

**STANDARD OPERATING PROCEDURES  
FOR  
SUPERVISOR  
NOTIFICATION OF OCCUPATIONAL DISEASE (CA2)  
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 “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. Block 10, location where worked when illness/disease occurred
- b. Block 11, date claimant first became aware of illness/disease
- c. Block 12, date claimant first realized the illness/disease was caused or aggravated by his/her job
- d. Block 13, explanation of relationship to claimant’s job and why he/she came to this realization

**6. Claim Info 2 Tab**

- a. Block 14, enter nature of illness/disease
- b. Block 15, if not filed within 30 days from date in Block 12, provide explanation

**7. Claim Info 3 Tab**

- a. Block 17, if medical requested is not submitted timely, give reason
- b. Block 18, employee’s signature and date

**8. Sup Rpt 1 Tab**

- a. Block 19, Agency Name and Address of Reporting Office please enter CNRSE HRO, Box 22 Naval Air Station , Jacksonville, FL. 32212-0022
- b. Block 20, Employee Duty Station enter name and address of claimant’s command
- c. Block 21, work hours

- d. Block 22, work schedule

**9. Sup Rpt 2 Tab**

- a. Block 23, enter name and address of physician
- b. Block 24, enter date first medical received
  - i. Block 24a, seen at agency medical facility, “yes” or “no”
- c. Block 25, do medical records show employee is disabled to work? “yes”, “no”, or “unknown”
- d. Block 26, enter date claimant reported illness/disease to supervisor
- e. Continue questions if applicable

**10. Sup Rpt 3 Tab**

- a. Block 31, if claimant returned to work and assignment has changes, describe new duties, answer “yes” or “no”
- b. Block 32, select claimant’s retirement coverage
- c. Block 33, was illness/disease caused by 3<sup>rd</sup> party?
  - i. Block 33a answer “yes” or “no” whichever applies
- d. Block 34, name and address of 3<sup>rd</sup> party

**11. Safety Data Tab**

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

**12. Supv 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. Ensure that the date the supervisor signs the form is correct (System populates the date you enter the claim)

**9. View Claim**

- a. Select “View Claim” and verify data entered. (View and make changes as needed)
- 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.