



# Office of Worker's Compensation Programs (OWCPC)

# Workers Compensation Program



## AGENDA

- ❑ OWCP Overview
- ❑ Supervisor Responsibilities
- ❑ Initial Response to Injury – What to do
- ❑ ECOMP – how to register and submit claims
- ❑ Continuation of Pay
- ❑ Compensation
- ❑ Coding ATAAPS
- ❑ OWCP Forms
- ❑ OWCP Resources
- ❑ OWCP Contacts



## Federal Employee Compensation Act (FECA)

- Provides monetary and medical benefits to federal employees who have sustained work-related injuries or disease/illness
  - Payment for reasonable and necessary medical treatment
  - Compensation for lost wages or permanent impairment
- Provides benefits to dependents if a work-related injury or occupational disease/illness causes death



## Office of Worker's Compensation Program (OWCP)

- A program created to implement the benefits under FECA
  - Requires all claims be submitted through ECOMP
  - Department of Labor (DOL) reviews and adjudicates all OWCP claims; **HRO does not determine approval or denial**
  - Injury Compensation Program Administrator (ICPA) assists employees and supervisors with submitting claims timely and correctly. To contact the ICPA, email the following distro:  
[ng.oh.oharng.list.j1-hro-owcp@army.mil](mailto:ng.oh.oharng.list.j1-hro-owcp@army.mil)



## OWCP Benefits Available for Eligible Employees

- Medical Benefits including transportation
- Continuation of Pay (COP)
- Disability Compensation
- Schedule awards
- Vocational rehab
- Death Benefits (funeral/survivor)

# OWCP Overview



**All claims** must meet the following 5 conditions of coverage:

- **Timeliness** - Satisfy time requirements for filing
- **Civil Employee** - Current Employee
- **Fact of Injury** - Whether the injury in fact occurred, emphasis is on time, place, and circumstance
- **Performance of Duty** - Employers premises, duty hours, performing assigned duties
- **Causal Relationship** - Direct  
Causation, Aggravation, Acceleration, Precipitation



## What/who doesn't OWCP cover?

- State employees or injuries on State Active Duty (BWC)
- Willful Misconduct - deliberate and intentional disobedience of rules/orders
- When injury is related to drug or alcohol intoxication
- Intent to injure self or others (Intent must be established)
- Personnel performing military duty/drill status (LOD)



## 2 Types of Injuries:

- **Traumatic Injury** – Wound or other condition of the body caused by external force, including stress or strain. Caused by a specific event, or series of events or incidents, within a single work shift. File a CA-1 for this type of injury
- **Occupational Disease Injury:** Condition produced over multiple work shifts. File a CA-2 for this type of injury



# Initial Response to Injury

One of my employees just got injured...

## What do I do?



# Initial Response to Injury

## Step 1: Provide applicable forms to employee and send for care\*

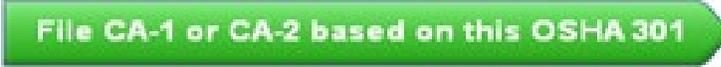
- CA-16: Authorization for Examination And/ Or Treatment
  - **Only issued if initial care is received within 48-hours of injury**
  - Supervisor is “Authorizing Official” and completes Part A **prior** to issuance
  - Instruction pages must be included when providing to the medical facility
- CA-17: Duty Status Report
  - Supervisor completes Side A **prior** to issuance
- CA-20: Attending Physician’s Report
  - Physician must be actual doctor (MD, DO, etc). NPs and PAs do not meet Dept of Labor’s definition of “Physician”

\*If an emergency – do not wait to send employee for care



# Initial Response to Injury

## Step 2: Report Injury – Ensure employee files a claim in ECOMP

- Notify HRO OWCP contact and your Safety designee
- File claim in ECOMP no later than 30-days from injury (ideally, ASAP)
- Employee must register an account in ECOMP
- Complete OSHA-301 first – **DO NOT SELECT DONE**, this is not the claim!! To file a claim, select this: 
- OSHA-301 and CA-1/CA-2 must be completed at the same time
- If employee is unable to file the claim, supervisor can file for them



# Initial Response to Injury

## Step 3: Provide Medical Documentation

- Submit to HRO/Upload to claim NLT 10 calendar days after claim submission
- Completed/signed CA forms
- Dictated notes from physician (request this during the visit)
- Diagnosis must be provided in documentation (pain is not a diagnosis)
- Signature from a Physician required
- Obtain and provide medical documentation for every follow-up appointment pertaining to the work-related injury



# Initial Response to Injury

## Step 4: Ensure Timecard is Correctly Coded

- Date of Injury (DOI) must be coded “LU” in ATAAPS
- For physician-directed time off or follow-up appointments after DOI, code hours/days as “LT”
  - “LT” is for Continuation of Pay (COP) – specific to work-related injuries
  - Employee must be eligible for COP in order to use this code

COP Eligibility: Must have *approved* claim filed in ECOMP within 30-days of injury, and missed work due to a physician-directed recovery period or have attended a follow-up appointment within 45-days of DOI



# Initial Response to Injury

## Step 5: Follow Up With Your Employee

- Keep in contact with the employee throughout the claim process until all needed care is received, and all payments for care are resolved
- Inform HRO of any issues
- Inform HRO immediately if employee receives bills related to care received for the work-related injury

Contact HRO OWCP Representatives for any questions or help throughout this process at our OWCP distro email: [ng.oh.oharng.list.j1-HRO-OWCP@army.mil](mailto:ng.oh.oharng.list.j1-HRO-OWCP@army.mil)

\*Use “Supervisor’s OWCP Checklist for Traumatic Injury”

# Supervisor Responsibilities



- Provide a safe work environment
- Enforce safety regulations
- Ensure employees are aware of health and safety requirements
- Encourage reporting of incidents – make employees aware of OWCP
- Know your employees' duties and responsibilities in case you need to relay that info for reporting of an injury

# Supervisor Responsibilities



- Ensure accurate, complete, prompt submission of claims
  - Traumatic Injury/CA-1: ASAP but NLT 30-days from incident, claim to DOL within 10 days of submission
  - Occupational Disease/CA-2: To DOL within 3-days of submission
- Investigate incidents; obtain statements; controvert questionable claims
- Coordinate return to work with employee (if applicable)
- Coordinate personnel actions with HRO (if applicable)

# Supervisor Responsibilities



- Ensure technician receives medical treatment as appropriate
- Discuss and review facts surrounding the incident
- Review claim form in ECOMP and forward to ICPA
- Authorize medical care by completing a form CA-16 if employee receives care within 48 hours of injury



## Filing a Claim in ECOMP

- Employee must register and create an account in ECOMP at [www.ecomp.dol.gov](http://www.ecomp.dol.gov)
- If employee has prior claims that were filed using ECOMP, sign using same email/password
- Supervisor does not need to register
- Can be filed on personal computer



Need to file a form?  
Register for an account or sign in to get started!

Sign In

Email or Username

Password

**SIGN IN**

Forgot password?

Need an account? [Register](#)

Track status of form or document

Enter ECN or DCN  **TRACK STATUS**



## Registering for ECOMP:

- Enter employee's personal information. Enter email address where employee wants claim notifications from ECOMP to go (HRO can only send info to official email)
- Create a password and select "Create Account" When asked for agency information, do the following:

### REGISTER FOR ECOMP

Your ECOMP account enables you to file and manage forms with the U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP). Your account is covered under the [Privacy Act](#). If you already have an account, [sign here](#).

#### ACCOUNT BASICS

First Name	Middle Name (optional)	Last Name
------------	------------------------	-----------

Home Telephone	<input type="checkbox"/> International
----------------	--

Email Address	?
---------------	---

Date of Birth

(mm)	(dd)	(yyyy)	
------	------	--------	--

Address
---------

City	State
------	-------

ZIP code	Country
----------	---------

Social Security Number	Confirm SSN	?
------------------------	-------------	---

I do **NOT** have a Social Security Number and I am **NOT** a US Citizen. ?

#### PASSWORD

Choose a Password	Re-enter Password
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## Registering for ECOMP:

- Verify your email address
- Verify your identity once you log back in (will send code to phone via text or call)
  
- Department: National Guard, State: Ohio
- Agency Group: Air/Army T32/T5
- The duty location should be HRO's address, even if employee works in another location:
- 2825 W. Dublin-Granville Rd, Columbus, OH 43235

The screenshot shows a progress bar at the top with two steps: 'REGISTER' (completed, marked with a checkmark) and 'VERIFY EMAIL' (current step, marked with a '2'). Below the progress bar, the heading reads 'YOU'RE ALMOST DONE'. The main message states: 'An email has been sent to this email address: [redacted]'. Below this, it says 'Check your email and follow the instructions inside.' A separate box at the bottom contains a warning: 'If you do not receive your confirmation email in 10 minutes, it may have been lost.' followed by three numbered instructions: 1. Check your spam folder. 2. Ensure that your emails service is not blocking emails from @www.ecomp.dol.gov 3. Make sure that the email you gave us is your correct address (if not please re-register).



## Submitting A New Claim

Select "New Claim"

The screenshot shows the ECOMP dashboard interface. At the top right, there are navigation links: [MY DASHBOARD](#), [NEW CLAIM](#), [DOCUMENTS](#), and [HELP](#). A large green arrow points to the [NEW CLAIM](#) link. Below the navigation is a header with the United States Department of Labor logo and the text 'ECOMP'. A breadcrumb trail shows [HOME](#) / [MY DASHBOARD](#). The main content area is titled 'Welcome to your ECOMP Dashboard' and contains several paragraphs of instructions and a bulleted list of actions. At the bottom, there is a search bar and a table with columns for 'Cases (0)', 'Draft Forms (0)', and 'Action Required (0)'. The table has headers for 'ECN/Case Number', 'Date of Injury', 'Agency', and 'Status'. Below the table, it says 'No results found' and '0 results'.

UNITED STATES DEPARTMENT OF LABOR  
ECOMP

[HOME](#) / [MY DASHBOARD](#)

[MY DASHBOARD](#) [NEW CLAIM](#) [DOCUMENTS](#) [HELP](#)

### Welcome to your ECOMP Dashboard

To file a new injury/illness claim, click on the "New Claim" link above.

If you are filling a claim for COVID-19, use FORM [CA-1 COVID-19](#).

Documents upload and management may be accessed in the "Documents" link above.

Each existing injury/illness claim you have initiated can be found in the Cases tab of the table below. If you have any forms in Draft Status, they will be listed in the Draft Forms tab of the table. The Action Required tab shows if additional information is required in order to process your claim. This includes returned claim forms. If you do not respond, your entitlement to benefits may be delayed or suspended. If your Action Required tab is empty there is nothing required of you at this time.

By clicking anywhere in the row of an injury/illness claim in the table below, you will be taken to its Case Review page where you can:

- Finish filing any injury/illness claims that are in Draft status.
- View case details including the injury claim information; forms associated with the case; claim status; compensation payment tracking; compensation payment history; and from within the payment period details you may also access the compensation amount, health benefit and life insurance details, payee information, and the formula for compensation. You can also access additional billing information through the "Bill Pay Inquiry" link. Pharmacy information is available through the "Pharmacy Benefit" link.
- File associated claim forms, such as a CA-7 Claim for Compensation, using the "New Case Form" drop down button within the Forms tab of the Case Review page.
- Review and respond to case letters and requests for information. If OWCP needs information to process your claim, the request letter will appear in the Response Required tab. If the request is overdue it will appear in the Overdue Request tab. If you do not respond to these items, your entitlement to benefits may be delayed or suspended. Letters that are informative and require no response appear in the Informational Letters tab.

Search

Cases (0)	Draft Forms (0)	Action Required (0)
ECN/Case Number	Date of Injury	Agency
		Status

No results found  
0 results



## Select the following:

- Employment Status: Federal Employee
- Department: National Guard
- Filter by State: OH
- Agency Group will be one of the following:
- 3752 - Title 32 - Air National Guard
- 3753 - Air Natl Guard - Title 5 (Title 32)
- 3891 - Army Natl Guard - Title 5 (Title 32)
- 3894 - Title 32 - Army National Guard
- Choose the option applicable. 3753 and 3891 are both for Title 5 employees only

### Which Forms Can I File?

Each agency determines which forms are available for filing through ECOMP. The way you report an incident or file a claim depends on your employment status and your employing agency. To learn which forms you can file, fill out the information below.

**EMPLOYMENT STATUS** ?

Federal Employee  Contractor

**GOVERNMENT ORGANIZATION** ?

What part of the government were you working for at the time of your injury?

Select Department

NATIONAL GUARD

Filter by State (optional)

OH

**Agency Group is required**

Select a value

- 3752 - TITLE 32 - AIR NATIONAL GUARD
- 3753 - AIR NATL GUARD-TITLE 5 (TITLE 32)
- 3891 - ARMY NATL GUARD-TITLE 5 (TITLE 32)
- 3894 - TITLE 32 - ARMY NATIONAL GUARD

To learn how to proceed, fill out



ECOMP pre-populates the Duty Station with HRO's address, regardless of where employee works – **THIS IS CORRECT!**

Lists next steps:

- 1: Report the incident in ECOMP using OSHA Form 301 (note: this is NOT the claim request, just the required form for Safety)**
- 2: Claim benefits using either form CA-1 or Form CA-2. You must file an OSHA-301 first**
- 3: If you wish to claim compensation and you've received an official FECA Case Number, you can file form CA-7**

Agency  
ARMY NATL GUARD-TITLE 5 (TITLE 32)

Duty Station  
HRO-OHIO AIR NATIONAL GUARD, 2825 WEST DUBLIN GRANVILLE ROAD, COLUMBUS, OH 43235

You can file forms OSHA-301, CA-1, CA-2, CA-3, CA-6, CA-7, CA-7a, CA-16 for this organization through ECOMP

To file a form for injury or illness:

- 1 Report the incident in ECOMP using **OSHA Form 301 (Injury and Illness Incident Report)**.  
[FILE OSHA-301](#)
- 2 Claim benefits using either form **CA-1 (for Traumatic Injury)** or form **CA-2 (for Occupational Disease)**. You must file an **OSHA-301** first. Pending review of your claim, you may receive a FECA Case Number.
- 3 If you wish to claim compensation and you've received an official FECA Case Number, you can file form **CA-7 (Claim for Compensation)**.  
[FILE CA-7](#) You must have a FECA Case number to file a CA-7

[EXIT](#)



Explanation of the OSHA 301 – read and select “Continue to file OSHA-301”

## About OSHA Form 301

### WHY SHOULD I FILE?

*OSHA Form 301, Injury and Illness Incident Report*, is one of the first forms that should be filled out when a recordable work-related injury or illness has occurred. This form helps the employer and OSHA develop a picture of the extent and severity of work-related incidents. This form must be completed within 7 calendar days of a recordable work-related injury or illness.

If you are or were a Federal civilian employee, after filing an *OSHA-301* you may then file a claim for FECA benefits with either form *CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation)* or form *CA-2 (Notice of Occupational Disease and Claim for Compensation)*.

### HOW DO I FILE THE FORM?

The process for filing a form involves completing several form sections made up of smaller form-filing steps. These individual steps can be viewed in the progress bar at the top of the page. The form may be saved at any time, and completed later. Once the form has been submitted, it will be reviewed by the employee's supervisor and/or the agency's OSHA Record Keeper.

[CONTINUE TO FILE OSHA-301](#)



## Completing the OSHA-301:

- 1.) Employee will enter information regarding the injury and will enter the supervisor's email address – this should be someone available immediately – not someone deployed or absent for a long period of time (over 1 week)
- 2.) Employee will review entered information for correctness and click “File Form” to proceed. ECOMP will ask if employee wants to proceed with filing. If so, click “Yes, File Form.” Employee will receive a confirmation email

**YOUR EMPLOYEE IS STILL NOT DONE! THIS IS JUST THE OSHA-301, NOT THE INJURY CLAIM**

- 3.) Employee must now click “File CA-1 or CA-2 based on this OSHA 301” to initiate a form CA-1 or CA-2. Our agency does not allow this step to be done separately from the OSHA-301 – both must be done in the same sitting



## Completing the CA-1 or CA-2:

- Employee will complete employee data, description of injury, and situation surrounding the injury (the who, what, when, where, how)
- Duty Station should always be HRO's address: 2825 W. Dublin-Granville Rd, Columbus, OH 43235 – this ensures all correspondence sent to the employee also comes to the workers compensation contacts in HRO
- Ensure they fill out as much as possible: Date of injury, date/time work stopped (if employee had to leave work during scheduled work hours, or first date work was missed), date returned to work, etc
- If there was a witness, their statement will also be entered here
- If employee attended/will attend treatment during work hours, they should select “Lost time covered by leave, LWOP, or COP”



## Supervisor Review of OSHA – 301 AND CA-1/CA-2

- Supervisor will receive TWO email notifications to review both the OSHA-301 and the CA-1/CA-2
  - Copy and paste links from the emails into search bar to access forms
  - Review each form for correctness – you are confirming the information entered by the employee
  - If link expires before you review it, contact HRO – a new link can be sent
- If Date of Injury is incorrect, you must return to the employee for correction – ECOMP does not allow supervisor or HRO to adjust this date
- Once employee initiates the claim in ECOMP, the agency has 10 calendar days (CA-1 traumatic injury) or 3 days (CA-2 Occupational Disease) to get it to DOL

**\*\*The claim is not considered “Submitted” until supervisor reviews and submits\*\***

## What Happens After Claim is Submitted in ECOMP?

- ICPA reviews claim and forwards to Department of Labor (DOL)
- DOL issues case #
- HRO sends email notice to employee and supervisor with the following info:
  - Letter and Case # Notification
  - Billing Instructions/Contact Info for Medical Providers
  - Provider Billing Brochure
  - Pertinent Information for both employee and supervisor
- Ensure Employee receives info, reads, and follows instructions – employee must send info to each medical provider to ensure proper billing

## What if the claim is DENIED?

- Employee will receive a denial letter from DOL in the mail
- Has options for appeal (appeal board, reconsideration, oral hearing)
- **EMPLOYEE MUST RESPOND TO LETTER WITHIN 30-DAYS**



# Continuation of Pay



## What is Continuation of Pay (COP)?

- A paid leave status continuing employee's regular pay while recovering from or receiving care for work-related injury
- If eligible, entitlement is up to 45 calendar days following initial time lost (including RDO/weekends/holidays)

## Eligibility Requirements:

- Must have filed/approved claim for a traumatic injury in ECOMP within 30-days of the date of injury
- Must have "time lost" within 45-days of Date of Injury (DOI)
- Must have medical documentation each time COP is used



# Continuation of Pay

## What can COP be used for?

➤ Surgeries



➤ Recovery



➤ Doctor Appointments/Physical Therapy



# Continuation of Pay



- Leave request for COP must be submitted and timecard coded as “LT” (DOI is not considered “lost time”)
  - Agency must track ALL “LT” time – notify HRO when used
  - Must submit medical documentation/in 10 days to back up LU code
  - “LT” for medical appointments cannot exceed 4 hours
  - Any time “LT” is used, it counts as 1 day of COP
  
- Can only be taken for up to 45-days after employee begins “time lost”
  - If lost time outside of COP window, must code timecard as KA (LWOP), or KD (if filing a CA-7 for further compensation claim)
  
- COP can be taken intermittently within the 45-day eligibility window

# Compensation



## What if my employee isn't eligible to use COP, or doesn't return to work before entitlement ends?

- Employee can claim compensation from DOL for loss of wages
  - Not paid at full pay rate – rate is 2/3 (66%) w/out dependents, or 3/4 (75%) w/ dependents
  - Must submit CA-7 and be coded LWOP (KD)
  - 3-day waiting period if disability lasts less than 14-days after COP entitlement
  
- Employee can use accrued leave ILO compensation from DOL
  
- Employee can use regular LWOP (KA)

\*KA/KD are LWOP codes and affect federal employees the same way any LWOP does (Retirement, TSP, leave accrual)

# Compensation



## Other Types of Compensation

- Schedule Awards – damage/loss/impairment of body part
  
- Long Term Rolls
  - Time counts towards WRIs and leave category changes
  - NG dual-status employees not guaranteed reemployment in same position & grade/equivalent when:
    - Disability is overcome AND
    - Employee can return to work within one year of beginning compensation

# Coding ATAAPS



- **LU:** Paid leave code to establish Date of Injury
- **LT:** Paid leave code to cover lost time (COP)
- **KD:** LWOP for work injury
  - Use when receiving compensation from DOL for lost time outside of COP window
  - Compensation not paid at full pay rate – rate is 2/3 base pay if no dependents, or 3/4 base pay if at least 1 dependent
- **KA:** Regular LWOP
  - ATAAPS will revert to this if employee if claim is denied or employee is eligible for COP

# OWCP Forms



- **CA-1 Notice of Traumatic Injury**
  - Submitted electronically through ECOMP to file claim/report injury sustained at work within one work shift
  
- **CA-2 Notice of Occupational Disease**
  - Submitted electronically through ECOMP to file claim/report conditions/disease sustained over several work shifts
  
- **CA-16 Authorization for Examination**
  - Issued by supervisor only for traumatic injuries, and only if employee receives care within 48-hours of the injury
  - Only issued once per eligible injury

# OWCP Forms



## ➤ CA-17 Duty Status Report

- Supervisor completes Side A to provide medical provider with regular work activities
- Physician completes Side B to provides agency with determination of work capability, fitness for duty, return to work date
- Provide to employee every time they receive care

\*If physician determines light duty or time off for a recovery period, supervisor must provide a light-duty memo to HRO (see light duty policy and sample memo at <https://hr.ong.ohio.gov/Technicians/Employee-Benefits/Workers-Compensation>)

## ➤ CA-20 Attending Physician's Report

- Provides required medical support for the claim (physician completes entire form)
- Provide to employ every time they receive care

# OWCP Forms



- CA-7 Claim for Compensation
  - Must be filed in ECOMP
  - Must be submitted to Dept of Labor within 5 days of request
  - Use when employee is outside of COP window and has loss of wage-earning capacity
  - Use when repurchasing paid leave
  - Use for both schedule awards and permanent impairment claims
  
- OWCP-957 Medical Travel Refund Request

# OWCP Resources



ECOMP Website:

<https://www.ecomp.dol.gov/#>



HRO webpage:

<http://hr.ong.ohio.gov/HR.aspx>

# OWCP Contacts



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

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