

## SUPERVISOR'S CHECKLIST

1.	<p><b><u>Injury Reported- Must Submit CA-1 or CA-2 to receive OWCP Claim Number</u></b></p> <ul style="list-style-type: none"> <li>○ Electronically submit CA-1, Traumatic Injury or CA-2 Occupational Disease</li> <li>○ Website: <a href="http://www.cpmc.osd.mil/ICUC/ICUC_index.aspx">http://www.cpmc.osd.mil/ICUC/ICUC_index.aspx</a></li> <li>○ Click: Filing Claims Electronically- Supervisors Link on left side of page</li> <li>○ For Recurrence Claims (spontaneous return to disability) submit CA-2A MANUALLY to ICPA</li> </ul>
2.	<p><b><u>Notify Safety</u></b></p> <ul style="list-style-type: none"> <li>○ Submit local Safety Forms to your Safety Office</li> <li>○ DO NOT PROVIDE SAFETY WITH CLAIM FORMS OR MEDICAL DOCUMENTS</li> </ul>
3.	<p><b><u>Medical Documentation- MUST BE SIGNED BY A PHYSICIAN (MEDICAL DOCTOR)</u></b></p> <ul style="list-style-type: none"> <li>○ CA- 20, Attending Physician's Report (each time medical treatment is received)</li> <li>○ CA-17, Duty Status Report (good practice for completion after each change in treatment)</li> <li>○ INJURED EMPLOYEE MUST NOTIFY PHYSICIAN THAT AGENCY OFFERS LIGHT DUTY</li> </ul>
4.	<p><b><u>Continuation of Pay (COP)- MUST BE SUPPORTED BY MEDICAL DOCUMENTATION</u></b></p> <ul style="list-style-type: none"> <li>○ 45 Calendar Days entitlement following date of Traumatic Injury</li> <li>○ Time Card Code for COP- "LU" is for date of injury &amp; "LT" is 45 days lost time after injury</li> <li>○ Four digit code for time card is month and day of injury</li> <li>○ If claim is denied, change COP to Sick Leave (LS) or Annual Leave (AL) or LWOP</li> <li>○ Injury must be reported within 48 hours in order to be entitled to COP</li> </ul>
5.	<p><b><u>Medical Authorization- MUST be supported by medical documentation</u></b></p> <ul style="list-style-type: none"> <li>○ Physician requests authorization: Phone (850-558-1818) or fax (800-215-4901) or Website: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>○ Medical Provider must have ACS Provider Number to receive authorization</li> <li>○ Physician must state ICD- 9 Code (Diagnosis Code), CPT (Procedure Code), and OWCP Claim Number. Requested treatment/ procedure must match accepted condition</li> </ul>
6.	<p><b><u>Compensation after 45 days- Must be supported by Medical Documentation</u></b></p> <ul style="list-style-type: none"> <li>○ Must be in a LWOP (Leave without Pay) Status</li> <li>○ Complete a CA- 7, Claim for Compensation, every two weeks</li> <li>○ Submit an SF 1199A, Direct Deposit along with first CA-7 submitted</li> <li>○ After 80 hours of LWOP, submit an SF 52 to HRO requesting LWOP status</li> <li>○ Pay rate is ¾ of salary with dependents and 2/3 salary without dependents (tax free)</li> </ul>
7.	<p><b><u>Medical Bills</u></b></p> <ul style="list-style-type: none"> <li>○ Claimants can check status of bills on the Website: <a href="http://owcp.dol.ace-inc.com">http://owcp.dol.ace-inc.com</a></li> <li>○ Medical Provider must have ACS provider Number to receive payment</li> <li>○ Bills submitted manually must be submitted on HCFA- 1500 or UB- 92 form</li> <li>○ Mailing Address for Bills: Department of Labor- Central Mailroom, P.O. Box 8300, London, KY 40742-8300</li> <li>○ ACS Customer service (850-558-1818)</li> </ul>
8.	<p><b><u>Reimbursement</u></b></p> <ul style="list-style-type: none"> <li>○ OWCP- 915, Medical expense reimbursement, submit with required documentation</li> <li>○ OWCP- 957, Travel reimbursement, submit with medical documentation</li> <li>○ Send completed forms, along with medical documentation to: Department of Labor- Central Mailroom, P.O. Box 8300, London, KY 40742-8300</li> </ul>
9.	<p><b><u>Agency Point of Contact</u></b></p> <ul style="list-style-type: none"> <li>○ Injury Compensation Program Administrator (ICPA) in your Human Resource Office:</li> <li>○ SGT Jennifer Campbell (304-561-6431) <a href="mailto:Jennifer.d.campbell@wv.ngb.army.mil">Jennifer.d.campbell@wv.ngb.army.mil</a> or</li> <li>○ Ms. Kay Pahl (304-561-6432) <a href="mailto:anita.pahl@wv.ngb.army.mil">anita.pahl@wv.ngb.army.mil</a></li> </ul>