

# Supervisor's OWCP Checklist

20 Aug 14

1.	<p><b>Injury Reported – Day of Injury</b></p> <ul style="list-style-type: none"> <li>○ Investigate, authorize medical care, and advise return to work with medical</li> <li>○ <b>Notify Safety and HR-ICPA</b></li> <li>○ File an Electronic CA-1 or CA-2 are linked at: <a href="http://dma.wi.gov/dma/hr/emp_resources/owcp.asp">http://dma.wi.gov/dma/hr/emp_resources/owcp.asp</a></li> <li>○ <b>If DMA site is down go here:</b> <a href="https://dodhrinfo.cpms.osd.mil/Directorates/HROPS/Benefits-and-Worklife/Injury-and-Unemployment-Compensation/Pages/Home1.aspx">https://dodhrinfo.cpms.osd.mil/Directorates/HROPS/Benefits-and-Worklife/Injury-and-Unemployment-Compensation/Pages/Home1.aspx</a> <b>(Supervisor's Link)</b></li> <li>○ <b>Medical must be on file with HR-ICPA within 10 calendar days of injury</b></li> <li>○ <b>Injury claim must be filed within 30 calendar days of the injury.</b></li> </ul>
2.	<p><b>Traumatic Injury Documents Required CA-16 and ACS Billing Card (Initial)</b></p> <ul style="list-style-type: none"> <li>○ <b>Employee can seek treatment from physician of choice</b></li> <li>○ <b>CA-16 is required for Traumatic injuries requiring follow up care</b></li> <li>○ <b>CA-16 must be submitted within 48 hours of the injury date</b></li> <li>○ <b>ACS Medical Billing Card should be sent to doctor</b></li> </ul>
3.	<p><b>Medical Documents Send To Doctor – CA-20/ CA-17 Must be signed by Physician</b></p> <ul style="list-style-type: none"> <li>○ CA-20, Attending Physician's Report (each time medical treatment attained)</li> <li>○ CA-17, Duty Status Report (Must submit after each medical treatment visit)</li> <li>○ <b>Both forms must be returned to HR-ICPA within 48 hours of receipt</b></li> <li>○ Light Duty Card, ACS Billing Card</li> <li>○ <b>See:</b> <a href="http://dma.wi.gov/dma/hr/emp_resources/owcp.asp">http://dma.wi.gov/dma/hr/emp_resources/owcp.asp</a></li> </ul>
4.	<p><b>Continuation of Pay (COP) – Must be supported by medical documentation</b></p> <ul style="list-style-type: none"> <li>○ <u>45 calendar days entitlement following date of traumatic injury</u></li> <li>○ <b>Time card code for COP: "LU" for date of injury &amp; after day of injury</b> <b>"LT" for upto calendar 45 days .</b></li> <li>○ Four digit code for time card is month &amp; day of injury</li> <li>○ If claim is denied, change COP to LS, LA, or LWOP</li> </ul>
5.	<p><b>Compensation after 45 days – Must be supported by medical documentation</b></p> <ul style="list-style-type: none"> <li>○ Must be in Leave Without Pay (LWOP) Status KD</li> <li>○ CA-7, Claim for Compensation (Submit every two weeks)</li> <li>○ SF 1199A, Direct Deposit Sign-up</li> <li>○ After 80 hours of LWOP, submit ERPA/SF-52 to HRO requesting LWOP</li> <li>○ Pay rate is three-fourths with dependents and two-thirds without dependents</li> </ul>
6.	<p><b>Medical Bills-Forward to JFHQ-J1-ICPA</b></p> <ul style="list-style-type: none"> <li>○ Web site: <a href="http://owcp.dol.acs-inc.com">http://owcp.dol.acs-inc.com</a></li> <li>○ Medical Provider must have <u>ACS Provider Number</u> to receive payment</li> <li>○ Bills submitted manually must be submitted on HCFA-1500 or UB-92</li> <li>○ Mailing address: Dept of Labor-OWCP, P.O. Box 8300, London, KY 40742</li> <li>○ ACS Customer Service (850) 558-1818</li> </ul>
7.	<p><b>Agency Point of Contact – ICPA's</b></p> <ul style="list-style-type: none"> <li>○ Address: TAG – WI, Attn: WIJS-J1-SVC, P.O. Box 8111, Madison, WI 53708-8111</li> <li>○ Telephone #: (608) 242-3711; DSN 724-3711; Fax #: (608) 242-3726</li> <li>○ Email Address: <a href="mailto:Kenneth.O.Young.mil@mail.mil">Kenneth.O.Young.mil@mail.mil</a></li> <li>○ Telephone #: (608) 242-3705; DSN 724-3705; Fax#: (608) 242-3726</li> <li>○ Email Address: <a href="mailto:Lee.M.Rettmann.mil@mail.mil">Lee.M.Rettmann.mil@mail.mil</a></li> </ul>

