



# TRACKING & REDUCING LOST PRODUCTION DAYS

**Mary Patt Scanlon**

# DoD Lost Production Days

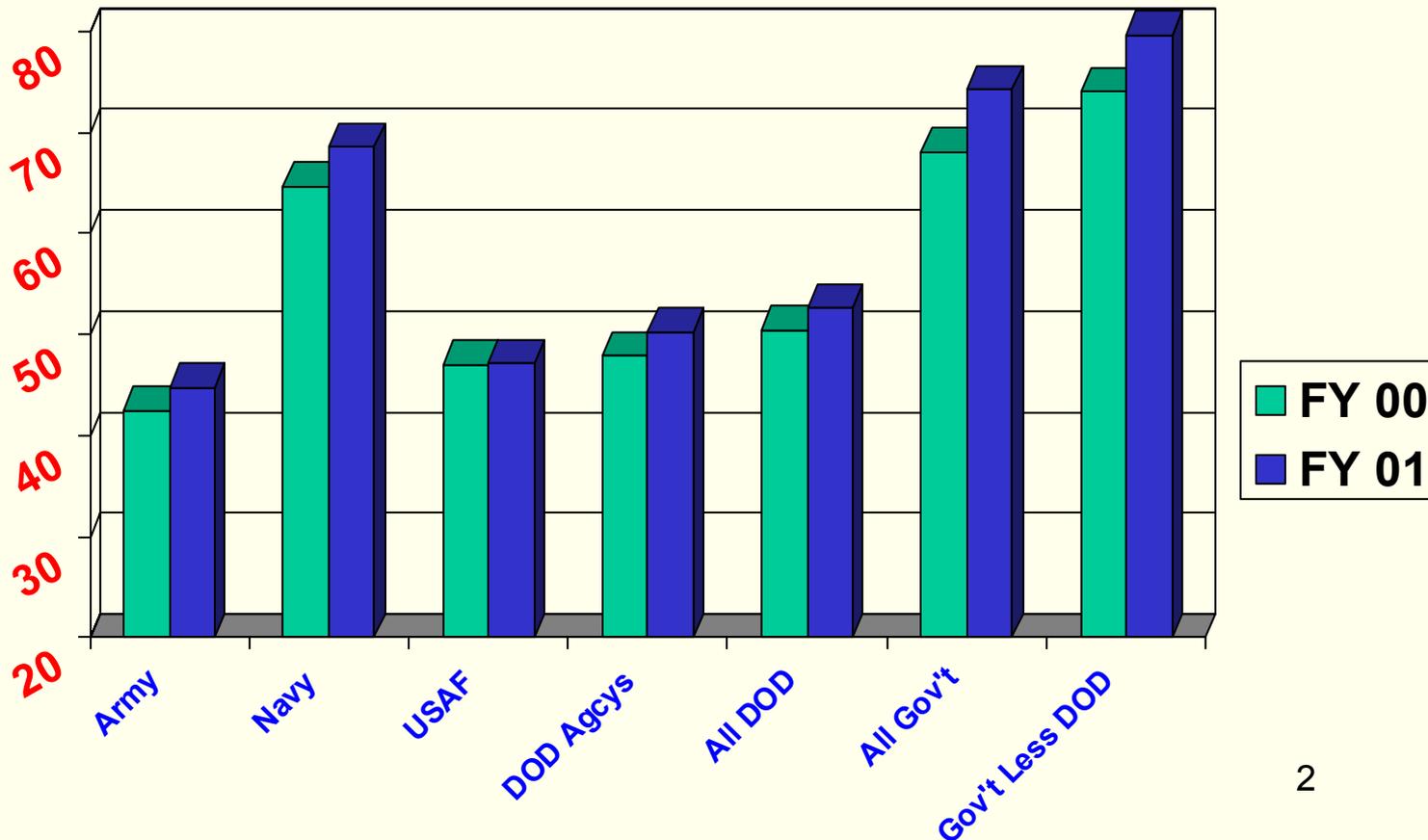
Computed by the Department of Labor



HR Worldwide –  
Leading the Charge

## FY 2000 versus FY 2001

*Lost Days per  
100 employees*

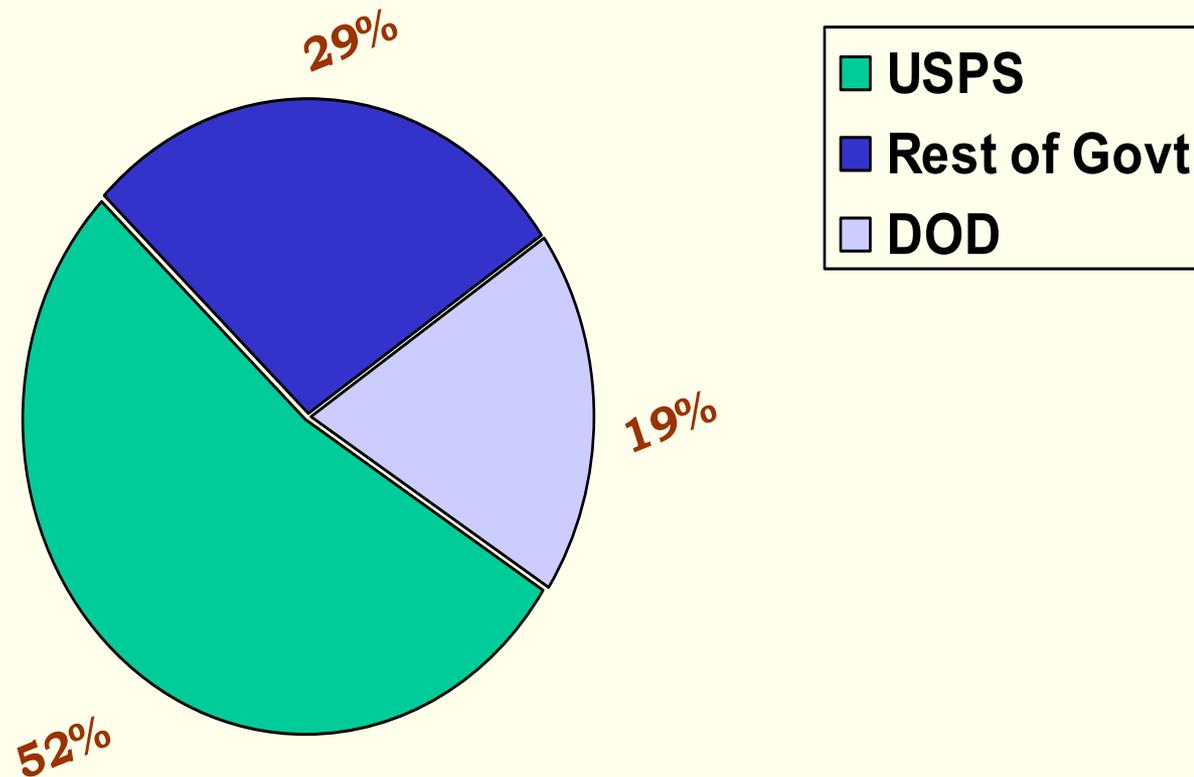


# Percentage of Lost Production Days by Agency

Computed by the Department of Labor for FY 2001



*HR Worldwide –  
Leading the Charge*



# SECDEF Initiative



*HR Worldwide –  
Leading the Charge*

- SECDEF has identified reduction of lost production days as DoD-wide initiative
  - OPRs: Safety and Occupational Health
  - Goal: 50% reduction in work place injury incidents
- HR community has a role in reducing work place injuries

# HR Role



*HR Worldwide –  
Leading the Charge*

- HR assets are being used to assist in this initiative
  - ICPA's
  - FECA Working Groups
  - ICUC Division

# ICUC Role



*HR Worldwide –  
Leading the Charge*

- Administrative management oversight
- Technical guidance [CPM Subchapter 810]
- Training [supervisors, ICPAs, DoD-wide conferences]
- DoD Liaisons
- ICUC Data Tracking System [DIUCS]

# DoD Liaisons



*HR Worldwide –  
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- POC between DOL and DoD installations
- FECA case reviews
- Home visits
- Staff visits to activities
- Reemployment assistance

# ICUC Data Tracking System (DIUCS)



*HR Worldwide –  
Leading the Charge*

- Automated support/tracking system that:
  - Stores and displays claim data electronically
  - Links with DOL case management files
  - Provides a user-friendly menu-driven system
  - Allows access to central database via a secure Internet web site

# DIUCS [2]



*HR Worldwide –  
Leading the Charge*

- Provides on-line status of individual claims
  - Information on medical bills and compensation payments
  - Identifies erroneous payments, dual benefits, and overpayments
  - Flags follow-up actions
  - Provides report templates that allow user to conduct multiple sorts

# DoD FECA Electronic Data Interchange (EDI)



*HR Worldwide –  
Leading the Charge*

- Expedites the processing of FECA claims for injured workers through electronic submission
  - Supervisor and employee complete claim form
  - Form submitted to ICPA who authenticates information
  - Claim forms are submitted to DOL electronically

# DoD EDI [2]



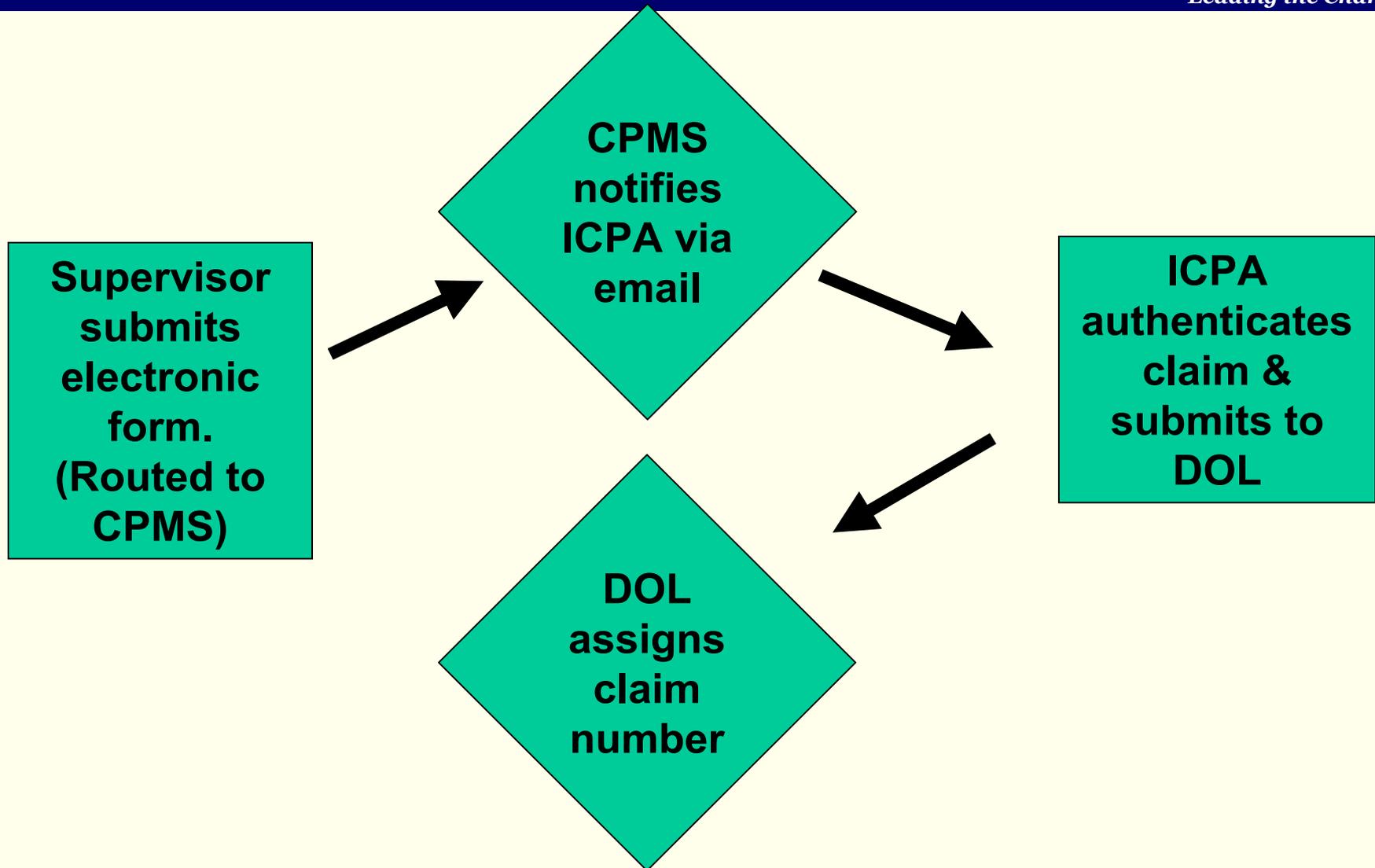
*HR Worldwide –  
Leading the Charge*

- Better service leads to faster recovery
  - Medical authorizations, treatment, and bill payment are expedited
  - Paper processing is eliminated
  - Injured employees assigned DOL claim number within 48 hours

# EDI Authentication Work Flow



HR Worldwide –  
Leading the Charge



## DIUCS2000 LOGON SCREEN

## DEPARTMENT OF DEFENSE

DIUCS 2000 is available to DoD agency program administrators so that they can better administer their injury and unemployment compensation programs. Access may be requested by downloading a DIUCS2000 user request form from the DOD CPMS Injury and Unemployment (IC/UC) Home Page, <http://www.cpms.osd.mil/icuc.icuc.htm>. This home page also contains additional information for managing IC/UC claims.

Questions regarding DIUCS2000 may be forwarded to [John.Wyatt@cpms.osd.mil](mailto:John.Wyatt@cpms.osd.mil)

**PRIVACY ACT:** The data contained in the DIUCS are subject to the Privacy Act of 1974. You are responsible for the security of your password and the data you access. By logging into this database you agree to use it consistent with the terms of the Privacy Act.

**Privacy and Security Notice:** Please access the "What's New" Screen for additional information.

To log on to DIUCS 2000 please select Log On:

Log On

- [IC](#) [UC](#) [Index](#) [Help](#) [What's New](#) [Save](#) [Exit](#)

DIUCS2000 LOGON SCREEN

DEPARTMENT OF DEFENSE

DIUCS 2000 is available to DoD agency program administrators so that they can better administer their injury and unemployment compensation programs. Access may be requested by downloading a DIUCS2000 user request form from the DOD CPMS Injury and Unemployment (IC/UC) Home Page, <http://www.cpms.osd.mil/icuc.icuc.htm>. This home page also contains additional information for managing IC/UC claims.

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**Privacy and Security Notice:** Please access the information.

To log on to DIUCS 2

- IC
- UC
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- F

**Logon** [X]

Username:

Password:

Database:

DIUCS2000 CASE CREATION SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports
- Case Compare

Dol Case Status/Creation Information:

Claim #	<input type="text"/>	SSN	<input type="text"/>	DOI	<input type="text"/>
Last Name	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text"/>
DOL ChgBk Cd	<input type="text"/>	Servcng DOL CPO	<input type="text"/>	Orgl DOL CPO	<input type="text"/>
CA Forms Rcvd Dt	<input type="text"/>	DOL Case Create Dt	<input type="text"/>	Form Sig Dt	<input type="text"/>
CA Fwd To Owcp Dt	<input type="text"/>	Claim Type	<input type="text"/>	Dod Compnt	<input type="text"/>
Case File Location	<input type="text"/>	Inactive Flag	<input type="text"/>	Non Dod Flag	<input type="text"/>
Local Case Create Dt	<input type="text"/>				
Supervisor	<input type="text"/>				
Supervisor Phone	<input type="text"/>				

Create New Case

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DIUCS2000 CASE CREATION SCREEN

Case Processing

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- Notes

Case Admin

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- Case Compare

Dol Case Status/Creation Information:

Claim #	-6552	SSN	[REDACTED]	DOI	02/26/2001
Last Name	[REDACTED]	First	[REDACTED]	Middle	J
DOL ChgBk Cd	* [REDACTED]	Servcng DOL CPO	* [REDACTED]	Orgl DOL CPO	[REDACTED]
CA Forms Rcvd Dt	[REDACTED]	DOL Case Create Dt	[REDACTED]	Form Sig Dt	[REDACTED]
CA Fwd To Owcp Dt	[REDACTED]	Claim Type	[REDACTED]	Dod Compnt	DD
Case File Location	[REDACTED]	Inactive Flag	N	Non Dod Flag	[REDACTED]
Local Case Create Dt	02/26/2001				
Supervisor	[REDACTED]				
Supervisor Phone	[REDACTED]				

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DIUCS2000 INJURY COMPENSATION QUERY

Case Processing

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- Medical
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Case Admin

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Injury Compensation Query

Claim Number

Social Security Number

Date of Injury

Last Name

First Name

Middle Name

- Start Query
- Cancel Query

Injury Compensation Claim Listing

Claim #	SSN	DOI	Last Name	First Name	Middle
25		12/02/2000		E	L
25		12/05/2000		E	H
25		11/01/2000		P	A
25		11/17/2000		P	D
25		09/01/2000		S	A

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DIUCS2000 CASE STATUS SCREEN

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Case Admin

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Case Compare

DOL DATA THROUGH 02/16/2001

Dol Case Status Information:

Claim # [REDACTED] SSN [REDACTED] DOI 06/28/1982

Last Name [REDACTED] First [REDACTED] Middle E

DOL ChgBk Cd 6522 Serveng DOL CPO JY Orgl DOL CPO [REDACTED]

Street [REDACTED]

City State Zip [REDACTED] [REDACTED] [REDACTED]

Phone [REDACTED]

DOB 05/08/19[REDACTED] Sex M Age 49

Acceptd Cond 56983

Acceptd Cond Flag Y

Adjud Dt 04/06/1999 Adjud Stat Cd AP

Case Stat Dt 04/06/1999 Case Stat Cd PR

LT/NLT Dt [REDACTED] LT/NLT Cd [REDACTED]

DOL District ID 13 Non Dod Flag [REDACTED]

DOL District PD 13 Inactive Flag [REDACTED]

DOL Open [REDACTED]

DOL Close [REDACTED]

DOL Reopen 04/06/1999

Last Update 04/06/1999

Form From DOL 1 Claim Type I

DOL Case Create Dt 07/27/1982 COP Election Y

Dt Recvd Owcp 07/12/1982

NOI T8

EOI X

Window

DIUCS2000 CASE STATUS SCREEN

Case Processing

Query Case Status COP Medical Compensation Personnel Case Create Notes

Case Admin

Tickler Reports

Case Compare

LIST OF ACCEPTED CONDITIONS

Find 56983%

Code	Description
569..	PERFORATION OF INTESTINE

OK Cancel Find

Dt Recvd 07/12/1982  
Owcp

EOI X ^

ud Stat Cd AP ^  
se Stat Cd PR ^  
LT/NLT Cd

Choices in list: 1

Record: 1/1

Window

DIUCS2000 CASE STATUS SCREEN

DOL District PD	13	Inactive Flag	<input type="checkbox"/>	DOL Open	<input type="text"/>
Form From DOL	1	Claim Type	I	DOL Close	<input type="text"/>
DOL Case Create Dt	07/27/1982	COP Election	Y	DOL Reopen	04/06/1999
Dt Recvd Owcp	07/12/1982			Last Update	04/06/1999
Form Sig Dt	<input type="text"/>			NOI	T8 ^
CA Forms Rcvd Dt	<input type="text"/>			EOI	X ^
Case File Loc	<input type="text"/>			COI	84 ^
Suprv/Phone	<input type="text"/>	<input type="text"/>		Anat Loc	BA ^
Local Case Create Dt	07/29/1994			QCM Flag:	<input type="text"/>
				RTW Cd	<input type="text"/>
				Rehab Ind	5
				Comp Form Rcvd	7
				Fatal Flag	<input type="text"/>
				RTW Date	<input type="text"/>
				Rehab Dt	03/10/1997
				Comp. Form Rcvd DT	08/13/1982
				Dt Of Death	<input type="text"/>

AGENCY/COST INFORMATION

OSHA Src Cd	<input type="text"/>	Controvrsn	N	Comp Cost (CFY)	\$40746.93	Compensation Cost Since 1994	\$587032.67
OSHA Type Cd	<input type="text"/>	3rd Party IND	<input type="text"/> ^	Medical Cost (CFY)	\$0.00	Medical Cost Since 1994	\$208.30
OSHA Site Cd	<input type="text"/>	Depndnt Flag	<input type="text"/>	Projectd Cost	\$8620577.68	Data as of	12/31/2000

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Record: 1/1

Window

DUICS2000 CASE STATUS SCREEN

Anatomical Location Injury Valid Values

Find BA%

Code	Description
BA	ABDOMEN

OK Cancel Find

Date

Ob Dt 03/10/1997

Form 08/13/1982

Death

ation 1994 \$587032.67

OSHA Type Cd  3rd Party IND  ^ Medical Cost (CFY)  \$0.00 Medical Cost Since 1994  \$208.30

OSHA Site Cd  Depndnt Flag  Projectd Cost  \$8620577.68 Data as of  12/31/2000

IC UC Index Help What's New Save Exit

Choices in list: 1

Record: 1/1

DIUCS2000 CASE STATUS SCREEN

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DOL DATA THROUGH 02/16/2001

Dol Case Status Information:

Claim # [REDACTED] SSN [REDACTED] DOI 12/05/2000  
 Last Name [REDACTED] First [REDACTED] Middle H  
 DOL ChgBk Cd 6183 Serveng DOL CPO [REDACTED] Orgl DOL CPO [REDACTED]

Street [REDACTED] Accepted Cond RIGHT ANKLE  
 City State Zip [REDACTED] Accepted Cond Flag  
 Phone 3012607591 Adjud Dt 12/19/2000 Adjud Stat Cd AC  
 DOB 12/10/19 [REDACTED] Sex F Age 53 Case Stat Dt 12/19/2000 Case Stat Cd C4  
 DOL District ID 25 Non Dod Flag [REDACTED] LT/NLT Dt [REDACTED] LT/NLT Cd [REDACTED]  
 DOL District PD 00 Inactive Flag [REDACTED] DOL Open [REDACTED]  
 DOL Close 12/19/2000  
 DOL Reopen [REDACTED]  
 Form From DOL [REDACTED] Claim Type I Last Update 12/20/2000  
 DOL Case Create Dt 12/19/2000 COP Election Y NOI TS  
 Dt Recvd Own 12/19/2000 EOI X

DIUCS2000 CASE STATUS SCREEN

Form From DOL	<input type="text"/>	Claim Type	<input type="text" value="I"/>	DOL Reopen	<input type="text"/>
DOL Case Create Dt	<input type="text" value="12/19/2000"/>	COP Election	<input type="text" value="Y"/>	Last Update	<input type="text" value="12/20/2000"/>
Dt Recvd Owcp	<input type="text" value="12/19/2000"/>			NOI	<input type="text" value="TS"/> ^
Form Sig Dt	<input type="text"/>			EOI	<input type="text" value="X"/> ^
CA Forms Rcvd Dt	<input type="text"/>			COI	<input type="text" value="66"/> ^
Case File Loc	<input type="text"/>			Anat Loc	<input type="text" value="LS"/> ^
Suprv/Phone	<input type="text"/>	<input type="text"/>		QCM Flag:	<input type="text"/>
Local Case Create Dt	<input type="text"/>			RTW Cd	<input type="text"/>
				Rehab Ind	<input type="text"/>
				Comp Form Rcvd	<input type="text"/>
				Fatal Flag	<input type="text"/>
				RTW Date	<input type="text"/>
				Rehab Dt	<input type="text"/>
				Comp. Form Rcvd DT	<input type="text"/>
				Dt Of Death	<input type="text"/>

AGENCY/COST INFORMATION

OSHA Src Cd	<input type="text" value="9999"/>	Controvrnsn	<input type="text" value="N"/>	Comp Cost (CFY)	<input type="text" value="\$0.00"/>	Compensation Cost Since 1994	<input type="text" value="\$0.00"/>
OSHA Type Cd	<input type="text" value="999"/>	3rd Party IND	<input type="text"/> ^	Medical Cost (CFY)	<input type="text" value="\$0.00"/>	Medical Cost Since 1994	<input type="text" value="\$0.00"/>
OSHA Site Cd	<input type="text"/>	Depndnt Flag	<input type="text"/>	Projectd Cost	<input type="text"/>	Data as of	<input type="text" value="12/31/2000"/>

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DIUCS2000 COP AND DUTY STATUS

Case Processing

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- COP**
- Medical
- Compensation
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- Notes

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- Case Compare

Continuation of Pay Information

Claim #  SSN  DOI

Last Name  First  Middle

Continuation of Pay(DAYS)

PP End Date	Start	End	Cost	Days
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

TOTAL(Cost/Days):

Continuation of Pay(HOURS)

PP End Dt	LU Dt	LU Amt	LU Hours	LT Date	LT Amt	LT Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTALS:</b>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>

DIUCS2000 COP AND DUTY STATUS

Continuation of Pay(HOURS)

PP End Dt	LU Dt	LU Amt	LU Hours	LT Date	LT Amt	LT Hours
<b>TOTALS:</b>	0			0		

Continuation of Pay(Pay Period Adjustments)

DT Changed	LU Dt	LU Injury Amt	LU Hours	LT Dt	LT Amt	LT Hours

RECURRENCE

Start Date	End Date

Save

LIGHT DUTY

Start Date	End Date

Save

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DIUCS2000 COP AND DUTY STATUS

Continuation of Pay(DAYS)

PP End Date	Start	End	Cost	Days
01/27/2001	01/17/2001	01/27/2001	\$1152.48	7
02/10/2001	01/17/2001	04/20/2001	\$1646.40	10
<b>Save</b>			<b>TOTAL(Cost/Days):</b>	<b>\$2798.88 17</b>

Continuation of Pay(HOURS)

PP End Dt	LU Dt	LU Amt	LU Hours	LT Date	LT Amt	LT Hours
01/27/2001	01/17/2001	\$164.64	8		\$0.00	0
01/27/2001		\$0.00	0	01/18/2001	\$164.64	8
01/27/2001		\$0.00	0	01/19/2001	\$164.64	8
01/27/2001		\$0.00	0	01/22/2001	\$164.64	8
01/27/2001		\$0.00	0	01/23/2001	\$164.64	8
<b>TOTALS:</b>	<b>1</b>	<b>\$164.64</b>	<b>8</b>	<b>17</b>	<b>\$2798.88</b>	<b>136</b>

Continuation of Pay(Pay Period Adjustments)

DT Changed	LU Dt	LU Injury Amt	LU Hours	LT Dt	LT Amt	LT Hours

DIUCS2000 COP AND DUTY STATUS

Continuation of Pay(DAYS)

PP End Date	Start	End	Cost	Days
12/16/2000	12/05/2000	12/16/2000	\$ .00	0
12/30/2000	12/05/2000	03/05/2001	\$ .00	0
01/13/2001	12/05/2000	03/07/2001	\$ .00	0
01/27/2001	12/05/2000	03/07/2001	\$ .00	0
02/10/2001	12/05/2000	03/07/2001	\$ .00	0
<b>Save</b>			<b>TOTAL(Cost/Days):</b>	<b>\$ .00 0</b>

Continuation of Pay(HOURS)

PP End Dt	LU Dt	LU Amt	LU Hours	LT Date	LT Amt	LT Hours
<b>TOTALS:</b>	<b>0</b>			<b>0</b>		

Continuation of Pay(Pay Period Adjustments)

DT Changed	LU Dt	LU Injury Amt	LU Hours	LT Dt	LT Amt	LT Hours
01/13/2001	12/05/2000	\$242.08	8			
01/13/2001				12/16/2000	\$968.32	32
02/10/2001				01/27/2001	\$251.28	4

RECURRENCE

LIGHT DUTY

Window

DIUCS2000 MEDICAL BILLS SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports

Case Compare

DOL DATA THROUGH 02/15/2001

Dol Case Status Information:

Claim # [REDACTED] SSN [REDACTED] DOI 12/14/1977  
 Last Name [REDACTED] First [REDACTED] Middle E  
 DOL ChgBk Cd 3709 Srveng DOL CPO [REDACTED] Orgl DOL CPO [REDACTED]

Tax Id	Batch #	Svc Fm	Svc To	Charge Amt	Paymnt Amt	Credit	Dt Paid	Provdr Type	Bill Type
[REDACTED]	0JB003	06/26/2000		\$22.80	\$22.80		10/05/2000	P	B
[REDACTED]	0JB003	06/26/2000		\$1.00	\$1.00		10/05/2000	P	B
[REDACTED]	0AB455	12/28/1999		\$22.80	\$22.80		02/03/2000	P	B
[REDACTED]	0AB455	12/28/1999		\$1.00	\$1.00		02/03/2000	P	B
[REDACTED]	9JB439	09/21/1999		\$22.80	\$22.80		10/28/1999	P	B
[REDACTED]	9JB439	09/21/1999		\$1.00	\$1.00		10/28/1999	P	B
[REDACTED]	9HB850	07/27/1999		\$22.80	\$22.80		09/02/1999	P	B
[REDACTED]	9GB050	06/07/1999		\$22.80	\$22.80		07/08/1999	P	B
[REDACTED]	9EB187	01/06/1999		\$26.00	\$26.00		05/13/1999	P	B
[REDACTED]	9EB187	01/06/1999		\$1.00	\$1.00		05/13/1999	P	B

Record # 69

Tax Id [REDACTED] Provdr Type p Provdr Name [REDACTED]  
 Batch# 0JB003 Provdr Street 1 [REDACTED]

DIUCS2000 MEDICAL BILLS SCREEN

Tax Id	Batch #	Svc Fm	Svc To	Amt	Amt	Credit	Paid	Type	Type
	0JB003	06/26/2000		\$22.80	\$22.80		10/05/2000	P	B
	0JB003	06/26/2000		\$1.00	\$1.00		10/05/2000	P	B
	0AB455	12/28/1999		\$22.80	\$22.80		02/03/2000	P	B
	0AB455	12/28/1999		\$1.00	\$1.00		02/03/2000	P	B
	9JB439	09/21/1999		\$22.80	\$22.80		10/28/1999	P	B
	9JB439	09/21/1999		\$1.00	\$1.00		10/28/1999	P	B
	9HB850	07/27/1999		\$22.80	\$22.80		09/02/1999	P	B
	9GB050	06/07/1999		\$22.80	\$22.80		07/08/1999	P	B
	9EB187	01/06/1999		\$26.00	\$26.00		05/13/1999	P	B
	9EB187	01/06/1999		\$1.00	\$1.00		05/13/1999	P	B

Record # 69

Tax Id  Provdr Type  ^  
 Batch# 0JB003 Paymt Cat  ^  
 Svc Fm 06/26/2000 Svc To  Dt Pd 10/05/2000 Dt Bill Rcvd 08/01/2000  
 Provdr Name   
 Provdr Street 1   
 Provdr City   
 Provdr State  Provdr Zip   
 Chg Amt \$22.80 Bypass Cd  ^  
 Inelighl Amt \$0.00 Ineligible Cd  ^  
 Paymt \$22.80 Bill Type  ^  
 Credit   
 Procedure Cd  ^  
 Modifier Cd   
 Appeals Cd  ^  
 Adjustmnt Dt

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DUICS2000 MEDICAL BILLS SCREEN

List of Procedure Codes

Find 99070%

Code:	Description:
99070	SPECIAL SUPPLIES

OK Cancel Find

	Type	Type
2000	P	B
00	P	B
00	P	B
00	P	B
99	P	B

Svc Fm: 06/26/2000    Svc To:    Dt Pd: 10/05/2000    Dt Bill Rcvd: 08/01/2000

Provdr City:    Provdr State:    Provdr Zip:

Chg Amt: \$22.80    Bypass Cd: 9    Procedure Cd: 99070

Inelighl Amt: \$.00    Ineligible Cd:    Modifier Cd:

Paymt: \$22.80    Bill Type: B    Appeals Cd:

Credit:

IC    UC    Index    Help    What's New    Save    Exit

Choices in list: 1

Record: 1/1

DIUCS2000 MEDICAL BILLS SCREEN

Tax Id	Batch #	Svc Fm	Svc To	Charge Amt	Paymnt Amt	Credit	Dt Paid	Provdr Type	Bill Type
	1A0947	09/25/2000		\$16.00	\$16.00		02/08/2001	T	B
	1A0947	09/25/2000		\$19.30	\$19.30		02/08/2001	T	B
	1A0947	09/21/2000		\$16.00	\$16.00		02/08/2001	T	B
	1A0947	09/21/2000		\$29.65	\$29.65		02/08/2001	T	B
	1AC056	08/24/2000		\$100.25		\$100.25	02/01/2001	T	C
	1AC056	08/30/2000		\$64.95		\$64.95	02/01/2001	T	C
	0L0481	10/30/2000		\$136.44	\$136.44		01/25/2001	P	B
	0K0648	07/06/2000		\$660.00	\$660.00		12/21/2000	P	B
	0J0823	06/26/2000		\$325.00	\$217.00		11/30/2000	P	B
	0KC053	08/09/2000		\$159.55		\$159.55	11/24/2000	T	C

Record # 89

Tax Id  Provdr Type  ^  
 Batch# 1AC056 Paymnt Cat  ^ Provdr Name   
 Svc Fm 08/24/2000 Svc To  Dt Pd 02/01/2001 Dt Bill Rcvd 01/23/2001 Provdr Street 1   
 Provdr City  Provdr State CA Provdr Zip   
 Chg Amt \$100.25 Bypass Cd 6 ^ Procedure Cd  ^  
 Inelighl Amt \$0.00 Ineligible Cd  ^ Modifier Cd   
 Paymnt  Bill Type C ^ Appeals Cd  ^  
 Credit \$100.25 Adjustmnt Dt 11/02/2000

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Window

DIUCS2000 COMPENSATION BILLS SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports

Case Compare

DOL DATA THROUGH 02/16/2001

Dol Case Status Information:

Claim # [ ] SSN [ ] DOI 12/14/1977

Last Name [ ] First [ ] Middle E

DOL ChgBk Cd 3709 Srveng DOL CPO [ ] Orgl DOL CPO [ ]

Claim #	From Dt	To Dt	Roll	Payee	Payment	Credit	Ck Dt	Pay	Ck #	Cancel
[ ]	12/31/2000	01/27/2001	P	CL	\$283.00		01/27/2001	1	00021217	
	12/03/2000	12/30/2000	P	CL	\$283.00		12/30/2000	1	00021282	
	11/05/2000	12/02/2000	P	CL	\$283.00		12/02/2000	1	00021291	
	10/08/2000	11/04/2000	P	CL	\$283.00		11/04/2000	1	00021252	
	09/10/2000	10/07/2000	P	CL	\$283.00		10/07/2000	1	00021246	
	08/13/2000	09/09/2000	P	CL	\$283.00		09/09/2000	1	00021216	
	07/16/2000	08/12/2000	P	CL	\$283.00		08/12/2000	1	00021194	
	06/18/2000	07/15/2000	P	CL	\$283.00		07/15/2000	1	00021167	
	05/21/2000	06/17/2000	P	CL	\$283.00		06/17/2000	1	00021220	
	04/23/2000	05/20/2000	P	CL	\$283.00		05/20/2000	1	00021278	

Record # 60

Gross Amt \$283.00 Rel Cd CL ^

Net Amt \$283.00

Payee [ ]

Address [ ]

DIUCS2000 COMPENSATION BILLS SCREEN

Claim #	From Dt	To Dt	Roll	Payee	Payment	Credit	Ck Dt	Pay	Ck #	Cancel
	12/31/2000	01/27/2001	P	CL	\$283.00		01/27/2001	1	00021217	
	12/03/2000	12/30/2000	P	CL	\$283.00		12/30/2000	1	00021282	
	11/05/2000	12/02/2000	P	CL	\$283.00		12/02/2000	1	00021291	
	10/08/2000	11/04/2000	P	CL	\$283.00		11/04/2000	1	00021252	
	09/10/2000	10/07/2000	P	CL	\$283.00		10/07/2000	1	00021246	
	08/13/2000	09/09/2000	P	CL	\$283.00		09/09/2000	1	00021216	
	07/16/2000	08/12/2000	P	CL	\$283.00		08/12/2000	1	00021194	
	06/18/2000	07/15/2000	P	CL	\$283.00		07/15/2000	1	00021167	
	05/21/2000	06/17/2000	P	CL	\$283.00		06/17/2000	1	00021220	
	04/23/2000	05/20/2000	P	CL	\$283.00		05/20/2000	1	00021278	

Record #

Gross Amt  Rel Cd  ^

Net Amt

Payee

Address

City  State:  Zip:

Health Benefits  HBI Cd  ^

Optnl Life  FEGLI Cd  ^

Basic Life

Pay Rt  Rt Type  ^

Comp Rate

PR Exp Dt

Check #  HBI Trnsfr

Cancel Ck

Cash Rcpt  Agcy HBI Cost

Tracer

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- UC
- Index
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- What's New
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Window

DILCS2000 COMPENSATION BILLS SCREEN

**Valid Payee Relationship Codes**

Find CL%

Code	Description
CL	Claimant

OK Cancel Find

Ck #	Cancel
00021217	<input type="checkbox"/>
00021282	<input type="checkbox"/>
00021291	<input type="checkbox"/>
00021252	<input type="checkbox"/>
00021246	<input type="checkbox"/>
00021216	<input type="checkbox"/>
00021194	<input type="checkbox"/>
00021167	<input type="checkbox"/>
00021220	<input type="checkbox"/>
00021278	<input type="checkbox"/>

<b>DEDUCTIONS</b>		<b>CODES</b>			
Health Benefits	\$0.00	HBI Cd	N/A	City	SPARTA
Optnl Life	\$0.00	FEGLI Cd		State:	WI
Basic Life	000			Zip:	54656
Pay Rt	\$525.11	Rt Type	W	Check #	00021217
Comp Rate	.75			Cancel Ck	
PR Exp Dt	12/31/2032			Cash Rcpt	00000
				Tracer	
				HBI Trnsfr	
				Agcy HBI Cost	

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Choices in list: 1

Record: 1/1

DIUCS2000 COMPENSATION BILLS SCREEN

Claim #	From Dt	To Dt	Roll	Payee	Payment	Credit	Ck Dt	Pay	Ck #	Cancel
	11/08/1998	12/03/1998	\$	CL	\$1619.42		01/01/1999	1		
	10/11/1998	12/03/1998	\$	CR		\$50.00	06/30/1999	1	46330039	
	10/11/1998	12/03/1998	\$	CR		\$50.00	01/20/2000	1	47607799	
	10/11/1998	12/03/1998	\$	CR		\$50.00	04/14/2000	1	48077285	
	10/11/1998	12/03/1998	\$	CR		\$50.00	03/30/2000	1	47897168	
	10/11/1998	12/03/1998	\$	CR		\$50.00	02/12/2000	1	47717040	
	10/11/1998	12/03/1998	\$	CR		\$50.00	04/15/2000	1	46994620	
	10/11/1998	12/03/1998	\$	CR		\$50.00	06/14/2000	1	48436419	
	10/11/1998	12/03/1998	\$	CR		\$50.00	08/24/2000	1	00375336	
	10/11/1998	12/03/1998	\$	CR		\$50.00	02/13/2001	1	00902385	

Record # 34

Gross Amt \$0.00  
 Net Amt \$50.00  
 Rel Cd CR ^

Payee U S DEPARTMENT OF LABOR OWCP  
 Address OPM OFFSET  
 214 N HOGAN STREET 1010  
 City JACKSONVILLE State: FL Zip: 32202

**DEDUCTIONS**  
 Health Benefits \$0.00  
 Optnl Life \$0.00  
 Basic Life 000  
 Pay Rt \$0.00  
 Comp Rate 0  
 PR Exp Dt

**CODES**  
 HBI Cd N/A ^  
 FEGLI Cd ^  
 Rt Type ^

Check # 47607799  
 HBI Trnsfr  
 Cancel Ck  
 Agcy HBI Cost  
 Cash Rcpt 00000  
 Tracer

Window

DUICS2000 COMPENSATION BILLS SCREEN

**Valid Payee Relationship Codes**

Find CR%

Code	Description
CR	Cash receipt, indicates recoupment of overpayment

OK Cancel Find

Ck #	Cancel
46330039	<input type="checkbox"/>
47607799	<input checked="" type="checkbox"/>
48077285	<input type="checkbox"/>
47897168	<input type="checkbox"/>
47717040	<input type="checkbox"/>
46994620	<input type="checkbox"/>
48436419	<input type="checkbox"/>
00375336	<input type="checkbox"/>
00902385	<input type="checkbox"/>

214 N HOGAN STREET 1010

City JACKSONVILLE State: FL Zip: 32202

<b>DEDUCTIONS</b>	<b>CODES</b>	Check # 47607799	HBI Trnsfr
Health Benefits \$0.00	HBI Cd N/A	Cancel Ch	Agcy HBI Cost
Optnl Life \$0.00	FGLI Cd	Cash Rcpt 00000	
Basic Life 000	Rt Type	Tracer	
Pay Rt \$0.00			
Comp Rate 0			
PR Exp Dt			

Choices in list: 1

Record: 1/1

DIUCS2000 PERSONNEL SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports
- Case Compare

This DoD Personnel Information was associated with the Department of Labor Worker's Compensation Case at the time the case was created in the DIUCS. The personnel information is frozen at that time. This information should be used as a guide.

Personnel Information As of:

Dol Case Status Information:

Claim #	<input type="text" value="-6552"/>	SSN	<input type="text"/>	DOI	<input type="text" value="02/26/2001"/>
Last Name	<input type="text"/>	First	<input type="text"/>	Middle	<input type="text" value="J"/>
DOL ChgBk Cd	<input type="text" value="*"/>	Srveng DOL CPO	<input type="text" value="*"/>	Orgl DOL CPO	<input type="text"/>

Position

DOD Compnt	<input type="text" value="DD"/>	Started Posit	<input type="text" value="03/02/1997"/>	Pay Basis	<input type="text" value="PA"/>
Agcy Subelmnt	<input type="text" value="DD48"/>	Pay Plan	<input type="text" value="GS"/>	Premium Pay Ind	<input type="text"/>
Agcy Supprt	<input type="text" value="07"/>	Series	<input type="text" value="0230"/>	Pay Rate Determ	<input type="text" value="0"/>
Srveng CCPO	<input type="text" value="H2"/>	Grade	<input type="text" value="13"/>	Work Schedule	<input type="text" value="F"/>
Major Command	<input type="text"/>	Step	<input type="text" value="04"/>	Basic Hrly Rate	<input type="text" value="30.23"/>
POI	<input type="text"/>	Service Comp Dt	<input type="text" value="11/18/1991"/>	Tot Hrly Rate	<input type="text" value="33.32"/>
PAS INFO	<input type="text" value="H2071932"/>	Csc Retirement	<input type="text" value="K"/>	Env Dif Pay	<input type="text"/>
UIC	<input type="text" value="H50000"/>	Reserve Cat	<input type="text" value="Y"/>	Hours Scheduled	<input type="text" value="40"/>
Prog Elmnt	<input type="text"/>				

DIUCS2000 PERSONNEL SCREEN

<b>Position</b> EMPLOYEE RELATIONS SPECIALIST			
<b>DOD Compnnt</b>	DD	<b>Started Posit</b>	03/02/1997
<b>Agcy Subelmnt</b>	DD48	<b>Pay Plan</b>	GS
<b>Agcy Supprt</b>	07	<b>Series</b>	0230
<b>Srveng CCPO</b>	H2	<b>Grade</b>	13
<b>Major Command</b>		<b>Step</b>	04
<b>POI</b>		<b>Service Comp Dt</b>	11/18/1991
<b>PAS INFO</b>	H2071932	<b>Csc Retirement</b>	K
<b>UIC</b>	H50000	<b>Reserve Cat</b>	Y
<b>Prog Elmnt</b>		<b>Asg Civ Art Id</b>	
<b>Cost Center</b>		<b>National Guard Tech Id</b>	N
<b>Office Symbol</b>		<b>Handcp Rprtbl</b>	05
<b>GSA Loc</b>	512128013	<b>FEGLI Status</b>	C0
<b>Orgl Function Cd</b>	YYY	<b>FEHB Plan</b>	45
<b>Orgl Compnnt</b>	H5AC	<b>Effect Dt of Sep</b>	
<b>Agcy Spec Cd1</b>		<b>Sep From Rolls Reason</b>	
<b>Agcy Spec Cd2</b>			

<b>Pay Basis</b>	PA
<b>Premium Pay Ind</b>	
<b>Pay Rate Determ</b>	0
<b>Work Schedule</b>	F
<b>Basic Hrly Rate</b>	30.23
<b>Tot Hrly Rate</b>	33.32
<b>Env Dif Pay</b>	
<b>Hours Scheduled</b>	40
<b>Civ Emp Cat Grp</b>	1
<b>Emplment Type</b>	1
<b>Appt Type</b>	1A

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DIUCS2000 NOTES SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports
- Case Compare

Dol Case Note Information

Claim #	-6562	SSN	<input type="text"/>	DOI	02/28/2001
Last Name	<input type="text"/>	First	<input type="text"/>	Middle	J
DOL ChgBk Cd	*	Srveng DOL CPO	*	Orgl DOL CPO	<input type="text"/>

Notes:

TEST TEST

- IC
- UC
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- Help
- What's New
- Save
- Exit





DIUCS2000 CASE COMPARE SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports
- Case Compare

ICPA CASE VERIFICATION

Claim #	SSN	DOI	Last Name	Inactive Flag	Local Case Create Dt	DOL Case Create Dt
-1583		12/20/1995		N	01/08/1996	
-1585		12/13/1995		N	01/08/1996	
-1590		01/12/1996		N	01/13/1996	
-1593		08/25/1995		N	01/19/1996	
-1594		01/16/1996		N	01/22/1996	
-1595		01/16/1996		N	01/22/1996	
-1596		01/11/1996		N	01/22/1996	
-1598		12/20/1995		N	01/22/1996	
-1600		10/20/1995		N	01/23/1996	
-1601		01/17/1996		N	01/23/1996	
-1602		01/14/1996		N	01/23/1996	
-1603		01/31/1992		N	01/23/1996	
-1608		12/29/1995		N	01/23/1996	
-1609		01/12/1996		N	01/23/1996	
-1610		11/30/1995		N	01/23/1996	

- Make Case Inactive
- Accept Local Create Date
- Remove Local Create Date

DIUCS2000 INJURY COMPENSATION REPORT SELECTION SCREEN

Case Processing

- Query
- Case Status
- COP
- Medical
- Compensation
- Personnel
- Case Create
- Notes

Case Admin

- Tickler
- Reports
- Case Compare

Detail Reports:

- Detailed Chargeback Billing List for a Specific Period
- FECA Monthly Statement
- Claimant Report with Address
- Comp Bill Payment Listing
- Medical Bill Payment Listing
- Tickler Report

Summary Reports:

- Compensation Cost by Nature of Injury
- Chargeback Code Cost Summary
- Periodic Chargeback Summary
- Chargeback Code / DOL CCPO Cost Summary

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- Save
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Address http://isdmid2.cpmis.osd.mil:8879/ows-bin/rwcgi60.exe?det\_charge+paramform%3Dhtml



Links Customize Links Free Hotmail Windows Media Windows My Yahoo! for frank\_hushek DIUCS2000 Application Access

Submit Query

Reset

## CHARGEBACK BILLING LIST FOR A SPECIFIC PERIOD

### Parameter Value Input Form

Enter the Parameter Values

**FORMAT(PDF, HTML):**

**QUARTER(1-4):**

**FISCAL YEAR(yyyy):**

**GROUPING1:**

**GROUPING2:**

**GROUPING3:**

File Edit View Favorites Tools Help

Address [http://isdmid2.cpmis.osd.mil:8879/ows-bin/rwcgi60.exe?det\\_charge+paramform%3Dhtml](http://isdmid2.cpmis.osd.mil:8879/ows-bin/rwcgi60.exe?det_charge+paramform%3Dhtml) Go

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Submit Query    Reset

### CHARGEBACK BILLING LIST FOR A SPECIFIC PERIOD

**Parameter Value Input Form**  
Enter the Parameter Values

**FORMAT(PDF, HTML):**

**QUARTER(1-4):**

**FISCAL YEAR(yyyy):**

**GROUPING1:**

**GROUPING2:**

**GROUPING3:**

- NULL
- PAYING\_DIST
- cm.charge\_back\_code
- CM.DOL\_CCPO
- II.NATURE\_OF\_INJURY
- CR.UIC
- CR.COST\_CENTER
- CR.PROG\_ELEMENT
- NULL



Address http://isdmid2.cpmis.osd.mil:8879/ows-bin/rwcgi60.exe?det\_charge+paramform%3Dhtml

Links Customize Links Free Hotmail Windows Media Windows My Yahoo! for frank\_hushek DIUCS2000 Application Access

### CHARGEBACK BILLING LIST FOR A SPECIFIC PERIOD

**Parameter Value Input Form**  
Enter the Parameter Values

**FORMAT(PDF, HTML):**

**QUARTER(1-4):**

**FISCAL YEAR(yyyy):**

**GROUPING1:**

**GROUPING2:**

**GROUPING3:**



RUN DATE: 02/28/2001

INJURY COMPENSATION REPORT  
CHARGEBACK BILLING LIST FOR SPECIFIC PERIOD

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QTR  
2  
YEAR  
2001

GROUPING1: II.NATURE\_OF\_INJURY C9  
GROUPING2: NULL  
GROUPING3: NULL

CASE NO	PD	ID	EMPLOYEE NAME	SSAN	CHGBK	CCPO	DOI	NOI	STAT	---MED---		---COMP---		-----TOTAL-----	
										NUM	AMOUNT	NUM	AMOUNT	NUM	AMOUNT
	13	13			3752	GD	07/01/1987	C9	MC	1	\$92.00	0	\$0.00	1	\$92.00
	06	06			6383	LH	11/13/1984	C9	MC	1	\$50.00	0	\$0.00	1	\$50.00
	01	02			6533	LC	03/27/1966	C9	DE	0	\$0.00	7	\$2,604.00	7	\$2,604.00
	14	14			6438	KP	06/15/1984	C9	PN	18	\$1,163.57	7	\$17,318.00	25	\$18,481.57
	00	12			3722	QZ	04/03/2000	C9	C3	0	\$0.00	0	\$0.00	0	\$0.00
	06	25			3493	BJ	11/23/1982	C9	PN	0	\$0.00	7	\$12,453.00	7	\$12,453.00
	00	13			6383	NY	04/24/2000	C9	C3	0	\$0.00	0	\$0.00	0	\$0.00
	16	16			3723	SQ	11/19/1993	C9	PR	0	\$0.00	7	\$34,972.00	7	\$34,972.00
	16	16			3723	SQ	07/04/2000	C9	MC	9	\$426.32	0	\$0.00	9	\$426.32
	11	11			3326	EV	03/02/1993	C9	C3	26	\$1,812.92	0	\$0.00	26	\$1,812.92
	16	07			3718	SF	04/30/1970	C9	DE	0	\$0.00	7	\$24,185.56	7	\$24,185.56
	13	13			3725	RD	02/16/1988	C9	PR	3	\$76.50	7	\$14,742.00	10	\$14,818.50
	13	13			6442	NY	05/21/1985	C9	DE	0	\$0.00	7	\$15,966.44	7	\$15,966.44
	25	X			3703	UC	08/27/1964	C9	PW	0	\$0.00	7	\$4,809.00	7	\$4,809.00



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INJURY COMPENSATION REPORT  
CHARGEBACK BILLING LIST FOR SPECIFIC PERIOD

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QTR  
2  
YEAR  
2001

GROUPING1: II.NATURE\_OF\_INJURY C9  
GROUPING2: NULL  
GROUPING3: NULL

CASE NO	PD	ID	EMPLOYEE NAME	SSAN	CHGBK	CCPO	DOI	NOI	STAT	---MED---		---COMP---		-----TOTAL-----	
										NUM	AMOUNT	NUM	AMOUNT	NUM	AMOUNT
TOTAL			538	/	\$116,214.96	TOTAL		290	/	\$631,141.22	GRAND TOTAL		828	/	\$747,356.18
MED (NUM/AMT)						COMP (NUM/AMT)									



RUN DATE: 02/26/2001

INJURY COMPENSATION REPORT  
FECA MONTHLY STATEMENT  
TABLE #2

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MONTH YEAR  
JAN 2000

GROUPING1: NULL  
GROUPING2: NULL  
GROUPING3: NULL

ID	CASE NO	NAME OF INJURED	AGE	SEX	SSAN	DOI	OCC SRS	NOI	TYPE OF INJ	SRC OF INJ	ANA LOC	ROI	DEPT	AL	INJURY ZIP	OSH A
06			28.	M		01/10/2000		TS	110	0830	HS	X	3752	IE	29044	
06			49.	F		12/23/1999	7408	TS	300	0100	LS	X	6537	LK	32212	
06			55.	M		12/10/1999	3806	MI	600	0800	AS	X	3729	PX	31098	
06			52.	M		12/31/1999	8852	DH	700	0240	C2	X	3729	PX	31098	
06			40.	F		04/14/1999	3705	MI	620	0290	AS	1	3729	PX	31098	
06			49.	M		09/23/1999	5803	MC	999	9999	MS	X	6513	MH	31704	
06			38.	F		01/11/2000	0501	TS	600	0140	BL	1	3729	PX	31098	
06			45.	M		01/06/2000	3414	TL	400	0800	TS	1	3729	PX	31098	
06			53.	M		01/07/2000	0856	TS	999	9999	AS	1	3729	PX	31098	
06			48.	F		01/20/2000	0335	TC	200	0110	KS	2	3729	PX	31098	
06			55.	M		12/23/1999	3806	TS	100	0300	HK	1	3729	PX	31098	
06			40.	M		12/27/1999	8268	TS	200	0110	LS	X	3729	PX	31098	
06			45.	M		01/07/2000	3502	TS	600	0100	SS	1	3326	FB	31905	
06			53.	F		01/03/2000	0525	TS	510	0140	BL	X	3061	JH	29405	
06			52.	F		01/10/2000	0318	TC	200	0120	KS	1	3061	JH	29405	
06			47.	M		01/06/2000	1035	TC	210	0110	SS	1	3326	FK	41012	
06			61.	M		08/06/1998	0185	TS	999	9999	BL	1	6444	NV	39501	
06			49.	M		01/20/2000	3806	TS	600	0130	KS	1	3729	PX	31098	



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INJURY COMPENSATION REPORT

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CLAIMANT REPORT WITH ADDRESS

CASE CREATE DATE: 01/01/2000 TO 01/31/2000

Grouping1: NULL  
 Grouping2: NULL  
 Grouping3: NULL

CASE NUM	NAME ADDRESS	SSN	CHGBK	DOL CCPO	NOI	COI	MED COST DOB	COMP COST DOI	TOT COST CURR STATUS/DATE
[REDACTED]	[REDACTED]	[REDACTED]	6442	NY	MI	99	\$994.50	\$0.00	\$994.50
	[REDACTED]	[REDACTED]	CA	91941			04/08/1963	12/06/1999	C2 / 03/03/2000
[REDACTED]	[REDACTED]	[REDACTED]	3310	BG	TS	51	\$0.00	\$0.00	\$0.00
	[REDACTED]	[REDACTED]	NC	28306			03/01/1955	05/07/1999	C3 / 02/22/2000
[REDACTED]	[REDACTED]	[REDACTED]	3701	PL	TB	64	\$209.00	\$0.00	\$209.00
	[REDACTED]	[REDACTED]	SC	29485			08/27/1950	12/27/1999	C4 / 01/06/2000
[REDACTED]	[REDACTED]	[REDACTED]	6513	MO	TC	36	\$112.00	\$0.00	\$112.00
	[REDACTED]	[REDACTED]	CA	92311			09/25/1959	01/11/2000	C4 / 01/26/2000
[REDACTED]	[REDACTED]	[REDACTED]	3317	BV	TS	83	\$262.00	\$0.00	\$262.00
	[REDACTED]	[REDACTED]	VA	22406			12/13/1967	12/14/1999	C1 / 01/27/2000
[REDACTED]	[REDACTED]	[REDACTED]	6573	NZ	TB	71	\$0.00	\$0.00	\$0.00
	[REDACTED] 30	[REDACTED]	HI	96782			01/02/1968	11/21/1999	C4 / 01/24/2000
[REDACTED]	[REDACTED]	[REDACTED]	3057	XM	TL	29	\$0.00	\$0.00	\$0.00