

Division of Workers' Compensation



EAMS e-Forms Trial Participant Training 02/13/2009



Agenda

- Introduction
- S Signature
- Uniform Assigned Name (UAN)
- EAMS Help Desk
- The Unprocessed Document Queue
- Q&A

Q & A Process

- Write down your questions – leave room for answers
- Note your main question – ask it first
- Press *1 if you want to ask a question
 - Our Moderator will be connecting you in order
- Each administrator will be able to ask 1 question initially
 - If you have more, press *1 to get back in the queue
- Listen carefully to each question
 - Many of yours will be answered as we go
- If you have more, press *1 to get back in the queue

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Signatures: Two Versions

- Version I: Forms that require only one signature:
- Prepare the e-Form — attach the following to the e-Form:
 - Signature verification as part of the proof of service
 - Use proof of service document title – ADJ – LEGAL DOCS – PROOF OF SERVICE
- EAMS 2581—S signature on the form alone is sufficient

- **DON'T FORGET THE S SIGNATURE**

in the format: S JOHN JONES

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E-Forms - S Signature & S Verification Required

- Application for Adjudication of Claim
- Answer to Application for Adjudication of Claim
- Declaration of Readiness to Proceed
- Declaration of Readiness to Proceed - Expedited
- EDD Golden Rod – 2581 (No S Verification required)
- Notice and Request for Allowance of Lien
- Petition to Terminate Liability for TD
- Request for Reimbursement of Accommodation Expense
- Request for Dispute Resolution before the AD
- Request for Dispute Resolution
- Request for Summary Rating – QME RU-101
- Request for Reconsideration of Summary Rating by AD
- Request for Summary Rating Determination - PTP

SIGNATURE VERIFICATION

I declare under the penalty of perjury under the laws of the State of California that I personally entered the information on the attached e-form, or caused that information to be entered, that I placed or authorized by S signature to be placed thereon, and that by my signature on this form, I validate and authenticate my S signature on the e-form.

Executed on _____ at _____ California.



Type or Print Name

Signature



UNIFORM ASSIGNED NAME

Administrator: Name - (XXX) XXX-XXXX Ext. XXX

Email: XXXX@XXXX.COM



E-Forms – 2 or more Signatures or IW only

- **Application for Subsequent Injuries Fund Benefits**
- **Compromise and Release**
- **Compromise and Release Dependency Claim**
- **Stipulation with Award (Death)**
- **Stipulations with Request for Award**
- **Third Party Compromise and Release**
- **Notice of Offer of Modified or Alternative Work**
- **Voucher (IW only)**
- **Notice of Offer of Regular Work (IW only)**
- **Settlement of Prospective Vocational Rehabilitation Services**
- **Vocational Rehabilitation Plan**
- **Employee's Permanent Disability Questionnaire (IW only)**
- **Application for Discretionary Payments from the UEBTF (IW only)**

E-Forms with No Signature Line

- **Notice of Termination of Vocational Rehabilitation**
- **Request for Consultative Rating**
- **General Public Request for Information**
- **Unstructured e-Form**

Application for Adjudication of Claim

Application for Adjudication - Windows Internet Explorer

http://134.186.225.41/convdr5/properties/Form6

Attachment | Submit | Help | Print PDF

Coversheet - 2 | Coversheet - 3 | Coversheet - 4 | Coversheet - 5 | Form - 1 | Form - 2 | Form - 3 | Form - 4 | Form - 6

Street Address/PO Box

City

State

Zip Code (Numbers Only)

For this form to be legally binding, the filing party must attach to this electronic form a fully OCR form that is identical in content to this form and which contains all required signatures

Applicant Attorney/ Representative Signature S JOHN JONES

Applicant Signature

Dated at _____, California Date (MM/DD/YYYY)

City

MUST have your S Signature here in this format

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Answer to Application for Adjudication of Claim

Answer to Application for Adjudication of Claim - Windows Internet Explorer

http://134.186.225.41/convdr5/properties/Form4

Attachment | Submit | Help | Print PDF

Cover Sheet - 1 | Cover Sheet - 2 | Cover Sheet - 3 | Cover Sheet - 4 | Cover Sheet - 5 | Form - 1 | Form - 2 | Form - 4

The Answer to this Application is being filed on behalf of (Please check one only)

Employer Insurance Carrier Both

Defendant(s) do(es) not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice and Procedure

Dated: _____ Date (MM/DD/YYYY)

S JOHN JONES Signature

Phone Number _____

Firm Name ELLISON LAW PAOL

Address/PO Box

City

State

Zip Code (Numbers Only)

Must have your S Signature here in this format

MUST have your UAN here

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Declaration of Readiness to Proceed

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Declaration of Readiness to Proceed - Expedited

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EDD Golden Rod - 2581

Attachment | Submit | Help | Print PDF

persons named above and listed below. Field size limited to (MM/DD/YYYY)
1523 characters

If other persons should be served with this document, please notify the Employment
Development Department at the above address.

State of California
Employment Development Department

S JOHN JONES
(Lien Claimant)

Done Trusted sites 100%

MUST have your S Signature here in this format

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Notice and Request for Allowance of Lien

Attachment | Submit | Help | Print PDF

Cover Sheet -1 Cover Sheet -2 Cover Sheet -3 Cover Sheet -4 Cover Sheet -5 Form -1 Form -2 Form -3 Form -4 Form -5

NOTE: ITEMIZED STATEMENT JUSTIFYING THE LIEN MUST BE ATTACHED

A copy of the lien claim and supporting documents was served by mail or delivered to each of the above-named parties.

S JOHN JONES
(Signature of Attorney/Representative for Lien Claimant)

(Signature of Lien Claimant) (MM/DD/YYYY)

MUST have S Signature here in this format

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Request for Dispute Resolution before the AD

Employee's entitlement to a voucher.

- The parties dispute the amount of the voucher.
- The insurer has failed to pay training provider per title 8, California Code of Regulations sections 10133.57 & 10133.58, and/or the VRTVC per title 8 California Code of Regulations sections 10133.57 & 10133.59.
- The employee objects to the new job duties provided by the employer.
- The employer objects to the amount of reimbursement approved or denied.
- Other. Field size limited to 189 characters

Summary of informal efforts to resolve dispute. Field size limited to 378 characters

Requestor Name: CLAIMS ADMIN UAN - REPRESENTATIVE UAN

Signature: S JOHN JONES

Date (mm/dd/yyyy):

Trusted and

IF prepared by Claims Administrator or Representative office, UAN MUST go here

IF prepared by Claims Administrator or Representative office, MUST have S Signature here in this format

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Request for Dispute Resolution

Request for Dispute Resolution

Attachment | Submit | Help | Print PDF

Form 5

Summary of Parties' Informal Efforts to Resolve this Dispute

An informal conference was held on (mm/dd/yyyy). A summary of the conference, including a list of attendees, issues addressed, agreements reached and other unresolved issues is attached. If an informal conference was not held, provide an explanation. Field size limited to 454 characters

Name of Requester: CLAIMS ADMIN UAN - REPRESENTATIVE UAN

S JOHN JONES (Signature)

IF prepared by Claims Administrator or Representative office, UAN MUST go here

IF prepared by Claims Administrator or Representative office, MUST have S Signature here in this format

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Request for Summary Rating QME RU-101

Request for Summary Rating Determination - QME ...

Attachment | Submit | Help | Print PDF

Coversheet - 1 | Coversheet - 2 | Coversheet - 3 | Coversheet - 4 | Coversheet - 5 | Form - 1 | Form - 2 | Form - 3 | **Form - 4**

PROOF OF SERVICE BY MAIL

On I served a copy of this Request for Summary Rating Determination on
(MM/DD/YYYY)

Name of Employee

Address/PO Box

City

State

Zip Code(Numbers Only)

by placing a true copy enclosed in a sealed envelope with postage fully prepaid, and deposited in the U.S. Mail. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature **MUST have S Signature here in this format**

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Request for Consultative Rating

Request for Consultative Rating

Attachment | Submit | Help | Print PDF

Cover Sheet - 1 | Cover Sheet - 2 | Cover Sheet - 3 | Cover Sheet - 4 | Cover Sheet - 5 | Form - 1 | **Form - 2**

Doctor Name

This case has been set on for the type of hearing checked by
(MM/DD/YYYY)

Rating MSC Trial Conference

Rating requested by

Name of Firm **MUST have your UAN here**

Representing the :
 Employee Employer **You MUST select 1 of these**

A copy of this request has been served on

Firm Name* **UAN of the Claims Administrator or Representative office you are serving**

Firm Address 1/PO Box*

Firm Address 2/PO Box

City*

State*

Zip Code* (Numbers Only)

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Request for Reconsideration of Summary Rating by AD

Request for Reconsideration of Summary Rating by...

Attachment | Submit | Help | Print PDF

Cover Sheet - 1 | Cover Sheet - 2 | Cover Sheet - 3 | Cover Sheet - 4 | Cover Sheet - 5 | Form - 1 | Form - 2 | **Form - 3** | Form - 4

MUST select 1 of these

Reconsideration of Summary Rating is being requested by:

Injured worker Employer/Adjusting Agency

Name: CLAIMS ADMIN UAN - REPRESENTATIVES UAN

MUST have your UAN here

PROOF OF SERVICE BY MAIL

On _____, I served a copy of this Request for Summary Rating Determination on _____

Name: IW - CLAIM ADMIN UAN - REPRESENTATIVE UAN

Address/PO Box _____

City _____

State _____

Zip Code (Numbers Only) _____

MUST have S Signature here in this format

Signature: S JOHN JONES

by placing a true copy enclosed in a sealed envelope with postage fully prepaid and deposited in the U.S. Mail, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Request for Summary Rating Determination - PTP

Request for Summary Rating Determination - Prima...

Attachment | Submit | Help | Print PDF

Coversheet - 1 | Coversheet - 2 | Coversheet - 3 | Coversheet - 4 | Coversheet - 5 | Form - 1 | Form - 2 | **Form - 3** | Form - 4

PROOF OF SERVICE BY MAIL

On _____, I served a copy of this Request for Summary Rating Determination on _____

(MM/DD/YYYY)

Name of Employee _____

Address _____

City _____

State _____

Zip Code (Numbers Only) _____

MUST have your S Signature here in this format

Signature: S JOHN JONES

by placing a true copy enclosed in a sealed envelope with postage fully prepaid and deposited in the U.S. Mail, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Unstructured e-Form

Master Case Number*:

Enter Case Reference: ADD

Case Reference: DELETE

Case Type*:

Document Type*:
(You must select Case Type before selecting Doc Type)

Document Title*:
(You must select Doc Type before selecting Doc Title)

Author:

Document Date: (mm/dd/yyyy)

File Upload: Attach

If it is a document your office prepared, enter your UAN; if a medical report, the practitioner's name; if subpoenaed records, the name of the facility; if it is a document from a claims administrator office, their UAN; if it is a document from an employer, the employer's name; if it is a document from an entity with a UAN, their UAN

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Uniform Assigned Names

- Claims administrators' offices
- Representatives' offices
- Look them up in the online database
- Print out the OCR forms
 - Mark/highlight those sections that require a UAN
 - Claims Administrator's Office Name
 - Attorney / Non-attorney Representative's office name
- Remember, it is not just your UAN, but also the UAN for all other such entities on the e-Form

EAMS Help Desk



Contacting the EAMS Help Desk

- e-Form trial users to contact EAMS Help Desk when you have question(s)/problem(s)
- Preferred method of contact is:
 - 1) Send an e-mail to EAMSHelpDesk@dir.ca.gov
 - 2) Call the Call Center @ 1-888-771-3267 option #4
- Hours: 7 a.m. to 6 p.m.
 - e-mails after 5 p.m. may be handled the next business day
- NOTE: Only the administrator or alternate may contact the EAMSHelpDesk

e-Form Submission

- Completion of e-Form submission will generate a batch ID#
- Print batch ID# and keep for future reference
- Verify next day to see if your e-Form was successfully submitted in case
- Don't see it???
- E-mail information to EAMSHelpDesk@dir.ca.gov so we can research to see what happened to the e-form

(Please include batch id#, case #, IW's name, and the type of e-Form submitted, screen shots when appropriate, your contact information)

Helpful Hints

- Take screen shots of error messages
- How? **ALT + Print Screen** then save into a Word document and attach to your e-mail for Help Desk to view & possibly submit to issue tracker
- 15 minutes of inactivity on EAMS will time you out
- 30 minutes of inactivity on e-Form will time you out & will have to start e-Form all over
- If you are working on an e-Form and EAMS times you out, you can still submit your e-Form

Division of Workers' Compensation



The UDQ



What's the UDQ?

- Unprocessed document queue
- Where forms with mistakes end up
- Processed centrally for now
- In the future will be processed at local offices

Staying out of the UDQ

- Look at your case in EAMS and get all information you need to file your document BEFORE you file it
- If you are a case participant and can't see your case in EAMS, E-mail the Help Desk so you can see your case and get the information you need BEFORE you file your document
- Not sure if you have the correct case number? Use the case number lookup tool on the Web site. Please use the EAMS case number, not the legacy case number on your documents

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Staying out of the UDQ

- Don't check a box/radio button unless you mean it—you can't uncheck, you will have to exit and start from scratch
- Leave fields blank where they do not apply: If no applicant or defense attorney, leave fields blank. DO NOT type NONE, IN PRO PER or anything else in the field
- If filing an amended Application for Adjudication, make sure the amended box is checked! In the comment field or add an addendum, please list what is being amended, i.e. DOI, DOB, Name, etc. – we have to manually make the change so we need to know what you are changing

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Staying out of the UDQ

- If filing a case opening document, application, C&R, Stips, DO NOT type "unassigned" in the field: Leave it blank; when filing unassigned applications or rating requests DO NOT include companion case numbers on the Cover Sheet, even if they exist
- Requesting a consultative or summary rating: leave case reference field blank, check this is a new case (name, DOB and DOI must be on form and match what's in EAMS) Also, on consultative rating requests check the radio button who the requesting party represents, employee or employer

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Staying out of the UDQ: Use of the UAN

- Make sure you have your own uniform assigned name (UAN) and everyone else's exactly right
- Make sure the UAN—not the claims adjuster's name—is in the claims administrator name field; unless the employer is uninsured, this field must always have an UAN
- If the employer is self-insured, DO NOT put a name and address in the insurance company fields – they are not given the role of insurance company
- Deft's/lien claimants filing applications on behalf of the injured worker: You are the applicant in this instance; if there is an attorney representing the deft/lien claimant, put their UAN in the applicant attorney field

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Staying out of the UDQ: Document Titles

- Use the proper document title for attachments:
 - The drop down list contains both DWC internal and external users titles
 - You will need to refer to the external document title list that accompanies the OCR document separator sheet for external document titles and ONLY use those
 - Proof of service, 4906(g) and fee disclosure are separate documents—the titles are in the drop down menu
- What if there is no document title for your attachment?
- For example, there is a document title for “medical bill” under ADJ, LIENS AND BILLS, but there is no doc title for other types of bills, such as those filed with a lien for translating services
 - First question: Does the document require immediate review and action?
 - If no, as in example of billing record for translating services (this document will be reviewed as part of the lien) it will be filed under ADJ, MISC, CORRESPONDENCE – OTHER
 - If yes, the document is filed under ADJ, MISC, TYPED OR WRITTEN LETTER
 - Example: A letter from an injured worker that cannot be categorized but should be reviewed by a judge, a letter from an attorney that should be reviewed, or any document that requires **immediate review and possible action** (rather than just being filed) AND which does not have a document title, should filed as a TYPED OR WRITTEN LETTER

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Staying out of the UDQ: LIEN FILING

- No amended liens can be filed at this time. They ALL must be ORIGINAL, even if it is the amended lien filed in the case. Our system is not picking up the Original File Date, so when a lien is filed with the Amended box checked and even the proper Original Lien Date entered on the form, the system can't find the original filing date because it did not initially put it in the system. This is true for ALL post EAMS liens. At this time, **ALL LIENS MUST BE FILED AS ORIGINAL** – Enter the date you prepare the lien in the field “DATE OF ORIGINAL LIEN”
- DO NOT attach the proof of service to the supporting billing statement, the proof of service must be a separate document

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Staying out of the UDQ: Other Tips

- Please do not file cover letters. They are not needed
- Do not file copies of prior Awards/Orders Approving C&R's or any other types of Orders with your batches; they are already in the District Office file
- DO NOT e-file the same document a second or third time, until you find out why the first document failed batch execution
- If a document was filed and the attachments or proof of service were not filed; DO NOT file the same document again, just file the attachments/proof of service using the unstructured e-form
- Before going to the District Office to do a walk-thru check to make sure the documents are in EAMS

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Staying out of the UDQ: Other Tips

- You must enter your S signature on the form, including the S, no slashes, e.g. S John Jones
- The signature verification should be part of the proof service, as one document; if a list of case participants are attached this should be part of the proof of service
- Make sure the signature verification is correct and signed
- When entering EAMS case numbers on the Cover Sheet, the DOI field can be blank, but make sure none of the boxes are checked for specific or cumulative trauma; this also applies to companion cases; but, make sure the case numbers are correct and belong to the correct injured worker
- Please be sure to enter your UAN on the Notice of Rept or Substitution of Attorney; e.g. "Please enter our appearance for XXXXXXXX. Our UAN is XXXXXXXX"

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Division of Workers' Compensation



Q&A

