

U.S. Department of Labor

Office of Inspector General—Office of Audit

**REPORT TO THE OFFICE OF
WORKERS' COMPENSATION
PROGRAMS**



COVID-19: PANDEMIC CAUSES DELAYS IN FECA CLAIMS ADJUDICATION

**DATE ISSUED: SEPTEMBER 23, 2021
REPORT NUMBER: 19-21-007-04-431**



BRIEFLY...

COVID-19: PANDEMIC CAUSES DELAYS IN FECA CLAIMS ADJUDICATION

September 23, 2021

WHY OIG CONDUCTED THE AUDIT

The Federal Employees' Compensation Act (Act) is administered by the Office of Workers' Compensation (OWCP) and provides workers' compensation coverage to over 2.6 million federal and postal workers. Less than 5 months after the declaration of a nationwide public health emergency in response to the COVID-19 pandemic, OWCP had received 2,866 COVID-19 claims, including 48 death claims, filed under the Federal Employees' Compensation Act.

As a result of this influx, OWCP's Federal Employees' Compensation Program (FECA) anticipated a potential strain on resources and claims processing delays. As part of its response, FECA developed a contingency plan, which included reallocating resources from opioid management to COVID-19 claims adjudication.

WHAT OIG DID

We conducted a performance audit to answer the following questions:

1. To what extent has the COVID-19 pandemic impacted FECA's ability to timely adjudicate claims?
2. Have the changes FECA made to opioid management in response to the pandemic impacted opioid use among claimants?

To answer these questions, we analyzed case management and medical bill data from December 2018 to March 2021, to identify trends; interviewed FECA officials; and reviewed the Federal Employees' Compensation Act, regulations, policies, and procedures, as well as related guidance issued in response to the pandemic.

WHAT OIG FOUND

We found the COVID-19 pandemic has had a negative impact on FECA's ability to timely adjudicate claims. Specifically, FECA's timeliness of adjudicating claims declined by 15 percent during the audit period. The decline was primarily driven by COVID-19 claims, which took longer to adjudicate than other claims. According to FECA officials, the COVID-19 adjudication delays occurred because it afforded extended opportunities to claimants for submission of supporting evidence. While FECA was able to improve the timeliness of adjudicating COVID-19 claims throughout the audit period, 46 percent of COVID-19 claims remained open as of March 31, 2021.

We also found that changes FECA made to opioid management in response to the pandemic have not negatively impacted opioid use among claimants; overall, opioid use continued to decline. For example, we found the numbers of claimants receiving opioid prescriptions and claimant morphine-equivalent dose levels both continued the downward trends throughout the audit period.

WHAT OIG RECOMMENDED

We made one recommendation to help ensure claims are adjudicated as promptly as possible, lessening any additional hardship on claimants.

OWCP agreed with our recommendation.

READ THE FULL REPORT

<https://www.oig.dol.gov/public/reports/oa/2021/19-21-007-04-431.pdf>

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INSPECTOR GENERAL'S REPORT

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This report presents the results of the Office of Inspector General's (OIG) audit of the COVID-19 pandemic's impact on the Office of Workers' Compensation Programs' (OWCP) ability to timely adjudicate claims filed under the Federal Employees' Compensation Act and to manage opioid use among claimants.

The act is administered by OWCP and provides workers' compensation coverage to over 2.6 million federal and postal workers. On January 31, 2020, the Secretary for Health and Human Services declared a nationwide public health emergency in response to the COVID-19 pandemic. By June 16, 2020, OWCP had received 2,866 COVID-19 claims, including 48 death claims, filed under the act. As a result of this influx, OWCP's Federal Employees' Compensation Program (FECA) anticipated a potential strain on resources and claims processing delays. FECA's response included implementing a contingency plan that included reallocating resources from opioid management to COVID-19 claims adjudication.

Given the potential challenges and FECA's response, we conducted an audit to answer the following questions:

1. To what extent has the COVID-19 pandemic impacted FECA's ability to timely adjudicate claims?
2. Have the changes FECA made to opioid management in response to the pandemic impacted opioid use among claimants?

The audit focused on FECA claims OWCP received from February 1, 2020, to March 31, 2021. To accomplish our objective, we analyzed case management and medical bill data from December 1, 2018, to March 31, 2021, to identify trends; interviewed FECA officials to obtain an understanding of the actions taken in response to the pandemic; and reviewed the Federal Employees' Compensation Act, regulations, policies, and procedures, as well as related guidance issued in response to the pandemic.

We found that the COVID-19 pandemic has had a negative impact on FECA's ability to timely adjudicate claims. Specifically, FECA's timeliness of claims adjudication declined during the audit period. This was primarily due to the influx of COVID-19 claims, which required more time to adjudicate than other claims. Although FECA was able to improve timeliness of COVID-19 claims adjudication, a significant percentage of COVID-19 claims remained open as of March 31, 2021. Conversely, the changes FECA made to opioid management in response to the pandemic have not negatively impacted opioid use among claimants; overall, opioid use continued to decline.

FECA'S RESPONSE TO THE COVID-19 PANDEMIC

In April 2020, FECA created a model, based on COVID-19 projections from the Institute for Health Metrics and Evaluation (IHME), to anticipate the volume of expected claims and determine the program's staffing needs. FECA used this model to develop a contingency plan to address the risks and challenges it faced. FECA implemented the first phase of this plan by reallocating two of its four Prescription Management Units from opioid management to COVID-19 claims adjudication and adjusting opioid case management procedures regarding morphine-equivalent dose (MED)¹ levels to manage the remaining two units' workloads.

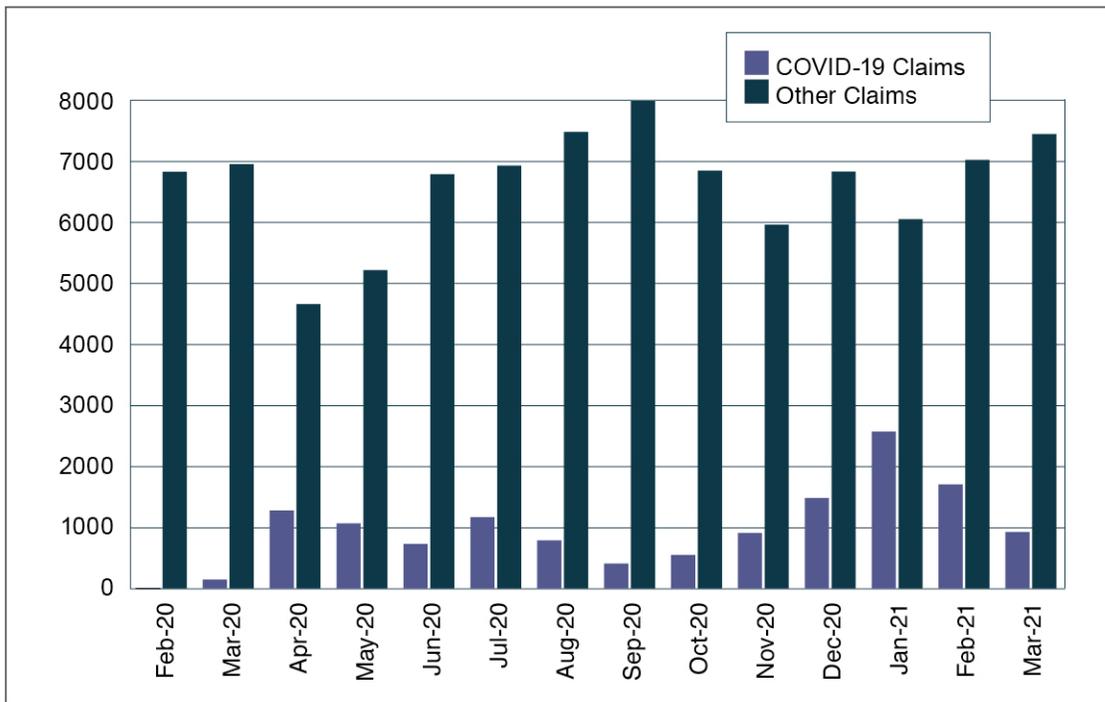
Between April and December 2020, FECA devoted additional staff to focus on COVID-19 claims. In response to rising COVID-19 claims in January 2021, FECA updated its original contingency plan with immediate and future recommendations to address emerging risks and challenges.

Other elements of FECA's response included issuing new procedures to handle claims arising from high-risk employment where exposure to the virus is more likely due to the nature of the employment, such as claims from members of law enforcement and first responders, and creating a task force to oversee COVID-19 claims development and adjudication.

¹ MED is a measure of a claimant's daily dosage of opioids.

As of March 31, 2021, FECA had received 13,785 COVID-19 claims, including 228 death claims, and paid over \$6.3 million in medical benefits and compensation toward these claims. See Figure 1 for an overview of the number of COVID-19 claims and other FECA claims received during the audit period; FECA received a total of 106,924 claims.

Figure 1: COVID-19 and Other FECA Claims Received, Monthly during OIG Audit Period



Source: OIG Analysis of FECA Case Management Data

FECA received its first six COVID-19 claims in February 2020. COVID-19 claims peaked a year later in January and February 2021. Overall, the 13,785 COVID-19 claims represented 13 percent of the 106,924 claims received during our audit period.

RESULTS

We found the COVID-19 pandemic has had a negative impact on FECA’s ability to timely adjudicate claims. Specifically, FECA’s timeliness in adjudicating claims declined by 15 percent during the 14-month audit period when compared to the 14-month period preceding the pandemic, December 2018 to January 2020 (pre-

pandemic period). This decline was primarily driven by COVID-19 claims, which took longer to adjudicate than other claims. According to FECA officials, the COVID-19 adjudication delays occurred because it afforded extended opportunities to claimants for submission of supporting evidence. While FECA was able to improve the timeliness of adjudicating COVID-19 claims throughout the audit period, 46 percent of COVID-19 claims remained open as of March 31, 2021.

We also found that changes FECA made to opioid management in response to the pandemic have not negatively impacted opioid use among claimants; overall, opioid use continued to decline. For example, we noted that both the number of claimants receiving opioid prescriptions and the claimants' MED levels continued their previous downward trends throughout the audit period.

THE PANDEMIC IMPACTED FECA'S ABILITY TO TIMELY ADJUDICATE CLAIMS

FECA was not as timely in adjudicating claims during the audit period as compared to the pre-pandemic period. To assess timeliness, we analyzed the number of days required to adjudicate claims and compared the results to the pre-pandemic period. Overall, the number of claims that FECA adjudicated timely decreased by 15 percent. The decline in timeliness was primarily driven by COVID-19 claims, which took longer to adjudicate than other claims.

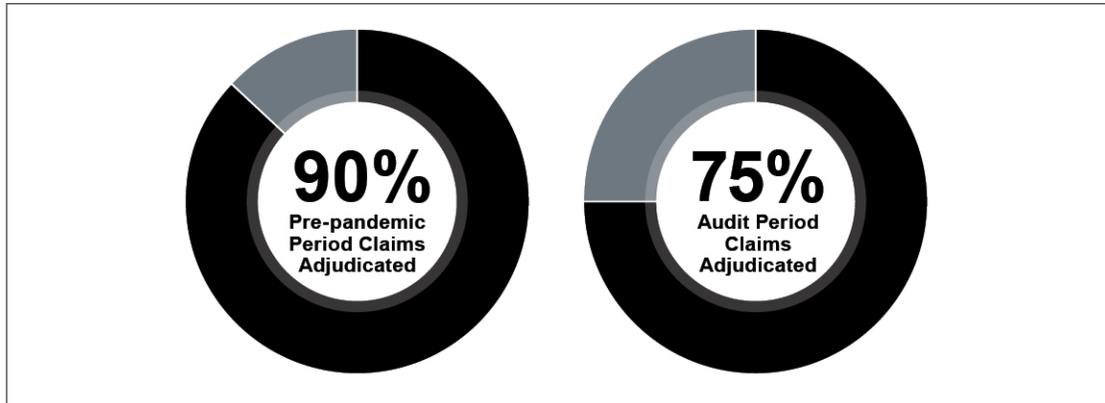
FECA requires claims to be promptly adjudicated. According to the FECA Procedure Manual, "it is OWCP's obligation to render a decision on each case as promptly as possible. Prompt action is particularly important in those disability cases where the injured employee is losing pay."²

CLAIMS ADJUDICATION TIMELINESS DECLINED

We found that, during the audit period, FECA timely adjudicated 75 percent of claims it received. This was 15 percent lower than in the pre-pandemic period when FECA timely adjudicated 90 percent of claims received (see Figure 2).

² FECA Procedure Manual, 2-0800 4.c (4)

Figure 2: Timely Adjudicated FECA Claims, Pre-Pandemic Period Compared to Audit Period



Source: OIG Analysis of FECA Case Management Data

To determine timeliness, we grouped claims into three broad categories used by FECA: traumatic injury, basic occupational disease, and extended occupational disease.³ We used FECA’s established timeliness standards for each category of claims and excluded claims received after a particular date (cut-off date) where FECA would not have had sufficient time to adjudicate a claim within the audit period. See Table 1 for the specifics on claim type, timeliness standards, cut-off dates, and number of claims included in the OIG analysis.

Table 1: OIG Analysis of FECA Claims Received During the Audit Period—Timeliness Standards, Cut-Off Dates, and Number of Claims

Claim Type	FECA’s Timeliness Standard	Cut-Off Date	Numbers of Claims OIG Analyzed
Traumatic Injury	within 45 days of receipt	February 15, 2021	84,295
Basic Occupational Disease	within 90 days of receipt	December 31, 2020	6,461
Extended Occupational Disease	within 180 days of receipt	September 30, 2020	1,680

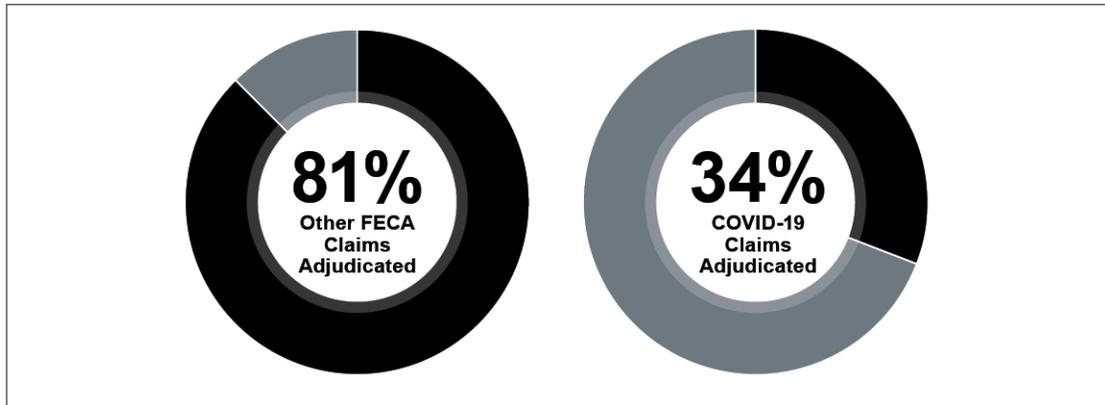
Source: OWCP FY 2020 Operating Plan and OIG Audit Team

³ FECA defines traumatic injury as “a wound or other condition of the body caused by external force, including stress or strain” and occupational disease as a “condition produced by continued or repeated exposure to elements of work environment such as noxious substances or damaging noise levels over a period longer than one work day or shift.” FECA further classifies occupational disease claims as “basic” or “extended” based on the extent of the information needed to adjudicate the claim” (FECA Procedure Manual 2-0800.2).

For the audit period, which started February 1, 2020, we analyzed a total of 92,436 claims.⁴ For the pre-pandemic period, we analyzed 115,512 claims, including 102,973 traumatic injury claims, 9,197 basic occupational disease claims, and 3,342 extended occupational disease claims.⁵

FECA’s decline in timeliness of claims adjudication was primarily driven by COVID-19 claims, which FECA timely adjudicated at a significantly lesser rate than other claims (see Figure 3).

**Figure 3: Percent of Claims Timely Adjudicated
February 2020–March 2021**



Source: OIG Analysis of FECA Case Management Data

During the audit period, FECA timely adjudicated only 34 percent of COVID-19 claims as compared to 81 percent of other claims.

COVID-19 CLAIMS REQUIRED SIGNIFICANTLY MORE TIME TO ADJUDICATE

FECA timely adjudicated COVID-19 claims at a lesser rate primarily because it required significantly more time to adjudicate COVID-19 claims than other claims. Although the average number of days to adjudicate COVID-19 claims improved

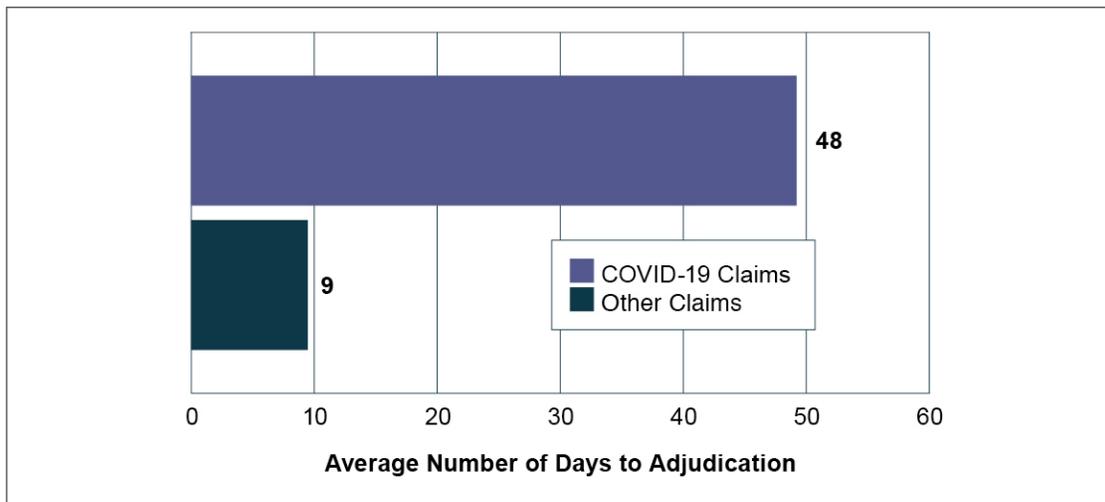
⁴ FECA received 203 traumatic injury claims from February 1, 2020 to February 15, 2021; 43 basic occupational disease claims from February 1, 2020 to December 31, 2020; and 44 extended occupational disease claims from February 1, 2020 to September 30, 2020 that were withdrawn by claimants and, therefore, not included in our analysis.

⁵ In the pre-pandemic period, FECA received 167 traumatic injury claims, 58 basic occupational disease claims, and 51 extended occupational disease claims that were withdrawn by claimants and therefore not included in our analysis.

throughout the audit period, FECA still required more time to adjudicate COVID-19 claims than other claims. As a result, 46 percent of COVID-19 claims remained unadjudicated as of March 31, 2021. According to FECA officials, adjudication of COVID-19 claims took longer because FECA afforded extended opportunities to COVID-19 claimants for submission of evidence to support their claims. Delays in adjudication could result in delayed benefit payments and hardship for claimants.

During our audit period, FECA received and adjudicated 7,270 COVID-19 claims and 73,935 other claims. We found that FECA required an average of 48 days to adjudicate COVID-19 claims compared to 9 days for other claims (see Figure 4). To determine the number of days required for adjudication, we calculated the number of days from the date FECA received the claim to the date of initial adjudication.

Figure 4: Average Number of Days to Adjudicate Claims Received February 1, 2020–March 31, 2021



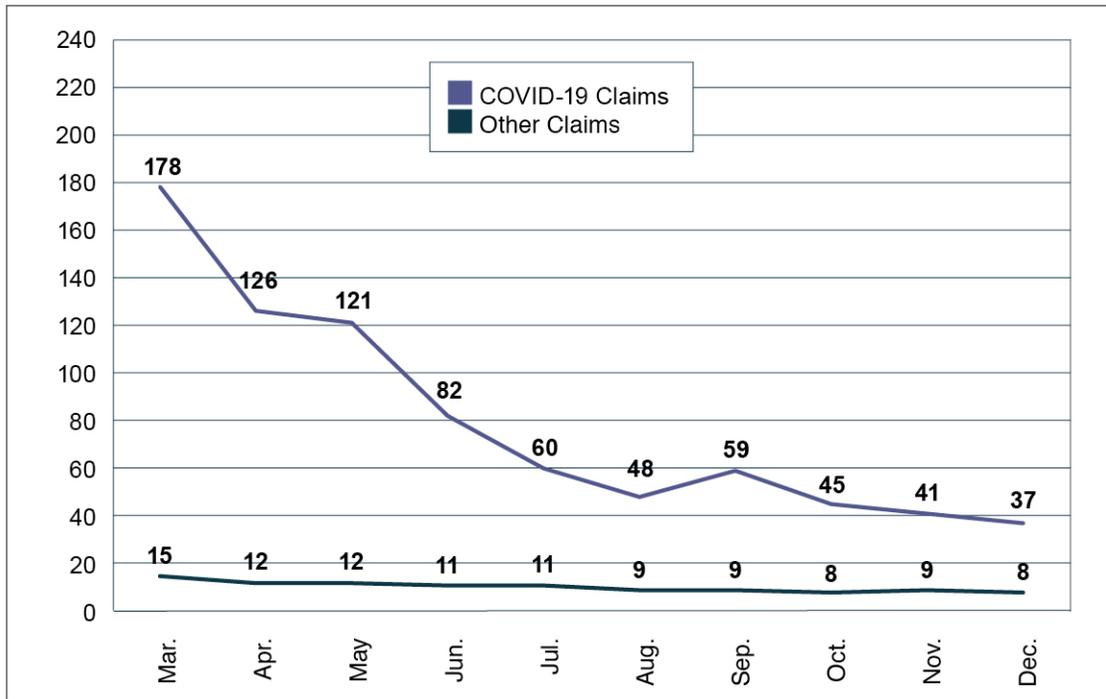
Source: OIG Analysis of FECA Case Management Data

While, on average, FECA required approximately five times as long to adjudicate COVID-19 claims as compared to other claims, FECA improved the time it took to adjudicate COVID-19 claims. We found that, for the 23 COVID-19 claims received in March 2020⁶ and adjudicated during the audit period, FECA required an average of 178 days to adjudicate those claims. In contrast, for the

⁶ FECA received its first COVID-19 claims in February 2020. However, because FECA only received six COVID-19 claims during that month, we excluded February from this analysis.

959 COVID-19 claims received in December 2020⁷ and adjudicated during the audit period, FECA required an average of 37 days (see Figure 5).

**Figure 5: Average Number of Days to Adjudicate Claims
March 2020–December 2020**



Source: OIG Analysis of FECA Case Management Data

According to FECA officials, because COVID-19 was a novel virus and claimants needed additional time to obtain necessary evidence, FECA provided extensions and multiple opportunities for claimants to submit necessary evidence to support their COVID-19 claims, which caused delays in claims processing.

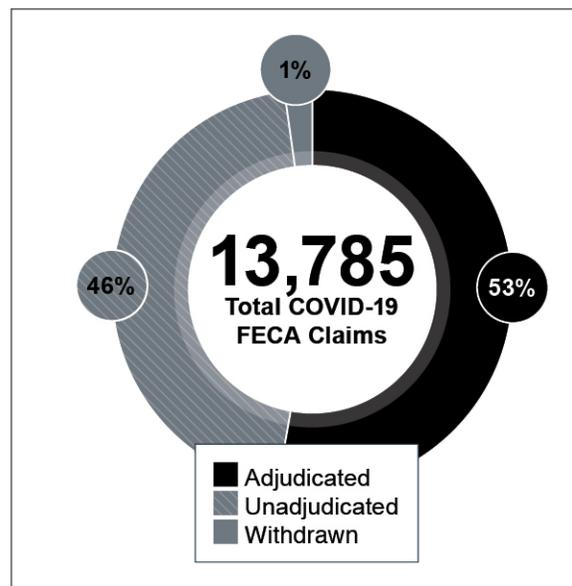
Establishing causality between exposure to COVID-19 and the claimant’s employment was part of this problem. FECA officials further related that, although FECA established a new procedure for claimants engaged in high-risk employment to lessen the burden of establishing causality, the complexity of some COVID-19 claims required FECA to evaluate the medical evidence to establish causality. FECA provides at least one additional opportunity for claimants to submit necessary evidence if the case cannot be accepted after the

⁷ To reduce timing issues, we excluded COVID-19 claims received after December 2020 from this analysis.

initial development period. FECA also allows extensions on timeframes for submission of evidence, if requested.

As a likely result of the delays in adjudicating COVID-19 claims, a significantly higher percentage of COVID-19 claims remained unadjudicated compared to other claims received during the audit period (see Figures 6 and 7).

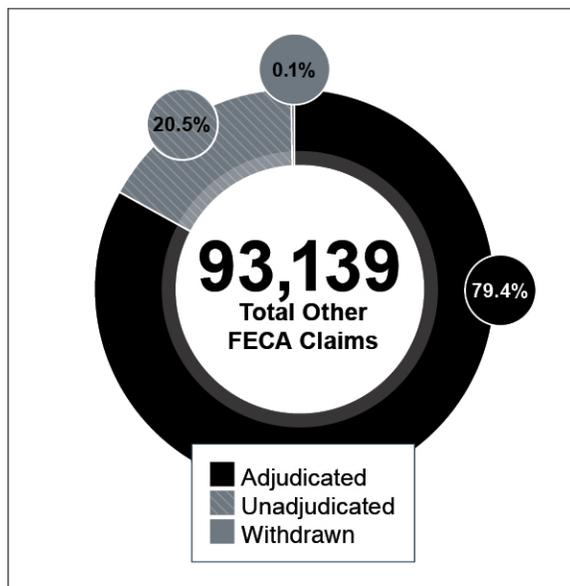
Figure 6: COVID-19 FECA Claims' Adjudication Status as of March 31, 2021



Source: OIG Analysis of FECA Case Management Data

Forty-six percent of 13,785 COVID-19 FECA claims remained unadjudicated as of March 31, 2021, as opposed to only 20.5 percent of 93,139 other FECA claims received.

Figure 7: Other FECA Claims’ Adjudication Status as of March 31, 2021



Source: OIG Analysis of FECA Case Management Data

Delays in adjudication could cause delays in paying medical providers and compensating claimants. Although the adjudication delays were not necessarily caused by FECA—which provided extensions to claimants who experienced difficulty obtaining timely medical evidence due to the novelty of the virus and social distancing rules, particularly at the beginning of the pandemic—any delay could potentially cause hardship for claimants.

Recent IHME data⁸ showed an increase in COVID-19 infections that began in June 2021 and projected this increase to continue through their latest projection in November 2021. Based on 2020 data, these increases could potentially rise rapidly in December 2021 and January 2022. If this occurs, there is a risk that FECA could face unplanned challenges since their contingency plan was last updated in January 2021 and was based on projections through April 2021.

⁸ Estimated infections (the number of people estimated to be infected with COVID-19 each day, including those not tested) data as of July 15, 2021.

OPIOID USE CONTINUED TO DECLINE AFTER PANDEMIC RESPONSE CHANGES

We found that changes FECA made to opioid management in response to the COVID-19 pandemic have not negatively impacted opioid use among claimants; overall, opioid use continued to decline.

In June 2018, to effectively monitor and manage opioid prescriptions, FECA had created four Prescription Management Units located throughout the country. Staff in these units review factors such as a claimant's MED level; recent surgeries; and the cumulative, continuous length of treatment to assess the most appropriate action to take in each case.

In response to the pandemic, FECA reallocated two Prescription Management Units from managing claimants with opioid prescriptions to adjudicating COVID-19 claims. To handle the additional workload for the two remaining units, FECA modified its opioid case management procedures, including suspending case reviews of claimants with MED levels in the 80-89 range and allowing medical examiners an option to review cases of claimants with MED levels in the 90-199 range every 90 days instead of every 60 days.⁹

We found that the COVID-19 pandemic has not had a significant negative impact on FECA's overall ability to manage opioid cases. Our analysis showed the changes FECA made to opioid management have not negatively impacted opioid use among claimants. Downward trends in opioid use among claimants occurring prior to the pandemic continued throughout the audit period for the overall numbers of FECA claimants receiving opioid prescriptions, the numbers of claimants with MED levels of 90 or greater, and the monthly averages of claimant MED levels.

CLAIMANTS RECEIVING OPIOID PRESCRIPTIONS

The number of FECA claimants receiving opioid prescriptions continued to decrease during the audit period, declining at a slightly lesser rate during the pandemic when compared to the pre-pandemic period.

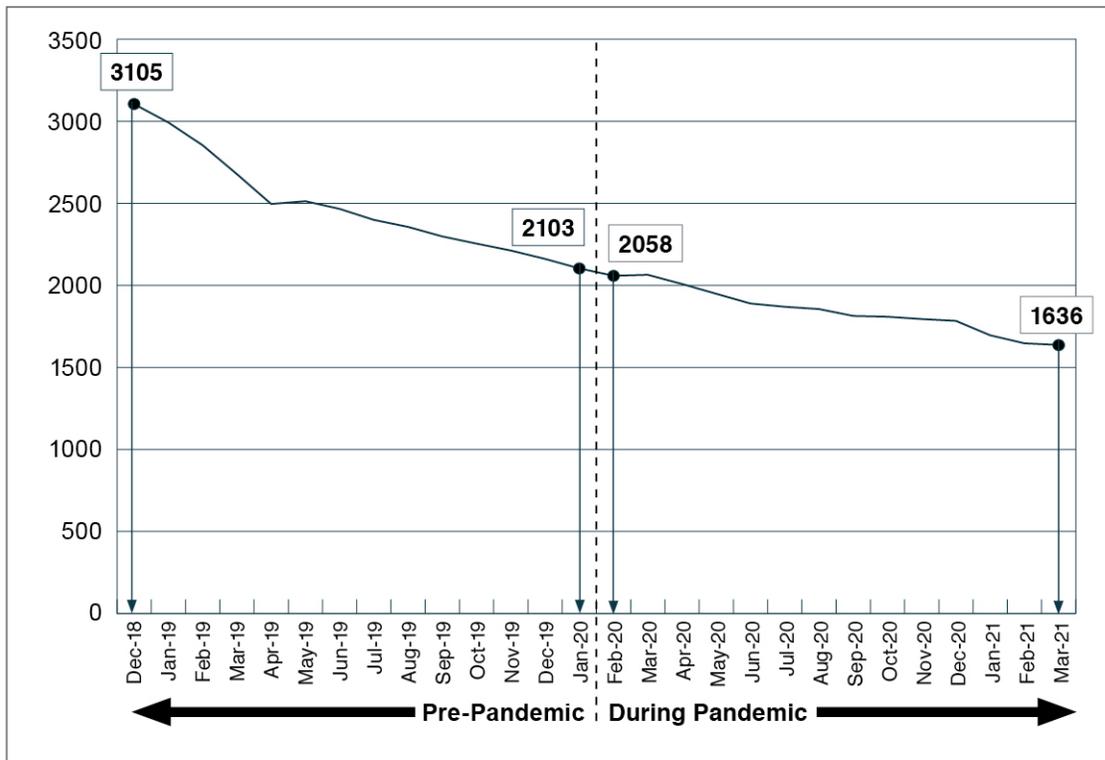
⁹ The Centers for Disease Control and Prevention stated, in its opioid prescribing guidelines, that physicians should evaluate and carefully justify the rationale for prescribing opioids above 90 MED (Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>).

Our analysis of FECA bill pay data showed that FECA claimants obtaining opioid prescriptions declined 16.3 percent during the audit period, from 10,295 in February 2020 to 8,616 in February 2021.¹⁰ In the pre-pandemic comparison period, there was a 15.9 percent decrease, from 12,756 to 10,730.

CLAIMANTS WITH AN MED LEVEL OF 90 OR GREATER

The number of FECA claimants with an MED level of 90 or greater continued to decline, albeit at a slower rate during the audit period when compared to the pre-pandemic period (see Figure 8).

Figure 8: Number of FECA Claimants with MED Levels >= 90, December 2018 – March 2021



Source: OIG Analysis of FECA MED Data

¹⁰ To reduce timing issues, we excluded data from March 2021 from this analysis. We adjusted the pre-pandemic period accordingly, from January 2019 to January 2020, and refer to it as the pre-pandemic comparison period for clarity.

Our analysis showed claimants with an MED level of 90 or greater declined 20.5 percent, from 2,058 in February 2020 to 1,636 in March 2021. This was a smaller decline compared to the pre-pandemic period, which saw a decline of 32.3 percent, from 3,105 to 2,103 claimants.

MONTHLY AVERAGE CLAIMANT MED LEVELS

Monthly average claimant MED levels also continued to decline, albeit at a slower rate during the pandemic.

Our analysis showed that claimants' monthly average MED levels declined 4.1 percent, from 58.25 in February 2020 to 55.86 in March 2021. For the pre-pandemic period, monthly average MED levels declined 9.3 percent, from an average of 64.58 to 58.58.

CONCLUSION

The changes FECA made to opioid management have not negatively impacted overall opioid use among claimants. However, FECA's ability to timely adjudicate claims declined during the pandemic. Delays in claims adjudication have been primarily driven by COVID-19 claims, which initially required significantly more time to adjudicate than other claims. Although throughout the audit period, FECA was able to improve timeliness of claims adjudication, FECA still required more time to adjudicate COVID-19 claims than other claims, and a significant portion of COVID-19 claims remained unadjudicated as of March 31, 2021.

OIG'S RECOMMENDATIONS

We recommend that the Director, Office of Workers' Compensation Programs:

1. Require FECA to review Institute for Health Metrics and Evaluation (IHME) projections in the fourth quarter of calendar year 2021 and, if necessary, update its contingency plan to ensure claims are adjudicated as promptly as possible while continuing to consider potential negative impacts on opioid claimants.

SUMMARY OF OWCP'S RESPONSE

OWCP agreed with our recommendation and indicated it is reviewing pending workload and IHME projections on a weekly basis. OWCP agreed to review the IHME projections in the fourth quarter of calendar year 2021 and update its contingency plan if necessary.

OWCP noted that the American Rescue Plan Act of 2021, which was signed into law on March 11, 2021, made it easier for federal workers diagnosed with COVID-19 to establish coverage under the Federal Employees' Compensation Act. As a result, OWCP has made significant progress in addressing the adjudication delays and has adjudicated 98 percent of the 17,510 COVID-19 claims it has received, as of August 30, 2021.

OWCP's full response to this report can be found in Appendix B.

We appreciate the cooperation and courtesies OWCP extended us during this audit. OIG personnel who made major contributions to this report are listed in Appendix C.



Carolyn R. Hantz
Assistant Inspector General for Audit

APPENDIX A: SCOPE, METHODOLOGY, & CRITERIA

SCOPE

The audit period covered 106,924 FECA claims received by OWCP from February 1, 2020, to March 31, 2021, including 13,785 COVID-19 claims. We also analyzed historical claims data going back to December 1, 2018.

METHODOLOGY

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

To achieve our objectives, we obtained an understanding of FECA's response to the pandemic, including its contingency plan; analyzed case management and medical bill data; conducted interviews with FECA officials; and reviewed the Federal Employees' Compensation Act, regulations, policies, and procedures, as well as related guidance issued in response to the pandemic.

To identify traumatic injury, basic occupational disease, and extended occupational disease claims, we relied on Nature of Injury Codes in the case management data and supplemental information on basic and extended occupational disease categories provided by FECA. COVID-19 claims were identified using the special "COR" and "C19" indicators in the case management data.

DATA RELIABILITY

In conducting this audit, we relied on data from OWCP's medical bill pay and case management systems. To assess the reliability of this information, we performed tests for significant errors in completeness, compared the data to other sources where possible, and confirmed our understanding of the data through interviews with agency officials. We determined that the data was sufficiently reliable to support our audit conclusions, findings, and recommendations.

INTERNAL CONTROLS

In planning and performing our audit, we considered OWCP's internal controls relevant to our audit objective by obtaining an understanding of those controls and assessing control risks for the purpose of achieving our objective. The objective of our audit was not to provide assurance of internal control; therefore, we did not express an opinion on OWCP's internal controls. Our consideration of internal controls related to OWCP's response to the COVID-19 pandemic and would not necessarily disclose all matters that might be significant deficiencies. Because of the inherent limitations on internal controls, misstatements or noncompliance may occur and not be detected.

CRITERIA

To answer our audit objective, we used the following key criteria:

- 20 CFR Part 10 - Claims for Compensation Under the Federal Employees' Compensation Act, as Amended
- OWCP, *Division of Federal Employees' Compensation Procedure Manual*, FECA Part 2
- FECA Bulletin No. 21-01, "Special Case Handling in COVID-19 FECA Claims Processing and Adjudication," Issued October 21, 2020
- FECA Bulletin No. 20-05, "Federal Employees Contracting COVID-19 in Performance of Duty," Issued March 31, 2020
- GAO-14-704G, "*Standards for Internal Control in the Federal Government*," Issued September 2014
- OWCP FY 2020 Operating and Operational Plans

APPENDIX B: AGENCY'S RESPONSE TO THE REPORT

U.S. Department of Labor

Office of Workers' Compensation Programs
Washington, DC 20210



MEMORANDUM FOR: Carolyn R. Hantz
Assistant Inspector General

FROM: Christopher J. Godfrey *C. J. Godfrey* 9/14/21
Director, Office of Workers' Compensation Programs

SUBJECT: Office of Workers Compensation Programs' Response to the Office of The Inspector General's Audit of Delayed FECA Claims Adjudication

The Office of Workers' Compensation Programs (OWCP) has received the Office of Inspector General (OIG) Draft Report, "COVID-19: PANDEMIC CAUSES DELAYS IN FECA CLAIMS" for review and response addressing the recommendations.

The Draft Report details the success OWCP has realized since the beginning of the pandemic, managing the ADJUDICATION unexpected influx of COVID-19 claims while not allowing non COVID-19 claims adjudication or our opioid achievements to be affected. As the report outlines, the changes we made to opioid management did not negatively impact overall opioid use among claimants, and in fact there was improvement. In addition, while the delayed adjudication of COVID-19 claims did impact our adjudication timeliness in the aggregate, the non COVID-19 claims adjudication was not negatively impacted and remained steady throughout.

The Draft Report noted a significant delay in adjudicating COVID-19 claims (46% of 13,785 total claims as of March 31, 2021), and detailed the reason why COVID-19 claims took longer to adjudicate compared to non COVID-19 claims. However, since the passage of the American Rescue Plan Act of 2021, OWCP has made significant progress in addressing this delay. The new law makes it easier for federal workers diagnosed with COVID-19 to establish coverage under the Federal Employees' Compensation Act (FECA). Based on this new law, OWCP has cleared the adjudication delay in pending claims. As of August 30, 2021, OWCP had received 17,510 total COVID-19 claims, more than 98% have been adjudicated.

This Draft Report makes one new recommendation, which is outlined below along with our response:

1. **Recommendation:** Require FECA to review IHME projections in the fourth quarter of calendar year 2021 and, if necessary, update its contingency plan to ensure claims are adjudicated as promptly as possible while continuing to consider potential negative impacts on opioid claimants.

Management Response: OWCP reviews pending workload and IHME projections on a weekly basis and adjusts operations and staffing as needed. Therefore, OWCP agrees to do so in the fourth quarter of calendar year 2021 and, if necessary, update its contingency plan to ensure claims are adjudicated as promptly as possible while continuing to consider potential negative impacts on opioid claimants.

APPENDIX C: ACKNOWLEDGMENTS

Key contributors to this report were:

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