You must notify your Workers’ Compensation Coordinator or immediate superior immediately, in writing, of when, where and how you were injured. You may do so by completing Form 1. You should do this as soon as possible and no later than 30 days after your injury.

About

All District of Columbia government employees, who suffer compensable work injuries under the Comprehensive Merit Personnel Act (CMPA), D.C. Code §1-623.01 et seq., may make a claim for continuation of pay and medical and/or indemnity compensation benefits.

Employee Responsibility

If you seek initial medical treatment prior to filing a workers’ compensation claim, advise your health care providers that you have a work-related injury. Do not pay for your initial treatment; if necessary, use other health insurance. If your injury is undisputed by your employing agency, the Public Sector Workers’ Compensation Program (‘the Program”) will pay your health care provider for your initial treatment. If your injury is disputed by your employing agency or if you require further medical treatment, you will need to file a claim for workers’ compensation with the Program. If your claim is later found to be valid, the healthcare provider will be paid by the Program. If, however, your claim is determined not to be valid or if you do not pursue your claim, you will have to pay the health care provider or hospital or submit the bill to your private insurance. The Program will only pay for initial medical treatment bills on undisputed injuries, where a claim for workers’ compensation is not filed.

If you suffer lost time as a result of a traumatic injury that lasts 21 days or less (for employees hired prior to January 1, 1980, 45 days or less), require initial medical treatment only, and wish to file for continuation of pay, you should complete and submit the following forms to your immediate superior and the Program:

1. Form 1 – Notice of Injury / Claim for COP – To be completed by Employee
2. Form 3 – Physician’s Report of Employee’s Injury – To be completed by Physician
3. Form 3A – Employee’s Statement of Medical History – To be completed by Employee
4. Form 4 – Employee Authorization for Release of Medical Records – To be completed by Employee
5. Form 5 – Employee Authorization for Release of Earnings – To be completed by Employee

NOTE: Claims for COP must be filed within 30 days of the traumatic injury. COP terminates upon acceptance of your workers’ compensation claim. COP may be terminated for fraud, failure to work modified duty, or failure to attend medical exams.

To file a claim for workers’ compensation because you require medical treatment and/or suffer lost time as a result of your work injury, you must file the following attached forms with the Program:

1. Form 1 (If you experience wage loss) – Notice of Injury / Claim for COP – To be completed by Employee
2. Form 3 – Physician’s Report of Employee’s Injury – To be completed by Physician
3. Form 3A – Employee’s Statement of Medical History – To be completed by Employee
4. Form 4 – Employee Authorization for Release of Medical Records – To be completed by Employee
5. Form 5 – Employee Authorization for Release of Earnings – To be completed by Employee
6. Form CA7, Part A – Claim for Compensation (Employee Statement) – To be completed by Employee

NOTE: All claims for compensation must be filed within 2 years of the date of injury.
IMPORTANT!! Please note that, a workers’ compensation claim will not be deemed filed until the Program receives all of the required documents. All claims forms may be found in this packet. Additional forms may be found at the DC ORM website. Forms may be submitted to the Program at the address provided below.

Once your workers’ compensation claim is filed, you will receive an acknowledgment form.

The Program will review the workers’ compensation claim and issue a decision regarding acceptance of denial of the claim within 30 days, absent exceptional circumstances.

While receiving workers’ compensation, you are prohibited from receiving any other source of income from the District of Columbia government. You must also comply with the Program’s request for earnings verification, notify the Program of any release to return to work within 3 days, return to work upon receiving a medical release, and attend vocational rehabilitation and medical exams at the Program’s direction.

If you have any questions, you should contact (202) 727-8600 for assistance.

What is Continuation of Pay?
A District employee who suffers wage loss due to disability and/or medical treatment following a traumatic injury may be eligible for continuation of his or her regular pay for up to 21 days (if the employee is hired prior to January 1, 1980, then 45 days). Unlike compensation benefits, Continuation of Pay (COP) payments:

- If an employee’s injury lasts less than 15 days, COP is not available to an employee until he or she uses three days of leave without pay;
- Are subject to taxes, FICA, and other applicable wage-related deductions;
- End upon approval of an employee’s claim for compensation benefits;
- Limited to employees who are paid wages for work performed, (i.e. an employee who receives no pay or nominal pay is not eligible for COP and term employees are only eligible for COP for the duration of their term);
- Are not paid out of the Employee Compensation Fund; and
- May be granted by your employing agency before a claim for compensation is filed or approved.

Medical and Transportation Coverage
The Program’s medical benefits cover medically necessary drugs and equipment your health care provider prescribes. Subject to Program and medical approval, you may be reimbursed for mileage or public transportation to attend medical appointments. You will need to complete Form 11 and submit it with receipts for those expenses and other supporting evidence to your adjuster.

Under the Program’s coverage, you are required to treat with healthcare providers from the Program’s list of providers. Upon acceptance of your claim, you will be provided with a list of panel healthcare providers to select from. You will also be provided with a prescription medication card to fill your prescriptions. Please note that certain medical procedures or treatment and requests to fill non-formulary prescriptions will be subject to pre-authorization by your workers’ compensation adjuster.

Lost Wage Benefits
You are entitled to workers’ compensation indemnity benefits, which are a portion of your lost wages, if your injury affects you in one or more of the following ways:

1. A temporary disability keeps you from work for more than three days.
2. Part of your body is permanently disabled.
3. Your pay is reduced because you now work fewer hours or do other work.

Contact

Please visit http://www.orm.dc.gov for more information.
Public Sector Workers’ Compensation Program
441 Fourth Street, NW, Suite 800S
Washington, DC 20001

Phone: (202) 727-8600
E-mail: dccclaims@corvel.com
Fax: (866) 539-9712