



# Indian Affairs (IA) Supervisor OWCP Checklist

*Management Improvement – Through Safety*



The Federal Employees' Compensation Act (FECA) provides compensation benefits to civilian employees of the United States for disability due to personal injury or occupational disease sustained while in the performance of duty. Employees shall immediately report all injuries to their immediate supervisor. The checklist below **MUST** be completed. Incomplete submission may result in claim adjudication delay by the Department of Labor, Office of Workers' Compensation Programs (OWCP).

The Checklist Below has 1) links to appropriate forms, 2) footnotes, which provide additional detail and information and 3) links to the respective publications, found later in the document.



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<input type="checkbox"/> <b>Publications</b> <u>1, 6</u>	<b>Report of Injury/Illness – <i>Must submit CA-1or 2 to receive OWCP Claim Number</i></b> <ul style="list-style-type: none"> <li>Employee electronically submits CA-1 (Traumatic Injury), or CA-2 (Occupational Disease/Illness)<sup>i</sup> on the <i>Safety Management Information System (SMIS)</i> <sup>ii</sup></li> <li>Complete Supervisor Section of the Claim on SMIS; print CA-1/2 and gain signatures</li> <li><a href="#">CA-35</a>, Evidence Required in Support of a Claim for Occupational Disease<sup>iii</sup></li> </ul>
<input type="checkbox"/> <b>Publications</b> <u>1, 6</u>	<b>Medical Documentation needed (obtained) – <i>Must be signed by physician</i></b> <ul style="list-style-type: none"> <li>CA-16, Authorization for Examination and/or Treatment<sup>iv</sup> should be obtained <b>within 4 hours of injury</b><sup>v</sup> – Contact HQ/Region/Agency Workers Compensation Coordinator (WCC)</li> <li><a href="#">CA-20</a>, Attending Physician’s Report (Each time medical treatment received)</li> <li><a href="#">CA-17</a>, Duty Status Report (Must submit after each treatment)</li> <li>Substantive Medical Documentation (Office Notes, Med. Narratives, Discharge papers, etc.)</li> <li><b>Injured employee must notify the physician that IA offers Light Duty</b><sup>vi</sup></li> </ul>
<input type="checkbox"/> <b>Publications</b> <u>1, 6</u>	<b>Send the following docs to HQ/Regional/Agency WCC within 5 business days of submitting CA-1/CA-2 electronically</b> <ul style="list-style-type: none"> <li>Original signature copy of CA-1 or CA-2, and CA-16 (if issued)<sup>vii</sup></li> <li>Substantive Medical Documentation (continually submitted as they become available)</li> <li><a href="#">CA-17</a>, <a href="#">CA-20</a> (if applicable)</li> </ul>
<input type="checkbox"/> <b>Publication</b> <u>4</u>	<b>Continuation of Pay (COP)– <i>Must be supported by medical documentation</i></b> <ul style="list-style-type: none"> <li>COP must be elected in block #15 of the CA-1 for employee eligibility<sup>viii</sup></li> <li>QuickTime codes for COP: “160” for paid, “161” for unpaid injury-related time away from work, and “16A” lost time with Light Duty during <b>45 calendar day</b> eligibility</li> <li><b><i>It is the Supervisor, timekeeper, and employee’s responsibilities to track use of COP</i></b></li> <li>If claim is denied, change COP to another Leave category or LWOP</li> </ul>
<input type="checkbox"/> <b>Publications</b> <u>4, 5</u>	<b>Wage Loss Compensation after 45 days – <i>Must be supported by medical documentation</i></b> <ul style="list-style-type: none"> <li>Must be in Leave Without Pay (LWOP) Status to be paid by DOL-OWCP on their rolls</li> <li>QuickTime code for Wage Loss Compensation OWCP LWOP: “162”<sup>ix</sup></li> <li><a href="#">CA-7</a>, Claim for Compensation<sup>x</sup> (Submit every two weeks), along with a <a href="#">CA-7a</a>, Time Analysis Form if time is intermittent, and substantive medical documentation to support the claim for wage loss compensation</li> <li><a href="#">SF1199A</a>, Direct Deposit Sign-up Form submitted with initial <a href="#">CA-7</a> forms</li> </ul>
<input type="checkbox"/> <b>Publication</b> <u>2</u>	<b>Medical Bills – <i>ALL BILLS go to the ACS Bill Processing Facility (send no bills to the WCC)</i></b> <ul style="list-style-type: none"> <li>Website: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a> Customer Service (850) 558-1818</li> <li>Medical Provider must have ACS Provider Number to receive payment</li> <li>Bills submitted to ACS must be on <a href="#">OWCP-1500</a> or <a href="#">OWCP-04</a></li> <li>Mailing address: US Dept. of Labor-Central Mailroom, P.O. Box 8300, London, KY 40742-8300</li> </ul>
<input type="checkbox"/> <b>Publication</b> <u>2</u>	<b>Medical Authorization – <i>Must be supported by medical justification</i></b> <ul style="list-style-type: none"> <li>Physicians request by fax 800-215-4901, or online <a href="#">ACS</a></li> <li>Medical Provider must have ACS Provider Number to receive authorization</li> <li>Must state OWCP Claim Number; and matching ICD-9 (diagnosis) &amp; CPT (procedure) codes</li> </ul>
<input type="checkbox"/> <b>Publication</b> <u>3</u>	<b>Reimbursement</b> <ul style="list-style-type: none"> <li><a href="#">OWCP-915</a> (Reimbursement) Along with Medical supporting documentation</li> <li><a href="#">OWCP-957</a> (Travel) Submitted with supporting documentation</li> <li>Send completed forms with supporting docs to US Dept. of Labor- Central Mailroom (see#6)</li> </ul>

# Footnotes

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<sup>i</sup> Only electronically file a workers' compensation claim (Form CA-1 or CA-2) if the employee has expressed that he/she wants to file an injury/illness claim for a work related injury/illness **AFTER** you have advised them that they have the option to do so. It is the employee's right to file or not to. The agency also must not impede the filing of a workers' compensation claim. **From the date of the employee's signature, the claim must be processed through the supervisor and Workers Compensation Coordinator (WCC) to OWCP within 14-calendar days.**

<sup>ii</sup> All workers' compensation claims must be filed electronically, online in the *Safety Management Information System (SMIS)*.  
a. If the employee is totally incapacitated or unable to physically file a claim in SMIS, arrange for a proxy (typically, a family member) to file on their behalf. The WCC can grant access to SMIS to electronically file on the employee's behalf;  
b. Workers' Compensation claims can be held electronically in SMIS as a matter of record, by the supervisor selecting "*No lost time and no medical expenses; Place this form in employee's medical folder*" in the Filing Instructions on their SMIS Supervisor's Module. It can be activated at a later date at the request of the employee to the WCC;  
c. An acting supervisor may be identified on a CA-1 or CA-2 if the employee's supervisor will be unavailable for 1-week or longer.  
d. If the claimant is not paid through the Federal Personnel Payroll System (e.g., an emergency fire fighter), instructing the claimant to contact the WCC to gain temporary access to SMIS.

<sup>iii</sup> In the "*From Employing Agency*" column of the CA-35, the Supervisor of the claimant will use and provide answers/needed documentation to this section.

<sup>iv</sup> Contact your WCC for a Form CA-16. Form CA-16 **WILL NOT** be issued if a CA-1 is not submitted electronically. Page 1 must be filled out **completely with signature of Authorizing Official at the duty station** to be valid.

<sup>v</sup> If the employee's injury is an emergency, they should seek immediate medical attention first! The supervisor may authorize emergency medical treatment by telephone and then send the completed Form CA-16 to the medical facility within 48 hours. If due to conflict of unavailability of supervisory personnel, travel, or similar circumstance where it becomes impossible for a supervisor or acting to issue an agency completed (side 1) CA-16 within 48-hours of injury, someone in the duty station management (speaking on behalf of the supervisor and with knowledge of the events) should contact their WCC via email or voice message with the following information:

- a. Injured employees name (Last Name, First Name);
- b. Injury (Specify location/side of injury, e.g. Cut to index finger of right hand);
- c. Name of medical/treatment facility;
- d. If you believe the injury is valid or not (do you believe or not that the employee injured themselves the way they are submitting their claim for).

<sup>vi</sup> In coordination with Human Resources (HR) staff and the WCC, the supervisor has responsibilities in identifying informal and formal light duty or alternate work assignments should the employee be unable to immediately return to his or her regular duties. In long-term cases, cooperating with HR and the WCC and continuing to look for opportunities for the employee to return to duty; and when informed by an employee of any medical limitations or restrictions specified by a doctor in writing, immediately notifying the WCC. (You may ask the employee to use Form CA-17, Duty Status Report, for this)

<sup>vii</sup> Original, ink signed Form CA-1 and CA-2's must be kept in the Agency Case Files at the Regional Office. Mail the original inked page 1 and page 2; and a copy of page 4 (on CA-1) or page 3 (of CA-2) to your WCC.

<sup>viii</sup> If the employee omits election of COP in block #15 of the CA-1, and later wants to use COP, that leave type can be granted by the supervisor at their discretion, as long as time-eligibility requirements are met.

<sup>ix</sup> COP and Wage Loss Compensation (WLC) QuickTime codes are outlined in the US DOI National Business Center *Time and Attendance Guide* Chapter 4: FECA/COP/OWCP. **It is the responsibility of the supervisor to coordinate with the timekeeper to ensure that proper codes are entered on timesheets to correctly track any COP, wage loss compensation, and light duty hours. Notify employee on 40<sup>th</sup> day of COP use the availability of WLC filing; and notify HR upon the 1<sup>st</sup> (and only the 1<sup>st</sup>) use of WLC.**

<sup>x</sup> Wage Loss Compensation claims must be in OWCP's hands within 5-days from the claimants' signature. Following the schedule of submission outlined in Pub 5 is critical.



# WHEN INJURED AT WORK

## A Federal Employees' Checklist – Publication No. 1

*Management Improvement – Through Safety*



### Report to Supervisor

Every job-related injury should be reported as soon as possible to your supervisor. Injury also means any illness or disease that is caused or aggravated by the employment, as well as damage to medical braces, artificial limbs and other prosthetic devices.

### Obtain Prompt Medical Care

Obtain Form **CA-16** from your supervisor to authorize medical treatment. Ask the doctor to complete it (the back side, titled *Attending Physician's Report*) before you leave your first visit with them. For occupational disease claims, Form CA-16 *is not* issued; and only done so with express, prior approval from OWCP. You are entitled to initial choice of physician for treatment of an injury.

**Form OWCP-1500** (alt. HCFA-1500): *The form physicians must use to submit bills.*

<http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-1500.pdf>

**Form OWCP-04**: *The form hospitals must use to submit bills.*

<http://www.dol.gov/owcp/dfec/regs/compliance/OWCP-04.pdf>

### File Electronic Notice

For **TRAUMATIC INJURIES** sustained within a single day or work shift, you must **log onto SMIS** <https://www.smis.doi.gov> and complete the employee's module of the electronic "Form CA-1" as soon as possible, but not later than 30 days following the date of injury. Your supervisor will be notified by SMISAUTOMAILER electronic mail that your module is complete, and will then complete their module within 2 work days, thereby electronically filing both sides of the "Form CA-1." If you develop a condition due to prolonged exposure lasting more than one day or shift, log onto SMIS and complete "Form CA-2" for **OCCUPATIONAL DISEASE**; the employee and supervisor complete their modules respectively, within the same time limits as above.

**NOTE: A hard copy Form CA-1 or Form CA-2 with original signatures must be mailed directly to the HQ/Regional/Agency Workers' Compensation Coordinator (WCC).**

A "**Receipt**" of Notice of Injury is attached to each "Form CA-1" and "Form CA-2". Your supervisor should print the CA-1 or CA-2 upon completion of their electronic filing module in SMIS, complete the receipt, and return it to you for your personal records. If it is not returned to you, ask your supervisor for it.

If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days; or use leave. A claim for COP must be submitted no later than *30 days* following the date of injury (the "Form CA-1" is designed to serve as a claim for continuation of pay). Substantiating medical evidence that you sustained a disabling traumatic work-related injury *must* be submitted to the WCC within *10 work days*. If disabled beyond the COP period (or if you are not entitled to COP), you may claim wage loss compensation on form CA-7 and CA-7a, along with substantiating medical evidence; or use leave. A claim for wage loss compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.



# WHEN INJURED AT WORK

## Bill Processing Guide – Publication No. 2

*Management Improvement – Through Safety*



### Contact Info

It is the employee's responsibility to ensure that all injury-related billings are mailed to the Department of Labor's Bill Processing Facility (ACS) for processing.

**\*\*\*DO NOT FORWARD ANY MEDICAL BILLS TO THE OFFICE\*\*\***

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

Open Monday – Friday, 8 AM – 8PM, EST

Tel. 866-335-8319: Toll Free Interactive Voice Response System

Tel. 844-493-1966: Toll Free number for questions pertaining to FECABill

Physicians submit **Medical Authorizations** via FAX at 800-215-4901, or submit online. **ACS Web Bill Processing Portal** <http://owcp.dol.acs-inc.com/portal/main.do> with medical authorization templates available at <http://owcp.dol.acs-inc.com/portal/main.do>, and clicking on the *Federal Employees' Compensation Act* link. Physicians can also register with ACS by clicking the *Provider Enrollment* link.

### Substantiating Evidence

It is your responsibility to gather and provide the HQ/Regional/Agency Compensation Coordinator, any and all supportive medical documentation from each service provider you see in connection with your injury/illness. This does not include billing. Such evidence includes, but is not limited to: Office Notes, Clinical Notes, Discharge Papers, Medical Narratives, Report of X-Ray Results, Lab Reports, etc.

- **Providers** must submit bills on **Form OWCP-1500, Health Insurance Claim Form** <http://webapps.dol.gov/libraryforms/go-us-dol-form.asp?FormNumber=385>

- **Hospitals** must use **Form OWCP-04, Uniform Billing Form** <http://webapps.dol.gov/libraryforms/go-us-dol-form.asp?FormNumber=387>

- **Pharmacies** bill electronically through an **Electronic Data Exchange (EDE)**. Tell the pharmacist you were injured at work and are filing a Federal Workers' Compensation Claim. You will not have to pay anything at that visit, and your billing will be forwarded by the pharmacy to OWCP-ACS via EDE.

Avoid paying with your personal health insurance carrier whenever possible. You need not provide your insurance card, nor pay co-pays. A Federal Workers' Compensation Claim is an alternate means of coverage totally separate from your personal health insurance. If asked, Department of Labor is your 'Health Insurance carrier' for your claim; and the OWCP Claims Examiner is the 'Insurance Representative'.

If payment was made via your personal health insurance carrier, the insurance carrier may request reimbursement of the charges with OWCP-ACS after your claim has been ACCEPTED. You need to provide the carrier **your 9-digit case number, date of injury, and date of acceptance.**



# WHEN INJURED AT WORK

## Bill Reimbursement Guide – Publication No. 3

*Management Improvement – Through Safety*



It is the employee's responsibility to ensure that all injury-related billings are mailed to the Department of Labor's Bill Processing Facility (ACS) for processing.

**\*\*\*DO NOT FORWARD ANY MEDICAL BILLS TO THE OFFICE\*\*\***

### Contact Info

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

Open Monday – Friday, 8 AM – 8PM, EST  
Tel. 866-335-8319: Toll Free Interactive Voice Response System  
Tel. 866-335-8319: Provide to physicians who need to register with ACS Tel. 850-558-1818: To speak to an ACS Representative

Physicians submit **Medical Authorizations** via FAX at 800-215-4901, or submit online. **ACS Web Bill Processing Portal**  
<http://owcp.dol.acs-inc.com/portal/main.do> with medical authorization templates available at <http://owcp.dol.acs-inc.com/portal/main.do>, and clicking on the *Federal Employees' Compensation Act* link.

### Reimbursement

OWCP allows reimbursement of medical expenses paid out-of-pocket by an injured employee with an Accepted claim for a work-related condition. Filing for possible reimbursement of these expenses with the following procedure may exempt you from overages otherwise due if not filing through workers' compensation.

The employee must gather supportive medical documentation in relation to the medical services, appliances, or prescriptions provided, attached to the following:

**Form OWCP-915, Claimant Medical Reimbursement Form**

<http://webapps.dol.gov/libraryforms/go-us-dol-form.asp?FormNumber=388>

**Form OWCP-1500, Health Insurance Claim Form** (Medical provider expenses)

<http://webapps.dol.gov/libraryforms/go-us-dol-form.asp?FormNumber=385>

**Form OWCP-04, Uniform Billing Form** (Hospital/ambulatory service expenses)

<http://webapps.dol.gov/libraryforms/go-us-dol-form.asp?FormNumber=387>

**In all instances, proof of payment is required.** OWCP will accept a statement by providers, a mechanical stamp showing receipt of payment, of blank checks (front and back), or a copy of a credit card receipt.

**Pharmacy Billing Form** accompanies all pharmacy bills. Your pharmacy always attached this form to your prescription bag, and has all necessary coding.



# WHEN INJURED AT WORK

## COP vs. Wage Loss Compensation – Publication No. 4

*Management Improvement – Through Safety*



### I'm losing time from work...what now?

A job-related injury or illness can result in lost time from work, and therefore lost wages. In order to get your wages paid, you will need to elect Continuation of Pay (COP) on your Traumatic Injury claim (CA-1) or file for Wage Loss Compensation through the Office of Workers' C Compensation Program (OWCP), or use sick or annual leave.

### What's the difference?

**COP** is a continuation of your wages for 45 calendar days in the early stages of your injury claim, to reduce any undue hardship while your case is being adjudicated by OWCP.

**Wage Loss Compensation** pays your wages (reduced) by OWCP when you are unable to work more than 3 days beyond 45 calendar days of COP, or when COP is not an option.

### How do I file for wages?

**COP** must be elected (in block #15 of the CA-1). Provide your supervisor with medical evidence of a disabling injury within 10 workdays of submitting the CA-1 to meet eligibility. Starting the day after (and within 45 calendar days from) the date of injury, code each full or partial day lost due to the injury in QuickTime as COP; and count it off as *one COP day* off the 45 total.

OWCP's COP Worksheet can be found at  
(<http://www.dol.gov/owcp/contacts/sfc/9sfcop.htm>)

**Wage Loss Compensation** is claimed when COP runs out, or if COP was not an option. Submit your CA-7 (and CA-7a when intermittent) and supportive medical documentation by traditional pay periods in the following manner:

- You will sign and date Section 7 of the hard copy CA-7 on the **Monday** following that pay period claimed (no earlier).
- Your supervisor completes and signs the CA-7 the same day as you sign.
- Fax and mail the CA-7 the same day to the HQ/Regional/Agency Workers' Compensation Coordinator (WCC). The WCC will fax it to the DFEC Consolidated Case Create Facility in Jacksonville, Florida, and maintain the originals in your agency case file.

### **How do I code it in QuickTime?**

**COP** is coded as “FECA/COP—1st OCCURRENCE” — (160 PAID for duty schedule hours, or 161 UNPAID for weekends/holidays. See your timekeeper for details).

**Wage Loss Compensation** is coded as “FECA—OWCP” (162).

*Contact the HQ/Regional/Agency Workers’ Compensation Coordinator for more details*





# WHEN INJURED AT WORK

## Wage Loss Compensation Submission – Publication No. 5

*Management Improvement – Through Safety*



### How does my CA-7, Claim for Compensation, get to OWCP?

Wage Loss Compensation claims must be sent through your supervisor, and then the HQ/Regional/Agency Safety/Workers' Compensation Office for submission to OWCP. The Workers' Compensation Coordinator (WCC) will track the timeliness and ensure the form is completed properly. New guidance from the Office of Workers' Compensation Programs, adopted October 1, 2011, states that no wage loss compensation claim will be accepted directly from the claimant.

### How will my claim meet OWCP's timely-submission requirement?

*The Timeliness Clock formula goes like this:*

- ◆ **Starts @ Claimant's (employee) dated signature**
- ◆ **Stops @ Receipt date by DOL – OWCP**

***Must be received by OWCP < 5 WORK DAYS***

- **The Claimant:** Completes the *Employee Portion* of the CA-7 form on the **Monday** following that pay period claimed ...**NO EARLIER**. Attach supportive medical documentation on all submissions. When time is intermittent, also submit a completed CA-7a, *Time & Analysis* form to account for all time.



- **The Supervisor:** Completes the *Employing Agency Portion* of the CA-7 form and signs/dates the form as Agency Official (or the WCC may sign instead). Forward the claim package to the local WCC Office.



- **The WCC:** Fax/mail the claim package to the OWCP Jacksonville, Florida, *DFEC Central Case Create Facility* **within 5-Work Days of the claimants' signature/date** in order to meet OWCP/POWER Goal 5 timeliness requirements on claim submission.



- **OWCP:** If accepted, OWCP will **certify the CA-7 on the second Tuesday** following the pay period claimed, and process through to payment

***Contact the HQ/Regional/Agency Workers' Compensation Coordinator for more details***



# WHEN INJURED AT WORK

## A Federal Supervisor's First Steps Checklist – Publication No. 6

*Management Improvement – Through Safety*



### Reporting of Injuries & Illnesses

Every job-related injury should be reported as soon as possible to the supervisor. Injury also means any illness or disease that is caused or aggravated by the employment, as well as damage to medical braces, artificial limbs and other prosthetic devices.

NOTE: For more information, see: BIA Safety and Health Handbook, Topic 23 Workers Compensation

### Authorizing Prompt Medical Care

The supervisor should issue Form CA-16 within 4-hours (for Traumatic Injuries only) to authorize emergency medical treatment. It renders automatic payment for initial treatment regardless of final case decision. Obtain Form CA-16 from the HQ/Regional/Agency Workers Compensation Coordinator (WCC). Forward the completed form to the WCC after the doctor completes it (the back side, titled Attending Physician's Report). On occupational disease claims, Form CA- 16 is not issued; and only done so with express, prior approval from OWCP.

Advise the employee of their right to file a claim for workers' compensation. It must be filed electronically through SMIS. If incapacitated or unable to physically file a claim, contact the WCC to assign a Proxy. If not paid through the Federal Personnel Payroll System (e.g., an emergency fire fighter), instruct the individual to contact the WCC for temporary access to SMIS. For **TRAUMATIC INJURIES** sustained within a single day or work shift, the employee must complete the employee's module of the electronic "Form CA-1" within 5 days, but not later than 30 days following the date of injury. If the condition is due to prolonged exposure lasting more than one day or shift, then a "Form CA-2" for **OCCUPATIONAL DISEASE** must be completed instead, in which the employee and supervisor complete their modules respectively, within the same time limits as above.

**NOTE: A hard copy of the Form CA-1 or CA-2 must be printed by the supervisor and mailed directly to the WCC with original signatures on page one and two.**

The supervisor will be notified by SMISAUTOMAILER electronic mail when the employee's module is complete, and will then **log onto SMIS** <https://www.smis.doi.gov> to complete their module within 2 calendar days of the employee's filing (completion of the employee's section on SMIS).

A "**Receipt**" of Notice of Injury is attached to each Form CA-1 and CA-2. When the supervisor prints the Form CA-1 or CA-2 upon completion of their electronic filing module in SMIS, the original signed receipt goes to the employee for their personal records and mail a copy to the WCC as outlined above.

If disabled due to traumatic injury, the employee may claim continuation of pay (COP) not to exceed 45 calendar days (certain restrictions apply); or use leave. If disabled beyond the COP period (or if the employee is not entitled to COP), the employee may submit claims for wage loss compensation on "Form CA-7" and "CA-7a," along with substantiating medical evidence; or use leave.

Every effort should be made to return the employee to work as soon as it is safe for them to do so. Coordinate these efforts though, and maintain contact with the WCC.