



EAMS Regulations and Filing eForms and OCR Forms

Presenters

Charles Ellison

James Fisher

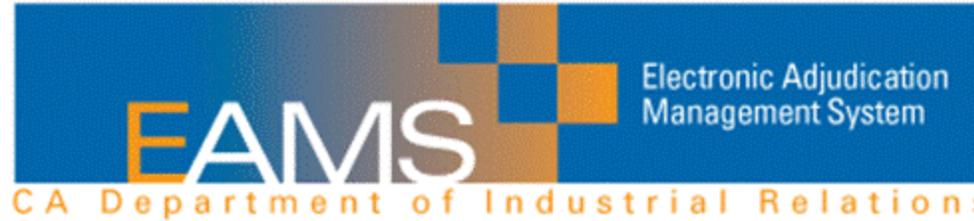
Susan Gard

Yvonne Lang

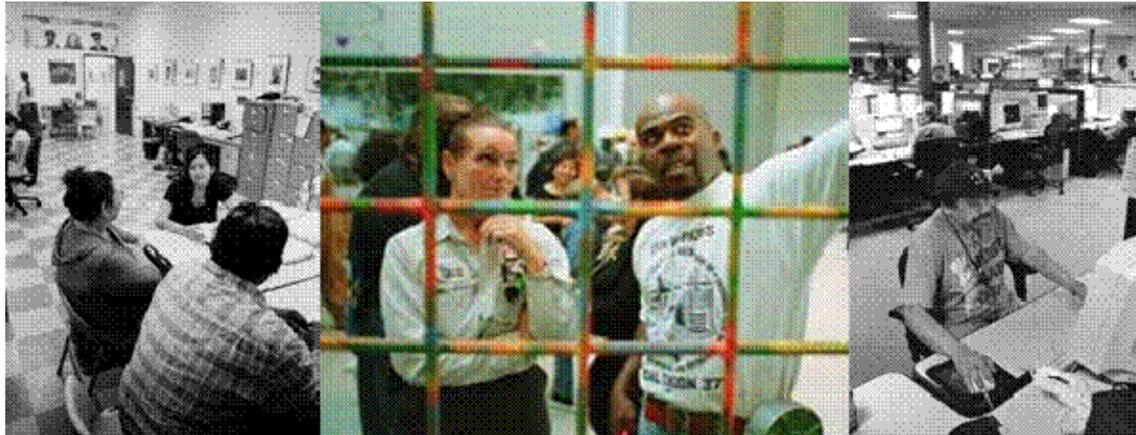
Renee Sherman

DWC 16th Annual Educational Conference

Division of Workers' Compensation



EAMS Regulations, OCR Form Filing and e-Form Filing



What EAMS Does

- Integrates disparate DWC units into one seamless case management model
- Simplifies and improves DWC's case management process
- Better serves injured workers and employers
- Streamlines process of creating cases, setting hearings, serving decisions, orders/awards
- Improves access to electronic case records while preserving confidentiality and strengthening security
- Eases transfer of case information between district offices
- Reduces environmental and physical stress—along with storage needs—through reduced use of paper
- Gathers information to help guide policy decisions and better allocate resource work load



EAMS Filing Method Timeline

EAMS Filing Methods	Electronic Batch Filing					Batch filing E-forms or OCR forms required
	E-Forms		E-forms for E-form trial participants ONLY	E-forms or OCR forms required for ALL users		
	OCR Forms	OCR forms preferred but not required	OCR forms required except for E-forms trial participants			
	Current Forms	Current forms accepted DWC staff must put them into EAMS				
	August 25 Go-Live	E-forms trial log-ins issued	Mid-November EAMS regulations requiring OCR forms effective	Early 2009 e-Forms trial ends when e-Form regulations become effective		Future (1-2 years)
		STEP 1	STEP 2	STEP 3		STEP 4



Session Agenda

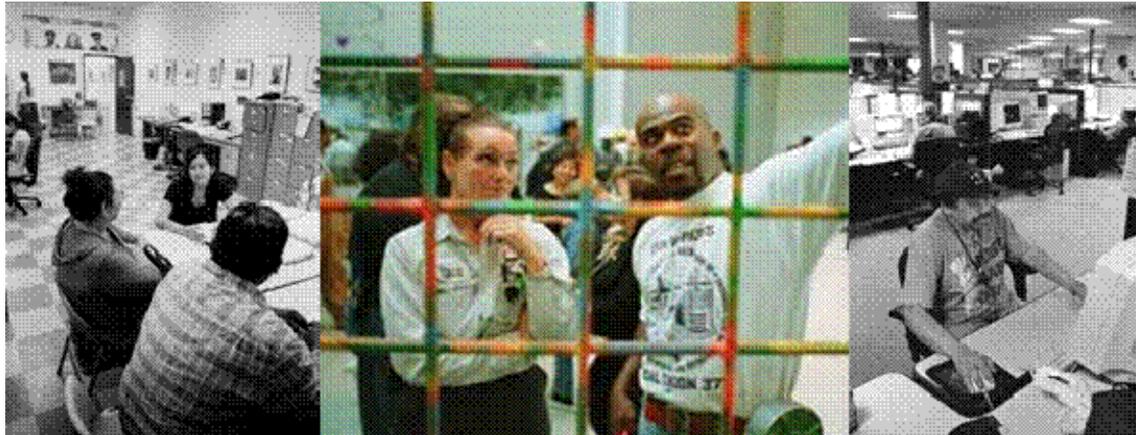
- **8:30-8:45 a.m.:** Overview of EAMS and purpose of training
- **8:45-9 a.m.:** Uniform assigned names
- **9-9:15 a.m.:** Regulations
- **9:15-10 a.m.:** OCR form filing
- **10-10:45 a.m.:** e-Form filing and EAMS Help Desk
- **10:45-11 a.m.:** Break
- **11 a.m.-noon:** Q&A



Division of Workers' Compensation



EAMS Uniform Assigned Names



Uniform Assigned Names

- Court administrator regulation section 10217(b)
- Participant matching on forms
- Claims administrators' offices
- Representatives' offices
- Matching on name only



Registration

- Central Registration Unit (CRU)
- E-mail cru@dir.ca.gov
- Fax 1-888-822-9309
- New offices and changes
- Preferred method of service
- e-Forms trial logons



Searching the Uniform Assigned Names Database

The screenshot shows a Windows Internet Explorer browser window displaying the California Department of Industrial Relations website. The address bar shows the URL: http://www.dir.ca.gov/dwc/EAMS/EAMS-LC/EAMS_ClaimsAdmins_Reps.htm. The page title is "DWC EAMS claims administrator and representatives' offices".

The website header includes the "CA.GOV" logo and the text "Welcome to the California DEPARTMENT OF INDUSTRIAL RELATIONS". A search bar is located in the top right corner with the text "Search DIR Site" and a "GO" button.

The main navigation menu includes: DIR, Labor Law, Cal/OSHA, Workers' Comp, Apprenticeship, Statistics & Research, Mediation, Boards, and Media. Below this, a secondary menu lists: Injured Worker, Employer, A - Z Index, I&A, Claims Adjudication, DEU, Medical Unit, RRTW, and Special Funds.

The main content area is titled "Division of Workers' Compensation - Electronic Adjudication Management System (EAMS) claims administrators' offices and representatives' offices". It features a large "EAMS" logo with the text "Electronic Adjudication Management System" to its right. A white box with the text "SELECT 1" has an arrow pointing to the logo.

Below the logo, there are several links: "Links to search [claims administrators' offices](#) or [representatives' offices](#)", "Database search instructions", and "Download tab-separated files for [claims administrators' offices](#) or [representatives' offices](#)".

The section is titled "Uniform assigned names for claims administrators' offices and representatives' offices". The text below reads: "Forms filed in the Electronic Adjudication Management System (EAMS) automatically create new workers' compensation case files or open existing case files. Part of this automated process involves associating the related parties to their cases. To ensure that parties are properly associated to cases in EAMS, a uniform naming convention was created for claims administrators and representatives by the DWC. Claims administrators are insurance carriers who self-administer claims, third party administrators, and self-insured self-administered employers. Representatives are attorney and non-attorney representatives."

At the bottom of the section, it states: "Uniform names for claims administrators' offices and representatives' offices are assigned by the DWC."

On the left side of the page, there is a sidebar with the heading "I WANT TO ...". It contains several links: "Know my rights", "Know what to do when I get hurt on the job", "Find a fact sheet", "Find a form", "Find a publication", "Find a DWC office", "Contact DWC", "Participate in DWC rulemaking", "Participate in a DWC forum", and "Participate in a WCAB forum". Below this is a "LINKS" section with a link to "Workers' Compensation Appeals Board".

The browser's status bar at the bottom shows "Trusted sites" and "100%".



Claims Administrator Search Results

DWC EAMS claims administrators' offices search - Windows Internet Explorer

DIR http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp

File Edit View Favorites Tools Help Links Dictionary Google MSN State Bar DIR DWC Forms 9118 DIR EAMS Claims DIR EAMS reps Case Search

DIR DWC EAMS claims administrators' offices search

I WANT TO . . .

- Know my rights
- Know what to do when I get hurt on the job
- Find a fact sheet
- Find a form
- Find a publication
- Find a DWC office
- Contact DWC
- Participate in DWC rulemaking
- Participate in a DWC forum
- Participate in a WCAB forum

LINKS

- Workers' Compensation Appeals Board
- Commission on Health and Safety and Workers' Compensation
- Department of Insurance
- Employment Development Department
- State Compensation Insurance Fund
- More

DWC EAMS - claims administrators' offices search

Back to [claims administrators' offices and representatives' offices](#) page.

The best way to search is with the 5-digit ZIP Code for the mailing address of the claims administrator's office.

Claims' administrators' search criteria

EAMS No	Name	Addr 1	Addr 2	City	State	zip
	SCIF INSURED					

List of claims administrators' offices

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
5018556	SCIF INSURED BAKERSFIELD	PO BOX 65005		PINEDALE	CA	93650	(661) 664-4080	US Mail	8/17/2008 6:02:00 PM
4579016	SCIF INSURED EUREKA	PO BOX 3171		SUISUN CITY	CA	94585	(707) 443-9721	US Mail	8/17/2008 6:02:00 PM
4579865	SCIF INSURED FRESNO	PO BOX 65005		PINEDALE	CA	93650	(559) 433-2900	US Mail	8/17/2008 6:02:00 PM
4815468	SCIF INSURED GLENDALE	PO BOX 92622		LOS ANGELES	CA	90009	(818) 713-2313	US Mail	8/17/2008 6:02:00 PM
4579017	SCIF INSURED OXNARD	PO BOX 65005		PINEDALE	CA	93650	(805) 988-5550	US Mail	8/17/2008 6:02:00 PM
4956146	SCIF INSURED PLEASANTON	PO BOX 3171		SUISUN CITY	CA	94585	(925) 523-5801	US Mail	8/17/2008 6:02:00 PM
4722948	SCIF INSURED REDDING	PO BOX 3171		SUISUN CITY	CA	94585	(530) 223-7175	US Mail	8/17/2008 6:02:00 PM
	SCIF INSURED	PO BOX		LOS			(951) 656-	US	8/17/2008

Trusted sites 100%

Representative Search Results

DWC EAMS representatives' offices search - Windows Internet Explorer

http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSReps.asp

File Edit View Favorites Tools Help Links Dictionary Google MSN State Bar DIR DWC Forms 9118 DIR EAMS Claims DIR EAMS reps Case Search

DIR DWC EAMS representatives' offices search

I WANT TO . . .

- Know my rights
- Know what to do when I get hurt on the job
- Find a fact sheet
- Find a form
- Find a publication
- Find a DWC office
- Contact DWC
- Participate in DWC rulemaking
- Participate in a DWC forum
- Participate in a WCAB forum

LINKS

- Workers' Compensation Appeals Board
- Commission on Health and Safety and Workers' Compensation
- Department of Insurance
- Employment Development Department
- State Compensation Insurance Fund
- More

DWC EAMS - representatives' offices search

Back to [claims administrators' offices and representatives' offices](#) page.

The best way to search is with the 5-digit ZIP Code for the mailing address of the representative's office.

Representatives' search criteria

EAMS No	Name	Addr 1	Addr 2	City	State	zip
<input type="text"/>	HANNA BROPHY	<input type="text"/>				

List of representatives' offices

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
4995983	HANNA BROPHY BAKERSFIELD	PO BOX 12488		OAKLAND	CA	94604	(661) 397-1212	US Mail	8/26/2008 11:16:00 AM
4538047	HANNA BROPHY FRESNO	PO BOX 12488		OAKLAND	CA	94604	(559) 435-9823	US Mail	8/26/2008 11:18:00 AM
4995984	HANNA BROPHY LOS ANGELES	PO BOX 12488		OAKLAND	CA	94604		US Mail	8/26/2008 11:18:00 AM
4435415	HANNA BROPHY OAKLAND	PO BOX 12488		OAKLAND	CA	94604	(510) 839-1180	US Mail	8/26/2008 11:00:00 AM
4660719	HANNA BROPHY REDDING	PO BOX 12488		OAKLAND	CA	94604	(530) 223-6010	US Mail	8/26/2008 11:19:00 AM
4860841	HANNA BROPHY RIVERSIDE	PO BOX 12488		OAKLAND	CA	94604		US Mail	8/26/2008 11:20:00 AM
4930676	HANNA BROPHY SACRAMENTO	PO BOX 12488		OAKLAND	CA	94604	(916) 929-9411	US Mail	8/17/2008 6:02:00 PM
	HANNA BROPHY	PO BOX					(831) 443-	US	8/26/2008

Done Trusted sites 100%

Using Uniform Assigned Names on Forms

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records. Highlight Fields

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

SCIF — **assigned name not required here**
Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

1750 E 4TH ST
Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

Santa Ana City CA State 92705 Zip Code

DWC-CA form 10214 (c) (Rev. 7/2008) (Page 2 of 9)

Claims Administrator Information (if known and if applicable)

SCIF INSURED BAKERSFIELD — **assigned name required here**
Name (Please leave blank spaces between numbers, names or words)

PO BOX 65005
Street Address/PO Box (Please leave blank spaces between numbers, names or words)

PINEDALE City CA State 03650 Zip Code

IT IS CLAIMED THAT:

1. The injured employee, born [redacted] alleges that while employed as (a) [redacted]

Done Unknown Zone

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Fields

Applicant's Attorney or Authorized Representative:

Law Firm/Attorney Non Attorney Representative

[Redacted]

First Name

[Redacted]

Last Name

4814199

Law Firm Number

ROSE KLEIN LONG BEACH assigned name required

Law Firm Name

PO BOX 22792

Address/PO Box (Please leave blank spaces between numbers, names or words)

LONG BEACH

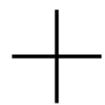
City

CA State

90801 Zip Code

Defendant's Attorney or Authorized Representative:

Law Firm/Attorney Non Attorney Representative



[Redacted]

First Name

[Redacted]

Last Name

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.

Highlight Fields

Law Firm Name

PO BOX 22792

Address/PO Box (Please leave blank spaces between numbers, names or words)

LONG BEACH

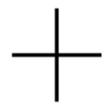
City

CA State

90801 Zip Code

Defendant's Attorney or Authorized Representative:

Law Firm/Attorney Non Attorney Representative



[Redacted]

First Name

[Redacted]

Last Name

4995983

Law Firm Number

HANNA BROPHY BAKERSFIELD
Law Firm Name

assigned name required

PO BOX 12488

Address/PO Box (Please leave blank spaces between numbers, names or words)

OAKLAND

City

CA State

94604 Zip Code

Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)

[Redacted]

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.



DWC CA form 10232 2ver3 08222008.pdf



ADJ-RSU-VOC-DEU-AD doc titles and typ....pdf

DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

COMPROMISE AND RELEASE

Document Date

09/15/2008

MM/DD/YYYY

Author

ROSE KLEIN LONG BEACH

use assigned name

Author

Office Use Only

Received Date

Unknown Zone

Please fill out the following form. You cannot save data typed into this form. Please print your completed form if you would like a copy for your records.



DWC CA form 10232 2ver3 08222008.pdf



ADJ-RSU-VOC-DEU-AD doc titles and typ....pdf

DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

MEDICAL DOCS

Document Title

MEDICAL REPORTS

Document Date

02/12/2008

MM/DD/YYYY

Author

JOHN DUNCAN, M.D.

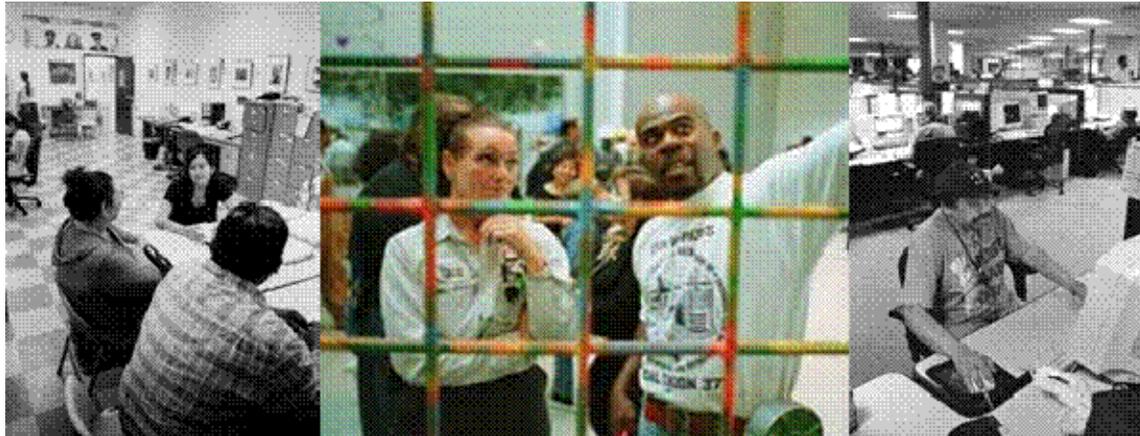
Office Use Only

Received Date

Division of Workers' Compensation



EAMS Regulations



Regulations

- Remember there are two sets of EAMS regulations: court administrator and appeals board
 - Read the regulation
 - Read the statute that the regulation interprets
 - Read the final statement of reasons for the regulations



Regulations

- Regulations relating to rehabilitation and the forms will be repealed in March 2009
 - Labor Code section 139.5 (I)
 - All regulations will be repealed
 - All forms will be repealed



Regulations

Claims administrators/insurance companies fields

- *Cheryl Coldiron, Applicant v. Compuware Corporation, California Insurance Guarantee Association, on behalf of Reliance National Insurance Company, in liquidation, administered by Intercare Insurance Services, formerly administered by Gallagher Bassett Services, Inc., Defendants,*
 - (2002) 67 Cal. Comp. Cas 289 (En banc)-Coldiron I
 - (2002) 67 Cal. Comp. Cas 1466 (En banc)-Coldiron II
- Claims administrator information (if known and if applicable)
- Insurance carrier information (if known and if applicable - include even if carrier is adjusted by claims administrator)



Regulations

- 25 page limit on documents (8 Cal. Code of Regs. § 10232)
 - Exceptions: Medical records, medical reports and proposed exhibits (8 Cal. Code of Regs. § 10233)
- Don't file originals (8 Cal. Code of Regs. § 10236)
- Public access to files (8 Cal. Code of Regs. § 10270)
 - Cases are open to the public, except as provided in section 10271 and 10272 (8 Cal. Code of Regs. § 10270 (c))
- Document privacy
 - Documents internal to DWC (8 Cal. Code of Regs. § 10271)
 - Sealing records (8 Cal. Code of Regs. § 10272)



Regulations

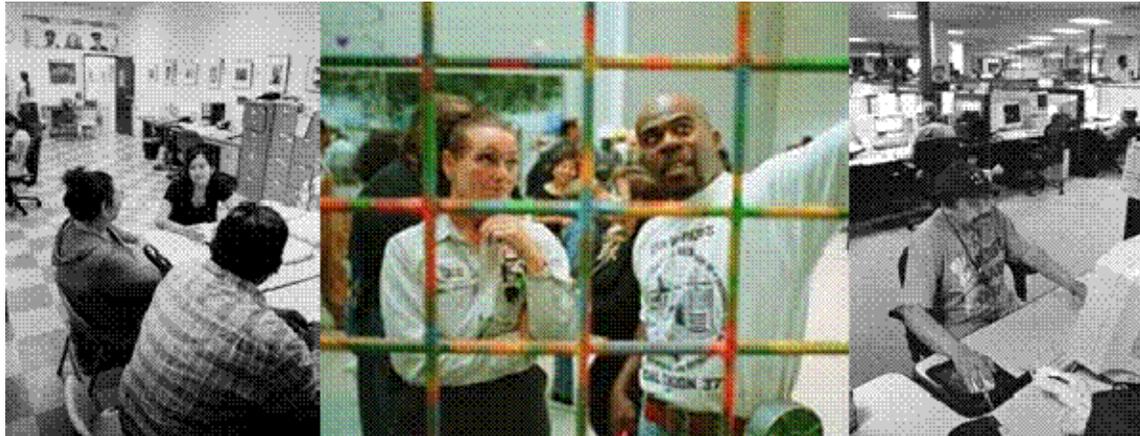
- Expect further changes to the regulations. What to expect?
 - Regulations on electronic filing
 - Changes or additions to the current technology
 - Changes based on our experiences with the system
 - Changes based on your experiences with the system



Division of Workers' Compensation



EAMS OCR Form Filing



OCR Document Cover Sheet & Separator Sheet

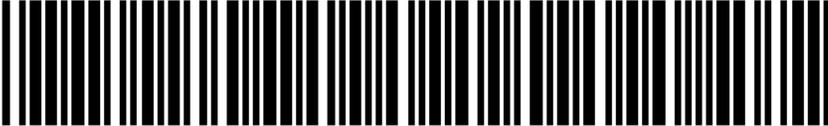
- The “Document Cover Sheet” is an OCR form that is the first sheet of every submission
 - Multi-page, containing general case information, including in which unit the filing needs to be stored, i.e., ADJ, DEU, VOC, etc.
- The “Document Separator Sheet” is an OCR form that separates the documents being filed
 - One page form that tells EAMS what document is being submitted and where to put it
 - For example, a document separator sheet goes after the document cover sheet and between each document following, e.g. between each medical report



Document Cover Sheet

STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes No Companion Cases Exist Walkthrough Yes No

More than 15 Companion Cases

Date:(MM/DD/YYYY)

SSN:

Specific Injury

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: + Body Part 3:

Body Part 2: Body Part 4:

Other Body Parts:

Please check unit to be filed on (check only one box)

ADJ DEU SIF UEF VOC INT RSU

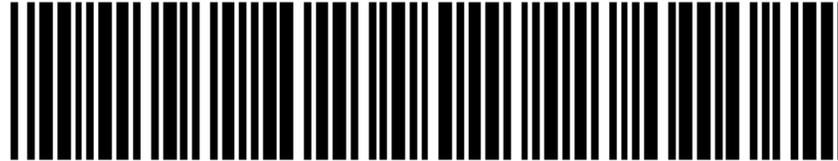
Companion Cases

Specific Injury



Document Separator Sheet

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM

Document Date MM/DD/YYYY

Date of document following Document Separator Sheet



Author UNIFORM ASSIGNED NAME

Office Use Only

Received Date MM/DD/YYYY



OCR Form Filing Rules: All Documents

- All documents filed with district office must be flat, never folded, no staples, paperclips, tears, sticky notes, two hole punches or extraneous marks
- If mailed they need to be mailed in a manila envelope with no folds, creases, paper clips or staples
- FORMS MUST BE FIRST GENERATION
- Forms must be TYPED and all documents single sided, black ink on white paper, serif font, 8-1/2 x 11, 12 pound or heavier, no text in margins
- Pleadings: EAMS case number on first page caption; attorney's caption in the upper left
- Addenda: EAMS case number and IW name in upper left
- Failure to do this will result in scanning errors and delays in filing documents



OCR Form Filing Sample: Application

- Document cover sheet (prepare & print from Web site)
- Document separator sheet (prep & print)
- Application for adjudication of claim (prep & print)
- Document separator sheet (prep & print)
- DWC-1
- Document separator sheet (prep & print)
- 4906(g) declaration
- Document separator sheet (prep & print)
- Fee disclosure statement
- Document separator sheet (prep & print)
- Proof of service of the above



OCR Form Filing Sample: DOR

- Document cover sheet (prep & print)
- Document separator sheet (prep & print)
- Declaration of readiness to proceed (prep & print)
- Document separator sheet (prep & print)
- Dr. A report
- Document separator sheet (prep & print)
- Proof of service of the above



OCR Form Filing Sample: Unstructured Form

- Document cover sheet (prep & print)
- Document separator sheet (prep & print)
- Your pleading or other document such as a petition with the exhibits (NOTE: petitions are limited to 25 pgs. maximum)
- Proof of service of the above



Demonstration

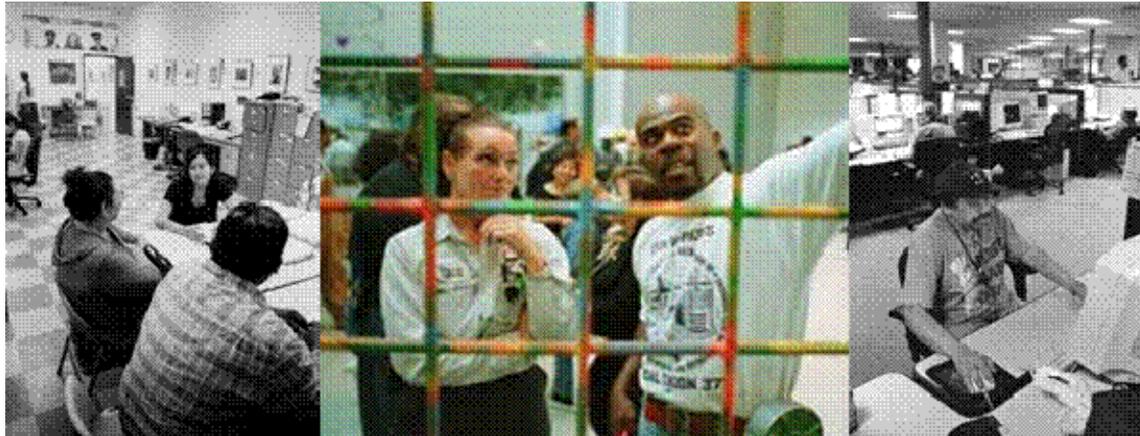
- DOR
- Cover sheet for case opening document



Division of Workers' Compensation



EAMS e-Form Filing Overview



Introduction

During our discussions we will cover:

- The e-Form trial, what it entails, who is participating and how e-Forms impact EAMS
- We will go through those portions of the computer based training (CBT) relating to e-Forms completion and submission to give you a clear understanding of the e-Form process and how similar it is to the OCR filing process – JUST WITHOUT PAPER!!!
- Managing user name and logon, since each location will only be given ONE



e-Form Trial Overview

- Before ability to participate in the e-Form trial:
 - Organization must complete and sign the e-Form trial application and agreement
 - Organization must complete the CBT
 - Username/ logons will be assigned upon completion of the above
 - Nearly 200 trial participants (offices) currently working in e-Forms
- ONE username/logon will be distributed PER entity location



e-Form Trial Overview Contd.

- EAMS e-Form trial started on Sept. 22, 2008
- The e-Forms trial is not an opportunity for offices to "try out" e-Forms because it is not a test—it is real filing in real cases
- It's a voluntary commitment and a legal contract for the office/entity to use e-forms exclusively during its participation
- Be **excited** about actually being “**paperless**” in your dealings with the DWC as you embrace the change



CBT Review for e-Form Filers

- Just as we discussed OCR forms in detail and how to complete them and file them we will now go through the CBT to illustrate working in the e-Form environment.
- Similar to OCR filing, completion of the DWC forms in the e-Form environment will be more time consuming than you are used to but the question for you as an external user is on which end do you want your time /resources spent – by you at the filing stage or by DWC staff and later your administrators, representatives and attorneys at the appearance stage?



EAMS Using Documents - Demo

1. Log into EAMS.



The screenshot shows the EAMS login interface. It features a header with the EAMS logo and the text 'Electronic Adjudication Management System'. Below the header, there are three small images: a man in a white lab coat, a man in a red and white jacket, and a man in a hat sitting in a field. The main content area contains the following text and form elements:

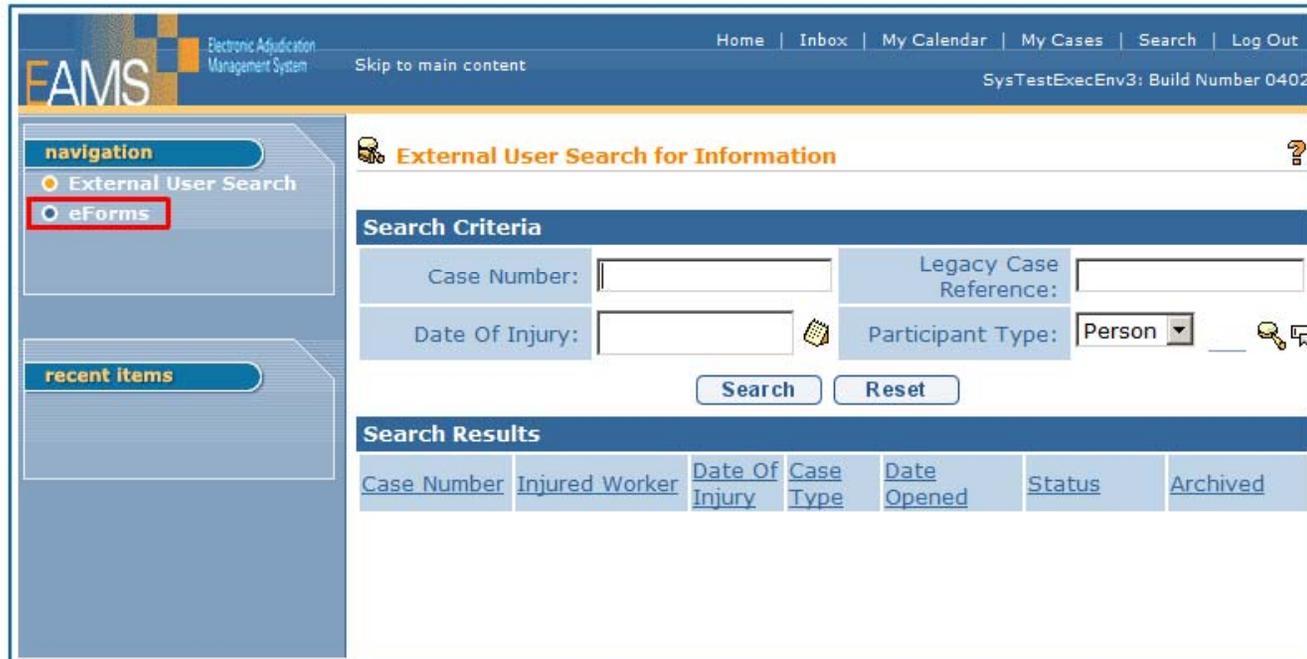
Fields marked with an asterisk (*) are required.
Enter your username and password to log in.

Username:

Password:

EAMS Using Documents - Demo

2. Click the **eForms** link in the left-hand navigation bar.



The screenshot shows the EAMS interface. At the top, there is a navigation bar with links for Home, Inbox, My Calendar, My Cases, Search, and Log Out. Below this is a sub-header with 'Skip to main content' and 'SysTestExecEnv3: Build Number 0402'. The main content area is titled 'External User Search for Information'. On the left, there is a navigation sidebar with 'External User Search' and 'eForms' (highlighted with a red box). The search criteria section includes fields for Case Number, Legacy Case Reference, Date Of Injury, and Participant Type (set to Person). There are Search and Reset buttons. Below the search criteria is a table for Search Results with columns: Case Number, Injured Worker, Date Of Injury, Case Type, Date Opened, Status, and Archived.

CBT Review for e-Form Filers

- In the e-Form filing environment the cover sheet and document separator sheet are part of the DWC form
- The following is an example of filing an “Application for Adjudication” but the same “rules” apply to ALL DWC forms filed in the e-Form filing environment
- No ability to “auto-populate” within the EAMS e-Form filing environment



EAMS Submitting eForms - Demo

3. Click the relevant eForm link from the list that appears.

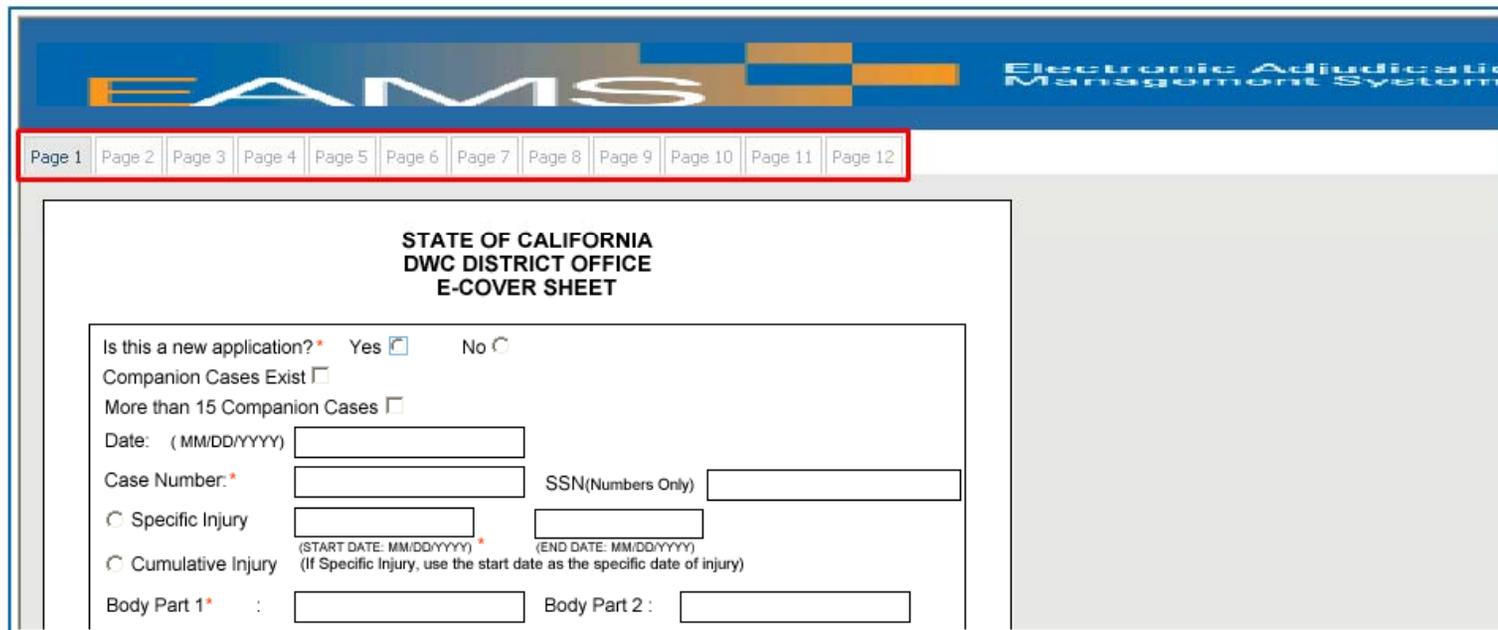


The screenshot shows the EAMS web application interface. At the top, there is a navigation bar with links for Home, Inbox, My Calendar, and My Case. Below this, the EAMS logo is displayed. On the left side, there is a navigation menu with options for External User Search and eForms. The main content area is titled 'eForms:' and contains a table with two columns: 'Adjudication' and 'Vocational Rehabilitation'. The 'Adjudication' column lists various eForm links, with 'APPLICATION FOR ADJUDICATION' highlighted in a red box. The 'Vocational Rehabilitation' column lists other eForm links.

Adjudication	Vocational Rehabilitation
APPLICATION FOR ADJUDICATION	DWC-AD-10005 (RTW) REQUEST FOR REIME ACCOMMODATION EXPENSE
ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM	DWC-AD-10133.53 (SJDB) NOTICE OF OFFE ALTERNATIVE WORK
APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS	DWC-AD-10133.55 (SJDB) REQUEST FOR DI BEFORE THE ADMINISTRATIVE DIRECTOR
COMPROMISE RELEASE	DWC-AD-10133.57 (SJDB) SJDV VOUCHER
COMPROMISE RELEASE DEPENDENCY CLAIM	NOTICE OF OFFER OF REGULAR WORK
DECLARATION OF READINESS TO PROCEED	NOTICE OF TERMINATION OF VOCATIONAL
DOR EXPEDITED TRIAL	REQUEST FOR DISPUTE RESOLUTION
GOLDEN ROD LIEN FORM (DE2581)	SETTLEMENT OF PROSPECTIVE VOCATIONA SERVICES
NOTICE AND REQUEST FOR ALLOWANCE OF LIEN	
PETITION TO TERMINATE LIABILITY FOR TEMPORARY DISABILITY INDEMNITY	
STIPULATION WITH AWARD/DEATH	

EAMS Submitting eForms - Demo

4. The eForm opens and by default Page 1 is displayed. The eForm can comprise of multiple pages displayed as tabs along the top of the form.



The screenshot shows the EAMS interface with a blue header bar containing the EAMS logo and the text 'Electronic Adjudication Management System'. Below the header is a row of 12 tabs labeled 'Page 1' through 'Page 12'. The 'Page 1' tab is highlighted with a red border. The main content area displays the 'STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET' form. The form includes the following fields and options:

- Is this a new application? * Yes No
- Companion Cases Exist
- More than 15 Companion Cases
- Date: (MM/DD/YYYY)
- Case Number: * SSN(Numbers Only)
- Specific Injury
(START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)
- Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)
- Body Part 1 * : Body Part 2 :

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Click Next to continue.

Exit (alt+x)

Course Map (alt+m)

Help (alt+h)

Glossary (alt+g)

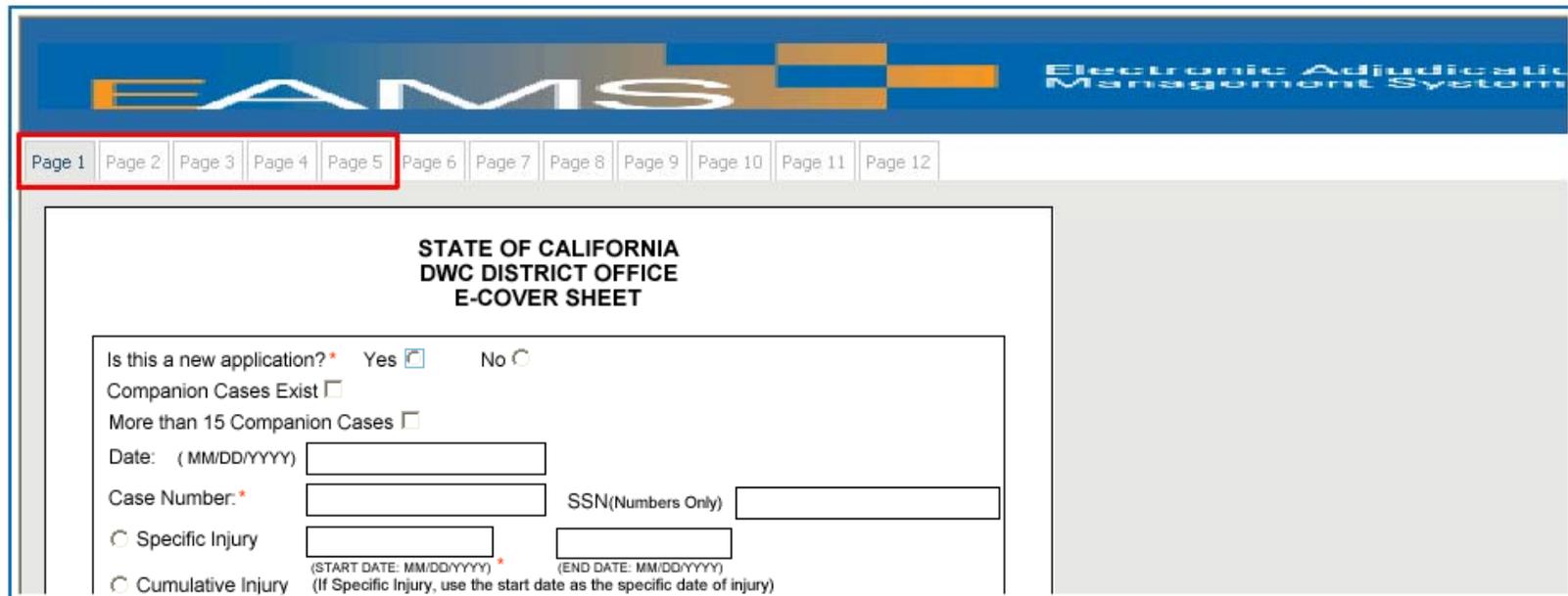
Print (alt+p)

Back (alt+b)

Next (alt+n)

EAMS Submitting eForms - Demo

5. Every eForm contains a cover sheet from Pages 1 - 5. The relevant pages of the cover sheet must be completed preceding each form. Page one of the cover sheet must always be filled out. Pages two through five are only filled out if you have companion cases. Once you've filled out the relevant cover sheet pages you can skip to the form itself by clicking tab 6.



EAMS Electronic Adjudication Management System

Page 1 | Page 2 | Page 3 | Page 4 | Page 5 | Page 6 | Page 7 | Page 8 | Page 9 | Page 10 | Page 11 | Page 12

**STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET**

Is this a new application? * Yes No

Companion Cases Exist

More than 15 Companion Cases

Date: (MM/DD/YYYY)

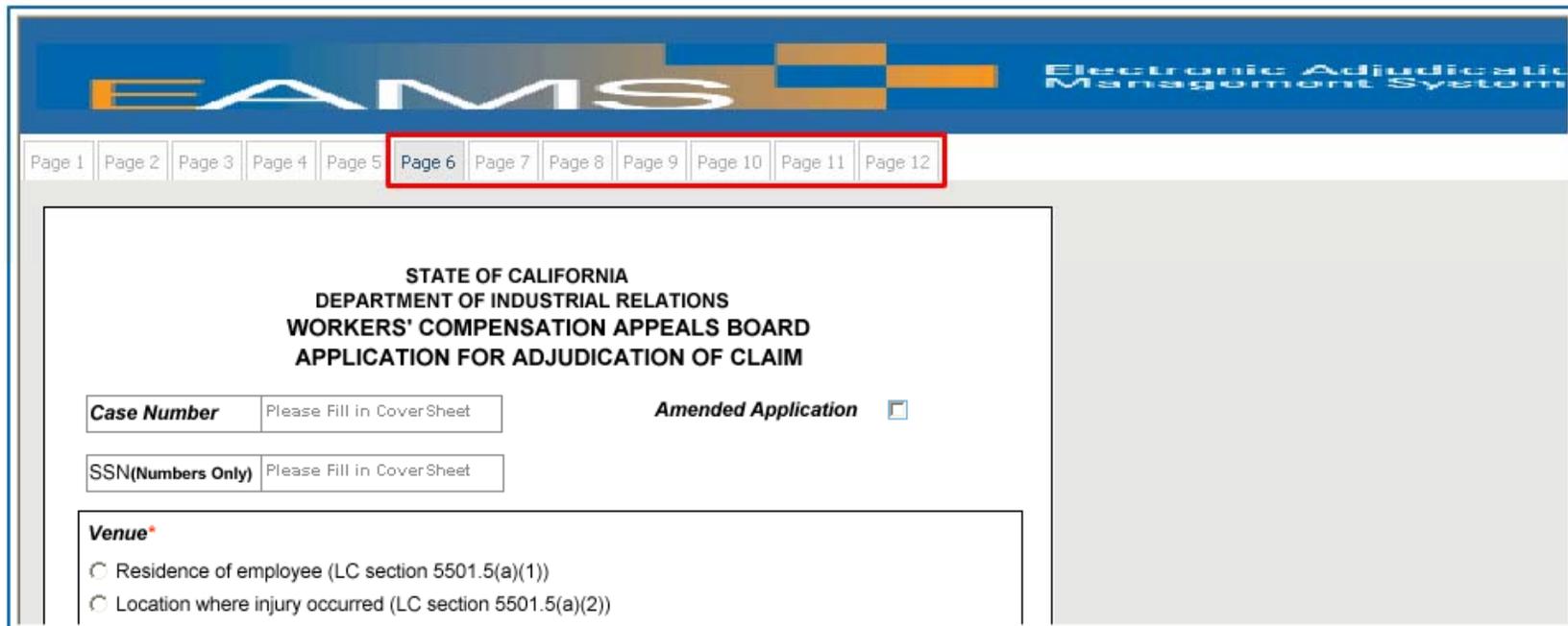
Case Number: * SSN(Numbers Only)

Specific Injury
(START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

EAMS Submitting eForms - Demo

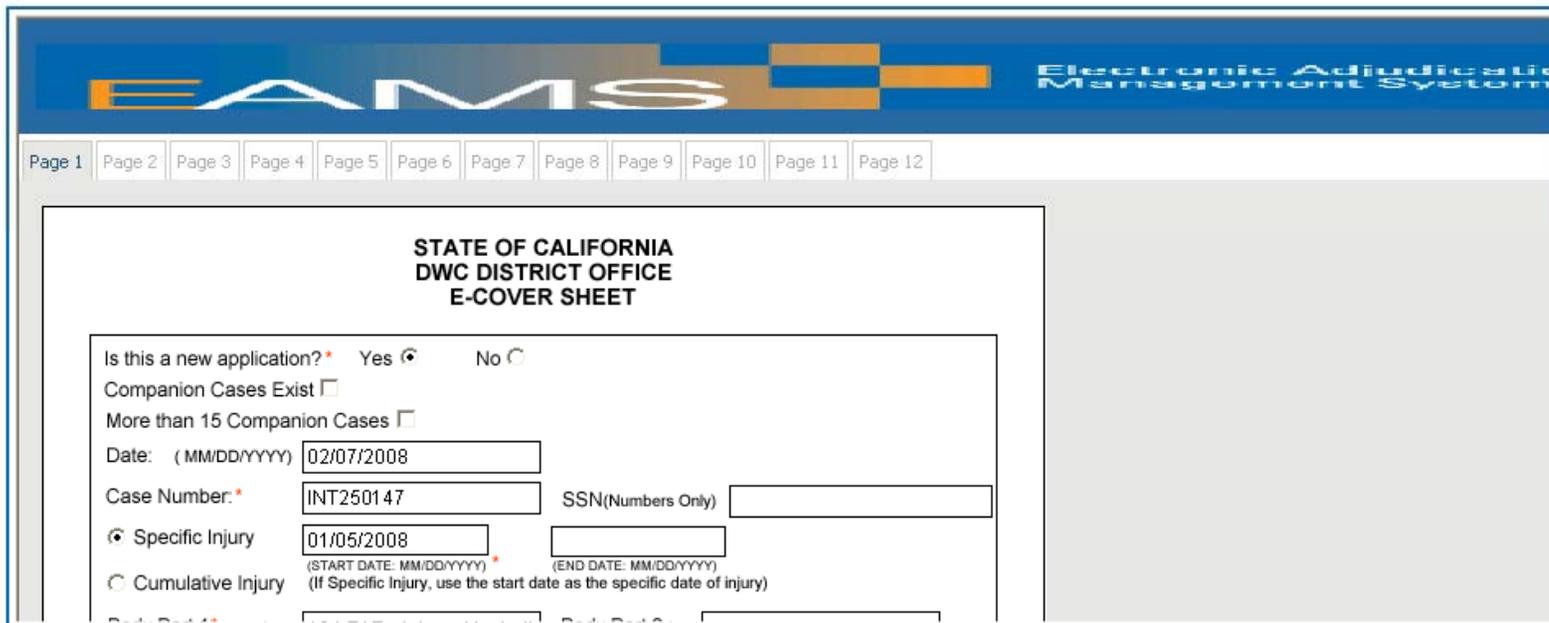
6. The eForm begins on page 6 after the coversheet. *Note: The * adjacent to a field indicates that this is mandatory. You should not leave it blank.*



The screenshot shows the EAMS interface with a navigation bar at the top containing the EAMS logo and the text "Electronic Adjudication Management System". Below the navigation bar is a horizontal menu of page tabs labeled "Page 1" through "Page 12". The "Page 6" tab is highlighted with a red border. The main content area displays the title "STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS WORKERS' COMPENSATION APPEALS BOARD APPLICATION FOR ADJUDICATION OF CLAIM". Below the title are three input fields: "Case Number" with the placeholder "Please Fill in CoverSheet", "SSN(Numbers Only)" with the placeholder "Please Fill in CoverSheet", and "Venue*" with two radio button options: "Residence of employee (LC section 5501.5(a)(1))" and "Location where injury occurred (LC section 5501.5(a)(2))". To the right of the "Case Number" field is a checkbox labeled "Amended Application".

EAMS Submitting eForms - Demo

7. Fill in the e-form online, including the relevant pages of the cover sheet. Data you enter in the coversheet is very important as it will be used to precisely identify the case for which you are filing a request.



The screenshot shows the EAMS E-Cover Sheet form. At the top, there is a navigation bar with tabs for Page 1 through Page 12. The main form area is titled "STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET". The form contains several fields and checkboxes:

- Is this a new application? * Yes No
- Companion Cases Exist
- More than 15 Companion Cases
- Date: (MM/DD/YYYY)
- Case Number: * SSN(Numbers Only)
- Specific Injury
- Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

CBT Review Contd.

- Can print entire document in e-Form environment
 - Printed copy of the e-Form will be served on all parties, the old fashioned way ... by mail
- In application example, other forms and documents must be attached to filing:
 - DWC-1
 - LC 4906(g) declaration
 - Letter of representation
 - Fee disclosure statement
 - Proof of service
- As an e-Form filer you attach the above to the e-form application as follows...
 - In the CBT the attachment example is a QME report ... but remember this is only for illustration purposes... you would attach any of the above forms in the same manner



EAMS Submitting eForms - Demo

8. If you want to attach supporting documents, click the **Attachment** button.

Date: (MM/DD/YYYY)	<input type="text" value="02/07/2008"/>	
Case Number: *	<input type="text" value="INT250147"/>	SSN(Numbers Only) <input type="text"/>
<input checked="" type="radio"/> Specific Injury	<input type="text" value="01/05/2008"/> <small>(START DATE: MM/DD/YYYY) *</small>	<input type="text"/> <small>(END DATE: MM/DD/YYYY)</small>
<input type="radio"/> Cumulative Injury	<small>(If Specific Injury, use the start date as the specific date of injury)</small>	
Body Part 1* :	<input type="text" value="124 EAR - internal includit"/>	Body Part 2 : <input type="text"/>
Body Part 3 :	<input type="text"/>	Body Part 4 : <input type="text"/>
Other Body Parts :	<input type="text"/>	

Please check unit to be filed on (check only one box) *

ADJ DEU SIF UEF VOC INT ADA

Companion Cases

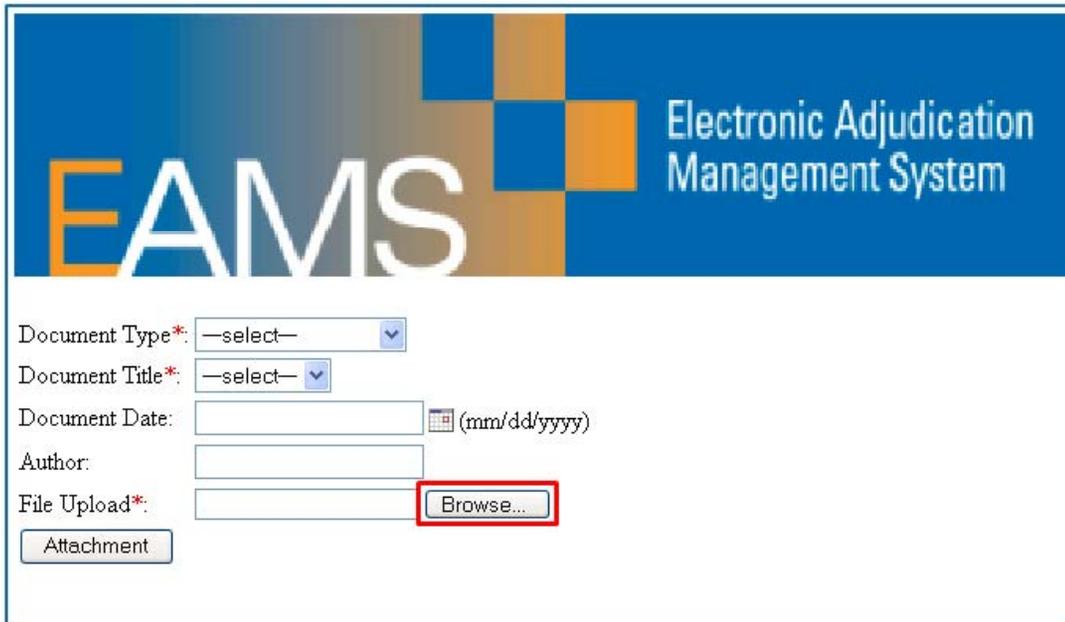
Case 1:

Case 2:

Case 3:

EAMS Submitting eForms - Demo

9. Select the Document Type and Document Title. Enter the document date and author. Then click the **Browse...** button.

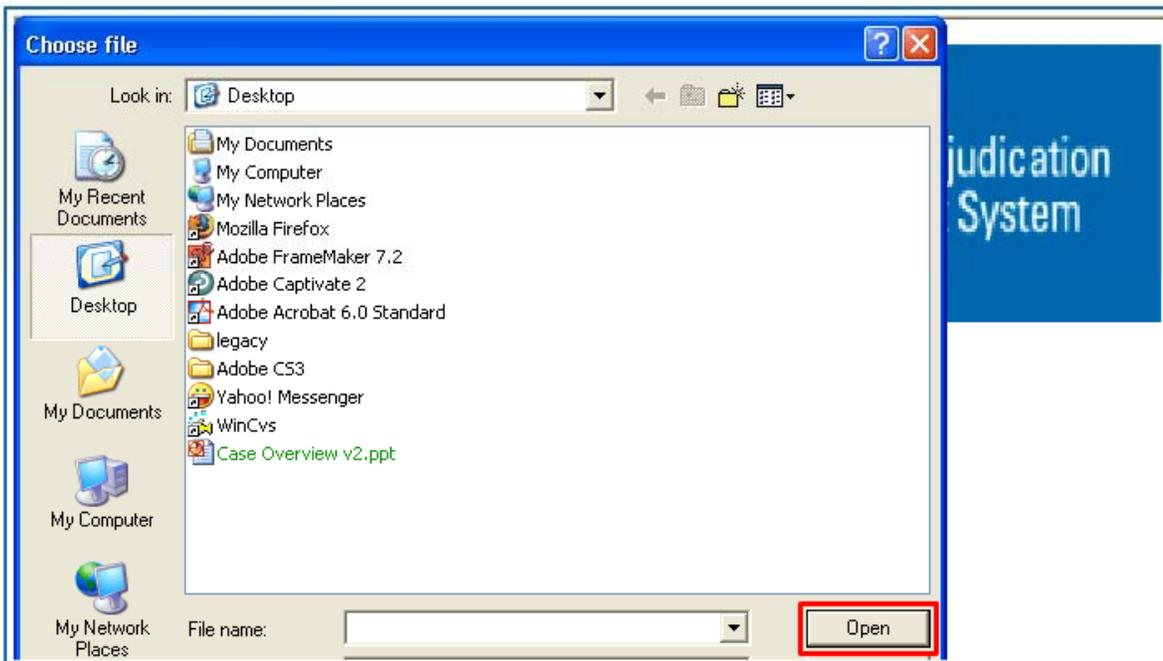


The screenshot shows a form titled "Electronic Adjudication Management System" with the "EAMS" logo. The form fields are:

- Document Type*:
- Document Title*:
- Document Date:  (mm/dd/yyyy)
- Author:
- File Upload*:
-

EAMS Submitting eForms - Demo

10. Select the file you want to attach and click the **Open** button.



EAMS Submitting eForms - Demo

11. Click the **Attachment** button.



Document Type*: ▾

Document Title*: ▾

Document Date:  (mm/dd/yyyy)

Author:

File Upload*:

EAMS Submitting eForms - Demo

12. A row is added to the list of documents at the bottom of the screen. You can repeat the steps to attach multiple files to the eForm. When you have finished attaching documents, click the Done button.

EAMS
Management System

Document Type*:

Document Title*:

Document Date:  (mm/dd/yyyy)

Author:

File Upload*:

Document Type	Document Title	File Name	
MEDICAL DOCS	QME REPORTS	C:\QME report.txt	<input type="button" value="Delete"/>
			<input style="border: 2px solid red;" type="button" value="Done"/>

EAMS Submitting eForms - Demo

13. Click the **Submit** button after you have filled-in all details and attached relevant supporting documents. Remember, if you need to keep a copy for yourself for immediate use, you must print each page of the eForm.

Date: (mm/dd/yyyy)	02/07/2008					
Case Number:*	INT250147	SSN(Numbers Only)				
<input checked="" type="radio"/> Specific Injury	01/05/2008 <small>(START DATE: MM/DD/YYYY) *</small>		<small>(END DATE: MM/DD/YYYY)</small>			
<input type="radio"/> Cumulative Injury	<small>(If Specific Injury, use the start date as the specific date of injury)</small>					
Body Part 1*	124 EAR - internal includir	Body Part 2 :				
Body Part 3 :		Body Part 4 :				
Other Body Parts :						
Please check unit to be filed on (check only one box) *						
<input checked="" type="radio"/> ADJ	<input type="radio"/> DEU	<input type="radio"/> SIF	<input type="radio"/> UEF	<input type="radio"/> VOC	<input type="radio"/> INT	<input type="radio"/> ADA
Companion Cases						
Case 1:						
Attachment Home Submit Instrucciones en español Help						

EAMS Submitting eForms - Demo

14. Every eForm is accompanied by an instruction page, usually the last page. In this example it is page 12. For additional instructions on how to fill this form click the Help button.

Effect of Filing Application

Filing of this application begins formal proceedings against the defendant(s) named in your application.

Assistance in Filling Out Application

You may request the assistance of an information and assistance officer of the Division of Workers' Compensation.

Right to Attorney

You may be represented by an attorney or agent, or you may represent yourself. The attorney fee will be set by the DWC at the time the case is decided and is ordinarily payable out of your award.

Filling Out Application

All blanks in the application shall be completed. Where the information is unknown, place "unknown" in the blank. If medical treatment is paid for by Medical, Medicare, group health insurance or private carrier, please specify.

Service of Documents

Your attorney or agent will serve all documents in accordance with Labor Code Section 5501 and Section 10500 of the Workers' Compensation Appeals Board's Rules of Practice and Procedure.

If you have no attorney or agent, copies of this application will be served by the

Attachment

Home

Submit

Instrucciones en español

Help

CBT Review Contd.

- No rejection NOTICE sent from EAMS, so e-Form filer should / can check the status of submitted documents within four hours of filing, after the “batch” has been uploaded into EAMS
 - A document that fails to go through the batch process will end up in the unprocessed document queue. DWC employees will work through this queue and either correct mistakes and resubmit forms, if possible, or notify filers and give them the opportunity to correct the problem and resubmit the form (Please review the proposed regulations in this regard)
 - Also, if you look in EAMS within 24 hrs and see your case but do not see your document, you know it did not get into EAMS (If you subscribe to EDEX you will know whether your document made it into EAMS through “case watch”)
- When you hit “submit” on an e-Form you will receive a batch number to prove your submission.
 - We suggest that you print this for your records, it is the same as a date stamp on an OCR form



CBT Review Contd.

- Many questions have arisen about filing OTHER pleadings
 - To do this in the e-Form filing environment of EAMS use the **unstructured e-Form**
- OTHER pleadings incorporate all other documents external users file with district offices in the course of adjudicating a case:
 - Petitions to compel attendance at deposition/ medical exam
 - Petition for change of venue
 - Petitions for reconsideration
 - Substitution of attorney



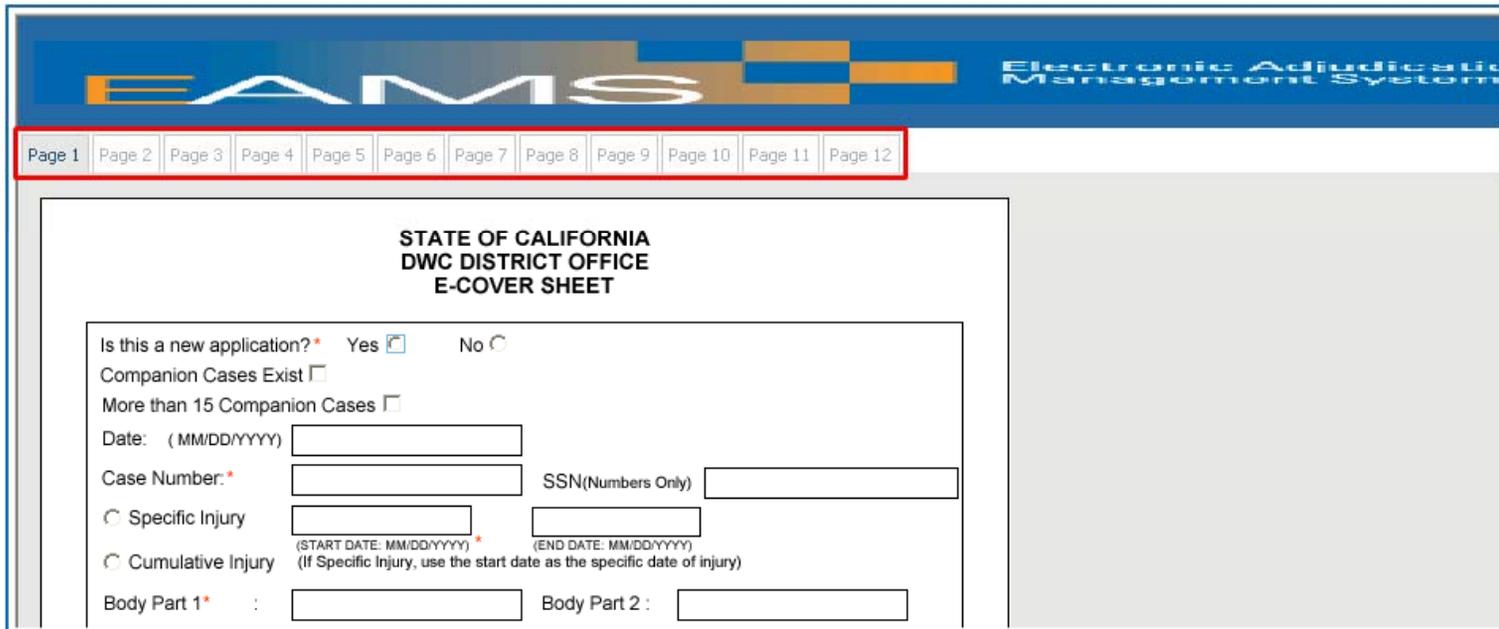
EAMS Using Documents - Demo

3. Click the **UNSTRUCTURED EFORM** link from the DWC Miscellaneous section.

	STIPULATIONS WITH REQUEST FOR AWARD
	THIRD PARTY COMPROMISE AND RELEASE
	Disability Evaluation Unit
	EMPLOYEE'S PERMANENT DISABILITY QUESTIONNAIRE AND REQUEST FOR SUMMARY DETERMINATION - QME REPORT
	REQUEST FOR CONSULTATIVE RATING
	REQUEST FOR RECONSIDERATION OF SUMMARY RATING BY THE AD
	REQUEST FOR SUMMARY RATING DETERMINATION - PRIMARY TREATING PHYSICIAN REPORT
	REQUEST FOR SUMMARY RATING DETERMINATION - QME REPORT
	DWC Miscellaneous
	GENERAL PUBLIC REQUEST FOR INFORMATION
	UNSTRUCTURED EFORM
	Uninsured Employment Fund
	APPLICATION FOR DISCRETIONARY PAYMENTS FROM THE UEF

EAMS Submitting eForms - Demo

4. The eForm opens and by default Page 1 is displayed. The eForm can comprise of multiple pages displayed as tabs along the top of the form.



The screenshot shows the EAMS interface with a blue header containing the EAMS logo and the text 'Electronic Adjudication Management System'. Below the header is a tabbed navigation system with 12 tabs labeled 'Page 1' through 'Page 12'. The 'Page 1' tab is highlighted with a red border. Below the tabs is a form titled 'STATE OF CALIFORNIA DWC DISTRICT OFFICE E-COVER SHEET'. The form contains the following fields and options:

- Is this a new application? * Yes No
- Companion Cases Exist
- More than 15 Companion Cases
- Date: (MM/DD/YYYY)
- Case Number: * SSN(Numbers Only)
- Specific Injury
(START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)
- Cumulative Injury
(If Specific Injury, use the start date as the specific date of injury)
- Body Part 1 * : Body Part 2 :

EAMS Submitting eForms - Demo

5. Every eForm contains a cover sheet from Pages 1 - 5. The relevant pages of the cover sheet must be completed preceding each form. Page one of the cover sheet must always be filled out. Pages two through five are only filled out if you have companion cases. Once you've filled out the relevant cover sheet pages you can skip to the form itself by clicking tab 6.



EAMS Electronic Adjudication Management System

Page 1 Page 2 Page 3 Page 4 **Page 5** Page 6 Page 7 Page 8 Page 9 Page 10 Page 11 Page 12

**STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET**

Is this a new application?* Yes No

Companion Cases Exist

More than 15 Companion Cases

Date: (MM/DD/YYYY)

Case Number:* SSN(Numbers Only)

Specific Injury
(START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Cumulative Injury (If Specific Injury, use the start date as the specific date of injury)

EAMS Using Documents - Demo

4. Fill-in the relevant case details for which you are submitting documents. Note that all fields marked * are mandatory. Entering more fields will make it easier to locate the document later.



Master Case Number*:

Case Reference:

Enter Case Reference:

Case Type*:

Document Type*:

Document Title*:

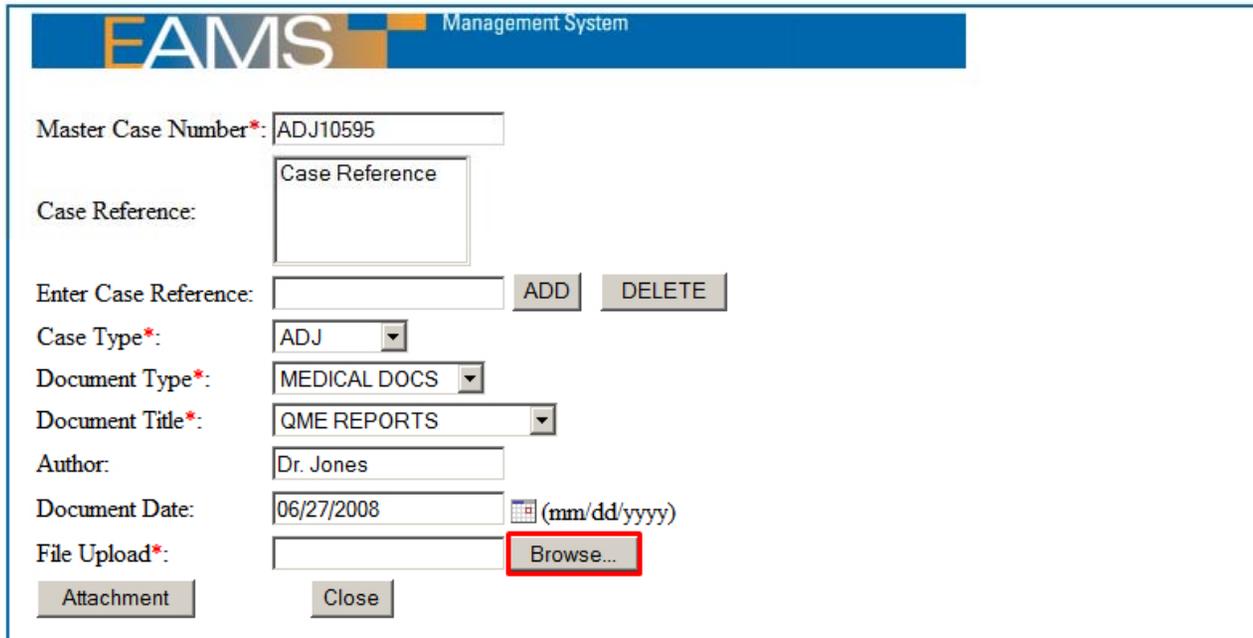
Author:

Document Date: (mm/dd/yyyy)

File Upload*:

EAMS Using Documents - Demo

5. Click the **Browse...** button.



EAMS Management System

Master Case Number*:

Case Reference:

Enter Case Reference:

Case Type*:

Document Type*:

Document Title*:

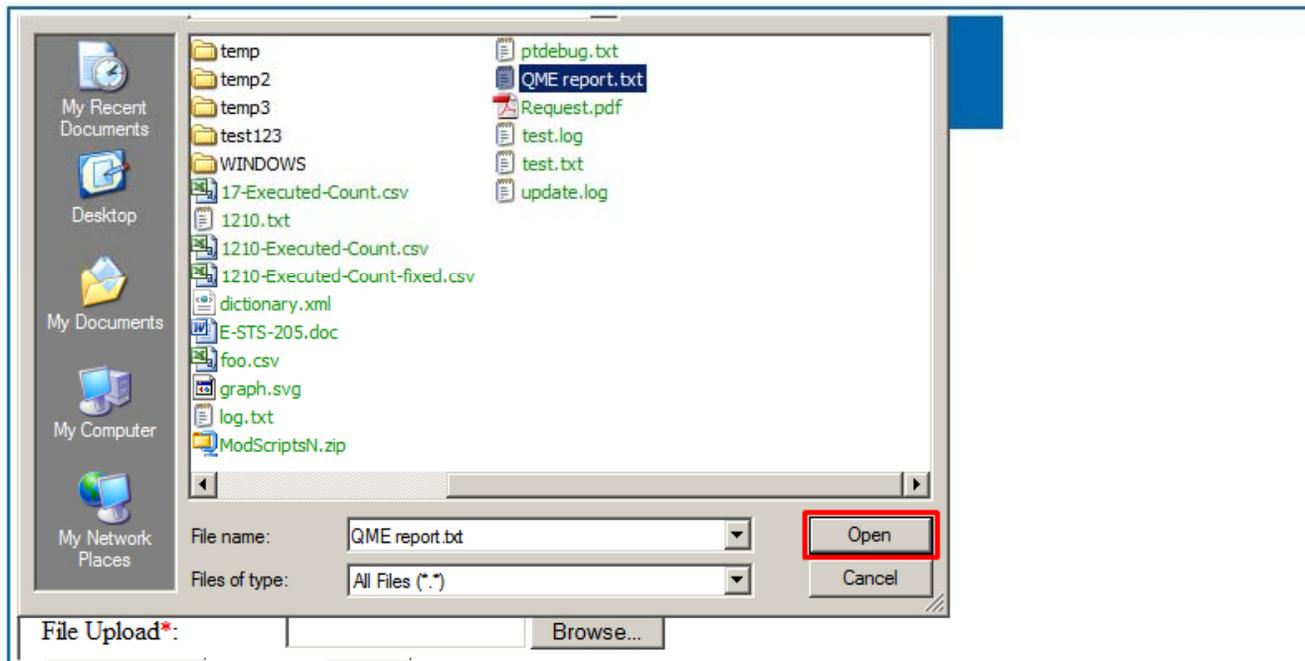
Author:

Document Date: (mm/dd/yyyy)

File Upload*:

EAMS Using Documents - Demo

6. Select the file you want to attach and click the **Open** button.



EAMS Using Documents - Demo

7. Click the **Attachment** button.

Master Case Number*:	<input type="text" value="ADJ10595"/>
Case Reference:	<input type="text" value="Case Reference"/>
Enter Case Reference:	<input type="text"/> <input type="button" value="ADD"/> <input type="button" value="DELETE"/>
Case Type*:	<input type="text" value="ADJ"/>
Document Type*:	<input type="text" value="MEDICAL DOCS"/> <i>(You must select Case Type before selecting Doc Type)</i>
Document Title*:	<input type="text" value="QME REPORTS"/> <i>(You must select Doc Type before selecting Doc Title)</i>
Author:	<input type="text" value="Dr. Jones"/>
Document Date:	<input type="text" value="06/27/2008"/> (mm/dd/yyyy)
File Upload*:	<input type="text" value="C:\QME report.txt"/> <input type="button" value="Browse..."/>
<input type="button" value="Attachment"/>	<input type="button" value="Close"/>

EAMS Using Documents - Demo

8. A row is added to the list of documents to attach at the bottom of the screen. Repeat this process to attach additional supporting documents.

Case Reference:

Enter Case Reference:

Case Type*:

Document Type*:

Document Title*:

Author:

Document Date: (mm/dd/yyyy)

File Upload*:

Master Case Reference	Case ID	Case Type	Document Type	Document Title	File Name	
ADJ10595		ADJ	MEDICAL DOCS	QME REPORTS	C:\QME report.txt	<input type="button" value="Delete"/>

EAMS Using Documents - Demo

12. Click the **Submit** button after attaching all documents.

Master Case Reference:

Case Type*:

Document Type*:

Document Title*:

Author:

Document Date: (mm/dd/yyyy)

File Upload*:

Master Case Reference	Case ID	Case Type	Document Type	Document Title	File Name	
ADJ10595		ADJ	MEDICAL DOCS	QME REPORTS	C:\QME report.txt	<input type="button" value="Delete"/>
ADJ11025		ADJ	LIENS AND BILLS	REQUEST FOR/NOTICE OF WITHDRAWAL OF LIEN	C:\Request.pdf	<input type="button" value="Delete"/>
						<input type="button" value="Submit"/>

CAUTION

IMPORTANT REMINDER:

Please remember to LOG OUT of the EAMS application immediately, each time you have finished using it.

The EAMS application is used by thousands of users. Every time you login you are using a user license. If you do not release the license by logging out, you are stopping other potential users from using the license.



Managing User Names and Logons

- Some thoughts about how an external user group may manage their ONE username / logon:
 - Central computer
 - Central pass
 - Small group of external users / administrators
 - Technological solution



e-Form Filing and YOU

We hope this brief overview of the e-Form filing process has shown you:

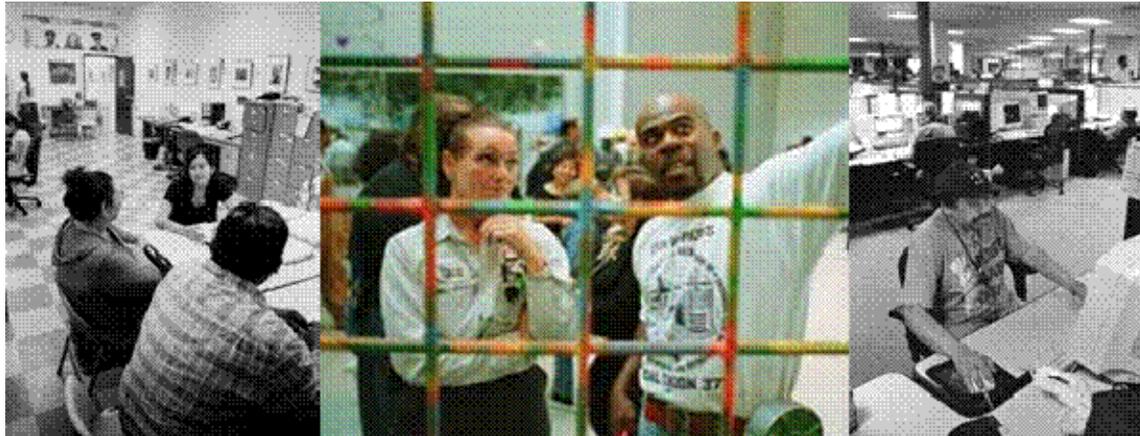
- Although filling out the e-Form will be a little more time consuming on your end
- Once it's filled out, your submission time will be much faster and your document processing will happen faster at the district office
- Which means you receive your results in an efficient, timely fashion



Division of Workers' Compensation



EAMS Help Desk



About the EAMS Help Desk

- EAMS Help Desk is at the Call Center
- Five EAMS experts assisting external users with OCR questions and e-Form filers
- Preferred method of contact is e-mail:
EAMSHelpDesk@dir.ca.gov
- EAMS Help Desk phone # 1-888-771-EAMS (3267)
option #4
- Call Center hours: 7 a.m. to 6 p.m.; EAMS Help Desk 8 a.m. to 5 p.m. (varies on schedules)



Call Vs E-Mail

- Examples:
- OCR Filers
 - Call: when you have submitted OCR forms to the district office and you are checking status
 - E-mail: when you are working on OCR forms and are having trouble with drop downs (take screen shots)
- e-Form Filers
 - Call: when you have questions on where to find the forms or navigation questions
 - E-mail: when you receive an error message while trying to submit an e-Form (take screen shots)

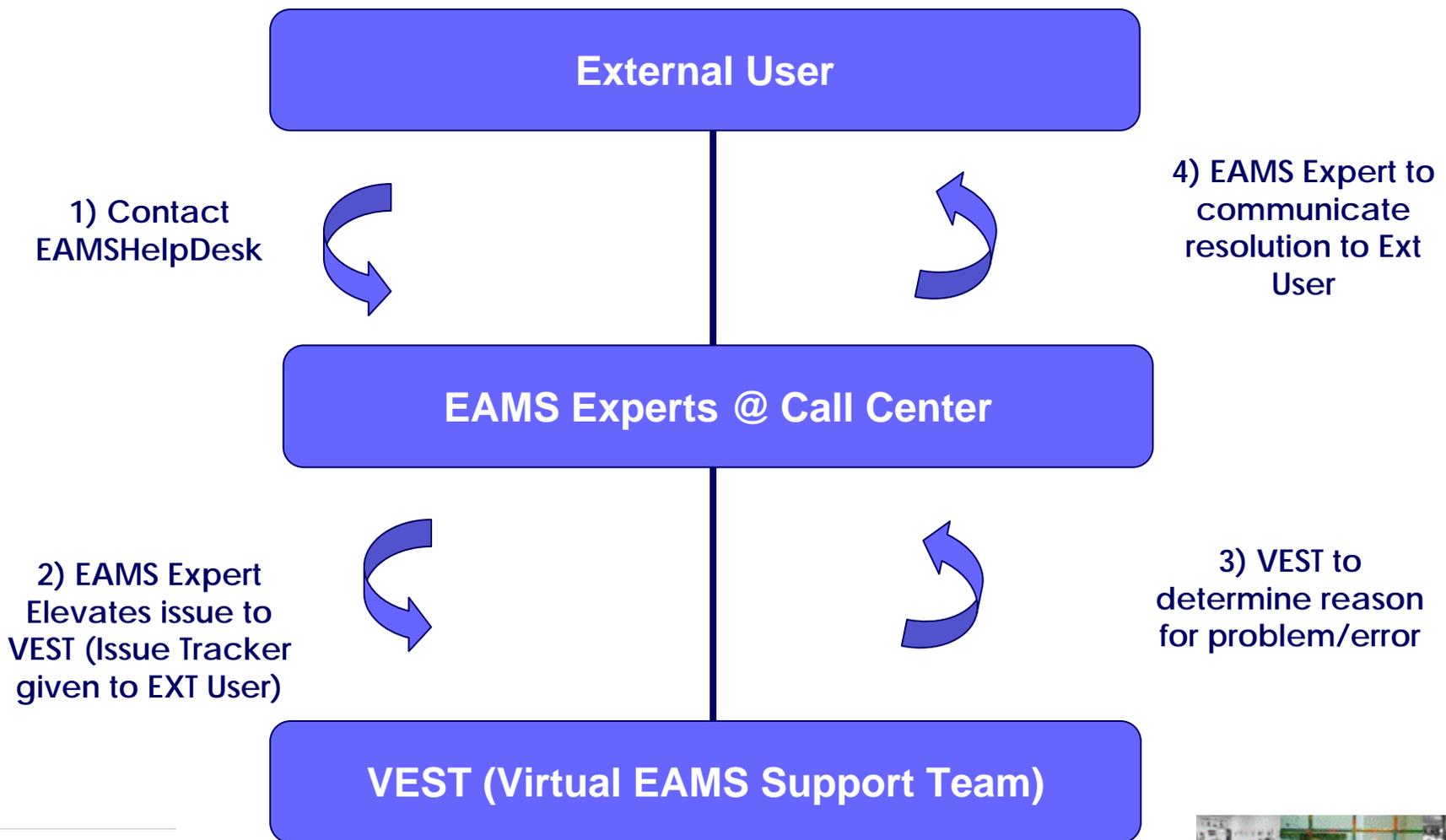


EAMS Help Desk Procedures

- External users with questions or problems e-mail EAMSHelpDesk@dir.ca.gov
 - Provide detailed information about question. Are you an e-Form filer or OCR filer?
 - Example of a good e-mail:
**“I am an external e-form trial participant. I have a batch # where I cannot confirm the filing.
Batch ID 252390 – On 10/06/08 at 10:07 a.m. I filed a Petition for Contribution on these two cases. It is not showing as being filed yet. This is for ADJ11192118 and ADJ2423696 - IW is Mickey Mouse.”**
- EAMS expert will research problem and assist you via e-mail or by phone (please provide your contact information)
- If it's not a quick fix/answer and needs further investigation, your problem may be submitted to “issue tracker”



Problem Solving Chain of Command

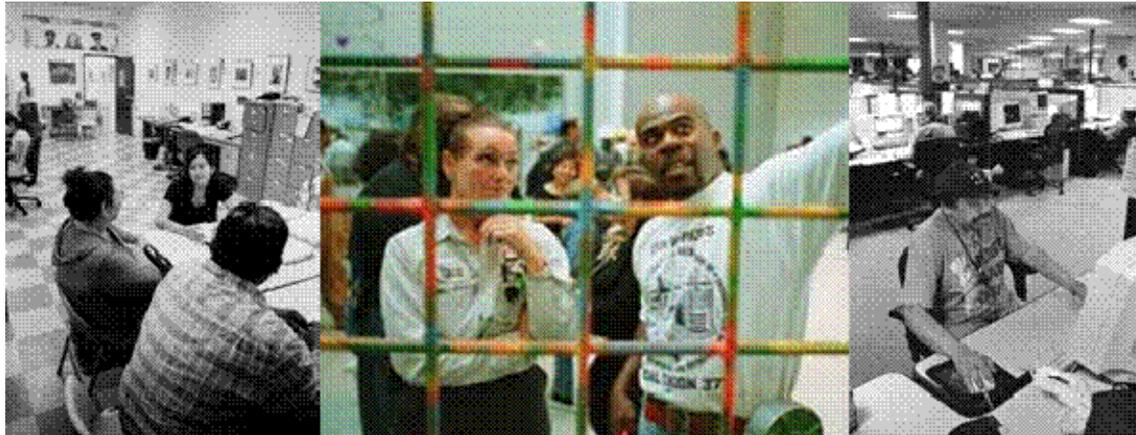


Division of Workers' Compensation



CA Department of Industrial Relations

Q&A Panel: Regulations, OCR forms, e-Forms



EAMS Available Resources

- **Web site:** www.dwc.ca.gov/eams
 - ✓ Demos
 - ✓ FAQs
 - ✓ How-to's
 - ✓ Newsletter
 - ✓ Newslines
 - ✓ Computer based training (CBT) for e-Form trial participants
- **Email:** eams@dir.ca.gov
 - ✓ Put nature of what you're looking for, such as "e-Forms trial" in subject line
- **External sources:**
 - ✓ Forms vendors
 - ✓ Statewide and local professional associations—CWCI, CAAA, State Bar, etc

