

OWCP and the NALC Health Plan



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The Federal Employees' Compensation Act (FECA) provides injured workers with the right to choose their own doctor. When a letter carrier is injured on the job, it is essential to have the right medical reports to get claims accepted and the necessary treatment provided. It is best for injured workers to exercise their rights and to see their own doctor.

In traumatic injury cases, the Postal Service is required to give a CA-16 Authorization for Examination and/or Treatment to the injured worker within four hours of a request. The CA-16 requires the name and address of the medical facility or physician authorized to provide the medical service, and must be signed by a postal supervisor or manager.

Postal procedures require that managers and supervisors check with the district Health Resource Management (HRM) office for approval when issuing a CA-16. In far too many cases, the Postal Service fails to provide a CA-16, leaving the injured worker no choice but to pay for a doctor's appointment.

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Some postal districts contract with local clinics that examine and treat injured workers who have suffered a traumatic injury. Injured workers need to be mindful that while federal regulations allow postal contract clinics to examine the injured worker, the injured worker has the right to refuse treatment and seek treatment from the doctor of his or her own choosing.

It is always in the best interest of injured workers to choose the doctor who will treat them. In some traumatic injury claims and all occupational disease claims, injured workers initially use their own health insurance provider to obtain necessary medical documentation. Having a health plan that allows you to seek treatment from the proper specialist is essential for getting a claim accepted.

Some health plans in the Federal Employees Health Benefits (FEHB) system have rules that restrict an individual's right to see his or her doctor of choice without a referral. That can be a big problem, as letter carriers who are injured on the job often need medical documentation from a quali-

fied specialist to develop the medical evidence necessary to get a claim accepted. Having access to the doctor with expertise in the right field of medicine is especially important in federal workers' compensation claims.

The Employees' Compensation Appeals Board (ECAB) has held that a doctor's qualifications may have a bearing on the probative value of his or her opinion. The opinions of physicians who have training and experience in a specialized medical field have greater probative value concerning medical questions pertaining to that field than the opinions of other, less-qualified physicians.

Additionally, the opinion of a Board-certified specialist in the appropriate field usually will carry more weight than that of a specialist who is not Board-certified or who is certified in an unrelated field. The opinion of a Board-certified specialist of professorial rank in a medical school or teaching hospital, or of a specialist who is an acknowledged expert or author on the specific medical problem, may carry added weight due to his or her tenure and/or publications.

One prominent FEHB Health Maintenance Organization (HMO) automatically refers any workplace injury claim to its Occupational Disease Department. The HMO's doctors routinely fail to write medical reports that connect work duties to the injury. In far too many cases, it is problematic for injured workers to get the type of medical report needed from the occupational medicine doctor, dooming the claim.

The NALC Health Benefit Plan (HBP) is not an HMO and does not require that injured workers get a referral to see the specialist of their choice. That's important, as delays generated when a health plan dictates which doctors an injured worker can see often result in claim denials.

The NALC HBP partners with the Cigna HealthCare Open Access Plus (OAP) Network. The OAP network allows a member access to 2,996,285 specialists and primary care physicians, 9,157 general acute care hospitals, 21,079 facilities and 170 transplant facilities.

The NALC HBP's copays are very competitive, and don't charge a higher copay for specialists. The Plan allows members to seek medically necessary treatment for a work-related injury before it's approved by the Office of Workers' Compensation Programs (OWCP), but injured workers must contact the Plan first. In these instances, Plan members do not have to worry about reimbursing the Plan directly, or paying the entire expense upfront.

Once the claim is approved, the Plan will seek reimbursement for its expenses directly from OWCP, which leaves one less thing for an injured worker to worry about. The injured worker can submit an OWCP Form 915 to request reimbursement for any out-of-pocket expenses.

The 2019 FEHB Open Season begins Monday, Nov. 11, and goes through Monday, Dec. 9.