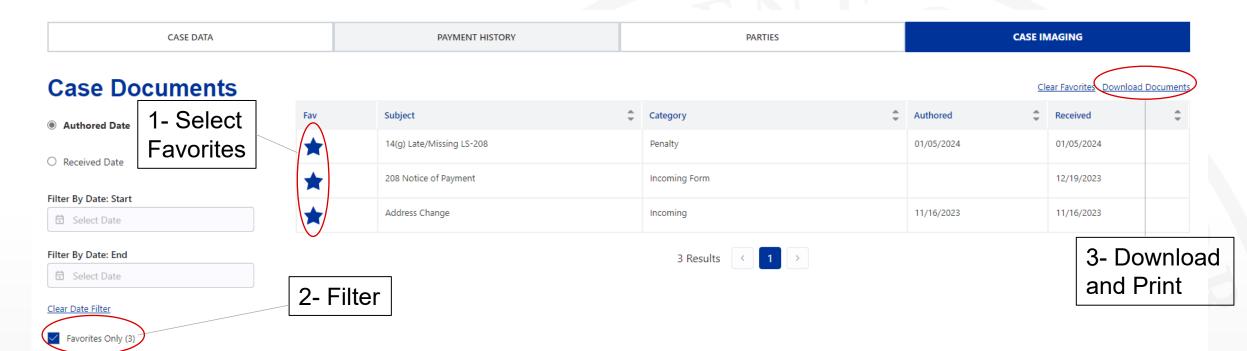


Case Documents: No more waiting for copies





Case Documents:



Select Favorites, Filter and Download. Or, download the entire file.

Demystifying PRA



PRA (Paperwork Reduction Act)

- Federal law enacted in 1980 that requires agencies to obtain approval from the Office of Information and Regulatory Affairs (OIRA) within the Office of Management and Budget before collecting information from ten or more members of the public.
- Requires agencies to seek public comment
- Also known as Information Collection Requests (ICR)
 - ICRs include:
 - Forms
 - Surveys
- Goal of the PRA: Minimize burden on the public when collecting information.

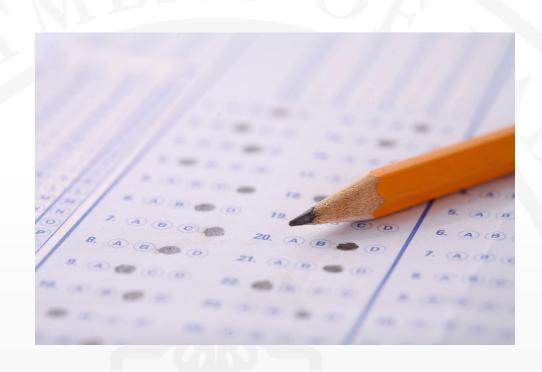


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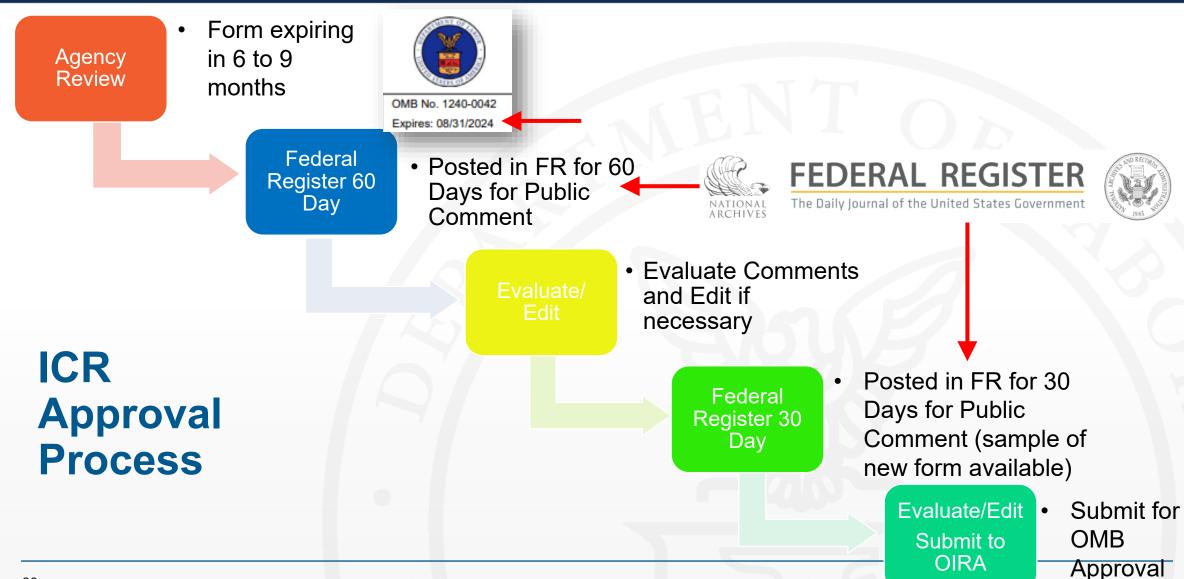
Forms

- Forms are information collection requests (ICRs) – obtaining information from the public necessary to complete the mission.
- Sometimes, but not always, associated with a rulemaking
- Maximum approval of 3 years (per cycle)



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Solicit comment/
feedback on specific
forms from Claims
Examiners in the field

Feedback
Solicited by
OWCP
(in addition to
the FR notices)

Agency Review Solicit comment/
feedback from
stakeholders (carriers
and self-insureds) on
all forms expiring within
a year

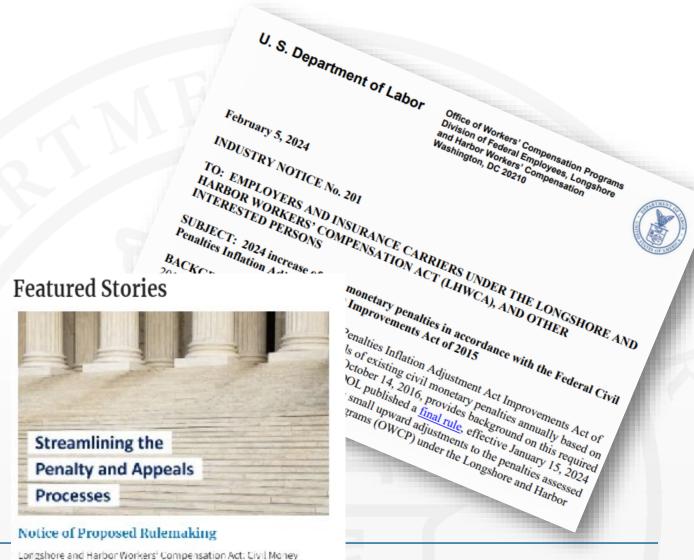
Federal Register 60 Day



Penalties Procedures

Rulemaking

- Rulemaking is long and complicated
- Used to introduce new or change existing regulation
- Consists of two stages Proposed Rule and Interim or Final Rule
- Often accompanied by more extensive outreach such as internet postings soliciting feedback, email blasts, industry notices.
- Not ongoing: Twice yearly calendar for rulemaking (Spring and Fall)







Let's Work Together

Participation

Your feedback before and during the comment period(s).

Consideration

OWCP's commitment to listen to the customer.

Process

Collectively, we make the process of OMB approval work. Reduced Burden

Better forms

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Forms Roundup: FY23-24 updates

- LS-204, 201, 262, 203, etc. New expiration: 10/31/2026
 - Claim forms (201, 203, 262): Where gender was on the previous form, updated in accordance with <u>Executive Order 14075</u> and SOGI Best Practices; Exact place of injury for DBA; Nonsubstantive changes (typos, contact info, OLAF (one look and feel) (Ex: made all forms ask for "Name" as Last, First, MI, countries dropdown, etc.)
 - Other forms in collection: Non-substantive (OLAF)
- LS-1 New expiration:11/30/2026
 - Non-substantive (OLAF)
- LS-18 New expiration 01/31/2027
 - Non-substantive (OLAF)

23. Exact place where accident occurred (Street address, city, town, country) (For Longshore also include: name of vessel, pier, terminal, etc.) (For DBA also include: name of the DOD facility or associated worksite - i.e. base, FOB, camp, etc.)

- LS-210 and LS-202
 - LS-202: Based on feedback from Claims Examiners and stakeholders, added an "Amended" box.
 - Non-substantive (OLAF)







Other Recently Updated Forms (Industry Notice No 197)

- Instrumental in expediting delivery of benefits
- Available on Longshore Internet File format changed – no more need for download – can be opened and filled out in browser
- LS-7 Request for Intervention updated to allow for identification of a specific "Other" issue (free form)
- LS-8 Settlement Application updated to allow easier completion of a single form for multiple claims
 - One LS-8 for up to 4 cases.
 - Submit to one case file, not all.

Settlement Approval Request Section 8(i)

U.S. Department of Labor

Office of Workers' Compensation Progra



OMB No.: 1240-005

Expires: 03/31/2026

You must use this form to request approval of a settlement under Section 8(i) of the Longshore and Harbor Worker's Compensation Act and its Extensions. You must attach a fully executed 8(i) settlement agreement.

Submit form and attachments to the OWCP/DLHWC Central Mail

Or uplead directly to the

Submit form and attachments to the OWCP/DLHWC Central Mail Receipt site by certified mail with return receipt requested or commercial delivery service with tracking capability at the following address: U.S. Department of Labor, Office of Workers' Compensation Programs

U.S. Department of Labor, Office of Workers' Compensation Progra Division of Longshore and Harbor Workers' Compensation 400 West Bay Street, Suite 63A, Box 28 Or upload directly to the case file using the Secure Electronic Access Portal (SEAPortal)

Access the SEAPortal directly at: https://seaportal.dol.gov/portal/

You must include the following in the 8(i) settlement agreement: Brief summary of facts; Issues in dispute; Claimant's current work status; Medical reports describing injuries, impairment, and date of maximum medical improvement; Anticipated future medical treatment, the costs thereof, and medical paid in the last three years; Collateral sources for future medical treatment, if medical benefits are being settled; Explanation of why the settlement is adequate and not signed under duress; and Signatures of all parties. The application must be self-sufficient when read on its own without any background information. See 20 C.F.R. 702.242, 702.243.

The application made be con camelone	michi redd o'i lis own walod	any background informe	dilon. See 20 O.I .It TOZ.Z-12, TOZ.Z-15.	
Date of Accident/Illness:	2. Carrier's No.	3. (OWCP No.	
4. Name of Injured Worker and Claima	nt <i>if other than injured worke</i>	r		
, —	Š			
5. Claimant's Telephone Number (requ	ired if claimant is not represe	ented by an attorney)		
6. Average Weekly Wage		7. Compensation Rate	on Rate	
3. Settlement Amount for Compensatio	n			
(Provide the Case # and Amount for Each Case – up to 4 cases)				
Settlement Amount for Medical Treatment				
(Provide the Case # and Amount for Each Case – up to 4 cases)				



Forms: A look ahead at close of FY24 and FY25

Forms:

Finishing out the FY24 – 2 more forms (LS-207 "Notice of Controversion"/208 "Notice of Payments" are in the FR for the 60 Day right now).

 FY25 is a slow year for forms – LS-570 and LS-426

DEPARTMENT OF LABOR

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Notice of Controversion of Right to

ACTION: Notice of availability; request

SUMMARY: The Department of Labor (DOL) is submitting this Office of the Workers' Compensation Programs (OWCP)-sponsored information collection request (ICR) to the Office of Management and Budget (OMB) for the Paperwork Reduction Act of 1995 invited.

DEPARTMENT OF LABOR

Agency Information Collection Activities; Submission for OMB Review; Comment Request; Notice of

ACTION: Notice of availability; request for comments.

SUMMARY: The Department of Labor (DOL) is submitting this Office of the Workers' Compensation Programs (OWCP)-sponsored information collection request (ICR) to the Office of Management and Budget (OMB) for review and approval in accordance with (PRA). Public comments on the ICR are

Other Updates and Resources



Updated 8(f) Letter

New Language in 8(f)
Approval Letter
Pursuant to U.S.
Treasury Mandate to
pay Claimants by
EFT

The Application for Section 8(f) Relief received on XX/XX/XXXX has been considered. Section 8(f) Relief for XX % pre-existing: binaural hearing loss supported by audiogram dated XX/XX/XXXX, pursuant to the following terms:

 The Average Weekly Wage (AWW) is \$X,XXX.XX with a corresponding compensation rate of \$X,XXX.XX.

Parties stipulate that the Injured Worker sustained a XX %: binaural hearing loss entitling XXXXXXXXX to XX weeks at \$X,XXX.XX per week totaling \$XX,XXX.XX.

- Employer is liable for XX% binaural hearing loss yielding XXX weeks beginning XX/XX/XXXX at \$X,XXX.XX per week totaling \$XX,XXX.XX, plus interest from date of judicial demand XX/XX/XXXX.
- Section 8(f) Relief may be granted for the pre-existing XX% binaural hearing loss yielding XXX weeks beginning XX/XX/XXXX at \$X,XXX.XX per week totaling \$XX,XXX.XX, plus interest.

If all parties agree to the terms outlined above and upon receipt of signed stipulations along with the beneficiary's EFT information, a Compensation Order Award of Benefits and Section 8(f) Relief will be issued.

If you have questions concerning this process, please contact the National Office at (202) 513-6809.



Online Resources - SEAPortal

 Updated HELP menu with new resources

Submit New Claim or Report of Injury | Check Status | HELP



- FAQs
- Longshore Home Page
- SEAPortal Training video
- Longshore Claims Forms Training video (Coming Soon!)
- ECOMP
- Document Category List

Instructional video – NEW!



UNITED STATES DEPARTMENT OF LABOR

Employer and Carrier tips:

LHWCA nationwide number:

(202) 513-6809



Notice of claim



Copy of claim

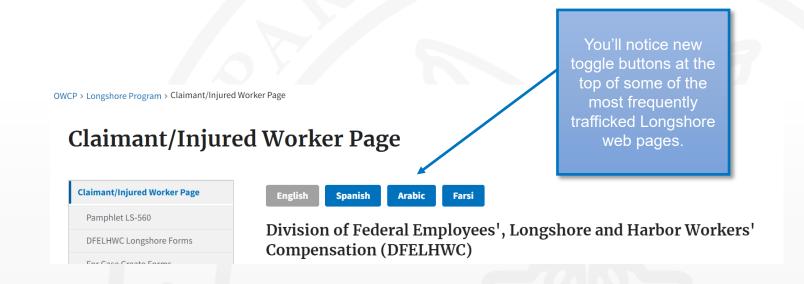
If a case number already exists, submit through the "Uploading Documents to an existing case" section of SEAPortal.

Forms training video – Coming Soon!



Online Resources - Web page translation

As part of OWCP's Language Access Plan, the most frequently visited web pages have been translated into Spanish, Arabic and Farsi.





DBA Online Resources - Longshore Internet

DBA Page



Defense Base Act

The Defense Base Act provides workers' compensation protection to civilian employees working outside the United States on U.S. military bases or under a contract with the U.S.

ON THIS PAGE

- What's New
- Overview
- Insurance Information
- DBA Waivers
- Benefits and Claims
- Law Reference Materials
- War Hazards Compensation Act Resources
- Industry Notice No. 187 Defense Base Act (DBA) Waivers



Centralized Mailing



- Do you have (or have you considered) Centralized mail?
- Benefits:
 - Don't miss mail: if it all goes to the same place, it all goes to the right place.
 - We get a lot of returned mail, which means you're not getting it and we're busy researching it when it comes back.
- If you:
 - notice a pattern of not getting mail, or,
 - you're interested in working with us to establish a central address,

Contact David Abeijon and Jamie Margherio so we can assist.

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Communications

Central Mail Receipt:

U. S. Department of Labor
Office of Workers' Compensation Programs
Division of Longshore and Harbor Workers'
Compensation
400 West Bay Street, Suite 63A, Box 28
Jacksonville, FL 32202

Case Create Documents only: FAX (202) 513-6814

Telephone Number for all offices: (202) 513-6809

• Be prepared with Case # to reach assigned Claims Examiner directly. **Electronic Submissions:**

SEAPortal: https://seaportal.dol.gov

OWCP Ombuds Office: OWCP.Ombuds@dol.gov

ECOMP Longshore page for

Claimants: https://dlhwc.dol.gov/

ECOMP Longshore page for

Entities: https://owcp.industrypartners.dol.gov

Section 7 Order Requests: Section-7-Order-

Request@dol.gov

oction-7-Oraci

David Duhon District Director, Southern Compensation District

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)

Medical and Default Orders



MEDICAL ORDERS – Section 7

Section 7(a) of the LHWCA provides:

The employer shall furnish such medical, surgical, and other attendance of treatment, nurse and hospital service, medicine, crutches, and apparatus, for such period as the nature of the injury or the process of recovery may require.

- The claimant must establish that the medical expenses are related to the compensable injury. Pardee v. Army & Air Force Exch. Serv., 13 BRBS 1130 (1981); Suppa v. Lehigh Valley R.R. Co., 13 BRBS 374 (1981).
- The employer is liable for medical services for all legitimate consequences of the compensable injury, including the chosen physician's unskillfulness or errors of judgment. Lindsay v. George Wash. Univ., 279 F.2d 819 (D.C. Cir. 1960); see also Austin v. Johns-Manville Sales Corp., 508 F. Supp. 313 (D. Me. 1981).





MEDICAL ORDERS – Section 7, cont.

Section 7(b) Physician selection; administrative supervision; change of physicians and hospitals.

The employee shall have the right to choose an attending physician authorized by the Secretary to provide medical care under this Act as hereinafter provided. If, due to the nature of the injury, the employee is unable to select his physician and the nature of the injury requires immediate medical treatment and care, the employer shall select a physician for him. The Secretary shall actively supervise the medical care rendered to injured employees, shall require periodic reports as to the medical care being rendered to injured employees, shall have authority to determine the necessity, character, and sufficiency of any medical aid furnished or to be furnished, and may, on his own initiative or at the request of the employer, order a change of physicians or hospitals when in his judgment such change is desirable or necessary in the interest of the employee or where the charges exceed those prevailing within the community for the same or similar services or exceed the provider's customary charges.



MEDICAL ORDERS – Section 7, cont.

- Change of physicians at the request of employees shall be permitted in accordance with regulations of the Secretary.
- Active supervision of the injured employee's medical care is to be performed by the Director through the district directors (formerly called deputy commissioners) and their designees. 20 C.F.R. § 702.407. See Roulst v. Marco Constr. Co., 15 BRBS 443 (1983) (the Board held that the deputy commissioner may order a change of physicians under Section 7(b)). The 1984 Amendments add a provision that the Secretary may also order such a change where the charges exceed those prevailing in the community for the same or similar services or exceed the provider's customary charge. 33 U.S.C. § 907(a).



MEDICAL ORDERS – Section 7, cont.

Section 7(c)(2) of the 1984 LHWCA provides that when the employer or carrier learns of its employee's injury, either through written notice or as otherwise provided by the LHWCA, it must authorize medical treatment by the employee's chosen physician.

- Once a claimant has made his initial, free choice of a physician, he may change physicians only upon obtaining prior written approval of the employer, carrier, or deputy commissioner. See 33 U.S.C. § 907(c)(2); 20 C.F.R. § 702.406.
- Where the authorized physician withdraws/retires from the practice of medicine and refers his patients to a new doctor, no new authorization is required. According to the Board, the reasonable conclusion is that the claimant's initial physician provided the care of another physician whose services were necessary for the proper care and treatment of the claimant's compensable injury, and the new doctor must be considered to be the physician authorized to provide medical treatment. Maguire v. Todd Pac. Shipyards Corp., 25 BRBS 299, 301-02 (1992).
- Consent to change physicians shall be given when the employee's initial free choice was not of a specialist whose services are necessary for, and appropriate to, proper care and treatment. Consent may be given in other cases upon a showing of good cause for change. Slattery Assocs. v. Lloyd, 725 F.2d 780, 16 BRBS 44 (CRT) (D.C. Cir. 1984); Maguire, 25 BRBS at 301-02; Swain v. Bath Iron Works Corp., 14 BRBS 657 (1982). The regulation only states that an employer may authorize a change for good cause; it is not required to authorize a change for this reason. Swain, 14 BRBS at 665.



MEDICAL ORDERS – Section 7, cont.

Section 7(d)(4) of the LHWCA as amended in 1984 provides that the Secretary or judge may, by order, suspend the payment of all further compensation to an employee during any period in which he unreasonably refuses to submit to medical or surgical treatment, or to an examination by the employer's chosen physician, unless the circumstances justified the refusal.

• Section 7(d)(4) cannot be applied retroactively. It is inconsistent with the statutory language and case law to apply Section 7(d)(4) to terminate payments for a period prior to the employer's raising the issue. Dodd v. Newport News Shipbuilding & Dry Dock Co., 22 BRBS 245 (1989).



MEDICAL ORDERS – Section 7, cont.

WHY DO MEDICAL ORDERS GET ISSUED?

- 1. <u>Clear choice of physician issues</u> Claimant's doctor refers to a specialist; claimant's doctor retires or refuses to provide additional medical treatment, etc.
- 2. Employer/Carrier does not provide 2nd medical opinion to support their position that a request for medical treatment is not reasonable or necessary.
 - -An adjuster's opinion is not sufficient to support denial of medical treatment.
- 3. <u>Claimant refuses to attend Employer's 2nd Medical Examination</u>. (Order Suspending Compensation)
- 4. Order to Pay for Department of Labor Independent Medical Examination. (This is not optional for an Employer to dispute)

MEDICAL ORDERS CANNOT BE ISSUED WHEN THE REQUEST IS BASED ON SUBSTANTIVE FACTUAL DISPUTES (CAUSATION, LRE, ETC.).



DEFAULT ORDERS

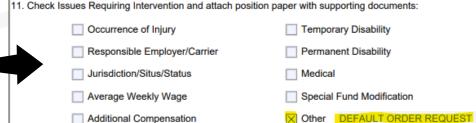
§ 918. Collection of defaulted payments; special fund

- (a) In case of default by the employer in the payment of compensation due under any award of compensation for a period of thirty days after the compensation is due and payable, the person to whom such compensation is payable may, within one year after such default, make application to the deputy commissioner making the compensation order or [for] a supplementary order declaring the amount of the default. After investigation, notice, and hearing, as provided in section 19 [33 USC § 919], the deputy commissioner shall make a supplementary order, declaring the amount of the default, which shall be filed in the same manner as the compensation order. In case the payment in default is an installment of the award, the deputy commissioner may, in his discretion, declare the whole of the award as the amount in default. The applicant may file a certified copy of such supplementary order with the clerk of the Federal district court for the judicial district in which the employer has his principal place of business or maintains an office, or for the judicial district in which the injury occurred.
- (b) In cases where judgment cannot be satisfied by reason of the employer's insolvency or other circumstances precluding payment, the Secretary of Labor may, in his discretion and to the extent he shall determine advisable after consideration of current commitments payable from the special fund established in section 44 [33 USC § 944], make payment from such fund upon any award made under this Act and in addition, provide any necessary medical, surgical, and other treatment required by section 7 of the Act [33 USC § 907] in any case of disability where there has been a default in furnishing medical treatment by reason of the insolvency of the employer. Such an employer shall be liable for payment into such fund of the amounts paid therefrom by the Secretary of Labor under this subsection; and for the purpose of enforcing his liability, the Secretary of Labor for the benefit of the fund shall be subrogated to all the rights of the person receiving such payment or benefits as against the employer and may by a proceeding in the name of the Secretary of Labor under section 18 [33 USC § 918] or under subsection (c) of section 21 of this Act [33 USC § 921(c)], or both, seek to recover the amount of the default or so much thereof as in the judgment of the Secretary is possible, or the Secretary may settle and compromise any such claim.



DEFAULT PROCEDURES

- 1. Claimant should contact Employer/Carrier's representative to see if agreement can be reached that payment under order was late. Employer/Carrier can voluntarily make 20% payment and file LS-208.
- 2. <u>If no agreement can be reached, Claimant should request an Informal Conference</u>. The parties can present their evidence and positions on whether payment due under Order was late.
- 3. If the District Director finds that payment due under an order was not timely paid, a Suppemental Order declaring default can be issued giving the amount due.
- 4. <u>If Employer/Carrier still refuses to pay, Claimant can file the case with the District Court to enforce the District Director's Order.</u>



Todd Bruininks District Director, Eastern Compensation District

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)

Settlements



Settlements

Issue	OWCP's Stance
All-inclusive language in Settlement agreements	 OWCP <i>still</i> will not approve Settlements with all-inclusive language. OWCP will contact parties to have it stricken (either by deficiency letter or phone call).
Settling for additional conditions not originally claimed	 Conditions not originally claimed must be supported by medical. Specific consideration for these additional conditions must be outlined in the settlement.



8(i) Deficiency

Letter

New Language in

Letter

Settlements

Pursuant to the agreement and stipulation submitted by and between the interested parties, and such further investigation in the above-entitled claim having been made as is considered necessary, and no hearing having been applied for by any party in interest or considered necessary by the District Director, the District Director makes the following:

FINDINGS OF FACT

- 1. That the claimant alleges accidental injury arising out of and in the cou New Language in employment with the employer on or about
- 1. That liability of the employer for compensation under the above cited A insured by
- 1. The parties desire to settle the claim on the following basis:

Lump sum of \$XXX for compensation

Lump sum of \$XXX for medical benefits

- 1. XX will receive \$XXX for fees and costs associated with this claim.
- 1. The District Director, pursuant to Section 8(i) of the Longshore and Harbor Workers' Compensation Act, as amended, finds this settlement to be adequate and not procured by duress, and hereby approves the settlement. Approval will effect a final disposition of this claim, discharging the liability of the Employer/Insurance Carrier for such compensation or medical benefits or both as agreed upon and stated above.

ORDER

8(i) Approval Pursuant to Section 8(i) of the Longshore and Harbor Workers' Compensation Ac District Director having reviewed the agreement and stipulation by and betwee interested parties hereby approves the agreed settlement. This approval effects disposition of the claim, discharging the liability of the employer and insurance carrier in accordance with the terms of the settlement. This approval is limited to the LHWCA claim described in the above findings of fact, and only resolves matters expressly within the jurisdiction of the Longshore Act. The employer and insurance carrier are hereby ordered to pay all amounts due.

Dear Ladies and Gentlemen:

This notice and statement is issued as provided for in 20 CFR 702.243 (b) and (c).

The recently received settlement application is deficient for the below stated reason(s). See 20 CFR 702.242. Upon receipt of the documentary evidence or an amended application correcting the deficiencies, the settlement application will be reconsidered. The 30 day time period for the District Director to approve or disapprove the proposed settlement will begin after receipt of a complete application. See 20 CFR 702.243(b).

The settlement application attempts to resolve injuries for which no claim has been made under the Longshore and Harbor Workers' Compensation Act (or extension) involving the parties attempting to settle. This cannot be done, per 20 CFR 702.241(g). A new application should be submitted where the parties either strike the language referencing unnamed/unclaimed injuries, or provide further information and explanation why these currently unnamed injuries are referenced in the settlement application.

You can electronically submit documents in response to this notice directly into the OWCP case through the Secure Electronic Access Portal (SEAPortal). You can access SEAPortal at: https://seaportal.dol.gov. When you access the website, you will be asked to provide the OWCP number along with the injured worker's last name, date of birth and date of injury. The SEAPortal will then provide a Tracking Number, so you can verify when OWCP received your document. Documents will be visible in the OWCP file within 4 hours of upload. Please contact your servicing office for assistance if you are having difficulty uploading a document. Alternatively, you can mail documents to the address at the address above.

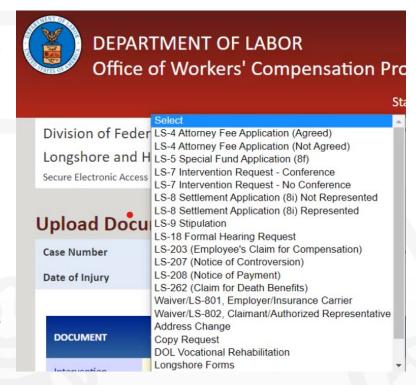
Please DO NOT submit documents by SEAPortal and mail. Only one copy is necessary.

If you have any questions, please contact me at (202) 513-6809.



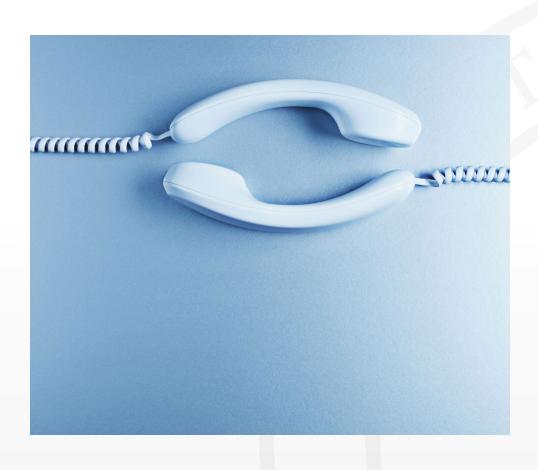
Communication with OWCP - Expediting Handling

- SEAPortal is the currently the *only method* of electronic submission.
 - Documents uploaded to SEAPortal <u>do not always</u> <u>appear immediately</u> and depending on how categorized, <u>does not always prompt quick action</u>.
 - Categorizing properly prompts action by CE
 - Ex: Response to 8(i) deficiency? Categorize as 8(i), not medical, etc.
 - Depending on how it's categorized, it may have a longer allotted review time.
 - Ex: Substitution of counsel for conference





Communication with OWCP - Expediting Handling



- Email Please check with the office on whether they will accept
 - Possibility of Personally Identifiable Information (PII) violation
 - If urgent, call and work with the CE to get it to them ASAP.

- New conference vs reconsideration of the issues
 - 45+ Days vs 15 Days reconsideration gets you there faster
- Other helpful hints when dealing with the office

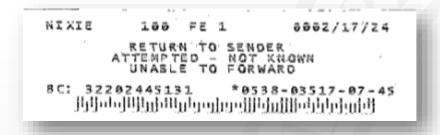
3/26/2024



Communication with OWCP - Waivers

- No duplicates No advantage to resubmitting waivers over and over.
- Only submit if there is a change in the contact info





 Encourage claimants to file waivers for their service (especially if mail delivery is not possible or delayed) due to country of residence



Attorneys cannot file waivers for Employer/Carrier.

Marco Adame District Director, Western Compensation District

Division of Federal Employees', Longshore and Harbor Workers' Compensation (DFELHWC)

Attorney Fees



PLEASE NEGOTIATE FEES

Most of the fees in the Western District are appealed. Which means:

- Our orders are averaging 15 to 30 pages
- All case law is properly reviewed and cited
- All objections must be addressed
- Hourly rate analysis is fully explained





TIMEFRAMES

Receipt of application for Attorney Fees Not Agreed

30 Days Elapses:

 a) IF objections received, OWCP sends to claimant counsel and provides 30 days for response

 b) IF no objections received in 30 Days, Determination will be made absent objections.

No other filings PLEASE!





OWCP sets the time for response: provides **30** days for defense to submit objections





30 Days Elapses: Determination will be made

60 Days <u>strict</u> timeframe to allow for objections and response to objections

Determination made within 120 Days

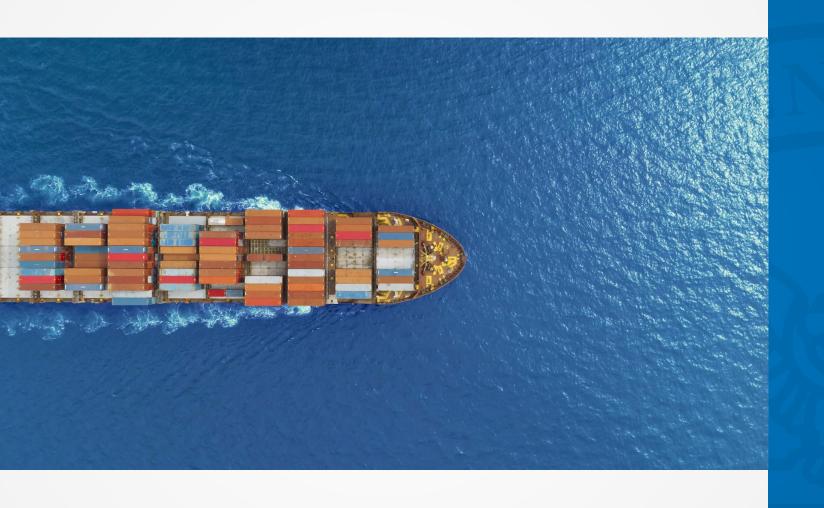


Requests for Reconsideration

- As well as fees being appealed, we often receive Requests for Reconsideration
- This often requires a re-review and takes time
- To expedite fee resolution...

PLEASE NEGOTIATE FEES





Longshore Workers/ ILWU

- ILWU members often receive credit for hours they should have been able to work if they were not injured
- They need your help memorializing these periods in the settlement
- Please speak with your client about retirement credit for off work time
- ILWU members may need to speak to their retirement office before settling a case



Questions?