

Injury Compensation Program Administrator (ICPA) Contact Information:

ATTN: NGOH-HRO-TB (OWCP)
2825 W Dublin-Granville Rd
Columbus, OH 43235

Phone: 614-336-7389
Fax: 614-336-7052, ATTN: OWCP/ICPA
Website: <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>

If injury is an emergency, send employee to hospital/medical facility immediately – do not wait! You can send someone to the hospital/medical facility with forms once supervisor portions are complete.

Name: _____ Date of Injury (DOI): _____ Case #: _____

1. Report Injury via ECOMP at <https://www.ecomp.dol.gov/> - all boxes in this section must be completed

- Have employee create ECOMP account, or, log in if account was already created for a prior claim/injury
- Have employee submit OSHA 301 - email notification goes to supervisor upon submission
- Have employee submit CA-1 (traumatic injury) or CA-2 (occupational disease) - email notification goes to supervisor upon submission
- Read and follow instructions in email notifications for OSHA 301 and CA-1 or CA-2. If no emails received within an hour of employee submitting both forms, contact ICPA.

Note: If claim is for a recurrence of a previous injury, contact ICPA to submit a CA-2a

For instructions on completing OSHA 301, CA-1, or CA-2, visit <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>

2. Notify ICPA and Safety – all boxes in this section must be completed

- Notify ICPA of the work-related injury/claim via email or phone
- Upon receipt of OSHA 301 email notification, review and forward to Safety Designee

3. Issue OWCP Forms/Info to send with employee to hospital/medical facility

- CA-16, Authorization for Examination – only issue if receiving treatment within 48-hours of injury. Ensure blocks 10 – 12 are complete before providing to injured employee – supervisor is an authorized official. Obtain CA-16 by requesting a copy from the ICPA at ng_oh_oharnq.list.i1-hro-owcp@mail.mil, or generate electronically via ECOMP when completing supervisor portion of the CA-1
- CA-17, Duty Status Report – issue for initial treatment, and for any follow-up appointments. Complete side A before issuing. Get a blank, fillable CA-17 at <https://www.dol.gov/agencies/owcp/dfec/regs/compliance/forms>
- CA-20, Attending Physician's Report – issue for initial treatment, and for all follow-up appointments. Get blank, fillable CA-20 at <https://www.dol.gov/agencies/owcp/dfec/regs/compliance/forms>
- Information Packet for Medical Provider/Facility. Get this packet at <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>. It provides important information and billing instructions for the medical provider
- Inform injured employee that CA forms must be signed by the doctor and returned to employee. If Physician's Assistant (PA) or Nurse Practitioner (NP) evaluates employee, an actual doctor must also sign CA forms or concur with the PA/NP in writing.

4. Code Timecard for Date of Injury (DOI) and Continuation of Pay (COP) – medical documentation required

- Code DOI in ATAAPS as LU – Instructions for this can be found at: <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>
- Code follow-up appointments or time off (as directed by the physician) as LT. Supervisor must notify ICPA any time COP/ LT is used. Employees are only eligible to use COP if **all** of the following requirements are met:
 - a. Claim is for a traumatic injury (CA-1)
 - b. CA-1 is filed in ECOMP within 30-days of the injury occurring
 - c. First follow-up appointment or time off for recovery occurs within 45-days of the DOI
 - d. Medical documentation and approved leave slip for LT code are emailed or faxed to ICPA
 - e. Claim is approved by Dept of Labor. If COP is used and claim is later denied, LT codes must be changed to LS, LA, other paid leave codes, or LWOP

5. Upload Medical Documentation to ECOMP – required for approval of claim

- Employee or supervisor must email or fax all medical documentation to ICPA within 10-days of receiving medical care for each appointment, AND upload documents to ECOMP, to include:
 - All CA forms completed and signed by the medical provider for initial or follow-up visits
 - All dictated notes/other medical documentation received from the doctor/medical facility

6. Compensation After 45-day COP Ends – if needed

- Must be in LWOP (Leave Without Pay) status
- CA-7, Claim for Compensation (submit every two weeks)
- SF-1199A, Direct Deposit Sign-up
- After 80hrs of LWOP, submit SF-52 to HRO requesting LWOP status
- Pay rate is three-fourths (3/4) *with* dependents and two-thirds (2/3) *without* dependents

FAQS AND TROUBLESHOOTING FOR WORKERS COMP CLAIMS

Q: What if my employee needs medical care, or time off for the injury, after the 45-days of eligibility for COP/LT Ends?

A: Employee can submit CA-7s through ECOMP for further compensation. Here's what to do:

- Ensure employee's timecard shows them in an LWOP status for the hours/days of compensation being requested
- Have employee log into ECOMP and submit a CA-7, Claim for Compensation through ECOMP for the related claim – see instructions on completing a CA-7

- SF-1199A, Direct Deposit Sign-up form must be completed and submitted to ICPA

-After 80hrs of LWOP, submit SF52 to HRO to request LWOP action

Compensation is paid at the following rates: Employee w/dependents gets three-fourths (3/4) of their regular pay rate; employee without dependents gets two-thirds (2/3) of their regular pay

- Contact ICPA for further assistance

Q: The doctor's office/medical provider needs to request a medical authorization. How do they do that?

A: Doctor's office/medical provider can request authorization for procedures via Phone (844) 493-1966, Fax (800) 215-4901, or Online at <https://owcpmed.dol.gov/>

Q: My employee is receiving medical bills for the injury – what should they do?

A: Any time the employee receives a medical bill for care received for a workers comp claim, they should contact that billing department immediately. Do not wait for it to fix itself – because it won't. If the employee is receiving a bill, it is likely that the medical provider/facility does not have all of the required information for the claim, or, they are billing incorrectly to BWC (state workers comp program). Advise the employee to do the following:

- Contact the billing department immediately (number will be on the billing statement) and do the following

- Ensure billing department is aware that the bill is for a work-related injury through Federal Worker's Compensation/Department of Labor

- Ensure the billing department knows that the bill must be submitted to CNSI for payment. CNSI is the Department of Labor's 3rd party billing agency and can be contacted at (800) 461-7485

- Ensure the billing department *is not* submitting bills to Bureau of Workers Compensation (BWC). BWC is for state employee injury claims; this is a *federal* claim through Dept of Labor

- Provide billing department with Date of Injury, Worker's Compensation Case Number, and a copy of the Provider's Brochure and instructions on how to submit bills to CNSI for payment. A copy of the brochure and instructions can be found in the Information Packet for Medical Provider/Facility. Get a copy of the packet at:<https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation> Employee can also provide the billing department with CNSI's help desk number: (800) 461-7485

Q: My Employee paid out-of-pocket for a workers-comp-related bill. Will they be reimbursed?

A: Maybe. Employees should never pay out-of-pocket for medical bills related to their worker's comp claim, because *reimbursement is not guaranteed*. If your employee receives bills related to a workers compensation claim, please refer to the question above – do not pay out of pocket! **If your employee already paid out-of-pocket, here's what they can do to request reimbursement:**

- Complete and sign OWCP-915 and follow the instructions. The employee must request that the medical provider/facility complete certain forms (listed in the instructions). Once employee receives requested forms, a copy of those, along with a completed/signed copy of the OWCP-915 must be emailed or faxed to the ICPA. If the medical provider/facility refuses to complete the required forms – employee cannot be reimbursed.

Q: My Employee has to travel a long way for appointments/treatment for their injury – is travel reimbursable?

A: Yes! *All* travel to and from appointments for medical care related to the workers comp injury is reimbursable – the employee just needs to submit requests for travel reimbursement. Employee must complete OWCP-957 and send to ICPA, along with required documentation (see instructions on the form). You can find a blank, fillable copy of the OWCP-957 at <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>

Adjutant General's Department
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