

INTRODUCTION

This handbook¹ is your guide to the post-service health benefits program at the Peace Corps. The Peace Corps offers a three-tiered program for returned Volunteers² that provides for the purchase of health insurance after service, evaluation of service-related conditions, and treatment of service-related illnesses and injuries. The Office of Medical Services (OMS), Post-Service Unit at the Peace Corps can assist you in understanding and accessing your post-service health benefits and facilitate the processing of your workers' compensation claims. Nonetheless, each returned Volunteer is responsible for managing his or her own health care. The post-service benefits available to returned Volunteers do not eliminate out-of pocket expenses. The information in this handbook will help you optimize your benefits, avoid unnecessary expenses, and expedite your post-service claims. Refer to this handbook before you require health care, or whenever you believe you need to access post-service health benefits; it can save you hours of telephone calls, misplaced claims, dissatisfaction and aggravation. The most current version of this handbook can be found at www.peacecorps.gov.

The Peace Corps recognizes that you may not have health insurance upon your immediate return to the United States. For this reason CorpsCare[®], an affordable, personal health insurance policy designed specifically for returned Volunteers, is available to you. The purchase of CorpsCare[®] is not mandatory, however it is highly recommended that you purchase health insurance upon the completion of your Peace Corps service.

If you have a service-related health condition that requires evaluation, your medical officer or the OMS in Washington, D.C., will give you an "Authorization for Payment of Medical/Dental Services," Form PC-127C. This form must be used within six months after your Volunteer service ends and provides only for evaluation, not treatment. If your health-care provider determines that you need treatment for a service-related condition, you may be eligible for benefits under the Federal Employees' Compensation Act (FECA). FECA is administered by the Office of Workers' Compensation Programs

¹ Available on-line at www.peacecorps.gov.

² For the purposes of this handbook, the term "Volunteer" includes Peace Corps, United Nations and Crisis Corps Volunteers and Trainees.

(OWCP), U.S. Department of Labor (DOL). OWCP, not the Peace Corps, decides whether you qualify for medical treatment and/or compensation.

The table below summarizes the post-service health benefits program.

POST-SERVICE HEALTH BENEFITS			
Benefit Mechanism	Covers	Time Limit	How Accessed
CorpsCare [®] Insurance	Non-service-related medical problems. Specifically: <ul style="list-style-type: none"> • some pre-existing conditions not covered by FECA; • conditions that arose during service that are not covered by FECA (e.g., while in the U.S. on vacation, home leave, emergency leave, or medevac); and • health problems arising after Volunteer service. 	The Peace Corps pays one month's premium for all Volunteers and their minor children (less than 18 years of age) who are living with the Volunteer at the time of service termination. Volunteers may purchase up to 18 months of additional coverage for themselves, their spouse, and all qualified dependents.	Contact CorpsCare [®] Customer Service for: <ul style="list-style-type: none"> • emergency medical assistance; • referrals to network hospitals, physicians, and other health services; and • insurance coverage extensions.
PC-127C Authorization	Evaluation of medical and dental health conditions related to Volunteer service.	Must be issued and used within six months after service.	May be issued by the Peace Corps medical officers (PCMOs) or the Peace Corps Office of Medical Services (OMS). Present with Health Benefits Identification Card.
FECA Benefits	Treatment for most medical and dental conditions related to Volunteer service and conditions incurred or contracted while abroad during service.	Claims must be filed within three years after service, or within three years of recognition that a health condition is service-related.	Claims should be filed through the OMS post-service unit.

CorpsCare®

CorpsCare® is an affordable, health insurance policy designed to complement the benefits provided for service-related medical problems under the PC-127C authorization and FECA. The Peace Corps pays the first month's premium for Volunteers and for each of the Volunteer's dependent children as permitted under the Peace Corps Act. Spouses are also eligible for CorpsCare®; however, the Volunteer must pay all monthly premiums for a spouse, including the first month. CorpsCare® is a medical policy and does not include routine dental coverage.

Before the end of your service, the Peace Corps will:

- provide you with a CorpsCare® identification card and a brochure;
- pay your first month's premium;
- pay the first month's premium for each of your children, less than 18 years old and residing with you when your service ends;
- provide an opportunity for you to enroll your qualified dependents and spouse; and
- provide you with the opportunity to extend your CorpsCare® enrollment for up to 18 months.³

Coverage

CorpsCare® provides coverage for non-service-related health-care needs. Specific information about CorpsCare® coverage is available in the policy contract, that is online at www.clements.com. Read the policy carefully to ensure you know the benefits and limits of the contract. You may be subject to waiting periods for certain conditions. Like many insurance plans, CorpsCare® benefits are reviewed and revised periodically.

Generally, CorpsCare® covers:

- some pre-existing conditions, disclosed to the Peace Corps prior to service, and not exacerbated by service; and

³ An individual who is or becomes totally disabled, and their non-disabled dependents insured under CorpsCare, may be entitled to a 29-month continuation of coverage benefit.

- health problems that developed while a Volunteer was in the U.S. but not directly engaged in Peace Corps business (e.g., non-service related health problems that develop during vacations, home leave, emergency leave, or while on medevac).

CorpsCare[®], like other health insurance plans, advises you to obtain pre-certification for medical attention other than simple doctor's visits and requires pre-certification for certain specific items identified in the policy contract. Certification does not guarantee benefits under the policy. You are responsible for knowing the terms, limitations, and exclusions of the policy at the time charges are actually incurred.

Eligibility

After your Volunteer service, you will automatically receive 31 days of CorpsCare[®] coverage. If you need coverage for your non-Volunteer spouse or dependent children, you must provide the insurance company with their names, social security numbers, dates of birth, and gender before you close service, and pay any required premium.

The Peace Corps strongly encourages you to sign up for extended coverage before you leave country. If your CorpsCare[®] policy lapses, you are not eligible to rejoin the plan and will have to find other insurance to cover your needs.

Medicare

If you are 65 or older, you may be eligible for Medicare. You may choose CorpsCare[®] as your primary plan, but before doing so you should contact the Social Security Administration at your home of record. The Social Security Administration coordinates Medicare and can provide information regarding Medicare coverage and enrollment options. For more information, go to: www.medicare.gov/Basics/Overview.asp.

Volunteers who cancelled their Medicare Part B during their period of Volunteer service and wish to re-enroll should contact their local Social Security Office for detailed instructions, or access their website at www.hhs.gov.

Premiums and Payment

The Peace Corps pays the first month's CorpsCare[®] premium for all Volunteers and for their dependent children under 18 who reside with them, but not for spouses or other dependent children. The premium is generally lower than other comparable insurance plans as it is designed specifically for the returned Volunteer. Premiums are reviewed periodically and are subject to change.

You may purchase up to 18 months of extended coverage. You may elect to have your premiums deducted from your readjustment allowance. If you cancel pre-purchased coverage, you will receive a pro-rated refund.

You may also choose to purchase coverage for shorter periods, such as month-to-month, by sending a check before the expiration of coverage or by having the premium automatically charged to a credit card. All payments for extensions of coverage must be received before the expiration date of coverage.

Responsibilities

The in-country PCMO or administrative officer, or OMS will provide you with a CorpsCare[®] brochure and an identification card before the end of your service. You are responsible for:

- extending your coverage beyond the first month if you wish to have continued coverage;
- enrolling your non-Volunteer spouse and your dependents who are qualified for coverage under the plan;
- reviewing the policy contract to confirm the benefit coverage; and
- making decisions about your personal insurance needs.

Appeals

If you disagree with a decision of the insurance company concerning either pre-certification or benefit coverage, you can request that the insurer reconsider the decision. It is the Peace Corps' experience that many denials are based on inadequate documentation. You are responsible for providing the insurance company with the information they need to make a decision about your benefits. Refer to your policy contract for more information about the appeal process.

Contacting CorpsCare[®]

You will receive a brochure containing an insurance card and a summary of the CorpsCare[®] contract benefits before you end your service. This contains information on how to contact CorpsCare[®], evaluate the policy, and extend your coverage beyond 31 days if you so desire. You can reach CorpsCare[®] several ways.

- To extend or confirm your coverage, call: (800) 872-0067 or (202) 872-0060.
- To fax your extension, paid by credit card, to (202) 466-9064.
- E-mail questions to CorpsCare[®]@clements.com.

- Submit claims to:

CorpsCare[®] Claims
1660 L Street, N.W.
9th Floor
Washington, DC 20036

To visit the Clements International website at www.clements.com, click the “Health Care” button, then “CorpsCare[®].” The most current policy contract is available at this site.

Frequently Asked Questions

Q. Do I have to decide to extend my policy before I leave country?

A. No, as long as you complete the extension application and submit payment within the first 31 days after your service ends.

Q. If I wait to extend the policy, can I then have money taken from my re-adjustment allowance to pay the premiums?

A. No. This option is only available before you close service. You must use other payment mechanisms if you choose to extend later.

Q. Do I have to extend the policy for 18 months?

A. No. You may extend your coverage for any number of months, from 1 to 18, as long as you always extend before the policy expires.

Q. May I use the CorpsCare[®] policy to pay for treatment for service-related conditions while I wait for OWCP to approve my claim?

A. No. CorpsCare[®] will deny claims for service-related conditions. However, if OWCP denies a claim you believed to be service-related, CorpsCare[®] will pay benefits on litigious claims pending outcome of FECA's appeal process. Should this occur, refer to the CorpsCare[®] policy contract for additional information.

Q. If I extend my policy for several months and then receive insurance through my employer, will I be able to get a refund of the premiums I paid in advance?

A. Yes. CorpsCare[®] will refund your premiums on a pro-rated basis.

Q. I live outside the U.S. Will CorpsCare[®] still cover me?

A. Yes. You will, however, still be responsible for pre-certifying certain treatment other than simple office visits. To ensure you get full benefit of this policy, if you are living or traveling out of the U.S., review your policy contract for directions or call CorpsCare[®] for assistance. Outside the U. S. you will most likely need to pay for services and request reimbursement from CorpsCare[®].

Q. When I arrived home after service, I called CorpsCare[®] to confirm they had extended my coverage and learned their records still showed me as a Volunteer. How do I ensure that I am covered?

A. There may be a delay between the date when a Volunteer's service ends and the time that date appears in the insurance company database. If you call to confirm your insurance coverage and your end-of-service date has not been received, ask the customer service representative to verify the date with the Peace Corps to confirm the start of your coverage.

Q. My doctor's office called CorpsCare[®] to confirm my coverage and CorpsCare[®] referred the call to the Peace Corps. Why?

A. Because you have three separate but complementary health benefits as part of the post-service health benefits program, the Peace Corps and the insurer work together to

ensure that returned Volunteers get the appropriate benefit. If the post-service health benefit you were seeking was service-related, it may be covered by Form PC-127C or under FECA and not by CorpsCare[®].

Q. My doctor's office called CorpsCare[®] to pre-authorize a procedure. CorpsCare[®] pre-authorized the procedure, but now they have rejected the bill. Why won't they pay my bill?

A. "Pre-authorization" means that the insurance carrier agrees that the procedure, office visit, etc. is medically necessary. If the service is not a covered benefit at the time of service, they will not pay the bill. To prevent this, familiarize yourself with your benefits under CorpsCare[®]. Do not present your CorpsCare[®] card when you are using your PC-127C and "Authorization for Volunteer Medical Examination and Labs" 209B Forms, or for services related to your workers' compensation claim.

MEDICAL AND DENTAL EVALUATIONS

Every Volunteer should receive a close-of-service physical that assesses their health status prior to leaving service. Clinical screening tests and dental evaluations are performed based on the location where the Volunteer served, time in service, and the time elapsed since the last screening. If medical and dental examinations cannot be performed prior to close-of-service, the medical officer completes Form PC-209B to authorize the necessary examinations.

If additional evaluation is necessary and cannot be performed at your post, Form PC-127C authorizes payment for evaluation of medical and dental health conditions related to your overseas service.⁴ After you terminate, contact the Post-Service Unit at Peace Corps headquarters to request authorization for evaluation.

Forms PC-127C and PC-209B (referred herein as authorization forms) are always used in conjunction with the Health Benefits Identification Card. This card allows access to a network of medical providers in the United States that accept the Peace Corps Health Benefits Program authorization forms and also accepts the program's fee schedule as payment in full for services. The card should be presented along with the authorization forms whenever you seek medical care in the U.S.

Authorization forms have three parts. One part is kept with your Peace Corps health records. You should give the original to the health-care provider, and keep the remaining copy for yourself. Authorization forms are time-limited. Form PC-209B **must be used within sixty (60) days** and Form PC-127C **must be used within six (6) months of ending service.**

After your Volunteer service ends, only medical or dental examinations authorized on an authorization form will be paid. If you need treatment for a service-related condition, you can apply for benefits under FECA as explained further in this booklet. If the condition is not service-related, the treatment may be covered by CorpsCare[®] or other insurance.

Using the Authorization Forms with the Health Benefits Identification Card

⁴ Statute 22U.S.C.2504 (e) states, "former volunteers shall receive such health examinations within six months after termination of their service, as the President may deem necessary or appropriate."

Like many insurance providers, the Peace Corps uses a fee schedule based on average health-care costs nationwide adjusted to account for regional price differences. The PC-127C and PC-209B authorize payment to your provider based on a fee schedule. Your Health Benefits Identification Card, received during your Peace Corps service, is used with the authorization forms to gain access to a network of medical providers in the U.S. who honor the fee schedule. Follow the directions on the Health Benefits Identification Card to access the network.

If your health-care provider has questions about the authorization or the fee schedule, encourage the provider to contact the Peace Corps health claims administrator at (800) 818-8772. The administrator can give your health-care provider additional information on reimbursement rates and how to submit claims.

If a call to the health claims administrator does not resolve your provider's concerns, you have two choices: 1) find a provider who is willing to accept the authorization form, or 2) pay for authorized services out-of-pocket and submit a request for reimbursement to the health claims administrator. If you pay for health services out-of-pocket, you will be reimbursed at fee schedule rates. You will have to absorb any difference between the fee schedule rate and the amount you paid.

To appeal an expense you incur if you pay for authorized services out-of-pocket, write to the Peace Corps Health Benefits Program Manager at 1111 20th Street, N.W., Washington, DC, 20526. The written appeal should consist of four things:

- 1) explanation of why you chose to pay for services out-of-pocket;
- 2) photocopy of your PC-127C;
- 3) copy of the itemized bill from the provider; and
- 4) receipt from your provider, canceled check, or a credit card statement that verifies your payment.

Providers who accept the authorization forms, whether or not they participate in the Network, agree to accept the Peace Corps Health Benefits Program fee schedule rates as payment in full for the services provided to you. If you receive a bill for an additional amount from a provider who has accepted your authorization form, contact the Peace Corps Health Benefits Program claims payment administrator at (800) 818-8772, or write to the following address:

Peace Corps Health Benefits Program
P.O. Box 33686
Indianapolis, IN 46203-0686

Failure to have these disputes resolved can lead providers to turn the claim over to a collection agency, which may affect your credit rating.

If you need changes to the evaluations that have been authorized, additional evaluations authorized, or have questions about a condition you believe to be service-related, contact the Post-Service Unit in OMS at (202) 692-1540 or toll-free at (800) 424-8580, extension 1500. You may also fax questions to the Post-Service Unit at (202) 692-1541, or write to the following address:

Peace Corps Office of Medical Services
Post-Service Unit, 5th Floor
Attention: Post-Service Nurse
1111 20th Street, N.W.
Washington, D.C. 20526

Frequently Asked Questions

Q. Can the Peace Corps authorize an initial evaluation after my Volunteer service ends?

A. Yes. The Peace Corps Post-Service Unit can authorize an evaluation for a service-related medical or dental condition that occurs within six months after the date your service ends.

Q. Can the PC-127C be used overseas? I plan to travel extensively after service.

A. Yes. However, there is no mechanism for direct payment to medical providers overseas. You will need to pay for services rendered and file for reimbursement. To do this, you must submit the medical or dental reports (translated, if necessary, into English), along with the bill and receipt and a copy of the PC-127C authorization to the address on the form.

Q. What if my health-care provider tells me I need treatment?

A. If you believe your medical illness, injury, or dental condition is service-related, review the FECA section of this handbook for information on benefits and requirements. Then contact the Post-Service Unit for additional assistance and forms. If you require treatment for a medical problem unrelated to Volunteer service, contact CorpsCare[®] or your insurer to confirm benefits. CorpsCare[®] is not a dental insurance policy.

Q. What if my health-care provider is not paid for an authorized evaluation?

A. You should contact the claims payment administrator at (800) 818-8772.

Q. My physician did not accept the PC-127C and I paid out-of-pocket and applied for reimbursement. I was not reimbursed the full amount. Why?

A. The Peace Corps Health Benefits Program reimburses based on a fee schedule. You will be reimbursed according to the fee schedule, not the higher amount.

Federal Employees' Compensation Act

As a returned Volunteer, you may be eligible for certain benefits under the Federal Employees' Compensation Act (FECA) if the illness or injury is related to your activities as a Volunteer, or is incurred during overseas service. FECA is administered by the Office of Workers' Compensation Programs (OWCP), U.S. Department of Labor (DOL). OWCP, not the Peace Corps, decides whether you qualify for medical treatment and compensation under this act.

You will need the appropriate forms to file a claim for FECA benefits with OWCP. These may be obtained from the Peace Corps Post-Service Unit or download the forms from the DOL website at www.dol.gov/esa/regs/compliance/owcp/forms.htm. Return the signed original claim forms, "employee"⁵ statement, and medical documentation from your current physician to the Post-Service Unit. The Post-Service Unit will then submit your claim to OWCP along with substantiating documentation from your Peace Corps health record. Thereafter, your claim is handled exclusively by OWCP.

While OWCP will decide whether or not you qualify for benefits, the Peace Corps Post-Service Unit is here to assist you to obtain the benefits for which you are eligible under the FECA program. Your attention to detail in documenting your claim, providing complete physician reports, and complying with the requirements for bill submission can help expedite your claim.

Benefits and Requirements

Under FECA, the benefits available for both illnesses and injuries resulting from your Peace Corps activities include:

- medical and dental care,
- compensation for lost wages due to disability,
- schedule awards for the loss or the loss of use of organs or other body parts,
- rehabilitation for disabled Volunteers, and
- certain burial costs and survivor benefits.

⁵ While Volunteers are not "employees" of Peace Corps, they are treated the same as employees for purposes of FECA. As such, all forms and other documents in the FECA claims process refer to a claimant as an "employee," whether the claimant is an employee or a Peace Corps Volunteer.

To receive any of these benefits, you must establish that you were a Volunteer at the time you contracted your illness or were injured. Additionally, the medical evidence must show that the illness was contracted or the injury sustained while overseas or in the performance of duty. In situations where a condition existed prior to Volunteer service, medical evidence must demonstrate that your Volunteer service aggravated, accelerated or precipitated that disease, illness, or condition.

OWCP requires that you apply for benefits within three years after your related Volunteer service ended, or the date on which you first became aware that your condition resulted from your Volunteer service. OWCP will consider claims submitted after three years if it determines a waiver of the requirement for timely filing is merited under applicable law.

Exclusions

The following conditions are excluded from coverage:

- conditions caused by willful misconduct;
- conditions caused by the Volunteer's intention to bring about the injury or death of self or another;
- conditions proximately caused by the intoxication of the injured Volunteer; and
- injuries occurring or illnesses contracted in the United States that were not related to the performance of Peace Corps duties.

How to file a claim

The Peace Corps Post-Service Unit helps returned Volunteers file FECA claims. If you think that you have a medical or dental claim under FECA, obtain:

- Form CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) for an accident or incident that occurred in the course of one day; or
- Form CA-2 (Notice of Occupational Disease and Claim for Compensation) for an illness or a condition that took more than one day to develop.

Forms are available from the Peace Corps at the Post-Service Unit (800) 424-8580 or on the Peace Corps Internet site (www.peacecorps.gov) or from OWCP at (866) 487- 2365 or at www.dol.gov/esa/regs/compliance/owcp/forms.htm

The following sections explain the procedures for filing medical, dental, recurrence, and disability claims.

Medical Claims

Obtain a detailed medical report from your current physician. This report must be signed by the physician. Medical reports should include:

- Diagnosis,
- treatment rendered,
- dates of treatment,
- prognosis,
- any x-ray or lab results,
- a reasoned opinion on the relationship of the condition to your service with the Peace Corps,
- admission and discharge summaries for all hospitalizations,
- physician name, address, and contact information, and
- if surgery is indicated, your physician's request for authorization of surgery

Complete Form CA-1 or Form CA-2. Include all the information pertinent to your case. Complete one original claim form for each diagnosis or condition. You must complete, sign, and date each form.

Write an "employee" statement to accompany each Form CA-2 that includes:

- a detailed history of the disease or illness from the onset date;
- complete details of the conditions believed to be responsible for the disease or illness;
- a description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as the number of hours per day and days per week of such exposure or stress;
- identification of the part of the body affected; and
- a statement indicating whether you ever suffered a similar condition, including full details of onset, history, and medical care received, along with names and addresses of physicians who rendered treatment.

Generally, if you desire reimbursement of medical expenses, you must get approval in advance from OWCP for any procedure other than emergency surgery. Emergency surgery is defined by OWCP as any procedure that needs to be performed promptly to preserve life or the function of an organ or body part. Returned Volunteers often need to pursue medical treatment prior to obtaining authorization from OWCP. To ensure that medically necessary expenses are paid or reimbursed, your doctor must send a report stating the name of the surgical procedure, diagnosis of the specific condition to be treated by the surgery, expected results, and the reason the surgery is needed. If any tests were performed, copies of the results, such as radiology reports, must be provided. OWCP may require medical review and in some cases may ask for a second opinion before deciding whether to approve reimbursement.

Dental Claims

If you need dental treatment for a condition related to your Volunteer service, ask your dentist for a treatment plan and a written estimate. Your dentist should send the plan, appropriate x-rays, and estimate to the Peace Corps Post-Service Unit, where the Peace Corps dental consultant will review them.

If the Peace Corps dental consultant approves the plan, the Peace Corps will authorize and pay for dental treatment under \$1,000.⁶ If your dental treatment is estimated to be more than \$1,000, you must file a claim with OWCP. You should complete the CA-2 Form, including the employee statement, and send it to the Post-Service Unit along with dental x-rays and an itemized estimate of the costs of the treatment. If you consult more than one dentist, you should submit an estimate from each one.

Recurrence of a Condition or Disability

Cases may be closed by OWCP when there is no indication of long-term disability or need for further medical care. If your case is closed and you experience recurrent difficulties due to an accepted illness or injury and require medical treatment, you must file a claim for recurrence. To do this, file a Notice of Recurrence, Form CA-2a, with the Peace Corps Post-Service Unit. Include a personal statement updating your condition (called a bridging statement) and your medical provider's reasoned opinion that the recurrent difficulty is due to the service-related illness or injury.

⁶ The OWCP currently authorizes the Peace Corps to pay for service-related dental care < \$1,000. This authority is designed to expedite the processing of minor dental claims.

Disability Compensation

If your service-related illness or injury causes you to become disabled for work for any length of time after completion of Volunteer service, please call the Peace Corps Post-Service Unit for Form CA-7, “Claim for Compensation.” Complete the employee's section of Form CA-7 and have your doctor complete Form CA-20, “Attending Physician’s Report.” Disability must be supported by medical evidence. If you are limited to part-time work because of your disability a CA-7a “Time Analysis Form” must also be filed. All original forms should be returned to the Peace Corps Post-Service Unit. This office will complete the employer’s section and submit the paperwork to OWCP on your behalf. Once your claim has been approved, you are eligible to apply for compensation (if totally disabled) from the day following Volunteer service or the onset of the disability, if it is later, until your doctor supplies medical documentation that you have recovered. Make sure that section 2 on Form CA-7 and #17 on Form CA-20 agree. If your disability extends beyond the date that you originally submitted, you may call the Post-Service Unit for additional forms.

Your compensation payments will be authorized only after your medical claim has been accepted and your medical documentation from a physician supports the claim of total disability for more than four days.

Filing Your Claim

Forward claim forms and supporting documents to:

Peace Corps, Post-Service Unit, 5th Floor
Attention: Workers’ Compensation
1111 20th Street, N.W.
Washington, D.C. 20526

Incomplete forms will be returned to the sender for completion. **We strongly recommend that you keep a copy of each document for your records.**

What Happens After You File

1. The Post-Service Unit at Peace Corps headquarters will complete the back of the Form CA-1 or CA-2 and forward the original to OWCP along with your employee statement.
2. Your claim forms and employee statement are imaged for viewing via computer by claims examiners (CEs) and a case file number is assigned.
3. OWCP will send you the pamphlet, "About Your Injury." The pamphlet is designed to answer general questions about your workers' compensation benefits. Your case file number is located on the address label. Receipt of this case file number does not mean your claim has been accepted.
4. The Post-Service Unit prepares your Peace Corps medical documentation, submits it to OWCP, and notifies you by mail when it completes this process. This process generally takes from two to four weeks in addition to the time needed to obtain your records from overseas.
5. OWCP images your Peace Corps "packet" and begins to adjudicate your claim. This generally takes from 4 to 10 weeks.
6. OWCP will send you a formal letter indicating the status of your claim. The status can be checked at any time by calling OWCP toll-free automated system at (866) 692-7487.
7. After your claim is adjudicated, OWCP may send your case file to the district office that handles claims in your geographic area. Regardless of your claim location, all case-related correspondence (other than claim forms) should be sent to:

U.S. Department of Labor
DFEC Central Mailroom
P.O. Box 8300
London, KY 40742 – 8300

All correspondence, medical documents, and bills should be labeled in the upper right-hand corner with your name, social security number, and case file number..

OWCP Requests More Information

If you receive a request for additional information from OWCP, you should respond promptly. Claimants are usually given 30 days to respond to a request for information. In many cases, submitted materials are not sufficient to determine whether the claimed condition is caused by Volunteer service. This question must be clarified by a physician.

In these cases, you should give your physician the OWCP letter and ask for a response in writing.

A timely response is expected. Many returned Volunteers travel, work overseas, or attend school after their Peace Corps service. To ensure your privacy, OWCP does not discuss your claim with others without written authorization. If you will not be available to manage your claim, you should appoint a power of attorney to address claims-related issues. If you cannot obtain the documentation you need within the time limit identified by OWCP, you are encouraged to contact OWCP, advise them of your situation, and request additional time, if indicated.

Claim Denials

If your claim is denied, you will receive a formal letter of explanation with information about your appeal rights. OWCP provides three avenues of appeal:

- reconsideration by the OWCP district office;
- an oral hearing or review of the written record by an OWCP representative; and
- review by the Employees' Compensation Appeals Board (ECAB).

Requesting reconsideration or an OWCP hearing does not rule out a later review by ECAB. If you can obtain the additional medical documentation to address the issues set forth in the denial letter, reconsideration is the fastest and most efficient appeal process. You may not pursue more than one avenue of appeal at a time. If you have questions about the best way to appeal, call OWCP or the Peace Corps Post-Service Unit.

Medical Payments

When your case has been accepted, you will be notified by mail. At that time, you may submit all medical bills relating to your condition to OWCP. If any medical bills related to your illness or injury were previously returned to you because your case had not been accepted yet, you may resubmit them at this time.

Please note that bills must be submitted within one year of the date of service or the acceptance of the claim. If you have a large number of charges, we recommend that you send them to OWCP upon receipt, rather than once a year. This will allow for faster and more accurate processing.

Medical bills from providers other than hospitals and pharmacies must be submitted on the “Health Insurance Claim Form,” OWCP-1500. Most providers have this form, which is also used for Medicare billing. Forms should be itemized, signed, dated, include the provider's tax identification number and your case file number. These forms must be accompanied by medical reports for each date of service.

Dental bills must be submitted on Form OWCP-1500 or American Dental Association’s dental claim form.

Pharmacy bills are best managed by selecting a pharmacy that participates in the electronic billing system. If your pharmacy wishes to participate, they can contact OWCP to learn how. If you pay for a prescription and request reimbursement, pharmacy bills must include:

- tax identification number
- drug name and amount
- price
- date of purchase
- name of physician prescribing drug
- pharmacist signature

Do not submit bills on small pieces of paper. If the receipt is small, tape it to a full-size sheet of paper with your name, social security number, and case file number in the upper right-hand corner. If you have an accepted condition, the pharmacy may bill OWCP directly for medications associated with that condition.

Hospital charges should be submitted on Form UB-92. This is a standard hospital form. Admission and discharge medical summaries should accompany the bill.

If you have already paid for a service and need reimbursement, obtain a CA-915 Form “Claimant Medical Reimbursement” from the Post-Service Unit and attach the appropriate bill, such as for a hospital charge, a prescription, or a medical bill. If you need additional OWCP-915 Forms, they may be accessed on the Internet or photocopied from the “Forms and Instructions” section at the end of this handbook.

Travel expenses should be submitted on Standard Form OWCP-957 “Travel Voucher.” OWCP provides reimbursement of reasonable and necessary travel expenses related to medical treatment for accepted conditions. The OWCP-957 and instructions for submitting travel vouchers (Form CA-77) are available from the Post-Service Unit. They also can be printed from the Internet.

Physician Choice

Initially, you choose your own physician. After that, if you wish to change your physician, you must present your reasons in writing to OWCP and request permission. You should provide the name, address, and specialty of the physician you now want to use. If you do not obtain permission to change physicians, you may be held liable for any bills incurred. OWCP will honor referrals to appropriate specialists by your approved physician as long as they are for the accepted work-related condition.

Chiropractic Care

If you receive chiropractic care, only charges for manual manipulation of the spine to correct a subluxation demonstrated by x-ray will be covered. OWCP will not cover any other chiropractic treatments.

Mental Health Professionals

If you receive care from a mental health professional, OWCP requires that this professional be a psychiatrist or a clinical psychologist. OWCP will not reimburse you for fees paid to other mental health professionals.

Communicating with OWCP

Telephone

OWCP has two toll-free numbers to assist claimants. Case-specific automated information is available 24 hours a day/7 days a week at (866) OWCP-IVR (866-692-7487). Have your case file number ready to access information on:

- your current case status
- medical payments and reimbursement of bills

- compensation payment status
- medical treatment and pharmacy authorizations

For general information such as district office locations and telephone numbers, or to obtain copies of OWCP forms, call the toll-free help line (866) 999-3322 between 8 a.m. and 5 p.m. (Eastern Time) Monday through Friday.

Mail

All correspondence, except claim forms, should be mailed to the address below. This includes bills and medical reports. Be sure to write the nine-digit OWCP case file number and your name on each page of each document in the upper right-hand corner.

Mail to:

U.S. Department of Labor
DFEC Central Mailroom
P.O. Box 8300
London, KY 40742-8300

Frequently Asked Questions

Q. How do I complete the forms?

A. Instructions are provided by OWCP on the back of each form. For clarification refer to the instructions in this handbook. Contact the Post-Service Unit if you need further assistance.

Q. What is needed in a medical report?

A. The directions for the content of a medical report from your doctor are provided on the back of the CA forms. The reports should include, where applicable, diagnosis, treatment rendered, dates of treatment, prognosis, any x-rays or lab results, and a reasoned opinion on the relationship of the condition to your service with the Peace Corps. In cases involving long-term disability, OWCP requires regular medical reports on your treatment program and progress.

Q. How long will it take for my claim to be approved by OWCP?

A. Once your claim is received at OWCP, it usually takes 4 to 10 weeks for adjudication. Difficult claims or claims for the aggravation of a pre-existing condition may take longer.

Many variables affect the time it takes OWCP to adjudicate a claim. Thorough documentation is the most effective means to obtain timely action.

Q. When will I get my disability compensation check?

A. After your medical condition is accepted by OWCP, you and your physician must complete Forms CA-7 and CA-20 for wage loss compensation. If you have worked intermittently or part-time you must also complete Form CA-7a. Forward all forms to the Peace Corps Post-Service Unit. The Post-Service Unit will complete their portion of the CA-7 Form and submit all forms to OWCP. You will receive your compensation payment after your medical claim has been approved, you and your doctor have completed all necessary forms, the Peace Corps Post-Service Unit has completed the back of the CA-7, and the OWCP claims examiner confirms your disability.

Q. How much money will I receive if my claim is approved for compensation?

A. Congress has directed that returned Volunteers are considered to be at the first step of grade seven of the general schedule (GS). (Compensation does not include locality pay.) Volunteer leaders and heads of households (Volunteers with dependent children living with them at close-of-service) are paid at the first step of GS-grade 11.

Q. Will my bills be paid?

A. After your claim is approved, OWCP will pay medical bills from your authorized provider for services related to your accepted condition. Bills from physicians, dentists, labs, and other medical providers must be submitted on Form OWCP-1500. OWCP will accept ADA forms for dental claims. In-patient hospital charges must be submitted on Form UB-92, which hospitals have in stock. If you have already paid your bill and need reimbursement, you must also complete Form OWCP-915 as well as the OWCP-1500 or UB-92 and submit the forms to OWCP.

Q. How long will my benefits under the FECA program last?

A. There is no time limit. Medical benefits and compensation payments for accepted conditions will continue as long as medical documentation supports that your Peace Corps-related illness, injury, or disability remains and continues to be related to your

service. It is very important that your provider submit medical reports along with any bills. Medical reports must be sent when any findings or conclusions change. Even if there are no changes, a medical report must still be sent periodically to document the need for continued benefits.

Q. What if my address changes?

A. If you change your address, notify OWCP and the Peace Corps Post-Service Unit in writing. All change-of-address notices must bear your signature. Please include your case file number, social security number, and telephone number.

Q. Do I need an attorney to obtain benefits under FECA?

A. No. The services of an attorney or legal representative are not needed to obtain FECA benefits. If you wish to engage an attorney or legal representative, you do so at your own expense. In such cases, the Peace Corps advises contacting OWCP to obtain information related to claimant representation. A signed statement authorizing the person to represent you is needed before OWCP can release any of your medical information.

Q. My health-care provider did not receive full payment from OWCP and now I am being billed. Why does this happen?

A. OWCP uses a schedule of maximum allowable medical charges. Providers agree to the OWCP fee schedule when they sign the OWCP-1500 billing form. You are not responsible for amounts charged in excess of this fee schedule.

Q. I live outside the United States. May I still receive FECA benefits?

A. Yes. There are, however, some differences in the claims process outside the U.S. Official government forms are not required for billing purposes because there is no mechanism for direct payment to medical providers overseas. To claim reimbursement, you must attach the medical reports (translated, if necessary, into English) and the bills (calculated in American dollars) to a completed Form OWCP-915. The use of a direct deposit account in the United States may improve the timeliness and safety of reimbursements and other compensation.

Q. OWCP is asking me for a job description for my Peace Corps service. What do I do?

A. The description of service (DOS) completed by you and signed by the country director is considered your job description. If you did not complete a DOS, contact the Peace Corps Office of Special Services (OSS). OSS will provide you with a template to start the process. After you have written your DOS, return it to OSS. OSS will then forward the form to your country of service for completion. If you completed a DOS, but have not received your copy, contact Volunteer Financial Operations (VFO) to obtain a copy.

Q. One of my bills was rejected by OWCP. What should I do?

A. When OWCP rejects a bill, it gives the provider—whether a hospital, physician, or dentist—a reason for the rejection in an explanation of benefits (EOB) notice. The EOB also provides instructions for resubmitting the bill, which you or your medical provider should follow. If your provider receives a second rejection notice, you may need to contact OWCP directly to resolve the issue.

Q. I need immediate surgery. The hospital wants pre-authorization before they will schedule my procedure. How can I guarantee my bills will be paid? Will the Peace Corps authorize the surgery?

A. The Peace Corps has no authority to authorize treatment for returned Volunteers. Former Volunteers may need to obtain services prior to OWCP authorization while waiting for their workers' compensation claim to be adjudicated. Once your claim is accepted, OWCP will reimburse you for medically necessary treatment. Should your OWCP claim be denied, the bills should be sent to your insurance provider.

Q. My OWCP claim was denied. Will CorpsCare[®] cover my medical expenses?

A. If the services you received were covered under your CorpsCare[®] policy at the time of service, your expenses will be reimbursed per the policy contract. You will be responsible for any co-payments or deductibles. Should CorpsCare[®] assess your condition to be service-related, you may have to file an appeal with OWCP.

FORMS AND INSTRUCTIONS

The following pages contain copies of the most commonly used forms and important information and tips about completing these forms. Each form may be photocopied or printed from the Internet. The form number is printed in the lower right-hand corner of the first page of each form. The Peace Corps will return incomplete forms to you for proper completion. This is done to protect you from additional delays in processing your claim.

Your initial workers' compensation medical or dental claim is filed on either Form CA-1 or CA-2. A form with your original signature is required by OWCP. OMS will provide medical and dental information from your health record. You must provide the medical reports obtained after you left the Peace Corps.

Tips on Completing Forms

CA-1: Use a CA-1 for an accident or incident that occurred in the course of one day. Include only one accident or injury per claim form. The Peace Corps Post-Service Unit completes the "Supervisor's Report."

Section 6. "Grade as of date of last exposure"

- Level 7, Step 1 for a Volunteer
- Level 11, Step 1 for a Volunteer leader or head of household (Volunteers with dependant children living with them at close of service)

Section 10. "Date injury occurred"

- It is mandatory that you complete this section. If you do not recall the specific date, please detail in your employee statement all information you do recall about the timing of the injury.

Section 12. Employee's job title is Peace Corps Volunteer or Volunteer leader

Section 15. Volunteers are not eligible for:

- Continuation of regular pay (COP)
- Sick or annual leave.

CA-2: Use a CA-2 Form for all illnesses and injuries that developed over several days. Include only one condition per claim form. The Peace Corps Post-Service Unit completes the “Supervisor’s Report.”

Section 6. “Grade as of date of last exposure”

- Level 7, Step 1 for a Volunteer
- Level 11, Step 1 for a Volunteer leader or head of household (Volunteers with dependant children living with them at close of service)

Section 9. For your occupation, indicate whether you were a Peace Corps Volunteer or Volunteer leader.

Section 11. “Date you first became aware of disease or illness” must be completed prior to submission to OWCP.

Section 12. “Date you first realized the disease or illness was caused or aggravated by your [Peace Corps] service” must be completed prior to submission to OWCP.

Section 14. “Nature of disease or illness”

- Specify diagnosis or, if undiagnosed, specify symptoms
- If applicable, specify right, left or both

CA-7: Use a CA-7 Form to apply for disability compensation or a schedule award. The Peace Corps Post-Service Unit completes the “Employing Agency Portion.”

Section 2: “Compensation is claimed for:”

- If you are claiming compensation for disability, mark box C “Other wage loss....”
- Specify “Type” as “Peace Corps Volunteer”
- If you worked part-time or intermittently, also complete Form CA-7a (Time Analysis Form)
- Your physician must provide a medical report

John C. Doe
111-00-1101

(SAMPLE) Employee Statement

- A. I first noticed symptoms of malaria when I was in Botswana. I went to the Peace Corps medical officer in March of 2002, and reported my illness. He drew blood and the smear was positive for malaria. I again got malaria in December of 2002. I took the medicine and I got well. On return home, I became ill again.
- B. I lived in a malaria area and the mosquitoes were all over the place. Even though I took my anti-malarial medicine, I was bitten almost every day.
- C. The exposure to infected mosquitoes and being bitten so much caused my malaria.
- D. This can affect all body systems.
- E. I never had malaria before I joined the Peace Corps. (Note: This statement may be handwritten. The statement must be legible and include your name and social security number on each page.)

INSTRUCTIONS FOR TRAVEL REIMBURSEMENT

Travel should be undertaken using the shortest route. A claimant who uses a vehicle will be reimbursed at the standard mileage rate for government travel. Under any other circumstance the claimant should use public conveyance such as a bus or subway unless the claimant's medical condition requires the use of a taxi or specially equipped vehicle.

Standard Form OWCP-957 should be used to claim reimbursement for travel expenses. All items will be reimbursed on the basis of actual expense; a per diem allowance is not payable. Wages and travel expenses of an attendant to accompany the claimant may be approved if the medical condition is such that travel cannot be accomplished otherwise. Authorization for this expense should be obtained from OWCP in advance of the travel.

You may copy the OWCP-957, front and back, for your use. Contact the Post-Service Unit or OWCP if you need additional information.

HEALTH RECORDS

After your Volunteer service, your Volunteer health record is retained by the Peace Corps for a limited period of time. Currently the Peace Corps Medical Records Department retains your record for two years and then retires the record to a secure federal records center for an additional 23 years.

Should you require a copy of any information from your health record, you must submit a signed "Release of Medical Information." This form is available from the Peace Corps Medical Records Department. To expedite your request, specify only the documents you need.

The Peace Corps may apply reasonable charges for record retrieval, photocopying, and shipping.

NOTES