

Division of Workers' Compensation



EAMS: Future and Present



Session Agenda

- 2:15-2:30 p.m.: The Future of EAMS
- 2:30-2:50 p.m.: Filing and Errors
- 2:50-3:15 p.m.: Q&A



EAMS – The Future



EAMS Access Project Vision

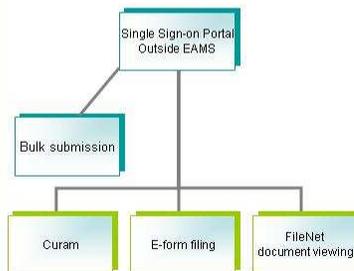
Present term: SFTP bulk filing

- 6 forms:
 - Application
 - C&R
 - Stips
 - DOR
 - DOR expedited
 - Lien
- Filing (80/20 rule)
- 3 level user response (submission + error)
- Web site public search page expansion
 - All cases not archived
 - Additional case information (based on survey)

Timeline: 9 months
(in house M&O staff)

Phase I: Gateway →

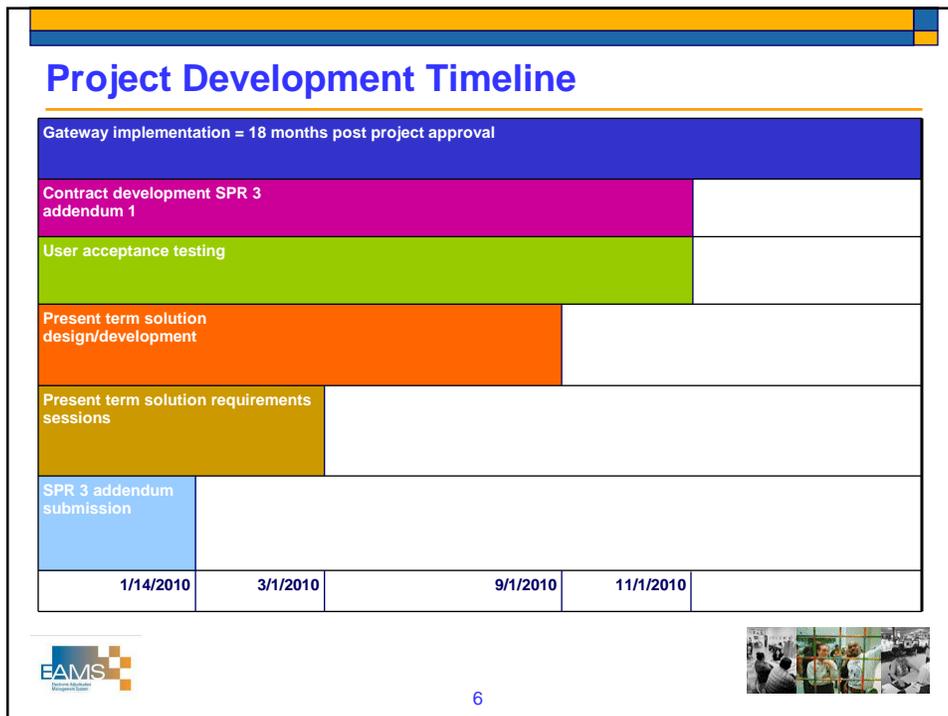
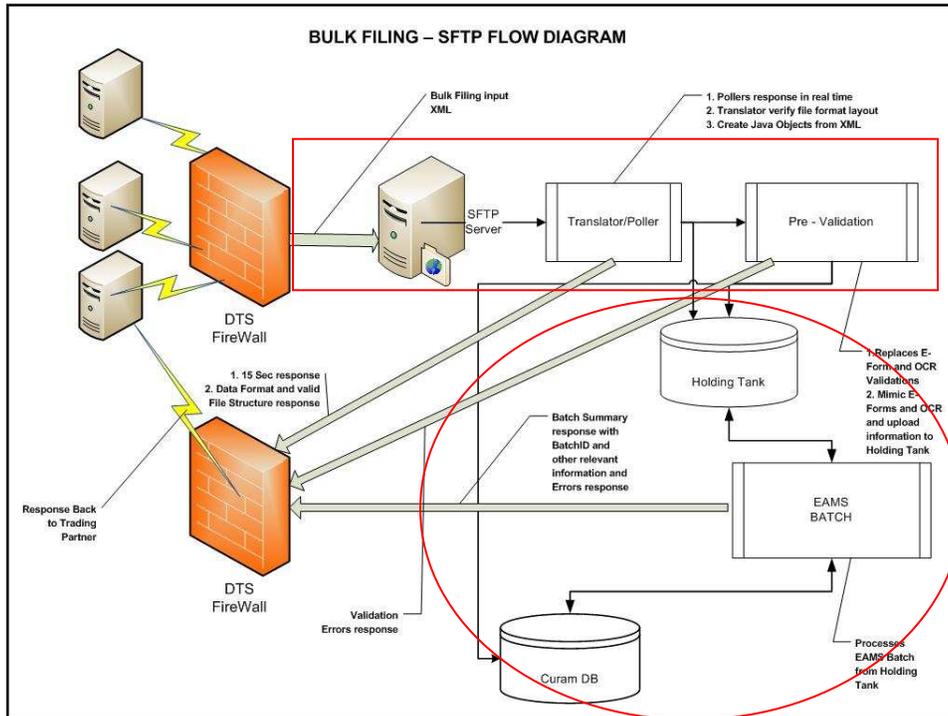
- Proof of concept: 6 forms
 - Supports multiple filing protocols
 - Enhanced user response
- Single sign-on portal
- User account management



Timeline: 18 months post approval (contract)

Phase II: Gateway

- All forms



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EAMS Filing and Errors



Website Links and Emails

- Main EAMS Page
 - www.dwc.ca.gov/eams
- Uniform Assigned Name (UAN) Online Database
 - http://www.dir.ca.gov/DWC/eams/EAMSLC/EAMS_ClaimsAdmins_Reps.htm
- EAMS Case Number Lookup Tool
 - <http://www.dir.ca.gov/dwc/eams/eams-c/EAMSCases.asp>
- Suggestions – (NOT complaints)
 - EAMSSUGGESTIONBOX@DIR.CA.GOV



Case Number

- Biggest problem – sloppy typing
- ADJ case numbers NEVER have zero for the first digit
- Do NOT just put “ADJ” in front of the Legacy Case Number
- Do NOT enter both the ADJ and Legacy Case Number
 - Example: do NOT put the EAMS ADJ number in the main case field and the corresponding Legacy case number in the companion case field – they are the same case



9



Doc Types and Titles

- Use the Correct one
- Refer to the Doc Type and Title list on OCR forms page
- Do NOT indiscriminately use TYPED OR WRITTEN LETTER for ADJ
 - This is ONLY for a document that needs the IMMEDIATE attention of the WCJ
- If you can't find the ADJ Doc Type and Title, use:
ADJ – MISC – CORRESPONDENCE-OTHER



10



Fields

- If there is no information to enter in a field, **LEAVE IT BLANK**
- For example:
 - SSN – if not listing, do NOT type “NONE”
 - New case – in the case number field do NOT type “UNASSIGNED”
 - Self-insured employer – in the insurance company name do NOT type “NONE” or “SELF-INSURED”
 - If you have nothing to put in a field, do NOT type “N/A”



11



Uniform Assigned Names

- Don't make up your own
- Use only those from the online database list
- Use for ALL case participants that have a UAN
 - Law firms
 - Lien claimant representatives' offices
 - **CLAIMS ADMINISTRATORS' OFFICES**
- Must use the address as listed in the database
- If you don't have a UAN for an entity that should, get it before you file – don't just leave it blank



12



Companion Cases – NOT!

- Do NOT check the box “Companion Cases Exist” nor enter any companion case numbers for:
 - APPLICATION FOR ADJUDICATION OF CLAIM
 - AMENDED APPLICATION FOR ADJUDICATION OF CLAIM
 - ANSWERS
 - LIEN CLAIMS



13



Self-Insured Employers

- In the Employer section, check the box “Self Insured”
- Do NOT enter anything in the Insurance Company section on the form – **LEAVE IT BLANK**
- You **MUST** enter the Claims Administrators’ Office UAN and address
 - If they self administer their claims, enter the self-insured employer’s UAN and address
 - If they use a TPA, enter the TPA’s UAN and address



14



Ratings

- Pro Per (unrepresented)
 - Filing as a New DEU case
 - Use only these e-forms:
 - EMPLOYEE'S PERMANENT DISABILITY QUESTIONNAIRE AND REQUEST FOR SUMMARY RATING-QME REPORT
 - Or
 - REQUEST FOR SUMMARY RATING DETERMINATION-PRIMARY TREATING PHYSICIAN REPORT
- When in doubt, file it as a NEW CASE
- If you attach a proof of service use:
DEU - MISC – TYPED OR WRITTEN LETTER



15



Ratings – con't

- Pro per (unrepresented) con't
 - You verified there is an existing DEU case
 - Use Only these forms:
 - REQUEST FOR SUMMARY RATING DETERMINATION – PRIMARY TREATING PHYSICIAN REPORT
 - or
 - REQUEST FOR SUMMARY RATING DETERMINATION – QME REPORT
- When in doubt, file it as a NEW CASE – see previous slide
- If you attach a proof of service use:
DEU - MISC – TYPED OR WRITTEN LETTER



16



Ratings – con't

- Represented IW or existing ADJ case
- Remember though, if there is no DEU Product Delivery case, you file this as a “NEW CASE”
 - Use ONLY:
 - REQUEST FOR CONSULTATIVE RATING
- If you attach a proof of service use:
DEU - MISC – TYPED OR WRITTEN LETTER



17



Form Packages

- See the rest of the hand out for additional general question answers and form packages



18



Division of Workers' Compensation



Q&A



GENERAL QUESTIONS:

Application:

- **If other than IW** – e.g. by claims administrator office or lien claimant – Claims Administrator’s UAN or name of lien claimant goes in the name field in this section. If represented, the Representative’s UAN goes in name field for APPLICANT ATTORNEY – you are representing the “applicant”
- **Companion Cases** – do NOT list on the DCS – you file the application in ONE case only.

Amended Application

- Be sure to check the Amended box on the DCS
- Be sure to identify exactly what it is you are amending either in paragraph 2 on page 3 or in an addendum
- **Companion Cases** – do NOT list on the DCS – you file the amended application in ONE case only.

Answer to Application

- **Companion Cases** – do NOT list – you file the answer in ONE case only.

Document Cover Sheet (DCS)

- If you have a **case number**, do NOT list SSN, Type of Injury, DOI or Body Parts
 - **Exception:** When filing an amended application, you must list the DOI
- **CT DOI** – need BOTH a start date and an end date
- **Body Part Codes** – more than 5 injured parts – use one or more of the multiple body part codes. You will ID “left – right” and specific part in the body of the form or in an addendum
- Do I list all **companion cases** even if they are closed? – No, list ONLY those cases you want as companion to this filing, not every case the IW has or had.
- **First Case Number** – does not matter which one you use – best if you put that same case number on the form, e.g. DOR
- **Settlement Documents**
 - One existing case number and one new case – Select New Case and enter all info – in the first companion case field list only the existing case number

- 2 new case with one existing case number – one DCS with the new case and the existing as above, and a separate DCS for the other new case
- more than these, all have a separate DCS

Document Separator Sheet (DSS)

Doc Type and Doc Title

- Use **ONLY** those on the list on the website – do NOT make one up – if you can't find it, for ADJ, use ADJ – MISC – CORRESPONDENCE-OTHER
- Use **TYPED OR WRITTEN LETTER ONLY** if it is something that needs prompt attention by the WCJ – e.g. joint request to OTOC
- Do NOT identify documents as “exhibits” in either the Doc Title or the Author – The WCJ identifies what is an exhibit at time of trial and court reporter marks them – do NOT attach exhibit sheets

Date on DSS

- Date on first page of the document; date of signature
- If multiple dates, pick the earliest, e.g. 4906(g), benefit notices
- If no date, enter the date you prepare the DSS

Author

- **UAN** – if it is a document prepared by an office that has a UAN, e.g. claims administrators' offices, representatives' offices
- **Medical Practitioner's Name** – if it is a medical report – e.g. JOHN BONECUTTER MD – NO special characters/punctuation
- **Facility/Entity Name** – if it is subpoenaed records – e.g. PALOMAR HOSPITAL - NO special characters/punctuation
- **Claims Administrator's UAN** – if prepared by their office – NOT the individual's name
- **Employer's Name** – if prepared by the employer, e.g. ACME WIDGETS - NO special characters/punctuation
- **DWC-1 and Venue Authorization** – Injured Worker's name

REMEMBER, NO PUNCTUATION OR SPECIAL CHARACTERS!

Orders and Awards

- Do not submit proposed Orders or Awards with mailed settlement documents.
- If WCJ has a preferred hard copy Order/Award – the DSS will be: ADJ – MISC – CORRESPONDENCE-OTHER

Printing Forms

- PLEASE use the Adobe print icon in the upper left or the print tab in the upper right – these have the correct print settings

Unrepresented Claims Administrators' Office – signing Stipulations with Request for Award

- The examiner will ONLY date and sign in the first defense attorney section at the top of page 8. You do NOT check the box “Non Attorney Representative” – You do NOT type in any information in any of the fields in this section. Neither the examiner nor the claims administrators' office is a representatives' office or non-attorney representative. JUST DATE AND SIGN.

Form Packages

Application for Adjudication of Claim

- DCS
- DSS – ADJ – LEGAL DOCS – APPLICATION FOR ADJUDICATION OF CLAIM
- APPLICATION – OCR Form
- DSS – ADJ – LEGAL DOCS – DWC-1 CLAIM FORM
- Claim Form
- DSS – ADJ – LEGAL DOCS – 4906(G) DECLARATION
- 4906(g) declarations – 1 or more together
- If filed by representative for IW
 - DSS – ADJ – LEGAL DOCS – FEE DISCLOSURE STATEMENT
 - Fee Disclosure Statement
 - DSS – ADJ – MISC – CORRESPONDENCE-OTHER
 - Venue Authorization
- If filed by/on behalf of Lien Claimant
 - DSS – ADJ – MISC – CORRESPONDENCE-OTHER
 - Verification 10770.5
- DSS – ADJ – LEGAL DOCS – PROOF OF SERVICE
- Proof of Service

Declaration of Readiness to Proceed (DOR)

- DCS
- DSS – ADJ – LEGAL DOCS – DECLARATION OF READINESS TO PROCEED
- DOR – THE OCR Form
- DSS – ADJ – MEDICAL DOCS – either ALL MEDICAL REPORTS, AME REPORTS or QME REPORTS
 - Medical Report – only 1 – exceptions:
 - if there are 2 or more QME/AME reports pertaining to separate body conditions/parts, e.g. psyche and ortho;
 - when filing for Rating MSC, attach all reports you want rated
- If filed by/on behalf of Lien Claimant
 - DSS – ADJ – MISC – CORRESPONDENCE-OTHER
 - Verification – 10770.6
- DSS – ADJ – LEGAL DOCS – PROOF OF SERVICE
- Proof of Service

Notice and Request for Allowance of Lien

- DCS
- DSS – ADJ – LIENS AND BILLS – NOTICE AND REQUEST FOR ALLOWANCE OF LIEN
- LIEN – the OCR Form – always file as original
- The Itemized Statement of Charges
- Verification – 10770.5
- Proof of Service

NOTE: there are no DSS after the OCR form. Do NOT file any medical reports, EOB'S, counter EOB'S, letters, etc. JUST the listed documents