

Division of Workers' Compensation

EAMS Electronic Adjudication Management System
CA Department of Industrial Relations

EAMS e-forms Trial Participant Training
September 11, 2009



Agenda

- Introduction
- Overview of the e-Forms Trial
- e-Form Filing with Demonstration (time permitting)
- EAMS Help Desk
- The Unprocessed Document Queue
- Tips & Tricks from Current e-Form Users
- 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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Overview of the e-Forms Trial

- Purposes of trial
- Test E-forms functionality in EAMS
- Reduce paper flow into system
- Expedite form filing
- Refine proposed regulations
- First round began September 22, 2008 & this is Round 7
- Ends when e-Forms regulations become effective

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e-Form Trial Agreement Highlights

Electronic Adjudication Management System E-Forms Trial Application and Agreement

To apply for the office identified below (the office) and the organization identified below (the organization) to participate in the Electronic Adjudication Management System (EAMS) E-Forms trial (the trial) the EAMS administrator for the office must complete, print, sign, scan, and submit this application and agreement to the State of California, Department of Industrial Relations, Division of Workers' Compensation (DWC), Central Registration Unit (CRU) by e-mail at cru@dir.ca.gov.

Organization Legal Name:
 Organization Federal Employer Identification Number:
 Office Name Requested:
 Office Mailing Address:
 Office Physical Address:
 Office Telephone:
 Office Fax:
 Office E-Mail:
 Office Preferred Method of Service (US Mail, E-Mail, or Fax):
 Claims Administrator, Representative, or Lien Claimant:
 Primary Office EAMS Administrator Name:
 Primary Office EAMS Administrator Mailing Address:
 Primary Office EAMS Administrator Telephone:
 Primary Office EAMS Administrator Fax:
 Primary Office EAMS Administrator E-Mail:
 Primary Office EAMS Administrator SSN (888-xx-xxxx may be used):
 Primary Office EAMS Administrator Date of Birth:
 Primary Office EAMS Administrator Place of Birth:
 Alternate Office EAMS Administrator Name:
 Alternate Office EAMS Administrator Mailing Address:
 Alternate Office EAMS Administrator Telephone:
 Alternate Office EAMS Administrator Fax:
 Alternate Office EAMS Administrator E-Mail:
 Alternate Office EAMS Administrator SSN (888-xx-xxxx may be used):
 Alternate Office EAMS Administrator Date of Birth:
 Alternate Office EAMS Administrator Place of Birth:

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Trial Registration

- Organization
- Person
- User
- Administrator
- Alternate administrator

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Logons

- Username
- Password
- E-mail

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e-Forms Only

- For duration of participation
- Except documents completed at District Office or otherwise specified, e.g. DOR for satellite District Office

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Computer Based Training (CBT)

- Computer based training
- http://www.dir.ca.gov/dwc/EAMS/EAMS_CBT.htm

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Civil Code Section 1798 Compliance

- Maintain reasonable security procedures and practices
- Promptly disclose any breach OR potential breach
 - To resident whose information compromised
 - To DWC

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Administrator and Alternate Responsibilities

- Enforce contract conditions
- Retain verification of completion of CBT
- Security, procedures, training and supervision
- Report and disclose actual or potential breach
- First level support
- Assist and participate with DWC

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Uniform Assigned Names

- Claims administrators' offices
- Representatives' offices
- Anonymous filings prohibited

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Uniform Assigned Names

- Court administrator regulation section 10217 (b)
- Claims administrators' offices
- Representatives' offices
- Soon lien claimants
- Name = name/location combination
- Assigned by DWC
- Posted on Web site & updated

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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

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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

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The screenshot shows a web browser window displaying the California Department of Industrial Relations website. The page title is "FAMS claims administrator and representatives' offices - Windows Internet Explorer". The URL is "http://www.dir.ca.gov/ehaj/EAMS/EAMS_LC/EAMS_ClaimsAdmins_Page.htm". The page content includes a navigation menu with links for Labor Law, Cal/OSHA, Workers' Comp, Apprenticeship, Statistics & Research, Mediation, Boards, and Media. The main content area is titled "Division of Workers' Compensation - Electronic Adjudication Management System (EAMS) claims administrators' offices and representatives' offices". A search bar is present with the text "Click to search claims administrators' offices, or representatives' offices" and a red box around it. An orange arrow points to the search bar with the text "Choose one". Below the search bar, there are links for "Database search instructions", "Download tab-separated files for claims administrators' offices or representatives' offices", and "WEBTF office listing". The main heading is "Uniform assigned names for claims administrators' offices and representatives' offices". The text below explains that forms filed in the 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. Uniform names for claims administrators' offices and representatives' offices are assigned by the DWC. Anyone filing a form in EAMS—be they an injured worker, a claims administrator, an attorney, a lien claimant or other—must use the uniform assigned name to identify the claims administrator or representative in the case for which they are filing. The other case parties do not currently have uniform assigned names. Below this, there is a section titled "The naming convention" which explains that claims administrators' offices are assigned a name for each office, not a name for each entity for which claims are administered. To fit within the available space, names have been abbreviated. Law firm names include no more than the first two principals' last names. Sole practitioners are listed by their first name and their last name, unless they use only their last name as their trade name, or always use their first initial.

DWC EAMS claims administrators' offices search - Windows Internet Explorer

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

zenith insurance company

DR DWC EAMS representatives' ... DR DWC EAMS claims adminis...

Labor Law Cal/OSHA Workers' Comp Apprenticeship Statistics & Research Mediation Boards Media

Injured Worker Employer EAMS A - Z Index I&A Claims Adjudication DEU Medical Unit RRTW Special Funds

DWC EAMS - claims administrators' offices search

Back to claims administrators' offices and representatives' offices page. **Type in search criteria**

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 Submit Search [Clear Form](#)

EAMS No	Name	Addr 1	Addr 2	City	State	zip
	zenith					

Get results

List of claims administrators' offices

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
3760076	ZENITH FRESNO	PO BOX 12546		FRESNO	CA	93778	(800) 500-9910	US Mail	2/3/2009 10:13:00 AM
5031246	ZENITH ORANGE	PO BOX 9055		VAN NUYS	CA	91409	(714) 705-2300	US Mail	2/18/2009 9:51:00 AM
4395865	ZENITH PLEASANTON	PO BOX 8002		PLEASANTON	CA	94588		US Mail	8/17/2008 6:02:00 PM
4396356	ZENITH SACRAMENTO	1601 RESPONSE RD	STE 200	SACRAMENTO	CA	95815		US Mail	8/17/2008 6:02:00 PM
4293520	ZENITH SAN DIEGO	7676 HAZARD CENTER DR	STE 1200	SAN DIEGO	CA	92108		US Mail	8/17/2008 6:02:00 PM
4833077	ZENITH WOODLAND HILLS	PO BOX 9055		VAN NUYS	CA	91409	(818) 713-1000	US Mail	10/10/2008 1:54:00 PM

Record count: 6

DWC EAMS representatives' offices search - Windows Internet Explorer

http://www.dr.ca.gov/DWC/EAMS/EAMS-LC/EAMSGress.asp

zenith insurance company

DR DWC EAMS representatives' ... DR DWC EAMS representativ...

DR Labor Law Cal/OSHA Workers' Comp Apprenticeship Statistics & Research Mediation Boards Media

Injured Worker Employer EAMS A - Z Index I&A Claims Adjudication DEU Medical Unit RRTW Special Funds

DWC EAMS - representatives' offices search

Back to claims administrators' offices and representatives' offices page. **Type in search criteria**

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

Representatives' search criteria Submit Search [Clear Form](#)

EAMS No	Name	Addr 1	Addr 2	City	State	zip
	hanna					

Get results

List of representatives' offices

EAMS No	Name	Address Line 1	Address Line 2	City	State	ZIP	Phone	Service	Updated
4225982	FRANCESCA HANNAN VENTURA	PO BOX 7062		VENTURA	CA	93006	(805) 844-9653	US Mail	11/3/2008 10:22:00 AM
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	(659) 436-9823	US Mail	8/26/2008 11:18:00 AM
4996984	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	4/3/2009 9:12:00 AM
6592258	HANNA BROPHY ORANGE	PO BOX 12488		OAKLAND	CA	94604	(714) 598-4050	US Mail	12/17/2008 9:50:00 AM
4660719	HANNA BROPHY REDDING	PO BOX 12488		OAKLAND	CA	94604	(530) 223-6010	US Mail	8/26/2008 11:19:00 AM

DIR http://www.dir.ca.gov/DIR/FORMS/EAMS%20Forms/AD/DWCForm10214c.pdf

Employer Search | DIR DWCEAMS claims admin... | DIR DWCEAMS representativ... | State Bar of CA :: Deph... | DIR http://www.dir.ca.gov... | Page 2 of 9

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.

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

ZENITH INSURANCE COMPANY
Insurance Carrier Name (Please leave blank spaces between numbers, names or words)

309 HACIENDA DR 200
Insurance Carrier Street Address/PO Box (Please leave blank spaces between numbers, names or words)

PLEASANTON CA 94588
City State Zip Code

DWC-CA form 10214 (c) (Rev. 11/2008) (Page 2 of 9)

Claims Administrator Information (if known and if applicable)

ZENITH PLEASANTON
Name (Please leave blank spaces between numbers, names or words)

PO BOX 8002
Street Address/PO Box (Please leave blank spaces between numbers, names or words)

DIR DWCEAMS representatives' ... | DIR http://www.dir.ca.gov/d... | Page 2 of 9

Applicant's Attorney or Authorized Representative:

Law Firm/Attorney Non Attorney Representative

First Name
Last Name
4332459
Law Firm Number

MAL CAMERON PLEASANTON
Law Firm Name

PO BOX 1539
Address/PO Box (Please leave blank spaces between numbers, names or words)

PLEASANTON CA 94566
City State Zip Code

Defendant's Attorney or Authorized Representative:

Law Firm/Attorney Non Attorney Representative

First Name

City State Zip Code

Defendant's Attorney or Authorized Representative:
 Law Firm/Attorney Non Attorney Representative

First Name
Last Name
Law Firm Number

HANNA BROPHY OAKLAND
Law Firm Name

PO BOX 12488
Address/PO Box (Please leave blank spaces between numbers, names or words)

OAKLAND CA 94604
City State Zip Code

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

DOCUMENT SEPARATOR SHEET

Product Delivery Unit: ADJ
Document Type: LEGAL DOCS
Document Title: COMPROMISE AND RELEASE
Document Date: 07/21/2009 (MM/DD/YYYY)
Author: HANNA BROPHY OAKLAND

Use UAN when doc following separator sheet authored by claims administrator or representative

Additional Conditions #1 Regarding Signatures

**Electronic Adjudication Management System
E-Forms Trial Additional Conditions #1
Regarding Signatures
October 1, 2008**

Pursuant to paragraph 26 of the Electronic Adjudication Management System E-Forms Trial Application and Agreement the Division of Workers' Compensation imposes the following additional conditions on the e-forms trial regarding signatures.

E-forms which require more than one signature, the Employee's Disability Questionnaire, and the Notice of Offer of Regular Work, shall have signed EAMS OCR forms attached.

Other e-forms shall use an "S signature" format in lieu of a handwritten signature. An S signature shall consist of the letter S followed by the name of the person signing the document, in the following format: S JOHN DOE

On the EAMS 2581 an S signature alone shall be the individual's signature.

Other e-forms which require a single signature shall have attached, together with the proof of service, an attestation bearing a handwritten signature, in the following form:

I declare under 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 my 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.

Dated: _____ Signature: _____

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
ON THE FORM**

in the format: S JOHN JONES

Proof of Service: Signatures

- Your signature verification is part of your proof of service page. Even if it becomes a 2-3 page document, it is still just one document
- If you are attaching a list of the case participant(s) you are serving, make it an additional page of the proof of service and scan all the pages together so you only have one document

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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**

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Signatures: Two Versions – cont'd

- Version II: Forms requiring two or more signatures:
 - Prepare the e-Form — attach the following to the e-Form
 - Signed version of OCR form
 - Any additional attachments that are necessary
 - Proof of Service
 - What about forms requiring only one signature, but not your signature?
 - Use Version II
 - Example: Employee's disability questionnaire or Notice of Offer of Regular Work, which require the injured worker's signature

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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)**
- **Employee's Permanent Disability Questionnaire (IW only)**
- **Application for Discretionary Payments from the UEBTF (IW only)**

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E-Forms with No Signature Line

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

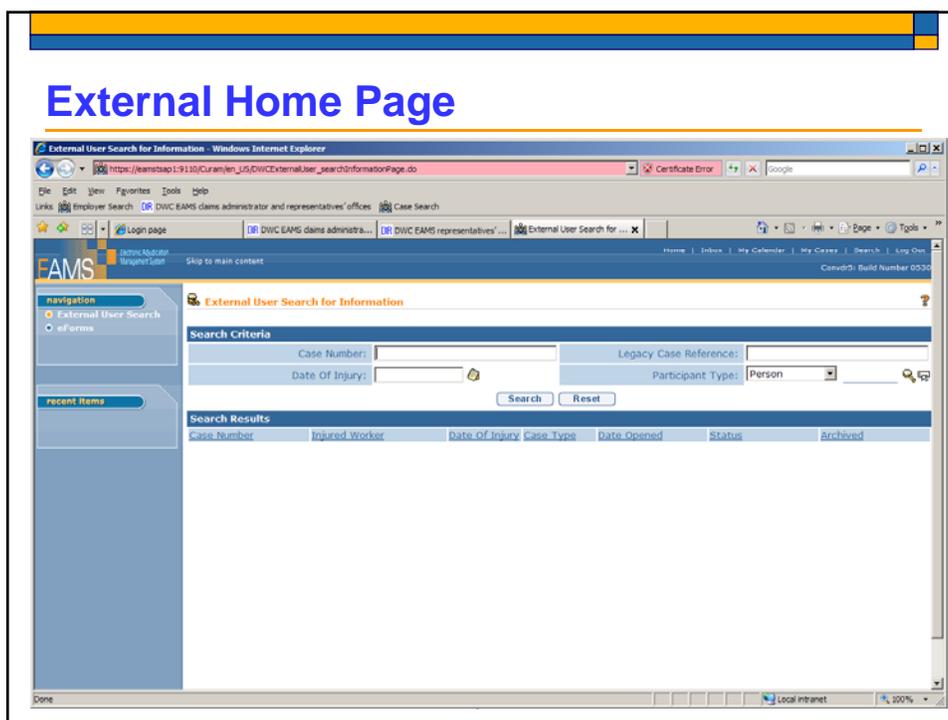
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Division of Workers' Compensation

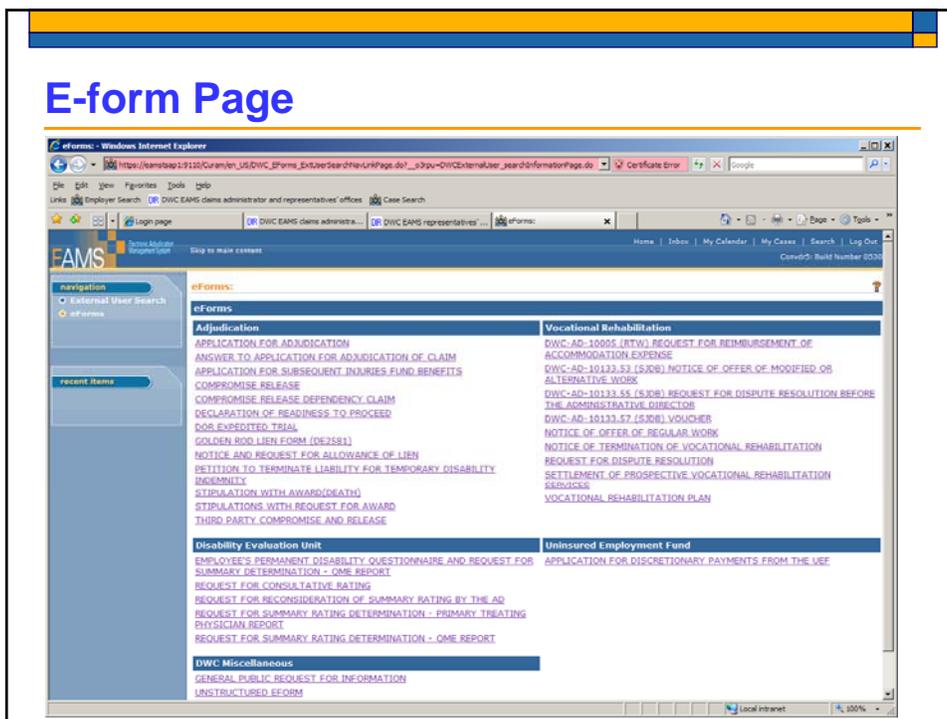


Filing e-Forms

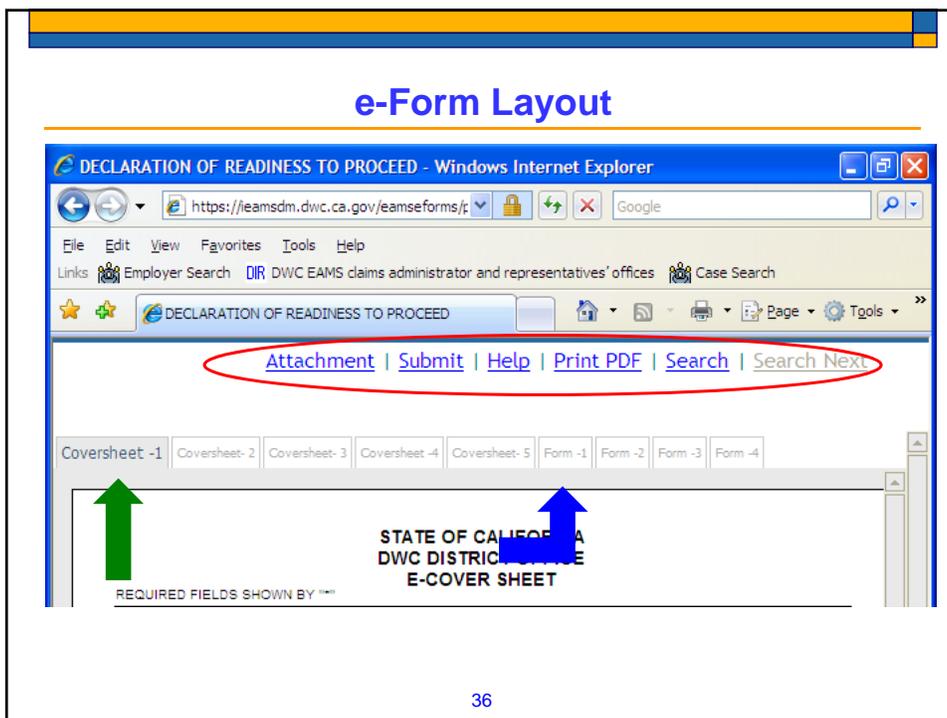




E-form Page



e-Form Layout



e-Forms: DEU 101 and DEU 100

DEU-101 (Request for Summary Rating Determination) and DEU-100 (Employee's Disability Questionnaire) are in "one" e-form

THIRD PARTY COMPROMISE AND RELEASE

Disability Evaluation Unit
 EMPLOYEE'S PERMANENT DISABILITY QUESTIONNAIRE AND REQUEST FOR SUMMARY DETERMINATION - OME REPORT
 REQUEST FOR CONSULTATIVE RATING
 REQUEST FOR RECONSIDERATION OF SUMMARY RATING BY THE AD

Vocational Rehabilitation
 CIVIC-AD-10005 (JTRV) REQUEST FOR REIMBURSEMENT OF ACCOMMODATION EXPENSE
 CIVIC-AD-10133.93 (JTRV) NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK
 CIVIC-AD-10133.94 (JTRV) REQUEST FOR DISPUTE RESOLUTION BEFORE THE ADMINISTRATIVE DIRECTOR
 CIVIC-AD-10133.97 (JTRV) VOUCHER
 CIVIC-AD-10133.98 (JTRV) NOTICE OF OFFER OF REGULAR WORK
 NOTICE OF TERMINATION OF VOCATIONAL REHABILITATION
 REQUEST FOR DISPUTE RESOLUTION
 SETTLEMENT OF PROSPECTIVE VOCATIONAL REHABILITATION SERVICES
 VOCATIONAL REHABILITATION PLAN

Uninsured Employment Fund
 APPLICATION FOR DISCRETIONARY PAYMENTS FROM THE UE

Disability Evaluation Unit
 EMPLOYEE'S PERMANENT DISABILITY QUESTIONNAIRE AND REQUEST FOR SUMMARY DETERMINATION - OME REPORT
 REQUEST FOR CONSULTATIVE RATING
 REQUEST FOR RECONSIDERATION OF SUMMARY RATING BY THE AD

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e-Forms: Social Security Number

SSN – NOT a required field – but use it on case opening documents if you have it. Do not enter the dashes, just numbers

EAMS

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 Case? Yes No

Comparison Cases Exist?

More than 15 Comparison Cases?

Date: (MM/DD/YYYY)

Case Number: SSN (Numbers Only):

Specific Injury Cumulative Injury

Body Part 1: Body Part 2:

Body Part 3: Body Part 4:

Other Body Parts:

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

Comparison Cases
 Case 1:
 Specific Injury Cumulative Injury

Add Attachments Submit

SSN(Numbers Only) 123456789

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e-Forms: Date Format

Dates MUST be in MM/DD/YYYY format – with leading “0”

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Is this a new Case? Yes No

Companion Cases Exist?

More than 15 Companion Cases?

Date: (MM/DD/YYYY)

Case Number:

Specific Injury

Cumulative Injury

Body Part 1: Body Part 2:

Body Part 3: Body Part 4:

Other Body Parts:

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

ADJ DEU SF UEF VOC INT RSU

Companion Cases

Case 1:

Specific Injury

Cumulative Injury

Add Attachments Submit

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e-Forms: Companion Cases

- If there are no companion cases, fill out Coversheet 1 and then click on Form 1

DECLARATION OF READINESS TO PROCEED - Windows Internet Explorer

https://eamsdm.dwc.ca.gov/eamseforms/

Attachment | Submit | Help | Print PDF | Search | Search Next

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

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY ***

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eForms: Venue Location

When filling out Form 1 (page 1) of the Application for Adjudication of Claim, C&R, or Stips the ZIP Code determines the Venue

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
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR ADJUDICATION OF CLAIM

Case Number Please Fill in CoverSheet **Amended Application**

SSN(Numbers Only) Please Fill in CoverSheet

***Venue Choice is based upon:**

Residence of employee (Labor Code section 5501.5(a)(1).)

Location where injury occurred (Labor Code section 5501.5(a)(2).)

Principal address of employee's attorney (Labor Code section 5501.5(a)(3).)

Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code

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Unstructured e-form

Unstructured Form - Windows Internet Explorer

http://134.186.223.41/compd93/jsp/unstructured_eform.jsp

File Edit View Favorites Tools Help

Links Employer Search DWIC EAMS claims administrator and representatives' offices Case Search

Unstructured eform

EAMS Electronic Adjudication Management System

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*: **Browse...**

Attachment

Done

MISTAKES con't

- UNSTRUCTURED E-FORMS

Unstructured Eform - Windows Internet Explorer

https://eamsmn.dwc.ca.gov/eamseforms/WonSignIn.jsp

Electronic Adjudication Management System

Master Case Number*: ADJ1234567

Enter Case Reference: ADJ9876543 [ADD]

Case Reference: [Case Reference] [DELETE]

Case Type*: --select--

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

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

Author: []

Document Date: [] (mm/dd/yyyy)

File Upload*: [] [Browse...]

[Attachment]

Enter **ONLY** Case Numbers Here – Do **NOT** enter IW name – this is where you add companion case number(s)

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MISTAKES con't

- UNSTRUCTURED E-FORM – con't

Unstructured Eform - Windows Internet Explorer

https://eamsmn.dwc.ca.gov/eamseforms/WonSignIn.jsp

Electronic Adjudication Management System

Master Case Number*: ADJ1234567

Enter Case Reference: [] [ADD]

Case Reference: [Case Reference] [DELETE]

Case Type*: --select--

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

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

Author: []

Document Date: [] (mm/dd/yyyy)

File Upload*: [] [Browse...]

[Attachment]

After you click "ADD" the companion case number(s) moves to this field

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Unstructured e-Form – con't

The screenshot shows the EAMS (Electronic Adjudication Management System) Unstructured e-Form interface. The form includes the following fields and callouts:

- Master Case Number*:** A text input field.
- Enter Case Reference:** A text input field with an **ADD** button. A yellow callout bubble points to this field with the text: "Enter companion case number(s) ONLY & if applicable – Click ADD".
- Case Reference:** A text input field with a **DELETE** button.
- Case Type*:** A dropdown menu with "--select--" selected.
- Document Type*:** A dropdown menu with "--select--" selected. A note below it reads: "(You must select Case Type before selecting Doc Type)".
- Document Title*:** A dropdown menu with "--select--" selected. A note below it reads: "(You must select Doc Type before selecting Doc Title)".
- Author:** A text input field.
- Document Date:** A text input field with a date format hint "(mm/dd/yyyy)".
- File Upload:** A section with an **Attachment** button and a text input field. A large yellow callout bubble points to this section with the text: "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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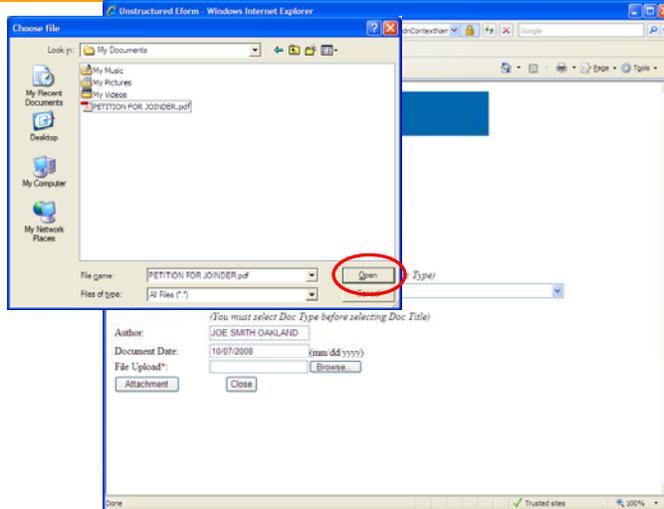
Unstructured Eform

The screenshot shows the EAMS Unstructured e-Form interface with the following fields populated:

- Master Case Number*:** ADJ123456789
- Case Reference:** (Empty)
- Enter Case Reference:** (Empty) with **ADD** and **DELETE** buttons.
- Case Type*:** ADJ
- Document Type*:** LEGAL DOCS. A note below it reads: "(You must select Case Type before selecting Doc Type)".
- Document Title*:** PETITION FOR JOINER. A note below it reads: "(You must select Doc Type before selecting Doc Title)".
- Author:** JOE SMITH OAKLAND
- Document Date:** 10/07/2008
- File Upload:** (Empty) with a **Browse...** button circled in red.

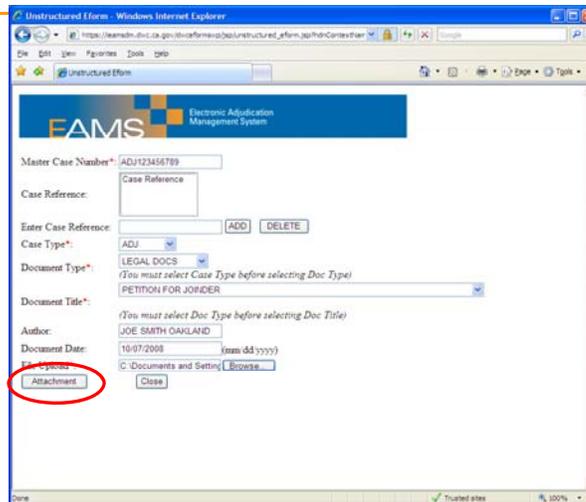
Done Trusted sites 100%

Select File to Attach



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Attachment selected



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Ready to Submit

Unstructured Form - Windows Internet Explorer

https://easemash.dhs.ca.gov/UnstructuredForm/submitData

FAMS Electronic Adjudication Management System

Master Case Number*

Case Reference:

Enter Case Reference:

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*:

Master Case Reference	Case ID	Case Type	Document Type	Document Title	File Name
AD7123456789	ADJ	LEGAL DOCS	PETITION FOR JOINDER	C:\Documents and Settings\charles ellison\My Documents\PETITION FOR JOINDER.pdf	<input type="button" value="Delete"/>

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e-Forms: Errors

If you enter a future date in a required field, or fail to enter any information in a required field you'll get an error message when you click Submit. Click OK and you will be redirected to the specific field to fix the error. **HOWEVER**, if you misspell names, addresses, etc. in a required field – your document will then go to the unprocessed document queue (UDQ) where a clerk will try to figure out what went wrong.



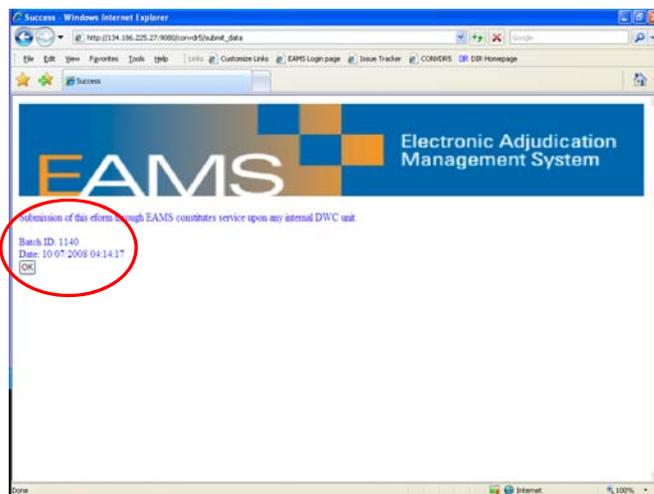
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e-Forms: Document Service

- When you have to serve documents to other parties you will need to print your e-Form, but you can use the “print PDF” function on the form to print all at once and/or save to your hard drive
- You only need to print the pages on which you have filled in data
 - **PRINT BEFORE YOU CLICK SUBMIT**

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Batch ID - Success!



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View Your Documents in FileNet

- You search using the ADJ case number – the case opens to the ADJ Home Page
- Click on the “INT” tab in the upper left – this opens the INT Home Page
- Scroll to the Case Documents Section – Click on the INITIALS – “ADJ” (if you click on the case number just below it, you will go back to the ADJ Home Page)
- FileNet opens – follow the directions on how to view the documents in the Reference Guide

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ADJ Home Page

The screenshot shows the ADJ Home Page in a web browser. The browser address bar shows the URL: https://teams.dwc.ca.gov/teams/en_US/DWCAD3/ProductDelivery_homePage.do?caseID=87565363_x3pu=IC_homePage.do%3FcaseID%3D87565363. The page title is "Adjudication Product Delivery Home: ADJ4428318 - Windows Internet Explorer".

The page features a navigation menu on the left with the following items:

- Home
- Hearing Case
- Communications
- Events
- Financials
- Lines
- Notes
- Orders
- Penalties
- PI/ID/Other Benefits
- Post of Body
- Related Cases
- Status History
- Tasks
- User Roles
- External User Request For Action

The main content area is divided into several sections:

- Navigation:** A dropdown menu is open, showing "INT" selected and "ADJ" as an option.
- Search:** A search bar with the text "Adjudication Product Delivery Home:" and an "Edit" button.
- Manage:** A section with links: "Return to Inactive", "Close Case", "Inactivate Case", "Add Applicant", "Add Defendant", "Reject DOB", "Transmit To Secop", "Transmit to DO: Judge Action Required", and "Transmit to DO: No Judge Action Required".
- Case Details:** A table with the following information:

Product Name:	ADJ - DWC District Office	Case Reference:	
Primary Client:		Legacy Case ID:	
START Date:	8/18/1992	Status:	Active
Priority:	Low	End Date:	
Owner:	Janeet Coulter [Change]	Occupation:	
Occupation Code:		Cause Of Injury:	
Lien:	Yes	Location:	AHM-ADJ [Change]
Pro Per:	No	Related Cases:	No
Master Case:	No	Date Of Settlement:	
- Applicant and Defendant:** A table listing applicants and defendants with their roles and actions.

Applicant	Role	Action	Defendant	Role	Action
LOGOS LANGUAGE SANTA ANA	Other Employer	Delete	UGA SERVICE CORP INS DIV	Legacy Insurance Company	Delete
KLEMPNER & KLEMPNER	Lien Claimant	Delete	KNOTT'S SCARY FARM	Employer	Delete
LAURA SALAS INTERPRETING	Lien Claimant - Interpreter	Delete	FERRELL WEBER ANAHEIM	Legacy Law Firm	Delete
	Injured Worker	Delete			
KASPER PERMANENTE, SO CAL DIV.	Lien Claimant - Medical Provider	Delete			
TIMOTHY A. ROWE, HEARING REP.	Lien Claimant - Medical Provider	Delete			
RONALD WINTERS	Lien Claimant - Medical Provider	Delete			
EDD SDI SAN BERNARDINO	Lien Claimant	Delete			
	Lien Claimant - Medical	Delete			

INT Home Page

The screenshot shows the 'Integrated Case Home' page for case ID INT4426318. The 'Case Documents' section is highlighted with a red circle and contains the following data:

Case Documents	Claim Number	Source
ADJ	VOC RSU	UEBT SBTF INT

FileNet Page

The screenshot shows search results for 'ADJ' documents. The search criteria on the left include Case ID: ADJ. The search results table is as follows:

File Name	Doc Title	Doc Type	Doc Status	Document ID
COVER SHEET	COVER SHEET	MISC PUBLIC		365330
COVER SHEET	TYPED OR WRITTEN LETTER	MISC PUBLIC		372805
PROOF OF SERVICE	PROOF OF SERVICE	LEGAL DOC		119184
OFFICIAL ADDRESS RECORD	OFFICIAL ADDRESS RECORD	MISC PUBLIC		13230
NOTICE AND REQUEST FOR ALLOWANCE OF BELLS	NOTICE AND REQUEST FOR ALLOWANCE OF BELLS	LEGAL DOC		119183
COVER SHEET	COVER SHEET	MISC PUBLIC		372836

Application form package

- [Application for Adjudication of Claim](#)
- [DWC-1](#) – ADJ-LEGAL DOCS-DWC-1 CLAIM FORM
- [4906\(g\)](#) – ADJ-LEGAL DOCS-4906(g) DECLARATION
 - If filed by Representative for IW:
- [Fee Disclosure Stmt](#) – ADJ-LEGAL DOCS-FEE DISCLOSURE STATEMENT
- [Venue Authorization](#) – ADJ-MISC-CORRESPONDENCE-OTHER
 - If filed by/on behalf of Lien Claimant
- [10770.5 Verification](#) – ADJ-MISC-CORRESPONDENCE-OTHER
- [Proof of Service](#) – ADJ-LEGAL DOCS-PROOF OF SERVICE
(Remember, Proof of Service includes your S Signature Verification)

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DOR form package

- [DOR](#) – ADJ-LEGAL DOCS – DECLARATION OF READINESS TO PROCEED
- [Medical Report](#) – file one, select from below:
 - ADJ-MEDICAL DOCS-QME
 - ADJ-MEDICAL DOCS-AME
 - ADJ-MEDICAL DOCS-ALL MEDICAL REPORTS
 - If filed by/on behalf of Lien Claimant
- [10770.5 Verification](#) – ADJ-MISC-CORRESPONDENCE-OTHER
- [Proof of Service](#) – ADJ-LEGAL DOCS-PROOF OF SERVICE
(Remember, Proof of Service includes your S Signature Verification)

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Lien form package

- [Notice and Request for Allowance of Lien](#)
- [Itemized Statement of Charges](#)
 - If medical – ADJ-LIENS AND BILLS-MEDICAL BILLS
 - If non-medical – ADJ-MISC-CORRESPONDENCE-OTHER
- [10770.5 Verification](#) – ADJ-MISC-CORRESPONDENCE-OTHER
- [Proof of Service](#) – ADJ-LEGAL DOCS-PROOF OF SERVICE
(Remember, Proof of Service includes your S Signature Verification)

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Division of Workers' Compensation



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

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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)

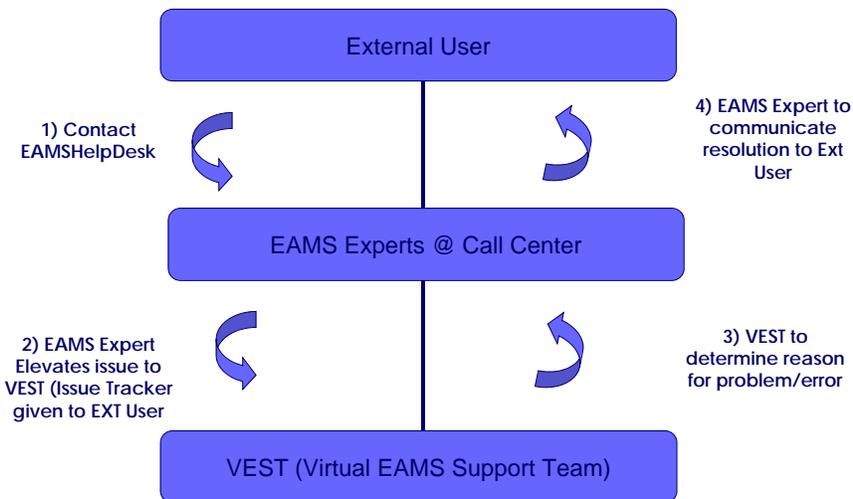
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Problem Solving in EAMS

- If EAMS expert is unable to determine problem after researching issue will be submitted to “issue tracker”
- What is issue tracker?
 - Additional team of EAMS experts who investigate and resolve issues (VEST)
 - Issue tracker ID# will be given to external user as a reference number to track status
 - Upon response from issue tracker, external user will be contacted and notified of outcome

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Problem Solving Chain of Command



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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

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e-Form Filer Partnership

- Patience & teamwork
- e-Forms trial participants help find potential bugs

- Thank you!!!



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Division of Workers' Compensation

FAMS Electronic Adjudication Management System

CA Department of Industrial Relations

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 with your batches; they are already in the District Office file
- DO NOT refile the same document a second or third time, until you find out from the UDQ Operator 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 served is 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 Rep or Substitution of Attorney; e.g. "Please enter our appearance for XXXXXXXX. Our UAN is XXXXXXXX"

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Division of Workers' Compensation



CA Department of Industrial Relations

Tips & Tricks From External Users



e-Forms Tips and Tricks

- Take advantage of the available tools and resources!
 - EAMS Web site
 - CBT
 - Help Desk
- Administrator and alternate
 - Managing the login and password
 - Training
 - Problem solving
 - Contacting the Help Desk
- Provide feedback!
 - Report problems
 - Report useful tips

e-Forms Tips and Tricks

- ORDER: Gather all pertinent info AHEAD OF TIME
 - EAMS case numbers
 - Uniform assigned names
 - Addresses for parties
 - Body parts, etc.
- PREPARE, SIGN and SCAN all documents to be submitted with your e-form *ahead of time*.
- LOG-OUT - Fill out your e-Forms *without interruptions* to avoid being logged out from EAMS/e-forms
- PRINT your e-Form *before submitting* & serve on parties

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e-Forms Tips and Tricks

- E-filing allows for:
 - Accurate, faster submission time for you
 - Faster document processing at the District Office
 - Immediate submission status check

Overall efficiency and timely results

AND IT'S EASIER!

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Filling out e-Forms by Copy and Paste

- Copy text blocks from your report and paste them into your e-form
- e-forms and mice don't like each other:
 - Trick for right-hand mouse users: Use <CTRL>c to copy, <CTRL>v to paste
 - Trick for left-hand mouse users: Use <CTRL><Insert> to copy, <SHIFT><Insert> to paste

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Division of Workers' Compensation



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