

Division of Workers' Compensation EAMS Update

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Electronic Adjudication Management System (EAMS)

- Went live in district offices across the state August 2008
- One million document batches successfully processed into EAMS end of 2009
- Extensive paper backlog cleanup at district offices
- Improving current filing methods
 - ❖ OCR forms
 - ❖ e-forms

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**Application for Adjudication of Claim
OCR form sample packet**

This packet contains instructions on how to fill in Optical Character Recognition (OCR) forms, examples of forms and is in the order in which they should be filed in the district office.

Use the table below to help identify the forms that you need to complete when filing an application for adjudication of claim. The table also shows the order in which the forms should be assembled. To help you find the correct document separator sheet, the product delivery unit, document type and document number are in brackets.

In this packet, you will see examples as filed by the application attorney injured worker. If a lien claimant is filing the forms, then you will complete and submit the documents identified in this reference table.

Name of form	Applicant attorney for injured worker	Claims administrator and/or defense attorney	Lien claimant
1 Document cover sheet	x	x	x
2 Document separator sheet	x	x	x
3 Application for adjudication of claim	x	x	x
4 Document separator sheet for labor code section 4909(g) [ADJ-LEGAL-DOCS-4909(g)-DECLARATION]	x	x	x
5 All declarations pursuant to labor code section 4909(g)	x	x	x
6 Document separator sheet for fee disclosure statement [ADJ-LEGAL-DOCS-FEE DISCLOSURE STATEMENT]	x		
7 Fee disclosure statement	x		
8 Document separator sheet for venue authorization [ADJ-LEGAL-DOCS-RESPONSE-OTHER]	x		
9 Venue authorization	x		
10 Document separator sheet for lien verification [ADJ-LEGAL-DOCS-RESPONSE-OTHER]			x
11 Lien verification E 0770-E			x
12 Document separator sheet for proof of service [ADJ-LEGAL-DOCS-PROOF OF SERVICE]	x	x	x
13 Proof of service	x	x	x

Division of Workers' Compensation
www.dir.ca.gov
(800) 736-7401

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
DOCUMENT COVER SHEET

Is this a new case? Yes No Companion Cases Exist Walkthrough Yes No
CHECK "YES" BOX ONLY DO NOT CHECK THIS BOX DO NOT CHECK BOXES

More than 15 Companion Cases
DO NOT CHECK THIS BOX
WHY? MARK DATE YOU FILL OUT DOCUMENT COVER SHEET

Date (MM/DD/YYYY) 11/02/2007
THERE IS NO CASE NUMBER FOR APPLICATION FOR ADJUDICATION LEAVE BLANK. Specific Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
Case Number 1 Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
SEE BODY PART NUMBER LIST ON PAGE 8. (If Specific Injury, use the start date as the specific date of injury) (If Cumulative Injury, use the complete start and end date using MM/DD/YYYY.)

Body Part 1: 420 + Body Part 3: _____
Body Part 2: 100 Body Part 4: _____
Other Body Parts: (WHEN MORE THAN 5 BODY PARTS USE BODY PART NUMBER 700 IN THIS FIELD)

Please check unit to be filed on (check only one box)
 ADJ DEU SIF UEF VOC INT RSU

Companion Cases Specific Injury
Case Number 2 Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
Body Part 1: _____ Body Part 3: _____

Employer Information (Completion of this section is required) **MUST CHECK ONE BOX**

Insured Self-insured Legally Uninsured Uninsured

COMPANY NAMED EMPLOYEES PROTECTED FROM TIME OF INJURY
Employer Name (Please leave blank spaces between numbers, names or words) _____
COMPANY ADDRESS - MUST INCLUDE STREET ADDRESS OR PO BOX NUMBER
Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words) _____
MUST INCLUDE CITY, STATE AND ZIP CODE _____ Date _____ Zip Code _____
City _____ State _____ Zip Code _____

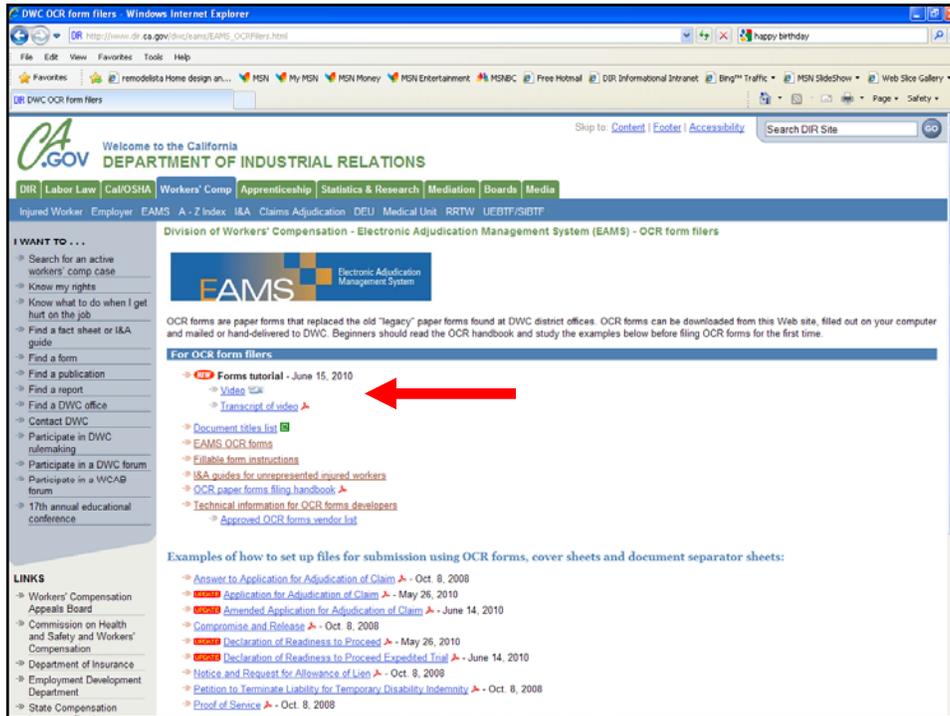
Insurance Carrier Information (if known and if applicable - include even if carrier is adjusted by claims administrator)
NAME OF EMPLOYERS INSURANCE CARRIER
Insurance Carrier Name (Please leave blank spaces between numbers, names or words) _____
INSURANCE CARRIER'S ADDRESS - MUST INCLUDE STREET ADDRESS OR PO BOX NUMBER
Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words) _____
MUST INCLUDE CITY, STATE AND ZIP CODE _____
City _____ State _____ Zip Code _____

Claims Administrator Information (if known and if applicable)
NAME OF CLAIMS ADMINISTRATOR
Name (Please leave blank spaces between numbers, names or words) _____
CLAIMS ADMINISTRATOR ADDRESS - MUST INCLUDE STREET ADDRESS OR PO BOX NUMBER
Street Address/PO Box (Please leave blank spaces between numbers, names or words) _____
MUST INCLUDE CITY, STATE AND ZIP CODE _____
City _____ State _____ Zip Code _____

IT IS CLAIMED THAT (Complete all relevant information):
1. The injured worker, born _____ (MUST INCLUDE INCLUCED EMPLOYEE'S DATE OF BIRTH) _____ while employed as a(n) _____ (JOB TITLE WHEN INJURED) _____
(Check only one)
 specific injury DATE OF ACCIDENT _____ (INJURY DATES MUST MATCH DATES INDICATED ON DOCUMENT COVER SHEET)
suffered a: cumulative injury which began on _____ (Start Date: MM/DD/YYYY) and ended on _____ (End Date: MM/DD/YYYY)

The injury occurred at _____ (MAY NOT BE INJURED AT JOB SITE - ON COMPLETE ADDRESS WHERE INJURY OCCURRED)
MUST INCLUDE CITY, STATE AND ZIP CODE _____
City _____ State _____ Zip Code _____

DWC/WCAB Form 1A (p. 10/08) - (page 2) Example



EAMS External User Access Project

- **Office of the Chief Information Officer (OCIO) requirements:**
 - ❖ Results of stress/load test to determine capacity of current system
 - ❖ Findings of study to determine how many external users need access and estimate number of concurrent users
 - ❖ Data on actual system usage
 - ❖ Discussion of licensing cost models with each of major EAMS software product vendors
 - ❖ DIR's policy and plan for managing external access to EAMS
 - ❖ Participation by external stakeholder representatives in analysis, planning and policy development

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EAMS Present Term Solution

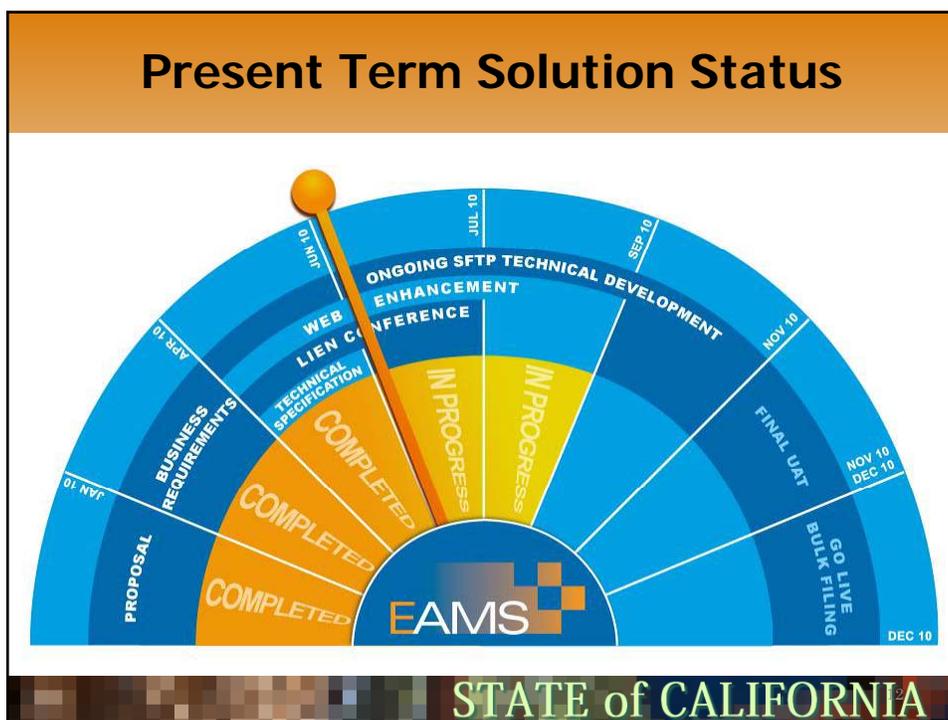
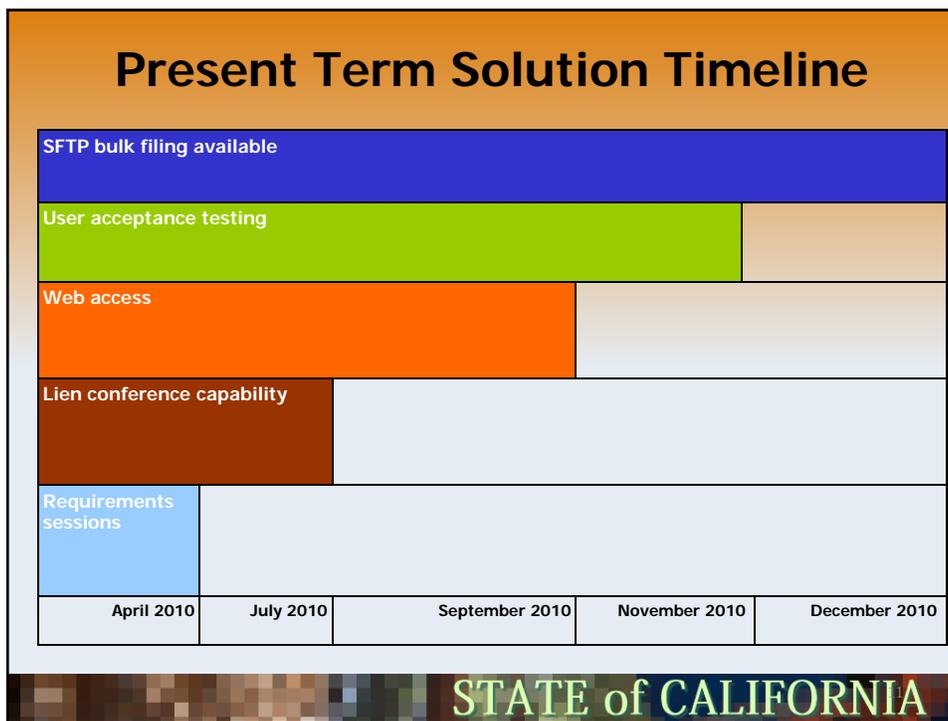
- **Two point plan includes:**
 1. Bulk electronic filing six priority forms through Secure File Transport Protocol (SFTP)
 2. Access to some case information on DWC Web site
 - Result of discussions between division and external user advisory group
 - Directly benefits users able to immediately take advantage of bulk filing
 - Indirectly benefits others filing on paper by reducing overall volume of paper at district offices

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EAMS Present Term Solution

- Six forms most commonly filed so removing from scanning yields best results:
 - Application for Adjudication of Claim
 - Declaration of Readiness to Proceed (to hearing)
 - Declaration of Readiness to Proceed (to expedited trial)
 - Compromise and Release
 - Stipulations with Request for Award
 - Notice and Request for Allowance of Lien
- Allows DWC to relieve paper filing bottleneck

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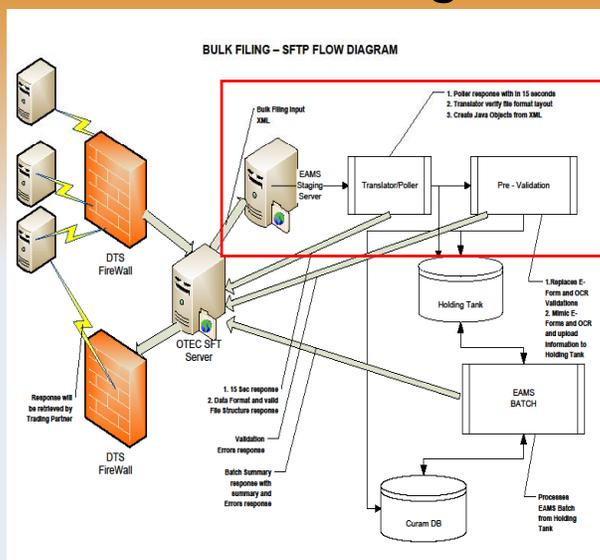


Web Access

- Sign in
- Search
 - By EAMS case number
 - Injured worker information
 - Results list the IW name with a link to view cases
- Will provide general case information
 - IW name
 - EAMS case number
 - DOI
 - ID if archived – if DEU product delivery unit exists

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Bulk Filing



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Bulk Filing

- Bulk electronic filing through secure file transport protocol (SFTP) for six forms and attachments
- Replaces OCR and e-forms with XML data
- Provides automatic notice of errors
- Provides secure transmission
- Provides a DOR pending queue
- Will be governed by a trading partner agreement
- Allows users to also file via OCR or e-form as needed

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EAMS Resources

- **Web site:** www.dwc.ca.gov/eams
 - ✓ Demos
 - ✓ Training materials
 - ✓ FAQs
 - ✓ Newsletter
- **Email:** eams@dir.ca.gov
 - ✓ Put nature of need, such as "local rules" in subject line
- **External sources:**
 - ✓ Forms vendors
 - ✓ Statewide and local professional associations

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