

Office of Workers' Compensation Programs

Division of Federal Employees' Compensation Interagency Meeting

September 12, 2017



Gary A. Steinberg

Deputy Director, Office of Workers' Compensation Programs



Agenda

- Welcome & Opening Remarks, Gary A. Steinberg
- New Business & General Updates , Antonio A. Rios
- Program Integrity, Jennifer Valdivieso
- Additional Program Updates & Reminders, Tara Jones





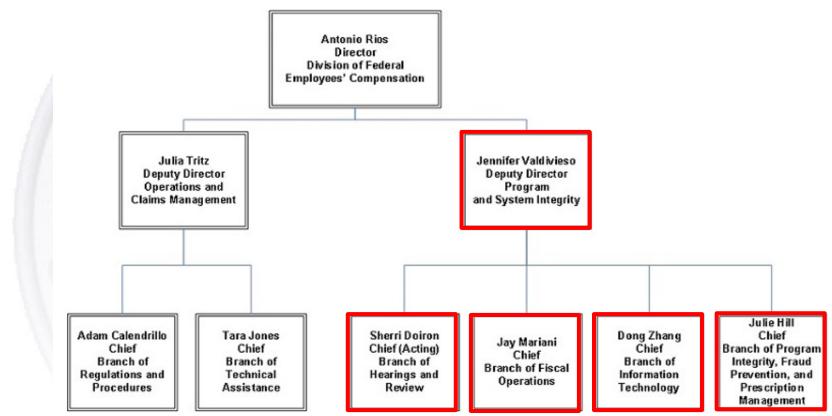
Director, Division of Federal Employees' Compensation





Division of Federal Employees' Compensation (DFEC)

Program Leadership





Prescription Management Policies:

- Compounded Drugs
- Opioid Control
- New Bill Processing Contract
- Pharmacy Benefit Manager (PBM)

Program Priorities

Prescription Management – Compounded Drugs

- 2012 Changes Allow Pharmacies to Charge for every ingredient vs most expensive ingredient
- Costs for Compounds increased from
 - \$ **2**M in FY 2011
 - \$**214**M in FY15
- 2016 Changes
 - July: 2-Tiered Reimbursement Approach
 - 3 or Less Ingredients = 50% of AWP
 - 4 or More Ingredients = 30% of AWP



Program Priorities

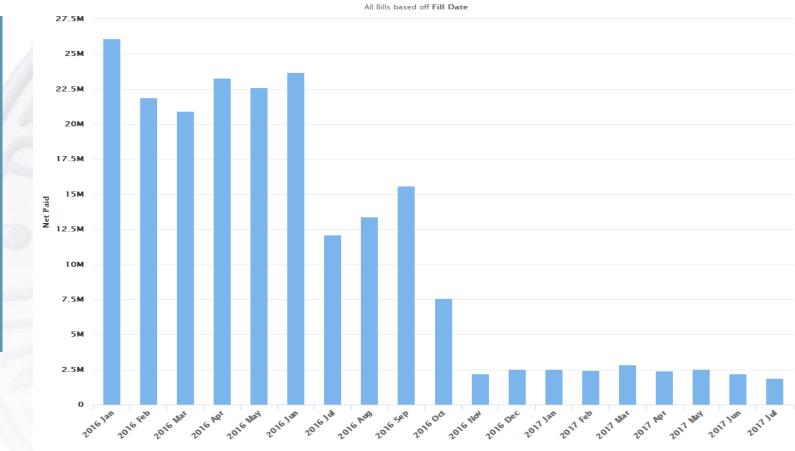
Prescription Management – Compounded Drugs

- 2016 Changes (Continued)
- October: Compounded Drugs without Opioids Require Prior Authorization
- Letter of Medical Necessity (LMN) must be submitted by Physician and approved by OWCP before authorization is provided.

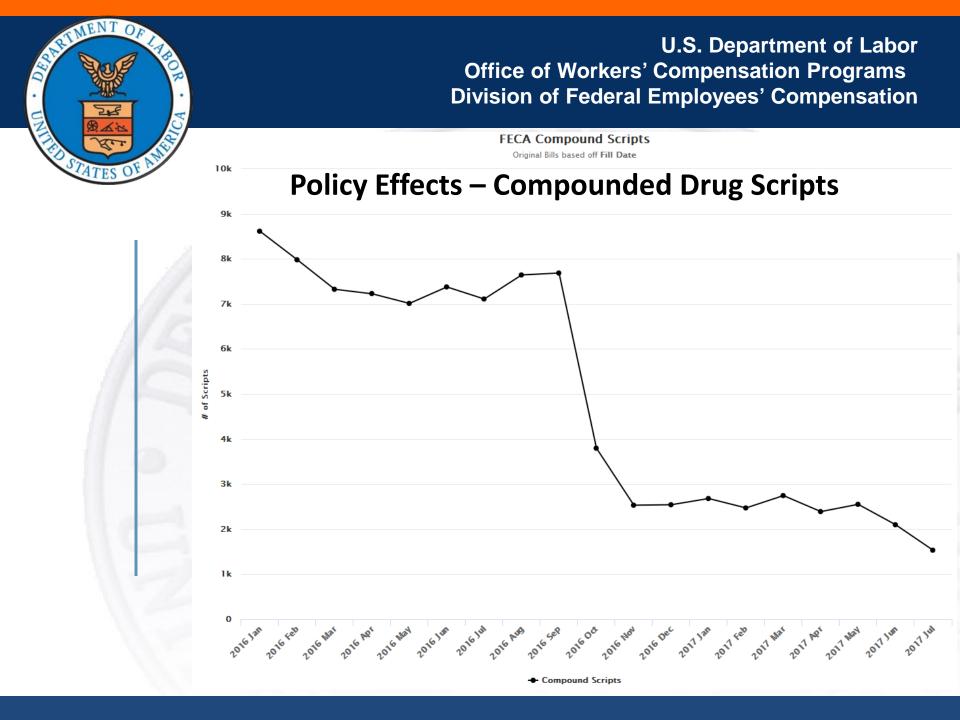


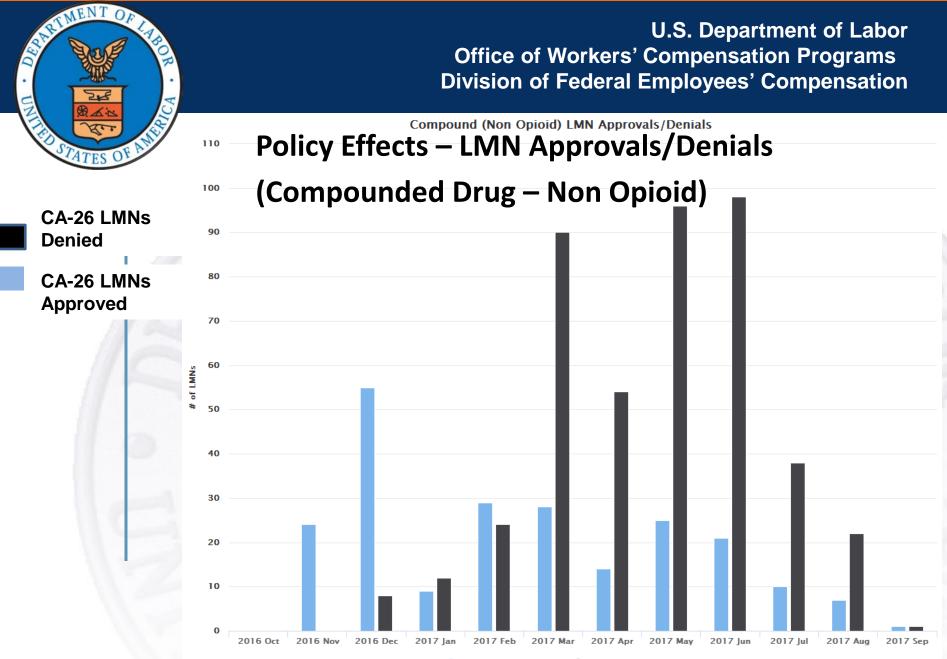
Policy Effects – Compounded Drug Spend

FECA Compound Spend



Compound Spend

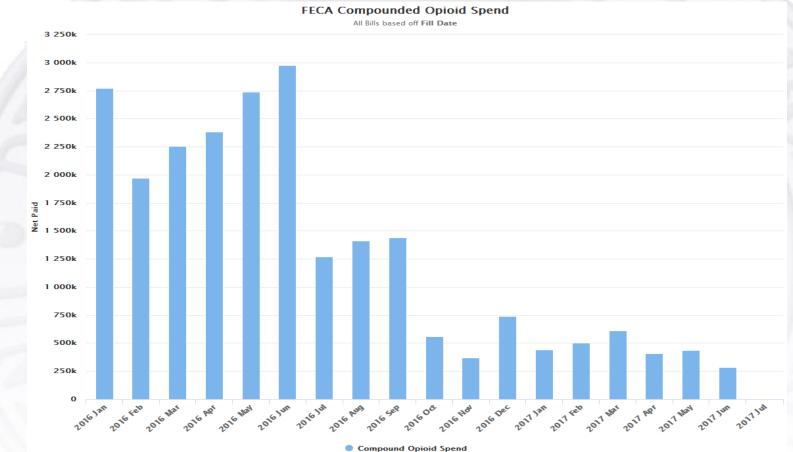


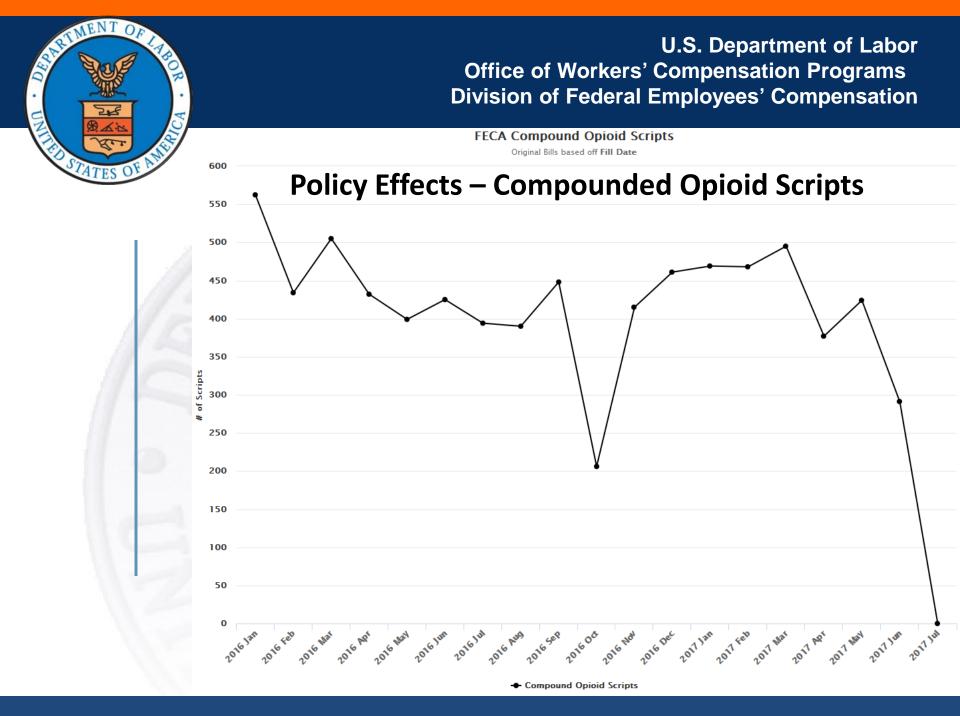


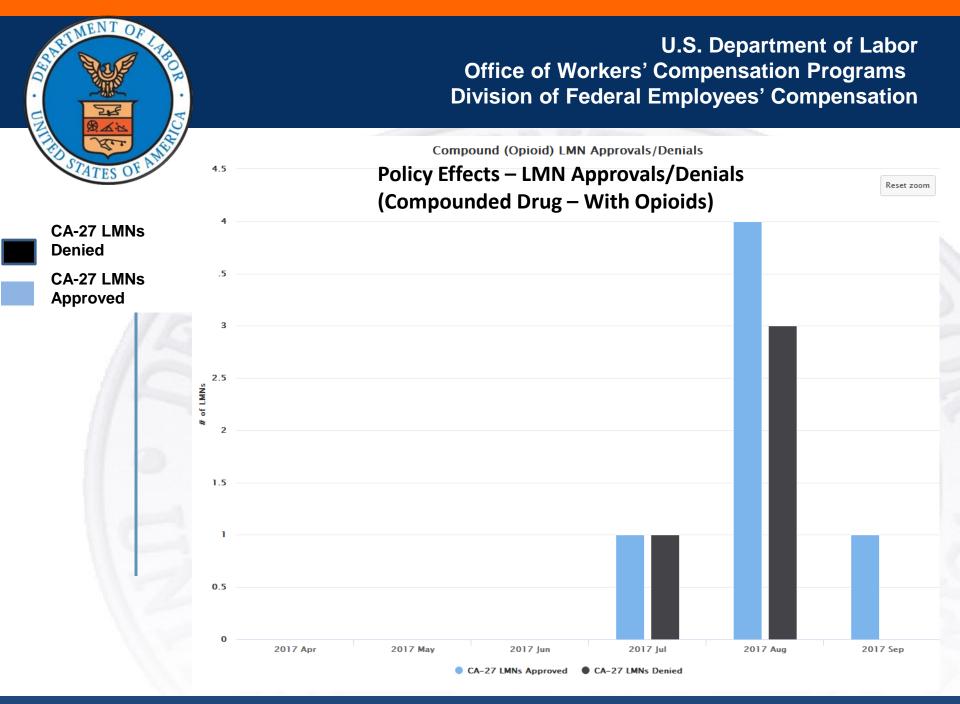


Policy Effects – Compounded Opioid Spend

(June 26, 2017)

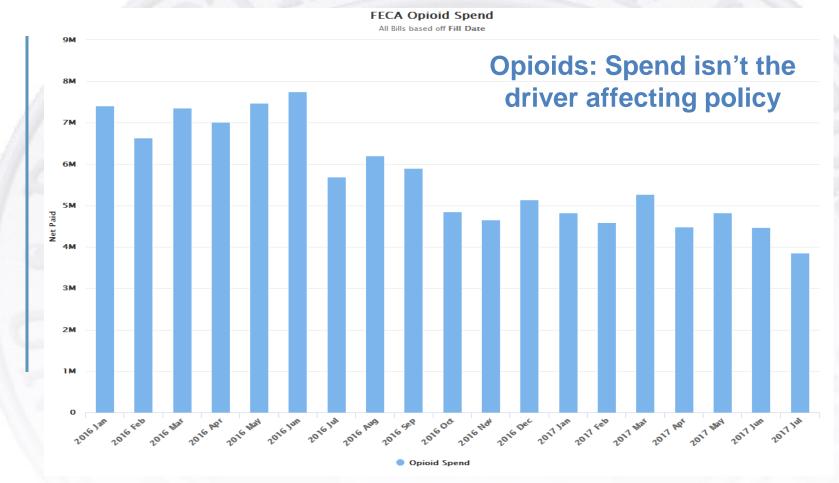








Overall Opioid Spend Patterns





Program Priorities

Prescription Management –

August 27, 2017 - Opioid New Entrants

- 19,000 New Scripts Annually to New Entrants
- New Entrant = No Opioids in Prior 180 Days
- 60-Day Grace Period for 1st Fill All New Entrants
- 2 Opioids Max
- LMN Required at Day 60
- LMN Required Every 60 Days



Program Priorities

Prescription Management (Next Steps)

- Next Phase for Opioid Controls
- Finalize Requirements for Pharmacy Benefit Manager (PBM) Solicitation
- Implement New Bill Payment Vendor



Program Priorities

Program Integrity & Fraud

- New Procedures
- New Access to OIG Agents via ECOMP
- Anti-Fraud Conference
- Increased Cooperation with IG



Program Priorities

Collaborative Case Management

- Team Effort 3 Parties to the Claims
- Leveraging ICS Resources and Working as a Team
- Technological Changes to Enhance Electronic Interactions



Jennifer Valdivieso

Deputy Director, Program and System Integrity Division of Federal Employees' Compensation

Program Integrity - Mission and Focus

To use data analytics and data science to:

- Identify anomalous or unusual payment activity/patterns to detect and prevent fraud in the FECA program;
- Develop effective solutions to mitigate risks; and
- 3. Identify process improvement alternatives and potential avenues for cost savings.



Program Integrity Reviews Performed:

1) Total compensation and medical benefits

2) Discrete components of each

- Disability, Wage Earning Capacity, Death
- Hospital, Physician, PT, Pharmacy

3) Medical Detail

Providers, Procedure Codes and NDCs



			LUC
yoyprojchange 🔷	CBY2018	CBY2017	CBY2016
-5%	\$5,246,082.29	\$66,054,082.42	\$76,372,458.63
-9%	\$1,857 <mark>,909.10</mark>	\$24,42 <mark>6,993.97</mark>	\$33,029,268.75
-4%	\$1,437,3 <mark>91.82</mark>	\$17,929, <mark>010.54</mark>	\$18,311,227.56
-16%	\$1,282,5 <mark>60.24</mark>	\$18,268, <mark>729.80</mark>	\$23,637,250.57
1,728%	\$948,271 <mark>.36</mark>	\$622,344.79	\$259,980.60
-21%	\$848,571 <mark>.81</mark>	\$12,921,018.92	\$15,659,992.36
6%	\$826,797. <mark>93</mark>	\$9,352,270. <mark>71</mark>	\$8,563,814.70
-16%	\$756,945. <mark>84</mark>	\$10,852,425 <mark>.54</mark>	\$3,853,619.47
504%	\$728,192. <mark>16</mark>	\$1,445,589.24	\$0.00
-18%	\$720,179. <mark>19</mark>	\$10,529,866 <mark>.50</mark>	\$9,021,549.44
206%	\$637,008. <mark>2</mark> 6	\$2,497,133.58	\$2,852,445.02

117%

 CBY2016
 CBY2017
 CBY2018
 yoyprojchange

 \$175,094.87
 \$55,181.12
 \$39,608.09
 761%

 \$69,267.00
 \$347,609.59
 \$123,083.80
 325%

 \$0.00
 \$270,258.21
 \$80,658.71
 258%

 \$0.00
 \$515,056.59
 \$135,011.29
 215%

	ψ0.00	φ210,230.21	000,000.71	2007
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Į	\$0.00	\$379,483.23	\$83,240.33	1639
\$	76,837.80	\$130,136.77	\$28,000.00	1589
\$2	69,038.29	\$370,162.64	\$72,033.60	1349
\$1	00,097.74	\$85,292.76	\$16,438.01	1319
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\$150,547.39

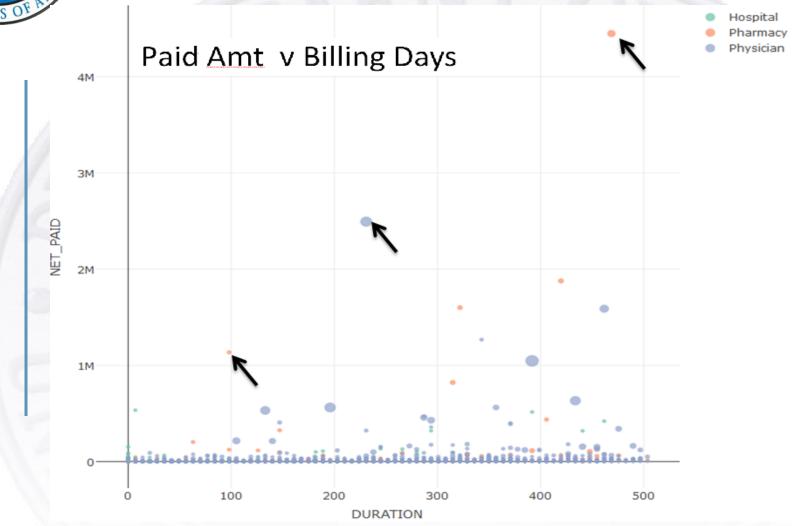
\$831,774.52



\$1,005,332.16

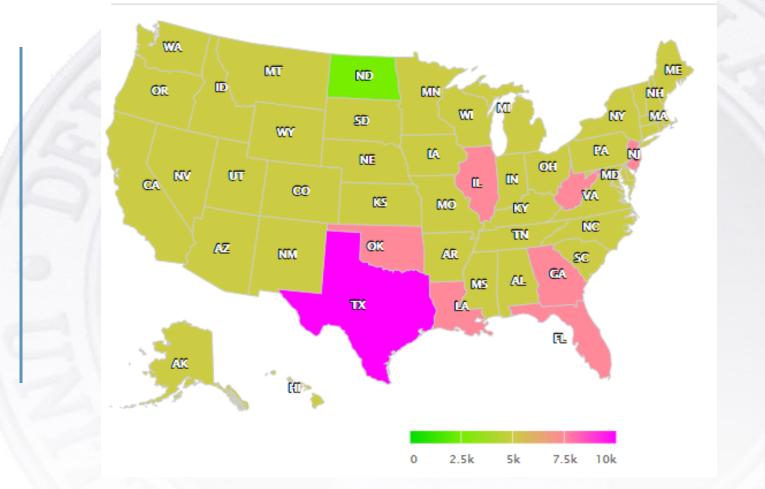
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U.S. Department of Labor Office of Workers' Compensation Programs Division of Federal Employees' Compensation



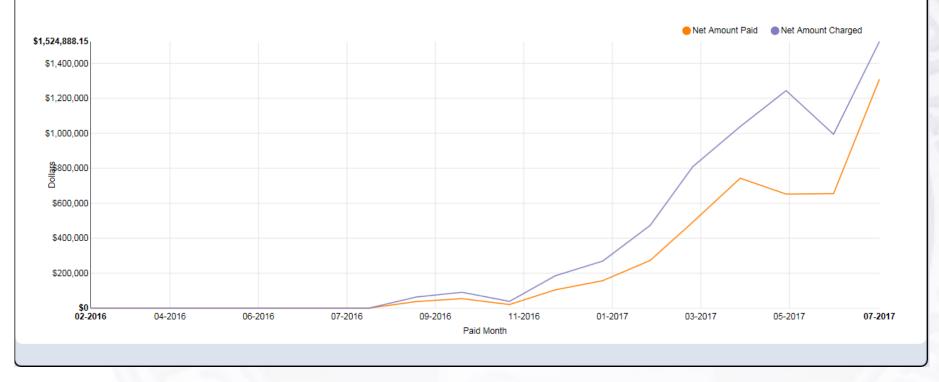


Average Case Medical Cost CBY2018

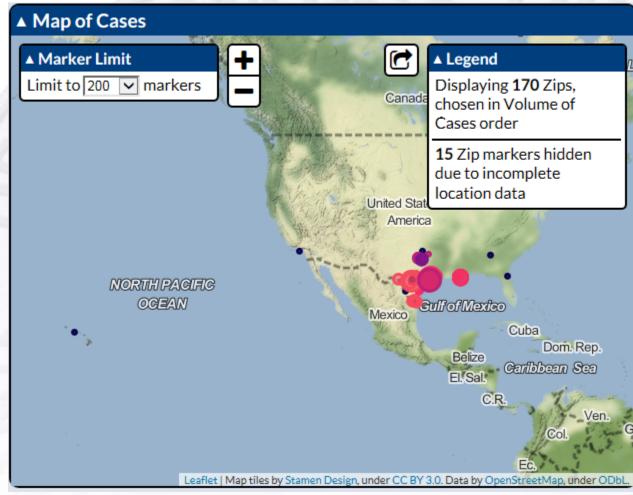


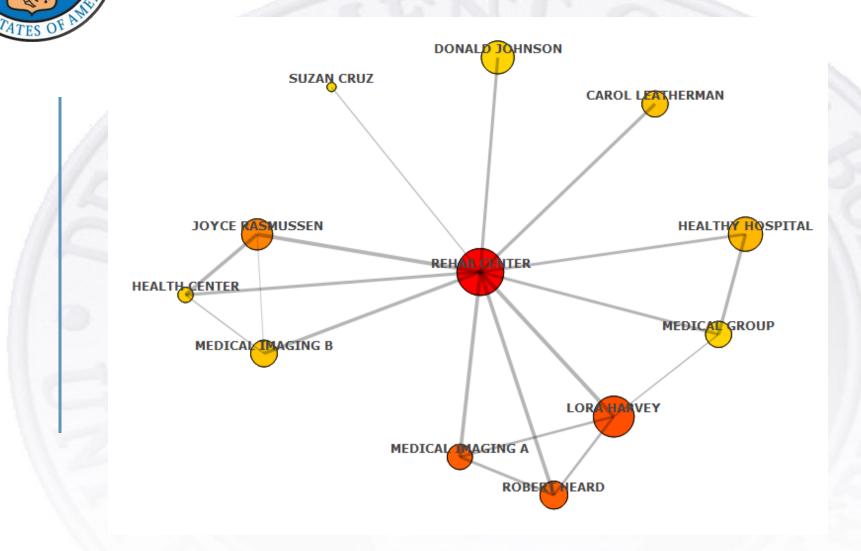


▲ Monthly Charges for this Service









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FECA CIRCULAR NO. 17-03

Office of Inspector General (OIG) Investigations Pertaining to Federal Employees' Compensation Act (FECA) Claimant and Medical Provider Fraud

FECA BULLETIN NO. 17-04

Investigations related to Federal Employees' Compensation Act (FECA) Claimant Fraud

FECA BULLETIN NO. 17-05

Investigations related to Federal Employees' Compensation Act (FECA) Medical Fraud

Available at https://www.dol.gov/owcp/dfec/



Provider Fraud – FY17

Referrals to DOL OIG

26 (includes 40+ providers)

Requests for Data and Documentation232



Claimant Fraud – FY17

Requests for Case File Documentation

550+ (primarily case file copies)

Investigative Memoranda

- 94 Received
- 76 Closed (includes pre FY17)



Tara N. Jones

Chief, Branch of Technical Assistance Division of Federal Employees' Compensation



FY2017 Agency Performance - (Through 3rd Q)

Trends:

- Continued increases with Timely Filing
- Decline in Return to Work performance

Notes:

- Removal of color indicators
- Time lag reports available in ECOMP



Restoration of CQS

- OWCPConnect
- Secure access through identity verification
- For claimant use only unique User ID
- Replaces prior access method to CQS
 - NFC users may continue to use NFC
 - Agencies must obtain AQS access to view CQS info



OWCPConnect - <u>www.owcpconnect.dol.gov</u>

United States Department of Labor Office of Workers' Compensation Programs

Login | Account Registration | Reset Password | Change Email | Help | FAQ

OWCP Connect

About OWCP Connect

OWCP Connect allows users to prove their identity and create an account for communication with OWCP's various self-service applications. It is a centralized identity-proofing system used to create credentials for a user, and then to authenticate the credentials for login.

Identity proofing is accomplished by validating the user's information entered in the Account Registration process against secure Credit Bureau data. Once the user's identity has been verified, their account can be created.

At this time OWCP Connect is only being used to authenticate new users to FECA's Claimant Quiry System (CQS). You must be the injured worker and have an existing OWCP Case File Number to access FECA's CQS. If you are not the injured worker/claimant you will not be granted access.

Account Registration

If this is your first time using OWCP Connect, click here and begin the process to create a new account.



Welcome to OWCP Connect

Please enter your EMAIL ADDRESS to start.

Email Address



RESET PASSWORD If you have forgotten password, click here and you will be

guided through the process to reset your password.



OWCPConnect – Account Registration

Account Registration

er the below informa	ation to create the account			
First Name*			Street*	
Last Name*			City*	
Middle Initial			State*	\checkmark
SSN*	Sho	ow/Hide	Zipcode*	
Date of Birth*			Primary Phone*	
Email*				
	Consider using an email addre	ess that is not asso	ociated with your curren	it employment.
Retype Email*				
Enter result of add	ition from image below*			
	æ			
3+⊬	0			
* Required Field				
		N	EXT	



OWCPConnect – Account Registration

Credit Bureau Questions

This process requires the validation of your identity. Please provide answers to the questions below.

Your credit report indicates that you may have an active Automobile loan that you may have opened around December 2012. Select the lender name from the choices below.

- Ally Financial
- O Suntrust Bank
- O Triad Financ
- O Usaa Fed Svg Bk
- O None of the Above

Which of the following is a current or previous employer?

Amgen
Bain & Company
Iec
Mitre
None of the Above

What is the monthly payment of your most recent mortgage?

○ \$ 2201 - \$ 2300 ○ \$ 2301 - \$ 2400 ○ \$ 2401 - \$ 2500 ○ \$ 2601 - \$ 2700 ○ None of the Above

* Required Field

PREV NEXT

OWCPConnect – Accessing CQS

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U.S. Department of Labor	
www.dol.gov	
Enter Case Number:	
Submit Query Reset	



ECOMP/Web-Enabled Electronic Document Submission (WEEDS) Enhancements

New Drop-Down Menu for Document Upload:

-Select-

-Select-

- ★ Job Offer Copies Acceptances and Copies for the File
 - Job Offer Rejections or Non-Responses

Non-Medical

- Reconsideration Request
- 🛧 Request for Hearing/Review of Written Record

Medical

Nurse

Rehab



ECOMP/Web-Enabled Electronic Document Submission (WEEDS) Enhancements

- Case Copy/Document Request
- Request for Authorization
- EFT (Direct Deposit) Form
- Designation of Representative
- Address Change

- Attorney Fee Request
- Employer's Claim Challenge
- Bill Payment Issue
- Compensation Question
- Election (FECA/OPM/VA/FERS Offset)

Coming Soon!



Disability Management Interface (DMI)



What is Disability Management Interface (DMI)?



Disability Management Interface (DMI)

- ECOMP Feature for agency ECOMP users only
- Allows employing agency users to share specific information related to cases involving
 - wage- loss
 - pending job offers
 - absence of medical evidence
- This info can be directly imported into correspondence authored by OWCP staff



Sample DMI menu for ECOMP Agency Reviewers

MENT

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UNITED STATES DEPARTMENT OF LABOR ECOMP ECOMP / Review DFEC Cases / View Case						ECOMP Home Agency Reviewer	<u>Dashboard</u> <u>File a Form</u> Ied in as Chris Revenaugh	AGENCY REVIEWER Upload Document Sign Out Account
Case 252111514 This case is fully imaged.		C C REVE OWCP TE		Status DOI	AM / C1 02/01/2012	3 Reminders.▼ Set Reminder 0 Accepted Conditions.▼ ▼ Disability Management.▼	📑 Print (X Cart
Documents (79) Favorites	Showing 79 of 79					Report Date Stopped Work & Request Field Nurse	Favorites Print cart: A	dd All <u>Remove All</u>
Filter List by Date	Fav	Cart	Authored	Subject		Request Rehabilitation Counselor	Received 🔺	Pages
Author Date	☆	÷	06/24/2015	None	6	Report Job Offer Refusal	07/01/2017	1
01/01/1900 📰 - 06/21/2017 📰	5	Ē	06/21/2017	Initial Developme	nt		06/21/2017	3
Received Date 05/07/2012 1 - 07/01/2017 1	Å	ē	05/19/2017	3		Request Updated Medical	05/19/2017	1
Filter List by Category & Subject	ŵ	ß	05/19/2017	3		FORMS	05/19/2017	1
■ ✓ All Documents (79)	☆	G	05/19/2017	3		FORMS	05/19/2017	1
OECISION (1) FISCAL (0)	ŵ	ē	05/18/2017	3		FORMS	05/18/2017	1
	☆	R	02/01/2012	loh Offere/Return	to Work	INCOMING COR & CALLS	02/28/2017	1



Sample DMI Generated Job Offer Refusal Notification

Report Job Offer Refuse	sal				×		
Job Offer Date Job Offer Title	MM/DD/YYY		Claiman	rget to upload the job offer t's response (if any) so the er has all necessary eviden	Claims		
Date of Medical Used for Job Offer	MM/DD/YYYY	Name of F	hysician				
Grade/Step/Pay (Salary) for Position							
Schedule of Offered Job							
Location of Offered Job Response Due Date MM/DD/YYY							
What are the duties of the position?	Description of duti	es)					
What are the physical requirements or requirements or modified working or		u	al				
Did Claimant Submit Written Refusal Confirmed that Claimant Failed to Re		• Yes 🔾 N	o Date C		IM/DD/YYYY		
Do you confirm that this position remains available to the claimant?							
Is the position located within the claimant's residential area? • Yes No							
Does this Job offer provide work for t the claimant has been released to wo	r	/es 🔾 No					
Was this a Temporary Job?	• Y	/es 🔘 No					
Was the Claimant a Temporary or Sea	• Y	'es 🔾 No					
Agency Contact Name Chri	s Revenaugh		7				
Agency Contact Phone Number							
Cancel 🗔 Sen	d to OWCP	් Send to	OWCP &	Set Reminder			



Sample CE Automated Response Using DMI Info

(Claimant Letter)

# TTCC Company days Company days 12 hours 0100 20 Days 1						
🛿 iFECS - Correspondence - Correspondence Library - 8106 30 Days 1						
<u>File View Options Help</u>						
Search Form						
Address Letter						
Dear Mr. REVENAUGH						
You have been offered a position as a TEXT FROM DMI with the Owcp Test Only	by notice					
dated 09/06/2017 The duties and physical requirements of the offered position are described in the enclose	ed iob					
	sa job					
offer.						
We have been advised that you have refused or failed to report to this position.						
We have reviewed this job offer and find it suitable in accordance with your medical limitations provided by Dr.						
TEXT FROM DMI in the report dated 09/06/2017 V because						



Disability Management Interface (DMI)

- Resource with significant leverage
- Mandatory Training
- Monitoring Usage
- Enhanced Communication
- Partnering on Case Management Actions



Handling Congressional and Media Inquiries

Refer inquiries to your organization's:

- Office of Congressional and Intergovernmental Affairs
- Office of Public Affairs

Notify DFEC of any OWCP related issues

Coordination is key

Remember DOL/GOVT-1 and Privacy Act Rules



IT Updates – Point of Contact Refresh

Updated POC info needed from Federal Agency Partners:

- AQS Intra-Agency Coordinator (IAC)
- ECOMP Agency Maintenance Users (AMU)
- Data Recipient chargeback and data extracts

Send to: Dataworkgroup@dol.gov Due by September 29, 2017



Stakeholder Portals and Email Subscriptions

DFEC Home Page: www.dol.gov/owcp/dfec

Stakeholder Web Portals

Stakeholder-targeted resources and information:

- Claimant and Representative
- Federal Agency
- Medical Provider
- Subscribe to Claimant and Representative Updates via Email
- Subscribe to Federal Agency Updates via Email
- Subscribe to Medical Provider Updates via Email

