

**STATE OF OHIO  
ADJUTANT GENERAL'S DEPARTMENT  
2825 West Dublin Granville Road  
Columbus, Ohio 43235-2789**

We are sorry to hear about your recent work-related injury and wish you a quick recovery. This letter provides information on what you need to do to ensure that you receive the benefits afforded to you under the Federal Employee's Compensation Act (FECA). Please use this packet to help guide you and your provider(s) through this Federal Workers Compensation process.

Please obtain medical care and attend all follow-up appointments as necessary. During each appointment, have the provider fill out a CA-17 Duty Status Report, and a CA-20 Attending Physician's Report (updated forms can be found on our public page: <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>). **Submit signed copies to the State ICPA within 10 days of each appointment.** If the ICPA does not receive these forms, or some type of medical documentation for **every visit**, you could have medical billing problems with the Department of Labor (DOL). All medical documentation must also be loaded into your claim via ECOMP.

You will need to notify your provider that we as an agency offer light duty. Additionally, if a Physician Assistant or a Nurse Practitioner signs off on your medical documentation you will need to have an actual MD counter sign. NP, PA, or PA-C's are NOT considered a medical provider under FECA.

If your provider determines that you need further medical care, they must obtain authorization from the DOL. Providers must request authorization through DOL's third-party billing company, CNSI. They must follow CNSI enrollment procedures at <https://owcpmed.dol.gov/>. Enclosed in this packet is information on CNSI to guide your providers on how to enroll in order to request treatment authorization and submit medical bills for payment. Please give a copy of the provider brochure to your provider (s), along with your case number and date of injury, as soon as possible.

Additionally, you must communicate any work restrictions to your supervisor and your military chain of command if applicable. If you have medical restrictions from a work related injury, you should obtain a profile for your weekend drill duties as well. Failure to comply may disqualify you for OWCP benefits.

Please ensure that you know your date of injury (DOI) and claim number as you will be required to provide that information multiple times. After filing your claim in ECOMP, please ensure that you also have updated your time card and coded everything correctly for the DOI and any continuation of pay (COP) time as applicable. All COP time must have a signed leave slip sent to the ICPA as we are required to track the information.

Please feel free to contact an ICPA at [ng.oh.oharng.list.j1-hro-owcp@mail.mil](mailto:ng.oh.oharng.list.j1-hro-owcp@mail.mil) for any questions or concerns.

# How to File a Claim in ECOMP

## Overview

Our agency uses ECOMP for form filing, you will be able to manage the entire process from your Employee Dashboard. You can get to your Employee Dashboard by clicking "Sign In" on the [ECOMP homepage](#).

To file a notice of injury, you will start by reporting the incident using **OSHA Form 301 (Injury and Illness Incident Report)**. ECOMP will guide you through the process.

If you wish to file a claim under the Federal Employees' Compensation Act (FECA), for this incident, you can file a claim using Form **CA-1 (Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation)** or Form **CA-2 (Notice of Occupational Disease and Claim for Compensation)**.

- When selecting Department in ECOMP you will select National Guard and one of the following options :
  - 3891- Army National Guard T5 (T32)
  - 3753- Air National Guard T5 (T32)
  - 3752- Title 32 Air National Guard
  - 3894 Title 32 Army National Guard

Once your claim is submitted to the Office of Workers' Compensation Programs (OWCP), you will be assigned a case number and receive an informational letter from OWCP, either by mail or a letter loaded directly in ECOMP. That letter will also provide you with information regarding how to view your case status, billing updates, coverage limitations, and other information via the Claimant Query System (CQS). To access CQS, please visit [OWCP Connect](#). There is also a direct link to this in your ECOMP employee dashboard.

Once a case number has been assigned, you can submit information pertaining to that case file through [ECOMP's Document Upload feature](#), available from the [ECOMP homepage](#). To use this feature, you will need your last name, case number, date of birth and date of injury. You can use this feature for any existing case, not just those initiated through ECOMP. Information submitted should usually be available to OWCP within 4 hours of upload.

An OWCP case number also enables you to file a **Form CA-7 (Claim for Compensation)**. A **CA-7** can be filed for any existing claim, not just those initiated through ECOMP, as long as you have a case number and other identifying information. You may also need to file a form **CA-7a (Time Analysis Form)** for intermittent periods of wage loss and/or a form [CA-7b \(Leave Buy Back Worksheet Certification\)](#). Forms CA-7 and CA-7a may be filed electronically via ECOMP, but at this time Form CA-7b may not be filed electronically and should be submitted by your employing agency.

## Submitting and Reviewing Forms

Remember that before filing a form in ECOMP, you must register and create an account. Once you have registered, you can initiate a form from your Employee Dashboard.

You must fill out each form completely and submit it for review. You may save a partially completed form and come back to it later. You may also upload and attach supporting documents to be submitted along with a FECA claim form. If your form is incomplete, it will appear in your Dashboard as 'DRAFT', and will not be processed until you complete all fields and submit the form for review.

Once you submit your form, it will be reviewed by your supervisor (ECOMP will ask you for their email address- please enter it correctly) If your direct supervisor is out of the office please place someone's email address that can review the claim timely as we only have **10 CALANDER DAYS** to complete the claim once submitted. After the supervisor reviews the claim, it will then be sent to the reviewing official (HRO ICPA). If appropriate, FECA forms will then be submitted to the Department of Labor. If your supervisor has a question, he/she may send the form back to you. Forms sent back for your review will appear in your Dashboard as 'Returned to Filer'.

You will receive status emails during this process. You may also use the "Track Status" function to monitor the progress of your submission or check the status of your forms from your Employee Dashboard.

### **What Will I Need?**

- An ECOMP account (you can register for an ECOMP account using your email address) Please use an email you have daily access to as this is where information and correspondence will be sent.
- Your government organization
- Your supervisor's email address
- For new injury/illness claims, details for the event (place, time, extent of injury, etc.)
- If available, supporting documentation, such as medical reports (have these ready in electronic format)
- If you wish to file a **CA-7**, you need a case number

Directorate/OFFICE CODE

DATE

MEMORANDUM FOR OWCP Case File

SUBJECT: (Name of employee) \_\_\_\_\_ Temporary Light Duty

1. The Agency will temporarily accommodate Mr/s. \_\_\_\_\_'s OWCP related limited/light duty profile as provided by the treating physician's written recommended limitations. Mr/s. \_\_\_\_\_ is assigned to perform the set of duties as follows:
  - a. [list tasks the claimant is assigned to do in accordance with the treating physician's recommended restrictions, either in paragraph form or as bullets].
  - b. i.e. will provide customer service by telephone and provider clerical duties as assigned while physically located at a desk in Building \_\_\_\_ Room \_\_\_\_.
2. Mr/s. \_\_\_\_\_ may take rest breaks as/if ordered by the physician in writing as needed in addition to his/her regularly scheduled work breaks.
3. Based on the limited duty profile, Mr/s. \_\_\_\_\_ will not perform any duties outside of the following physician ordered limitations during duty hours or at place of duty until cleared by his/her physician to return to full duty. (examples)
  - a. No lifting above \_\_\_\_ pounds.
  - b. No pushing, pulling with left/right arm overhead.
  - c. No stair climbing, running, stooping, bending for prolonged periods of time.
  - d. etc
4. This temporary duty will expire on \_\_\_\_\_ 2011 [give date noted by physician or 30 days max.]. At that time Mr/s. \_\_\_\_\_ will provide to his/her immediate supervisor updated medical documentation specifying continued limited duty or clearance for full performance of regular position duties as written by his/her treating physician.
5. POC for this memorandum is the undersigned at 202.782.XXXX.

SUPERVISOR SIGNATURE BLOCK

EMPLOYEE ACKNOWLEDGEMENT:

I accept the above assignment and will adhere to my restrictions and observe safe work practices.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Injury Compensation Program Administrator  
Office of Worker's Compensation Programs

# **\*IMPORTANT\***

## **OWCP Billing Information for Providers**

### **Please note:**

- The person you are treating has filed a **FEDERAL WORKERS' COMPENSATION CLAIM** for their injury.
- **Dept of Labor uses a 3<sup>rd</sup> party billing company called CNSI to process/pay OWCP claims.**
- Bills can be submitted electronically or by paper to DOL/CNSI. Please see the information below on bill submission.
- Prior authorization from CNSI is required for certain procedures and services (for example: anything that breaks the skin, MRIs, physical therapy, tests, and surgery).
- The treating physician must be a "doctor" as defined by Dept of Labor (not a PA, PA-C, or RN).
- The Agency Offers Light Duty

### **Providers must be enrolled with CNSI to submit billing claims:**

#### **Provider Enrollment Address:**

Provider Enrollment  
P.O. Box 8312  
London, KY 40742

#### **Provider Enrollment Fax #:**

(888) 444-5335

### **Submit medical bills and medical documentation/correspondence via:**

#### **Address:**

Reimbursements:  
U.S. Department of Labor OWCP/DFEC  
London, KY 40742-8300

### **Prior authorization can be requested from CNSI via:**

#### **Fax #:**

(800) 215-4901

#### **CNSI Website:**

<https://owcpmed.dol.gov>

### **Additional Contact Info:**

#### **CNSI Phone #:**

(844) 493-1966 or Toll Free at (866) 335-8319

#### **CNSI Prescription Benefits and Processing Questions:**

(866) 664-5581

#### **CNSI Web Portal Administration/System Issues:**

Health Care Solutions Operations Center  
(800) 461-7485 or (850) 558-1775

#### **Dept of Labor Office—Cleveland (Claims Examiner):**

(216) 902-5600

### **Provider checklist for submitting a claim:**

- ✓ Provider is enrolled with CNSI and has their provider number.
- ✓ Include both the FECA 9-digit claim # and their CNSI Provider # on the medical bill and documentation.
- ✓ Submit the bill using the appropriate accepted condition/ICD-9 code(s) if available.
- ✓ Submit all medical documentation to Dept of Labor (DOL).
- ✓ Request prior authorization from CNSI for the necessary services, preferably beforehand.

### **Ohio National Guard Federal Workers' Comp POC information:**

**Email:** [ng.oh.oharng.list.j1-hro-owcp@mail.mil](mailto:ng.oh.oharng.list.j1-hro-owcp@mail.mil)

Fax: 614-336-7052

ATTN: ICPA/OWCP

## CNSI Card

<b>Federal Workers' Compensation Medical Billing Information</b>		
<ul style="list-style-type: none"><li>• The person you are treating has filed a <b>Federal Workers' Compensation Claim</b> for their injury.</li><li>• Federal Employees are covered under Federal Employees Compensation Act (FECA), for work-related injuries.</li><li>• The Dept of Labor / OWCP (DFEC) Program uses a 3<sup>rd</sup> party medical contractor, CNSI, to pay medical bills and related costs.</li></ul>		
<b>Employer Contact Information:</b> National Guard Federal Workers Compensation Specialist		
<b>Name:</b> _____	<b>Phone:</b> _____	
<b>FECA/OWCP – DFEC Provider Enrollment:</b>		
<b>CNSI - Enrollment Unit Department of Labor</b> P.O. Box 8312 London, KY 40742	<b>Phone:</b> (844) 493-1966 <b>Fax:</b> (888) 444-5335	<b>Prior Authorization:</b> (800) 215-4901
<i>This card is provided for informational purposes only and is not a guarantee of payment</i>		
<b>Employing Agency Offers Light Duty</b>		
Updated: 05/19/2020		

<b>Federal Workers' Compensation Medical Billing Information</b>		
<ul style="list-style-type: none"><li>• Bills can be submitted electronically or by paper to CNSI.</li><li>• Please see the information below on bill submission.</li><li>• Prior authorization from CNSI is required for certain procedures and services.</li><li>• The treating physician must be a "doctor" as defined by FECA.</li></ul>		
<b>Submit Medical Bills:</b>		
Reimbursements U.S. Dept. of Labor OWCP/ DFEC P.O. Box 8300 London, KY 40742	<b>Phone:</b> (844) 493-1966 <b>Toll Free IVR:</b> (866) 335-8319	<b>Authorization Fax:</b> (800) 215-4901
<b>CNSI Website:</b>	<a href="https://owcpmed.dol.gov/">https://owcpmed.dol.gov/</a>	
<b>Prescription Benefit Inquiries:</b>	(866) 664-5581	
<b>CNSI Help Desk:</b>	(800) 461-7485	
<b>Checklist:</b>		
<input type="checkbox"/>	Provider is enrolled in CNSI & has provider number	
<input type="checkbox"/>	Include FECA 9-digit claim # & Provider # on the medical bills and documentation	
<input type="checkbox"/>	Submit the bill using the accepted condition / ICD9 / ICD10	
<input type="checkbox"/>	Submit all medical to DOL	
<input type="checkbox"/>	Request prior authorization	<i>(Back side of card)</i>

## Provider Checklist

- ⇒ Provider enrolled with CNSI
- ⇒ Include both the FECA 9-digit claim # and Provider # on the medical bill and any supporting documentation
- ⇒ Medical documentation is submitted to DOL
- ⇒ CNSI the Department of Labor (DOL), London, KY
- ⇒ Prior authorization requested through CNSI if no response within three days follow up with CNSI
- ⇒ Diagnosis code obtained from injured employee /copy of DOL letter
- ⇒ Submit the bill using the accepted condition/ICD-9 code(s)
- ⇒ Request prior authorization from CNSI for necessary services
- ⇒ CNSI phone number - (844) 493-1966



Adjutant General's Department  
ATTN: NGOH-HRO-TB (OWCP)  
2825 W. Dublin Granville Road  
Columbus, OH 43235-2789

Fax: (614) 336-7052  
ATTN: OWCP

Email: ng.oh.oharng.list.jl-hro-  
owcp@mail.mil

Federal Employees  
Compensation Act (FECA)  
Injury Compensation  
Program

## FECA Guide To Requesting Authorization for Medical Treatment & Medical Billing



OHIO NATIONAL GUARD

For more information, contact:  
Injury Compensation Program  
Administrator

## The Federal Workers Compensation Program

The person you are treating has  
filed a

### FEDERAL WORKERS' COMPENSATION CLAIM

for their injury. The US Dept. of Labor (DOL) uses a 3<sup>rd</sup> party billing company called CNSI to process/pay OWCP claims. Bills can be submitted electronically or by paper to DOL/CNSI. Prior authorization from CNSI is required for many procedures and services (e.g. anything that breaks the skin, MRIs, physical therapy, tests, and surgery). The treating physician must be a "doctor" as defined by Dept. of Labor (not a PA, PA-C, or RN). All providers must be enrolled with CNSI and have a provider number in order to submit medical bills for payment to DOL.

## Enrolling With CNSI

Provider Enrollment  
Address:  
CNSI- Enrollment Unit  
P.O. Box 8312  
London, Ky 40742



Provider Enrollment Fax #:  
(888)444-5335

Once you have enrolled with, you will receive a CNSI Provider Number . This number is required for medical billing and authorization.

## Medical Bills & Documentation

Submit medical bills and medical documentation/correspondence via:

The U.S. Dept of Labor  
DFEC  
PO Box 8300  
London, KY 40742-8300

CNSI Website: <https://owcpmed.dol.gov>  
The bills must be submitted on a HCFA-1500 or a UB-92 form. This includes any bills or supporting documentation. The bill must contain a description of the service performed with procedure codes that are compatible with the accepted condition. ICD-9 codes can be found on the CNSI Website. Be sure to include the employee's name and OWCP Claim Number on each page. All information received at the London, KY facility is scanned into an electronic database and added to the case file.

## Diagnosis Codes/Procedure Codes

If a new diagnosis code needs to be added to the accepted condition/s, the medical provider will need to write a letter of justification to the Department of Labor and mail it to CNSI at the London, KY address. Always remember to write the OWCP Claim Number on each page of correspondence sent to CNSI.

## Contact CNSI

By phone: 844-493-1966



## Obtaining Authorization

To request medical services, you must contact CNSI for authorization. You may request authorization online at <http://owcpmed.dol.gov>. You may fax the appropriate Medical Authorization form and supporting documentation to **800-215-4901**. The Medical Authorization forms are available on CNSI's Website, Click on "Forms and Links" and then choose FECA from the program specific forms and links box. Forms are available for Durable Medical Equipment, General Medical/Surgery, and Physical Therapy authorizations. You must provide your Conduent Provider Number, the ICD-9 diagnosis code, the CPT procedure code and the OWCP claim number. Keep in mind that the ICD-9 and CPT codes must match your accepted condition.

## Additional Contact Info

CNSI Phone #:  
(844) 493-1966 or  
(866) 335-8319 (toll free)



CNSI Prescription Benefits and Processing  
Questions:  
(800) 461-7485

CNSI Web Portal Administration/System Issues:  
Health Care Solutions Operations Center  
(800) 461-7485

Dept. of Labor Office - Cleveland  
(Claims Examiner):  
Phone Number: (216)902-5600



## Steps to Take:

# 1

Report the Injury to your supervisor

Obtain Medical Care

Ask supervisor to issue CA-16

If someone is asking you for your Agency information or your work site information please ensure you provide the below information to ensure the information gets to the correct place.

Adjutant General's Department  
ATTN: NGOH-HRO-TB (OWCP)  
2825 W. Dublin Granville Road  
Columbus, OH 43235-2789

Fax: (614) 336-7052  
Email: [ng.oh.oharng.list.j1-hro-owcp@mail.mil](mailto:ng.oh.oharng.list.j1-hro-owcp@mail.mil)

# 2

CA-16 can be issued for traumatic injuries reported within the first 48 hours

Completed CA-16 needs sent to ICPA within 48 hours.

# 3

Employee will need to register for ECOMP

OSHA 301 will go to safety and CA-1/CA-2 will go to DOL

All claims must be sent to DOL within 10 Calendar Days of submission to ECOMP

# 4

Medical Billing for OWCP is all sent to Conduent  
US Dept. Labor OWCP– DFEC  
P.O. Box 8300  
London, KY 40742-8300  
(844) 251-4901



Federal Employees  
Compensation Act (FECA)  
Injury Compensation Program

## OHIO NATIONAL GUARD Federal Employee, Injured at Work?

### Steps to take and Helpful information



For more information, contact:

**Mrs. Tara Bennett:**  
**(614) 336-7389**

or

**Mrs. Brittany Melton:**  
**(614) 336-7438**

Email:  
[ng.oh.oharng.list.j1-hro-owcp@mail.mil](mailto:ng.oh.oharng.list.j1-hro-owcp@mail.mil)

## The Employees' Compensation Operations & Management Portal (ECOMP)

ECOMP is a Department of Labor online application that allows the employee to file the OSHA 301, CA-1, CA-2, and CA-7 forms electronically.

Before the employee can file the forms in ECOMP, they must register for an account.

The OSHA 301 form must be filed and filled out once the recordable work-related injury has occurred. Completing the OSHA 301 is not notifying DOL of your injury. That will only notify safety.

The employee will input their supervisors' information and forward the claim for them to review.

The claim will then be sent to the ICPA for final review and for submission to DOL.

All claims must be sent to DOL within 10 calendar days of the employee filing.

Registering in ECOMP:

"Department" is National Guard

"Agency" is either Air/Army National Guard T32 or T5

[www.ecomp.dol.gov](http://www.ecomp.dol.gov)

## Medical Care and Issuing the CA-16

Prior to obtaining medical care ask your supervisor to issue the CA-16 for medical authorization.

CA-16 can only be issued for traumatic injuries within the first 48 hours of injury.

Completed CA-16 will need to be sent to the ICPA within 48 hours and will not be placed in ECOMP with other medical documentation and forms.

Employee has the right to seek care at any place they would like, but they need to make sure the provider will accept FEDERAL Workers Compensation or they may encounter issues



### CNSI

CNSI is who completes all billing for OWCP.

When you seek care, make sure to inform the billing department that your injury is going to be filed under the Federal Workers' Compensation Program and that your claim should not be confused with the State process.

Each area you are seen that has a separate billing department will need to be provided with CNSI's information.

Submit Medical Billing and Documentation/  
Correspondence to :  
U.S. Dept. Labor OWCP– DFEC  
P.O. Box 8300 London, KY 40742-8300

Phone Number: (844) 493-1966 or Toll Free (866) 335-8319  
Authorization Fax: (866) 215-4901  
CNSI Website: <https://owcpmed.dol.gov>

## Conditions of Coverage

In order to be covered under the Federal Workers Compensation Program the employee must meet all of the 5 basic requirements:

1. **Timely Filing:** In order for the claim to be considered timely filed, it must be filed within 3 years of the date of injury, or date of awareness.  
⇒ Continuation of Pay– 30 Days  
⇒ Compensation (Medical) - 3 Years
2. **Civil Employee:** Employee must be a federal employee (Temps are still covered under OWCP)
3. **Fact of Injury:** Two parts to this, factual and medical.  
⇒ Factual: actual occurrence of an accident or incident, or exposure in time, place, and manner alleged.  
⇒ Medical: a medical condition diagnosed in connection with the accident, incident, or exposure.
4. **Performance of Duty:** The injury must have arose "in the course of employment" and the injury must also arise "out of the employment".
5. **Causal Relationship:** There needs to be a link between the injury and the work-related exposure/injury and any medical condition found.

### Key Things:

All medical documentation must be signed off on by a Provider only. Medical documentation signed by a Nurse Practitioner or a Physician Assistant will **NOT** be accepted.

The medical must also show a specific diagnosis of the injury in order to be accepted. Pain is not a diagnosis but an ankle sprain would be.