

#### 8/30/2024





# 8/30/2024







 Claimants can log into ECOMP using Claimant ECOMP Access button. Authorized Representatives can log into ECOMP using Authorized Representative ECOMP Access button.

Clair	lants:
To ac	cess or register for ECOMP, please click below.
	Claimant ECOMP Access
First	time users will need to register for access. Your privacy is a top priority. Email verification and identity verification will be required
prior	to accessing your benefit information. If you need to register for an ECOMP account, please visit our registration page.
For a	ssistance with ECOMP passwords, please use the password reset option.
For a	dditional support, please direct your ECOMP questions to Support@ecomp.dol.gov.
For s	ep-by-step instructions on how to review and download case files in ECOMP, please review our step-by-step guide.
Auth	orized Representatives:
To ac	cess or register for ECOMP, please click below.
	Authorized Representative ECOMP Access
First	time users will need to register for access. Your privacy is a top priority. Email verification and identity verification will be required
prior	to accessing your benefit information. If you need to register for an ECOMP account, please visit our registration page.



#### Claimant Portal Overview (7 of 39)

#### **Employees' Compensation Operations and Management Portal (ECOMP)**

The ECOMP sign in page loads.

Note: This screen may look different for different programs

4. Sign in on this page using an **Email or Username** and corresponding **Password**.





#### **Employees' Compensation Operations and Management Portal (ECOMP)**





	Claima (9 of 39)	ant Portal Ove	erview	Quick Reference Guide
Emplo	yees' Com	pensation Ope	rations and Managemo	ent Portal (ECOMP)
6. C Note	Complete t <b>:</b> To regist	he two-factor a er for a new acc	uthentication to sign ir count, select the <b>Regist</b>	n. : <b>er</b> link.
	6	Account Security Account security code is required to complete your login. Ref Send code via text message to prove number ending in S To receive a security code, prove number ending in S To receive a security code, prove number ending in S To receive a security code, prove number ending in S To receive a security code, prove number ending in S Account security. Account Security Code has been sert via email to ensert Security Code Security Cod	ese select the cotion below to receive your code. <b>all.com</b> <b>ss</b> of accepting text messages. If a number is unable to receive a text message, please select email. You may upo <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message, please select email. You may upon <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text messages.</b> If a number is unable to receive a text message. <b>decepting text message.</b> If a number is unable to receive a text message. <b>decepting text message.</b> If a number is unable to receive a text message.	aste your phone number once you eck your Spatm/Junk folders.
After 7. F	r signing in From the E0 opens the s	, the ECOMP da COMP dashboai selected case's <b>(</b>	nshboard displays. rd, select the <b>Case Nun</b> Case Review page.	n <b>ber</b> . The program
	Cases (14)	Draft Forms (0) Action Require	d (0)	
	ECN/Case Number Case Number 132390178 ECN 118861	Date of Injury 12/01/2018 12/22/2018	Agency 0008-X5 OFFICE OF ECOMP TESTING 0008-XX OFFICE OF ECOMP TESTING	Status     Error submitting form to OFEC     Pending review by Supv

ECN/Case Number	÷	Date of Injury		Agency	\$ Status	÷
Case Number 132390178		12/01/2018		0000-X5 OFFICE OF ECOMP TESTING	Error submitting form to DFEC	
ECN 118861		12/12/2018		0000-XX OFFICE OF ECOMP TESTING	Pending review by Supv	
ECN 118833		7 018		0000-XX OFFICE OF ECOMP TESTING	Pending review by Supv	
ECN 118832		2018		0000-XX OFFICE OF ECOMP TESTING	Pending review by Supv	
ECN 119396		01/09/2019		0000-XX OFFICE OF ECOMP TESTING	Pending final review by AR	
Case Number 254001567		03/01/2019		0000-X5 OFFICE OF ECOMP TESTING	Received by DFEC	
ECN 113217		03/04/2019		0000-XX OFFICE OF ECOMP TESTING	Pending final review by AR	
			_			



#### Navigating to Claimant Portal from ECOMP

**Note:** The top of the **Case Review** page contains high-level case information, which includes information about the case, claimant, and status. There is also a **Bill Pay Inquiry** link included that leads to the Claimant Portal.

CASE 550038643					<u>Exit Case</u>
Agency: Adjudication Status: Current Case Status: Conditions Accepted:	1116-FB - DEPARTMENT OF LABOR, DIVISION OF FE AM - 02/26/2021 - Accepted - Medical Payments On MC - 02/26/2021 - Medical Benefits Only ICD10 - G5601 - Carpal tunnel syndrome, right uppe	DERAL EMPLOYEES' COMPENSATION (DFEC) - DFEC-DALLAS ly rr limb	Name: Master: SSN:	KOBI L MCDADE	Pharmacy Benefits Bill Pay Inquiry Find a Pharmacy View More +
. Sele	ct the Bill Pay In	<b>quiry</b> link. The Claimant	Portal o	opens to t	:he
3. Seleo Clair	ct the Bill Pay In nant Bill Inquiry	<b>quiry</b> link. The Claimant <b>List</b> page.	Portal o	opens to t	:he
8. Seleo Clair	ct the Bill Pay In nant Bill Inquiry	<b>quiry</b> link. The Claimant <b>/ List</b> page.	Portal o	opens to 1	:he ExitCase
B. Sele Clair Clair CASE 550038643 Agency: Adjudication Status: Current Case Status: Conditions Accepted:	Ct the Bill Pay In mant Bill Inquiry	<b>quiry</b> link. The Claimant <b>List</b> page.	Portal o	KOBI L MCDADE	Exit Case Pharmacy Benefits Bill Pay Inguiny Find a Pharmacy View More -



#### Navigating to Claimant Portal from ECOMP

**Note:** The **Claimant Bill Inquiry List** page in the Claimant Portal lists bills and provides details of the listed bills.

9. To view the bills, select a **TCN** link.

e	CAMS								
_	CEV								
)	<b>Q</b> CLIENTPORTAL	PORT/	AL CONTRACT	Profile:	Client Portal -			Q Extern	al Links 😧 Help
>	Claimant Bill Inquiry Lin	st							
CI	ose								
	Case Number:					Date of B	irth:		
•	Claimant Bill Inc	quiry List							^
Filt	ter By :	~			And		~		And
	~	.) 	Bill	Status A	u ~	00			
							Clear Filter	Save Filter	▼ My Filters ▼
	1	2							
C	TCN ≙▼	From Date	To Date ▲▼	Status	Bill Charged Amount	Bill Payme Amount	ent p	Provider Name	Provider ID
С	01235681441306876	11/05/2012	11/05/2012	Paid	\$269.50	\$83.50			
С	01236181295300443	10/01/2012	10/01/2012	Paid	\$463.00	\$251.40			
С	01300782433301922	12/03/2012	0 2012	Paid	\$22,755.47	\$22,674.42			
C	01301081589301336	12/05 2012	12/05/2012	Denied	\$583.00	\$0.00			
С	01301481416305248	01/10/2013	01/10/2013	Paid	\$519.51	\$220.08			
C	01301482451301868	10/02/2012	10/31/2012	Paid	\$24,079.07	\$1,178.02			
	01301881414306195	01/11/2013	01/11/2013	Paid	\$86.31	\$36.79			
	01302481528305180	12/03/2012	12/03/2012	Paid	\$349.00	\$108.78			
	01000000515001044	01/02/2012	01/20/2012	Daid	622 620 26	\$22 574 42			
-	01303982010301941	01102/2013	01/30/2013	Faiu	323,039.20	923,314.42			

# Claimant Portal

(12 of 39)

**Claimant Portal Overview** 

10. If a Bill is denied, select the **Denied** link at the top right of the **Bill Details** section or in the **Service Line Details** section under the **Line Status** column to view the **EOB/CA Reject Reason Description**.

000	se										
ш	Bill Det	ails									
Chee	From DO: Rec k/EFT Trac ient Contr	TC 5 - To DO eived Dat ce Numbe ol Numbe	IN: DS: te: er: er:			E Adju	Progra Billed Amou dication Da RV Numb	m: nt: te: er:	Check/E Authoriz	Bill Statu Paid Amour FT Trace Dat ation Numbe	nt: S0.00
E	illing Prov	ider Nam	ne:				OWCP	D:		Tax I	D:
	Clain	nant Nam	ne:				Claimant	D: 💦	1	0 ss	N:
	Diagno	sis Code	es: P:	99659							
ш	Service	Line D	etails								
Line #	Procedu	Mod	difiers	Facility	From DO	5 To DOS	Billed	Paid Units	Billed	Paid Amount	Auth Line # Statu
1	99283			23	12/05/2012	12/05/2012	1	1	\$583.00	\$0.00	Denie
to	the	Bill	D	etail	s pa	ge, se	elect	Can	icel.		
to	the	Bill	D	etail	s pa	ge, se	elect	Can	icel.		
to	the • Hel	Bill	D	etail	s pa	ge, se	elect	Can	icel.		
to	the • Hel	Bill P Statu	D	etail	s pa	ge, se	elect	Can	cel.		~
to		Bill Statu EOB		etail	s pa	ge, se	elect	eject Rea	son Desc	ription	~
to	• Hell	Bill Statu EOB	De D	etail	ason BI	ge, se	elect obica R osis Not	eject Rea	son Desc	ription	► ED



#### **Claimant Portal**

12. To return to the **Claimant Bill Inquiry List** page, select **Close** on the **Bill Details** page.

0	Clos	• 🗲	-12									
		Bill Detail	s									^
с	F heck Patie	From DOS - 1 Receive VEFT Trace M ent Control M	TCN: To DOS: ed Date: Number: Number:	1		B Adjud	Progra illed Amou dication Da RV Numb	m: nt: te: er:	Check/E Authoriz	Bill Statu Paid Amour FT Trace Dat ation Number	nt: So te: er:	anied 0.00
	Bil	lling Provide Claiman	r Name:				OWCP	ID:		Tax I SS	D:	
		Diagnosis	Codes: P	99659								
1		Service Li	ne Details									^
I	ine #	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Paid Units	Billed Amount	Paid Amount	Auth #	Line Status
1		99283		23	12/05/2012	12/05/2012	1	1	\$583.00	\$0.00		Denied

13. To navigate to the **Claimant Portal** homepage from the **Claimant Bill Inquiry List** page, select the **Home** icon. The **Claimant Portal** homepage opens.

et	CE						
O	<b>Q</b> CLIENTPORTAL	PORT/	u 📰	Profile	Client Portal -		
-# >	Claimant Bill Inquiry Li	st					
	Case Number: Claimant Bill Inc	quiry List				Date of Birth:	
Filt	er By :	~			And		•
	~		Bill	Status /	All 🔹	Ø Go	
						© 0	ear Filter
0	TCN △▼	From Date	To Date	Bill Status	Bill Charged Amount	Bill Payment Amount	F
	01235681441306876	11/05/2012	11/05/2012	Paid	\$269.50	\$83.50	
	01236181295300443	10/01/2012	10/01/2012	Paid	\$463.00	\$251.40	
	01300782433301922	12/03/2012	12/30/2012	Paid	\$22,755.47	\$22,674.42	



#### Claimant Portal Overview (14 of 39)

#### **Claimant Portal**

- 14. From this page, the following additional functions can be performed including:
  - Viewing Authorization History
  - Bill History
     Note: This is the page directed to by ECOMP.
  - Check Eligibility
  - View Accepted Conditions
  - View Correspondences

HCE					
CLIENTPORTAL		Profile: Client Portal -		external I	Links 😗 Help
H > Claimant Portal					
Claimant Case Number :		Name:			
Online Services	C ManageAlerts				
Authorization 🗸	III My Reminders	5			^
Authorization History Bills 🗸	Filter By :	<b>v</b>		Read Status	~
Bill History	<b>9</b> 60 14		1	Save Filter	▼ My Filters ▼
Claimant  Claimant Claimant My Interactions	Alert Type	Alert Message ▲▼	Alert Date ▲▽	Due Dat ▲▼	e Read ▲▼
Correspondences		No Records	Found!		



The remainder of this quick reference guide outlines the functions that can be performed from the links on the left side of the Claimant Portal homepage.

- Viewing Authorization History
- Viewing Bill History
- Checking Eligibility for Non-Pharmacy Service
- Viewing Eligibility for Accepted Condition Services
- Energy Claimants Viewing Part B or E Case Status
- Viewing Correspondences
- Viewing Reminders
- Searching for Providers





# **Viewing Authorization History**

Note: The Claimant PA Request List shows the following information:

- Auth Request Number
- Provider ID
- Status
- Auth Type
- Last Updated
- Submitted Date
- Level
- Organization
- District Office
- Program

III Claimant I	PA Reques	t List							_			
Filter By :		•	An	nd		•						<b>O</b> Go
							0	Clear F	ilter	B Save	Filter	My Filters 🕶
Auth Request #	Provider ID	Status ▲▼	Auth Type ▲▼	3	Last Updated	Submitt Date	ed	Level	Orga	nization ▲ ▼	District Of	fice Program
10	-	In Review	Durable Medical Equipment	06	5/24/2021	06/24/202	1	3	owc	P		



#### Viewing Authorization History

3. Select the **Auth Request #** (number) link of the desired Authorization to view further details. The **Authorization Utilization** page opens.

**Note:** The **Service List** section provides additional details of the request.

	Authoriz	ation U	tilization											
	Auth Re	equest#		977	_			Autho	orizatio	on Stat	us: Approv	ved		
	C annuality s	1.0581107							Claim	ant Nai	me:			
	1	Program				<b>H</b> 5								
	OWCP.Pro	Program		00			2	Las	st Upda	ted Date	ate: 04/26/2	2020		
	OWCP Pro	Program wider ID er Name		00		-6	,	Las R	st Upda leques	ted Date	nte: 04/26/2 me:	2020		
	OWCP Pro Provide Service I	Program wider ID er Name List		00			-	Las R	st Upda eques	ated Date	ate: 04/26/2	2020		
Ⅲ Line #	OWCP Provide Provide Service I Modified Date	Program wider ID er Name List Code Type	Code	00 Modifier	Level	From Date	To Date	Las R Requested Units	Auth Units	Used Units	Requested	Auth Amount	Used Amount	Status
III Line # △▼	OWCP Pro Provide Service I Modified Date	Program wider ID er Name List Code Type A T	Code	00 Modifier	Level	From Date 10/25/2018	To Date ** 04/23/2019	Requested Units	Auth Units	Used Units	Requested Amount	Auth Amount	Used Amount	Statu Approv



#### Claimant Portal Overview (19 of 39)

## **Viewing Bill History**

1. On the **Claimant Portal** homepage, locate the **Online Services** menu listed on the left.

Authorization	*	Ш Му	Reminders		
Authorization History				2.0	
Bills	*	Filter By :	•		Read Status
Bill History					
Claimant	*		Alert Type	Alert Me	ssage
Eligibility Inquiry				-	No Pecordo
My Interactions	*				No Records
Correspondences					

2. Under the **Bills** section, select **Bill History**. The **Claimant Bill Inquiry List** displays based on search criteria.

Online Services	C Ma	anageAlerts		
Authorization	• *	My Reminders		
Authorization History			2.0	
Bills	✓ Filte	r By :	•	Read Status
Bill History				
Claimant	•	Alert Type	Alert M	essage
Eligibility Inquiry		-	-	No Records
My Interactions	<b>~</b>			No Records
Correspondences				



# **Viewing Bill History**

Note: The Claimant Bill Inquiry List shows the following information:

- TCN
- Date of Service
- Bill Status
- Bill Charged Amount
- Bill Payment Amount
- Provider name
- Provider ID

III Clair	mant Bill I	nquiry List							^
Filter By :		•			And	•][	And		~
	Bill	Status All	``	0 Go			Clear Filter	Save Filter	▼ My Filters ▼
0	TCN AT	From Dat	e To Date	Bill Status	Bill Charged Amount	Bill Payment Amoun ▲▼	t Provid	der Name ▲▼	Provider ID
0150		02/26/201	5 03/06/2015	Paid	\$519.05	\$519.05			
0151		01/15/201	5 01/15/2015	Paid	\$250.00	\$206.77			



# **Viewing Bill History**

- 3. Select the **TCN** number of the desired bill. Details of the selected bill display with the following information:
  - Bill Details
  - Billing Provider Information
  - Claimant Information
  - Diagnosis Codes
  - Service Line Details

	Claimant	Bill Inquir	y List								^
Filter	By :		~			And	~		And		~
		Bill Status	All	~	O Go				Clear Filter	Save Filter	▼ My Filters ▼
	TCN		From Date	To Date	Bill Status	Bill Charged Amount ▲▼	Bill Payment Am	ount	Provid	er Name	Provider ID
0 01	50	0	2/26/2015	03/06/2015	Paid	\$519.05	\$519.05				
0 01	51	0	4	3 2015	Paid	\$250.00	\$206.77				

III 8	Bill Details															^
F Check/ Patie	TCN: from DOS - To DOS: Received Date: EFT Trace Number: nt Control Number:	210	8/2020 - 1 9/2020	1/18/2020		Adj	Program: Billed Amount: udication Date: RV Number:	\$15 12/1 161	0.00 11/2020 6352		CA	Bill Statu Paid Amoun heck/EFT Trace Dat uthorization Numbe	s: Pai t: \$93 e: 12/ r:	d 9.27 17/2020	)	
Bill	ling Provider Name:						OWCP ID:					Tax II	):			
	Claimant Name:						Claimant ID:					\$ \$1	N: 📃			
	Diagnosis Codes:	P:	C884		01:	Z923		02	Z91040	0	3:	Z880	04	J449		
		05:	Z7951		06:	Z66		07:	Z87891							
III S	ervice Line Detail	s														^
Line #	Procedure Code	Mod	difiers	Facility Type	From	DOS	To DOS		Billed Units	Paid Unit	s	Billed Amount	Paid	Amoun	Auth #	Line
1	99213			11	11/18/20	20	11/18/2020	1		1		\$150.00	\$93.27			Paid



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|--|

Bill History

**Eligibility Inquiry** 

Correspondences

my interactions

Claimant

Alert Typ

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### **Checking Eligibility for Non-Pharmacy Services**

3. Select the **Non-Pharmacy Services**, inquiry type, then complete the following fields in the applicable sections below:

**Note:** The Case ID and Program Code automatically generate based on log in credentials.

- a. Diagnosis Codes: Enter the applicable diagnosis code or codes.
- b. Procedure Code or Revenue Code: Enter procedure or revenue code.
- c. Date of Service: Enter or select the date of service.

	3	
Claimant Eligibility Inquin		
Please select the inquiry tyle, comple	ete the fields in the applicable section	on below, and click "Subm
Non-Pharmacy Services	pted Conditions (DFEC,DEEOIC and	DLHWC Only)
III Elizibility for Non Dhorme	Camilaan	
O Close O Submit		
Olalmant Eligibility Insuring		
Claimant Eligibility Inquiry		
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Occepted Co	fields in the applicable section below, and inditions (DFEC.DEEOIC and DLHWC Only)	click "Submit".
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co	fields in the applicable section below, and onditions (DFEC,DEEOIC and DLHWC Only)	I click "Submit".
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services CAccepted Co Eligibility for Non-Pharmacy Services	fields in the applicable section below, and inditions (DFEC,DEEOIC and DLHWC Only)	I click "Submit".
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co Eligibility for Non-Pharmacy Ser	fields in the applicable section below, and onditions (DFEC,DEEOIC and DLHWC Only) vices	I click "Submit".
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co III Eligibility for Non-Pharmacy Ser Vider ID: Program Code:	fields in the applicable section below, and anditions (DFEC,DEEOIC and DLHWC Only) vices	I click "Submit".
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co Eligibility for Non-Pharmacy Ser Vider ID: Program Code: Case ID: *	fields in the applicable section below, and anditions (DFEC,DEEOIC and DLHWC Only) vices	I click "Submit".
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co III Eligibility for Non-Pharmacy Ser Vider ID: Program Code: Case ID:	fields in the applicable section below, and onditions (DFEC,DEEOIC and DLHWC Only) vices	I click "Submit". st one Diagnosis Code is required
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Onon-Pharmacy Services Accepted Co Eligibility for Non-Pharmacy Ser origination of the inquiry regram Code: Case ID: Diagnosis Codes: Please Loon Letter Loon	fields in the applicable section below, and onditions (DFEC,DEEOIC and DLHWC Only) vices (At lease when entering Diagnosis code, For e.d. end	I click "Submit". st one Diagnosis Code is required
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co Eligibility for Non-Pharmacy Ser Vider ID: Program Code: Case ID: Diagnosis Codes: Please Loon renser Loon Procedure Code: *	fields in the applicable section below, and onditions (DFEC,DEEOIC and DLHWC Only) vices (At lease when entering Diagnosis code. For e.d. enter OR Revenu	I click "Submit". st one Diagnosis Code is required r uusos for me diadnosis code uus e Code:
Claimant Eligibility Inquiry Please select the inquiry type, complete the * Non-Pharmacy Services Accepted Co Eligibility for Non-Pharmacy Ser Vider ID: Program Code: Case ID: Procedure Code: NDC Code: (Re	fields in the applicable section below, and onditions (DFEC,DEEOIC and DLHWC Only) vices (At lease when entering Diagnosis code. For e.d. enter Revenu equired for Unspecified J-Codes) Procedur	I click "Submit". st one Diagnosis Code is required r upport for the diagnosis code up e Code:



#### **Checking Eligibility for Non-Pharmacy Services**

4. Select Submit.

**Note:** If any information submitted is invalid, the system displays an error message above the Close and Submit buttons.





### **Checking Eligibility for Non-Pharmacy Services**

- 5. The **Claimant Eligibility Inquiry Response** page opens with the following information:
  - Case Status for Date of Service
  - Date and Time of Request
  - Authorization level for Treatment or Service

**Note:** If ineligible for the treatment or service, the system displays an error message.

Claimant Eligibility Inquiry Re	sponse A
Case ID:	
Procedure Code: FR001	
Date of Service: 02/26/2015	Request Date/Time:
Case Status on 02/26/2015: A-EE Appr Treatment	oved - Eligible for medical
Diagnosis Codes: V498	
Death Indicator: N	
Authorization Level: 3 - Authori	ization Required.



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**Eligibility Inquiry** 

Correspondences

My Interactions

	Claimant Portal Overview	Quick Reference Guide
Viewing E	ligibility for Accepted Condition Services	
3. Select <b>Note:</b> This <b>Note:</b> Cas	the inquiry type <b>Accepted Conditions (DFEC, DEEO</b> s functionality <i>is not available</i> for DCMWC claima e ID and Program Code displays.	<b>IC and DLHWC Only).</b> ants.
4. Enter	Claimant Eligibility Inquiry Please select the inquiry type complete the first in the applicable section below and * Non-Pharmacy Services Accepted Conditions (DFEC,DEEOIC and DLHWC Only) III Eligibility for Accepted Condition Services Case ID: Program Code: Date of Service: Date of Service (optional).	aliek "Submit".
	Close Submit Claimant Eligibility Inquiry Please select the inquiry type, complete the fields in the applicable section below, and * ONon-Pharmacy Services Accepted Conditions (DFEC,DEEOIC and DLHWC Only) Eligibility for Accepted Condition Services Case ID: Program Code: Date of Service:	click "Submit".



## **Viewing Eligibility for Accepted Condition Services**

- 5. Select **Submit**. The **Accepted Condition** page opens showing the accepted conditions the claimant is eligible for along with the following information:
  - Diagnosis Code: Code or codes
  - ICD 9/10: ICD-9, ICD-10, or Dual Indicator
  - Medical Offset: Medical offset status (Active or Offset)
  - Description: (description)
  - Start Date and End Date: Dates for when the diagnosis codes are valid

Please select * ONon-Phar	the inquiry macy Service	type, es	complete Accepted	the fields in the ap d Conditions (DFEC,	plicable se DEEOIC ar	ction belo nd DLHW0	w, and cli Only)	ck "Submit".
III Eligib	ility for Ac	cepte	ed Condi	tion Services				^
Ca Program Date of Se	code:			*				
Accepted	I Conditions			And	J.		And One	arational Status:
Accepted       Filter by:       Active       C	Conditions	•		And	<ul> <li>○ a</li> </ul>	ear Filter	And Ope	erational Status: ▼My Filters ▼
Accepted Condition ID	Go Diagnosis Code	✓ ICD 9/10	Medical Offset	And Description	✓ ⓒ CI Start Date	ear Filter End Date	And Ope Save Filter Created Date	erational Status: The My Filters - Operational Status A T
Accepted Condition ID	I Conditions Go Diagnosis Code ▲▼ 20034	✓ ICD 9/10 ▲▼ 09	Medical Offset	And Description	✓ ( ⓒ CI Start Date ▲▼ 12/29/2014	ear Filter	And Ope Save Filter Created Date	erational Status: Wy Filters Operational Status Active
Accepted Condition ID △▼	Conditions Go Diagnosis Code ▲▼ 20034 496	✓ ICD 9/10 ▲▼ 09 09	Medical Offset ▲▼ Active Active	And Description	<ul> <li>✓</li> <li>✓</li></ul>	ear Filter End Date ** 12/31/2999 12/31/2999	And Ope Save Filter Created Date A V 04/09/2020 04/09/2020	erational Status: The My Filters - Operational Status A Active Active



# **Viewing Eligibility for Accepted Condition Services**

6. Select **Close** to return to the **Claimant Portal** homepage.





# Claimant Portal Overview

# **Energy Claimants Viewing Part B or E Case Status**

1. On the **Claimant Portal** homepage, locate the **Online Services** menu listed on the left.

Authorization	~
Authorization History	
Bills	*
Bill History	
Claimant	~
Eligibility Inquiry Part B Case Status Part E Case Status	
My Interactions	~

2. Under the **Claimant** section, select **Part B Case Status** or **Part E Case Status** (if eligible).

**Note:** Energy claimants can either be Employee or Survivor. Energy Employee and Survivor can check Part B Case Status, Part E Case Status, or both based on eligibility.

Online Services	0
Authorization Authorization History	*
Bills Bill History	*
Claimant	*
Eligibility Inquiry Part B Case Status Part E Case Status	-2



#### **Energy Claimants Viewing Part B or E Case Status**

#### Note: Part B or E Case Status display with the following information:

- Case Information (Employee name and Case Number)
- Claimant Information
- Most Recent Claim Action
- District Office Information
- Worksites Part (B or E)
- Medical Part (B or E)
- Claimant Payment Activity Part (B or E)

	DOL Approval Date	Payment Amount	Payment Type
	Claimant Payment Activity Part B		
		No Records Found !	
	L Conation		AT
	Condition		Status
	Medical Part B		
		No Records Found !	
		Worksites	
	Worksites Part B		
	DistrictOffice: Claim Examiner:	Phone Number:	(877) 336-4272
	District Office Information		
	Description 2:	Date:	
	Description 1:	Date:	
	Last Activity:	Dete:	03/15/2007
	Most Recent Claim Action		
	Claimant Phone: Authorized Representative:	Relationship:	SURVIVOR
	Claimant Name: ClaimantAddress:	Claimant SSN:	3006-306-0010
	Claimant Information		
	Employee Name:	Case Number:	3006-306-8616
	Case Information		
•	Case		





Note: The following information displays for each document:

- Correspondence ID
- Correspondence Title
- Sent By
- Sent Date
- Job Type
- Status
- Claimant ID

Correspondence	Retrieval Page						
Filter By :	·	A	nd		•	And	
~	And	~		<b>O</b> 60	]		
				00	lear Filter	Save Filter	▼My Filters ▼
		SEN	IT BY SE			STATUS	
PA516744076	Remittance Advice Letter	Administra	ator, Super 03/	/07/2022	PC	File Archived	92975
FAS10744210							
PA516744274	Authorization Recertification Lette	Administra	tor,Super 03/	07/2022	PC	File Archived	92975



3. Select the **CORRESPONDENCE ID** link of the desired document. The document opens in a separate window.

**Note:** Remittance Vouchers are available under the **Correspondence Retrieval Page** for claimants and AREPs to download. Remittance Voucher correspondence includes a correspondence title of "Remittance Advice Letter".

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Correspondence	Retrieval Page					
Filter By :	·	And		•	And	
<b>~</b>	And	~	<b>O</b> 60			
			00	Clear Filter	🗎 Save Filter	Wy Filters
		SENT BY	SENT DATE		STATUS	
PA516744276	Remittance Advice Letter	Administrator, Super	03/07/2022	PC	File Archived	92975
PA516744274	Authorization Recertification Letter	Administrator, Super	03/07/2022	PC	File Archived	92975



- 4. To open images or attachments, scroll down to the **Images/Attachments Retrieval Page** section. The following information displays for each image or attachment:
  - Image ID
  - Image Title
  - Created By
  - Created Date
  - Received Date
  - Claimant ID

Images/Atta	chments Retrieva	al Page			
Filter By :	~		And	~	An
	<b>v</b>	And	~	<b>⊙</b> Go	
			Clear Filte	r 🗎 Save Filter	▼ My Filters ▼
IMAGE ID ▲▽		CREATED BY	CREATED DATE		Claimant lo
ATTCP712526548	1286300112.TIF		02/08/2023	02/08/2023	
ATTCP712470870	1286300112.TIF		09/26/2022	09/26/2022	



5. Select the desired **IMAGE ID** link to view the image or attachment in a separate window.

III Images/A	Attachments Retri	eval Page					^
Filter By :	~			And		~	And
	~	And		•		<b>O</b> Co	
	•				Clear Filter	Save Filter	▼ My Filters ▼
IMAGE ID ▲▽		CRI	ATED BY	CRE			E Claimant Id
ATTCP71252654	1286300112.TIF			02/08	/2023	02/08/2023	
ATTCP7124708	70 1286300112.TIF			09/26	/2022	09/26/2022	



#### Claimant Portal Overview (37 of 39)

# **Viewing Reminders**

On the homepage, the right section is titled **My Reminders**. This section consists of system-generated alerts and an option to filter these alerts.

The following displays in this area:

- Alert Type
- Alert Message
- Alert Date
- Due Date
- Read Flag Indicator

III My R	teminders				
Filter By :	~	-	Read Status	Go Go Save Filter	▼ My Filters
	Alert Type	Alert Message ▲ ▼	Alert Date	Due Date	Read







#### **Searching for Providers**

Review the Provider Search Agreement and select Agree. The Provider 3. Search page opens. × **Provider Search Agreement** The provider search feature allows Department of Labor (DOL), Office of Workers' Compensation Program (OWCP) customers to search for medical providers in their locale. The provider search feature allows searches by: provider type, physician's last name or practice name, physician's first name, city, state, zip code, and specialty. The providers listed in the search feature are actively enrolled with OWCP Workers' Compensation Medical Bill Process (WCMBP) system as a medical provider and have opted to be included in the search feature. A listed provider or services rendered by the provider does not constitute an endorsement by OWCP, nor does it guarantee that the medical provider/facility will be reimbursed by OWCP for specific medical services provided to a 3 ing particular claimant. The appearance of a specific medical provider's name in the does not require that provider to treat a particular claimant, even if OWCP has a advised the claimant in writing that medical treatment for a particular condition within the provider's listed specialty has been authorized. Agree Decline

On the **Provider Search** page, there are various options available to search for a Provider.

**Note:** For detailed instructions on how to search for a Provider, refer to the <u>Provider Search Steps (dol.gov)</u> Quick Reference Guide.

Program Name:		~	* NPI:	NPI			
Provider Type:		~	Provider Specialty:		State/Territory:		
City:	City		Zip Code:	Zip Code	Radius Within:		
First Name:	First Name		Last Name:	Last Name	Business Name:	Business Name	t'l Rese
First Name:	First Name		Last Name:	Last Name	Business Name:	Business Name	tlRese
First Name:	First Name		Last Name:	Last Name	Business Name:	Business Name	tlRese
First Name:	First Name		Last Name:	Last Name	Business Name:	Business Name	tlRese