

**STANDARD OPERATING PROCEDURES
FOR
SUPERVISOR
NOTICE OF TRAMATIC INJURY (CA1)
DIUCS/EDI CLAIM SUBMISSION**

Access DIUCS/EDI system using web address <http://www.cpms.osd.mil/icuc/EDI.aspx>

1. DIUCS/EDI Web Page

- a. Click on the Supervisors Link for filing claims electronically
- b. Click “Accept” on disclaimer

2. Enter New Case for Employees in DIUCS/EDI Database

- a. To enter new claim
 - i. Enter Claimant’s Social Security Number (no dashes)
 - ii. Enter Claimant’s Birth date (no dashes) (mmddyyyy)
- b. Click on “CA1 or CA2”
- c. Click on “Enter Claim”

3. Data Fields

- a. White fields are required to be filled in.
- b. Yellow fields are optional and do not have to be filled in.
- c. Gray fields are informational and will not allow data to be entered.

4. Employee Data Tab

- a. Verify data generated by DIUC
- b. Enter additional data from CA form (address and home phone)

5. Injury Claim Data Tab

- a. Using the drop down tabs at the top enter the required information
- b. Input data based on information from CA form
 - i. In block 10, Date and Time Injury Occurred
 - 1) Time has to be in hours and minutes
 - ii. In block 11, Date has to be the same as the Employee Signature date

6. Employee Signature Tab

- a. Select COP, Sick or Annual or Unknown
 - i. To be eligible for COP, claim must be filed within 30 days from date of injury.
 - ii. Claim filed more than 30 days from date of injury, elect sick or annual leave.
- b. Enter date employee signs claim

7. Witness Tab

- a. If there was a witness enter their statement
- b. Enter name and address
- c. Enter date witness signs claim

8. Sup Rpt 1 Tab

- a. No. 17 Agency Name and Address of Reporting Office please enter CNRSE HRO, Box 22 Naval Air Station , Jacksonville, FL. 32212-0022
- b. No. 18 Employee Duty Station enter name and address of your command
- c. No. 23 is the date supervisor receives CA form. Must be same date as supervisor signature date.
- d. Continue to fill in data if it applies.

9. Sup Rpt 2 Tab

- a. No. 28 if injury was not in the performance of their job and you check “no” (you must explain).
 - i. Being at work does not necessarily mean the injury is work related.
- b. No. 29 if your answer to the question is “yes” (you must explain).

10. Sup Rpt 3 Tab

- a. No. 30 answer “yes” or “no”
- b. No. 31 if claim was a third party claim enter the name and address
- c. No. 32 if employee received medical care enter the information
- d. No. 33 if medical care was received enter date
- e. No. 33a answer “yes” or “no” what applies
- f. No. 34 answer what applies

11. Sup Rpt 4 Tab

- a. No. 35 answer “yes” or “no” and if “no” explain
 - i. The agency may dispute an employee’s right to receive COP and/or the validity of the claim as a whole, on other grounds. Any objection should be supported by factual evidence.
 - ii. If the validity of the claim is disputed for reasons other than nine listed below, the agency must continue regular pay for up to 45 calendar days.
- b. No. 36 if agency controverts continuation of pay give statement in detail.
- c. COP can not be interrupted during the 45 day period unless one of the nine conditions below is met.
 - i. Disability is due to an occupational disease or illness
 - ii. Employee comes with the exclusions of 5 U.S.C. 8101 (1)(b) or (e) (which refers to persons serving without pay or nominal pay, and to persons appointed to the staff of a former President
 - iii. The employee is neither a citizen nor a resident of the United states or Canada
 - iv. The injury occurred off the employer’s premises and the employee was not engaged in official “off premises duties”
 - v. The employee caused the injury by his or her willful misconduct; or the employee intended to bring about his or her injury or death or that of another person, or the employee’s intoxication was the proximate cause of the injury
 - vi. The injury was not reported on a form approved by OWCP (usually Form CA-1) within 30 days after the injury.
 - vii. Work stoppage occurred more than 45 days after the injury.
 - viii. The employee first reported the injury after employment was terminated.

- ix. The employee is enrolled in the Civil Air Patrol, Peace Corps, Job Corps, Youth Conservation Corps, work-study program or other group covered by special legislation.

11. Safety Data Tab

- a. Check the blocks that apply (can be more than one).

8. Sup Signature Tab

- a. No. 38 was an on-site investigation conducted? “yes” or “no”
- b. What was the root cause of injury?
- c. Enter supervisor information
- d. Select the appropriate filing instructions. (first and fourth are considered first aide cases and will not be assigned a claim number).

9. View Claim

- a. Select Draft Copy to Verify Data. (view and make changes)
- b. Once changes have been made print a copy.

10. Submit Claim

- a. Select “Submit Claim” (claim will be submitted to ICPA for Authentication)
- b. Have employee, witness and supervisor sign claim and send the ORIGINAL to HR to be filed in the employees claim file.