

Changes in access to OWCP claim information



**Kevin
Card**

Earlier this year, OWCP temporarily shut down the ACS web portal, found online at owcp.dol.acs-inc.com. Prior to the shutdown, ACS allowed claimants access to information regarding medical billing, medical authorization and eligibility for pharmacy services.

ACS processes medical billing for the three programs administered by OWCP, including the Division of Federal Employees' Compensation (DFEC). DFEC provides workers' compensation benefits to 3 million federal employees and postal workers. An audit by OWCP's Office of Inspector General raised concerns about the potential for unauthorized access to claimants' personal information via ACS.

After a brief shutdown, access to the ACS portal has been partially restored.

The restored service allows users to view medical eligibility, accepted conditions and bill payment data without risking exposure of injured workers' private information. OWCP continues to work toward instituting new security protocols so injured workers can access enhanced claim information via ACS.

To use ACS, claimants need to enter their nine-digit case number, date of birth and date of injury. Once entered, the claimant can access a listing of bills processed in his or her case. The claimant can view a list of resolved or in-process bills. The results returned by the ACS portal will display bill status, bill amount, amount paid, bill type, provider ID, remittance voucher number and date, denied date (if applicable), a transaction control number and the dates of service.

Former users of ACS will see that accessible information was reduced in significant ways. You may see that a medical bill has been denied, but not the reason for the denial. Claimants will need to contact their claims examiner to seek clarification for denied bills.

Additionally, ACS no longer provides information regarding medical authorization. This has left many injured workers wondering when and if a medical procedure would be approved. Waiting for medical authorization needed for necessary treatment can be frustrating. The claims examiner is responsible for reviewing medical authorization requests. Where the need for a particular treatment or type of equipment is well established, expedited approval may be granted.

However, the nature of an injury and requested treatment requires a statement of medical necessity from the treating physician. The physician must provide a medical rationale including an explanation as to how authorization will be effective in treating the accepted condition.

This crucial link often leads to delays on medical authorizations. Injured workers are well served by monitoring the communication between their doctors and OWCP to ensure necessary medical documentation is exchanged.

There is some limited access to medical authorization through the OWCP DFEC Interactive Voice Response (IVR) phone system. The IVR system is available 24 hours a day at 866-335-8319.

The ACS web portal formerly allowed access to the Claimant Query System (CQS). CQS allowed injured workers to view basic facts regarding a claim, but not documents in a claim file. For injured workers, CQS documented the status of CA-7's.

When a claimant is eligible for wage-loss benefits, he or she must submit CA-7's to the Postal Service in a timely manner. The Postal Service then has five working days to submit the complete CA-7 to OWCP.

Many injured workers used CQS to track when the CA-7 was received, and whether a decision on entitlement had been determined. Monitoring that CA-7 claims are received by OWCP in a timely manner is essential to ensuring wage-loss benefit payments arrive on time.

At this time, information regarding CA-7's is available by calling the appropriate OWCP district office during office hours. The district phone number is normally found under OWCP's London, KY, address at the top of every piece of OWCP correspondence. District office phone numbers are also available at the DFEC website at dol.gov/owcp/contacts/fecacont.htm.

If calls to OWCP do not get answered, injured workers can also contact their national business agent's office for help in tracking CA-7 submittals.

OWCP places the burden for submitting, or arranging for submittal of, medical reports from their attending physician squarely on the claimant. Utilizing information via ACS and the IVR phone system may not provide a claimant with all of the information needed to help the claim process succeed.

If you cannot get needed information by phone or online, calling a claims examiner may be necessary. Claims examiners are busy people with heavy workloads and it is likely you will need to leave a message.

Injured workers should always be strategic when contacting claims examiners. Prepare exact questions in advance, and always be polite and courteous when requesting information. The more time claims examiners have to spend talking to claimants, the less time they have to process wage and medical benefits, and to authorize medical treatment.

Considering the volume of regulations governing claim procedures and the pitfalls of relying on doctors and postal officials to provide the right documentation at the right time, injured workers benefit when they are actively involved in monitoring every aspect of the claims process.