



## Bureau of Indian Education (BIE) Supervisor OWCP Checklist

### Report of injury/illness

- Employee must initiate Safety report for injury/illness on Safety Management Information System ([SMIS](#)). If employee voluntarily elects to file work injury claim with Department of Labor/Office of Workers' Compensation Programs (DOL/OWCP), they must initiate CA-1/CA-2 in [ECOMP](#). If employee is incapacitated, please contact the Workers' Compensation Specialist (WCS).
- CA-35, Evidence Required in Support of a Claim for Occupational Disease (**CA-2 ONLY**). Complete Employing Agency checklist only.
- Suspicious Claim Fact Finding Form – Review and complete form, can complete electronically. Please return to Workers' Compensation Specialist (WCS) when complete via email.

### MEDICAL

- CA-16: For traumatic injuries only.** File form CA-1 in ECOMP. The Workers' Compensation Specialist (WCS)/Supervisor will provide within 4 hours of injury no later than 1 week from the date of injury. CA-16 must be signed by an "Authorized Official". If emergency situation, form can be faxed within 48 hours after treatment to the medical facility (After verbal authorization provided). You are responsible to ensuring the completed CA-16 is provided to the WCS, phone: (505) 206-7917 and/or [bieowcp@bia.gov](mailto:bieowcp@bia.gov).
- CA-20:** Attending Physician's Report. Provide form to employee for medical appointments. – *Attached with email*
- CA-17:** Duty Status Report. Supervisor must complete Side A and provide to employee. Only needed when/if medical restrictions change. Also used to support Continuation of Pay (COP). – *Attached with email*
- Medical Documentation:** Please forward any medical documentation provided by employee to the WCS or can be uploaded into employee's [ECOMP](#) case (must have case number).
- Light Duty:** Must inform employee of Light Duty Availability. Injured employee must notify their treating physician that BIE offers Light duty.

### Continuation of Pay (COP) – Eligible for Traumatic Injuries ONLY (CA-1). Not eligible with CA-2

- COP must be elected in [block #15](#) of the CA-1 for employee eligibility and agency has not controverted COP on [block #36](#).
- Quick Time codes for COP "160" for paid and "161" for unpaid injury-related time away from work. Code "060" is coded on date of injury, only if there is lost time from work. *Please contact WCS to ensure time coding accuracy.*
- Employee is responsible and must provide supporting medical documentation for COP. *Please forward to WCS immediately.*
- If claim is officially denied, you will be notified by WCS to make corrections to COP. COP must be recouped by agency; employee must elect another leave category and/or LWOP.

### Lost time after the COP period

- For Wage-Loss Compensation, employee MUST be in Leave Without Pay (LWOP) Status to be paid by DOL-OWCP (LWOP/OWCP QuickTime code is "162"). Employee can also elect to use own leave.
- CA-7.** Claim for Compensation, should be submitted at the end of each pay period. Choices are provided on CA-7 on employee options (LWOP, Other wage loss, Leave Buy Back and Schedule Award). *Form is initiated by employee via ECOMP.*
- CA-7a.** Time Analysis Form, should be submitted along with CA-7 if time claimed is intermittent. *Form is initiated by employee via ECOMP.*
- SF1199A.** Direct Deposit Form, employee submits along with their initial CA-7 form.

### Medical/Pharmacy Bills – Do not send to WCS. Can contact WCS for guidance and procedures.

- Medical Website: <https://owcpmed.dol.gov/portal/> Customer Service Phone: (844) 493-1966
- Pharmacy website: <https://fecap-pharmacy.dol.gov/home> and Customer Service Phone: (833) 332-2726
- Mailing Address: Division of Federal Employees' Compensation (DFEC), General Bills, P.O. Box 8300, London, KY 40742-8300

### Medical Authorization

- Physicians can request authorizations by fax 800-215-4901, phone 844-493-1966 or online <https://owcpmed.dol.gov/portal/provider>

### Reimbursement - Do not send to WCS. Can contact WCS for guidance and procedures.

- [OWCP-915](#) (Reimbursement Request)
- [OWCP-957](#) (Travel Reimbursement Request)



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### Additional Information:

1. The employee must be the one to initiate a workers' compensation claim (Form CA-1 or CA-2) in ECOMP. 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 Specialist (WCS) to OWCP within 14-calendar days.** Also ensure all Safety procedures are followed.
2. Safety reports must be filed electronically, online in the *Safety Management Information System (SMIS)*. Please follow all and any Safety protocols.
3. Applies to CA-2 claim forms only. 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. The specific CA-35 will be provided by WCS via email.
4. Contact your WCS for a Form CA-16. For a CA-16 paid the employee must have the intention/file the CA-1 via ECOMP. Page 1 must be filled out **completely with signature of Authorizing Official** to be valid. Please provide following information to WCS via phone or email:
  - 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 in the manner they indicated on their claim form?).
5. In coordination with Human Resources (HR) staff and the WCS, 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 WCS, 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 WCS. (You may ask the employee to use Form CA-17, Duty Status Report, for this).
6. 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, if time-eligibility requirements are met. **COP election is not irrevocable. Employee who uses leave can later elect COP within one year of the leave usage or date the case is accepted by OWCP, whichever is later.**
7. 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.**
8. Wage Loss Compensation claims must be in OWCP's hands within 5-days from the claimants' signature.