EAMS UDQ WEBINAR

Hot Tips for Successful Document Processing

State of California
Gavin Newsom
Governor

Welcome

Reasons for this webinar

- DWC's attempts to remotely address batch failure issues have not been successful
- Continuation of high percentage of batch failure
- Opportunity to train your staff filling out e-forms
- Improve document submission to avoid account suspension

Webinar Agenda

- Steps for Successful filing
- Live Demonstration
  - Application for Adjudication of Claim
  - Compromise and Release
  - Notice and Request for Allowance of Lien
- Questions & Answers

STEPS FOR SUCCESSFUL E-FILING

Research before filling out the forms:

- Prepare draft or worksheet
- Gather information for the form
- Review reference guide for form requirements and special instructions
- How and when to get assistance from DWC

Prepare your draft/work sheet

- Create a template document for each form
  - Excel spreadsheet
  - MS Word document
  - Print blank e-form
- Include all the data fields
- Enter your information into template
- Scan and save attachment files

Gather Your Data

Internal client intake

Injured worker information:

- Date of birth
- Social Security Number (SSN)
- Valid address

Verify all information relating to injured worker name, case numbers and case participants is correct - Public Information Search Tool

Review Reference Guide

EAMS web page

http://www.dir.ca.gov/dwc/EAMS/EAMS.htm

E-forms guide

http://www.dir.ca.gov/dwc/eams/EAMS_ElectronicFilingEFormFilersGuide.pdf

Verify Case Information

Public Information Search Tool

https://eams.dwc.ca.gov/WebEnhancement/

UAN databases

http://www.dir.ca.gov/dwc/eams/eams-lc/EAMS_ClaimsAdmins_Reps.htm

Preparing Attachments

Unstructured e-form document title list

Document titles list

- Type of e-form to be filed – structured/unstructured
- Required attachments for e-form being filed
- Correct method of labeling attachments to e-forms:

Do Not attach OCR separator sheets to the scanned attachment

Name	Doc Title	Doc Type	Doc Status	Admitted	Admitted Prop ID	Proponent	Author	Operator Id	EAMS Doc ID	Doc Date	Doc Entry Date	Received Date	Priority Flag	Lien Reservation Number
NOTICE AND REQUEST FOR ALLOWANCE OF LIEN	NOTICE AND REQUEST FOR ALLOWANCE OF LIEN	LIENS AND BILLS					7372562	7372562	16072571	9/28/2015, 12:00 AM	9/28/2015, 12:00 AM	9/25/2015, 5:39 PM	NO	0012131106
COVER SHEET	COVER SHEET	MISC	PUBLIC					KRISTINA JACOBSON	51327999	1/21/2014, 12:00 AM	2/5/2014, 12:00 AM	1/21/2014, 12:00 AM	NO	
MINUTES OF HEARING	MINUTES OF HEARING	LEGAL DOCS	PUBLIC				JUDGE DELATERRE	KRISTINA JACOBSON	51328000	1/21/2014, 12:00 AM	2/5/2014, 12:00 AM	1/21/2014, 12:00 AM	NO	
ORDER ALLOWING LIEN	ORDER ALLOWING LIEN	LEGAL DOCS	PUBLIC				JUDGE DELATERRE	KRISTINA JACOBSON	51328001	1/21/2014, 12:00 AM	2/5/2014, 12:00 AM	1/21/2014, 12:00 AM	NO	
NOTICE AND REQUEST FOR ALLOWANCE OF LIEN	NOTICE AND REQUEST FOR ALLOWANCE OF LIEN	LIENS AND BILLS					SCHNEIDERSTEPHEN	SCHNEIDERSTEPHEN	11543162	1/20/2014, 2:56 PM	1/21/2014, 8:00 AM	1/21/2014, 8:00 AM	NO	0010846191
EVODIO CANO.pdf	BILLS-OTHER	LIENS AND BILLS					MED LEGAL PHOTOCOPY COVINA	SCHNEIDERSTEPHEN	11543163	1/20/2014, 12:00 AM	1/21/2014, 8:00 AM	1/21/2014, 8:00 AM	NO	0010846191
NoticeOfRepresentation.pdf	NOTICE OF REPRESENTATION	LEGAL DOCS					MED LEGAL PHOTOCOPY COVINA	BURNSJULIA	11535355	1/15/2014, 12:00 AM	1/17/2014, 2:38 PM	1/17/2014, 2:38 PM	NO	

Preparing Attachments – Pg 2

- Incorrect method of labeling attachments to e-forms:
  1. Document not named (.pdf)
  2. Author – not UAN
  3. Document Date – not the date the documents are submitted, it is the date on the actual document

Name	Doc Title	Doc Type	Doc Status	Admitted	Admitted Prop ID	Proponent	Author	Operator Id	EAMS Doc ID	Doc Date	Doc Entry Date	Received Date	Priority Flag	Lien Reservation Number
	PHYSICIAN									AM	AM	AM		
ADJ7085842_POS.PDF	PROOF OF SERVICE	LEGAL DOCS					JOHN SMITH	BURNSJULIA	3282782	10/14/2011, 12:00 AM	10/20/2011, 9:43 AM	10/20/2011, 9:43 AM	NO	
ADJ7085842_5.PDF	QME REPORTS	MEDICAL DOCS					JOHN BLACK	BURNSJULIA	3282779	10/14/2011, 12:00 AM	10/20/2011, 9:43 AM	10/20/2011, 9:43 AM	NO	
ADJ7085842_1.PDF	AME REPORTS	MEDICAL DOCS					JOHN SMITH	BURNSJULIA	3282774	10/14/2011, 12:00 AM	10/20/2011, 9:43 AM	10/20/2011, 9:43 AM	NO	
ADJ7085842_4.PDF	TREATING PHYSICIAN	MEDICAL DOCS					JOHN WHITE	BURNSJULIA	3282777	10/14/2011, 12:00 AM	10/20/2011, 9:43 AM	10/20/2011, 9:43 AM	NO	
ADJ7085842_3.PDF	TREATING PHYSICIAN	MEDICAL DOCS					JOHN WHITE	BURNSJULIA	3282776	10/14/2011, 12:00 AM	10/20/2011, 9:43 AM	10/20/2011, 9:43 AM	NO	
ADJ7085842_2.PDF	P & S REPORT	MEDICAL DOCS					JOHN SMITH	BURNSJULIA	3282775	10/14/2011, 12:00 AM	10/20/2011, 9:43 AM	10/20/2011, 9:43 AM	NO	

Preparing Attachments – Pg 3

- Incorrect method of labeling attachments to e-forms

Titles should be renamed on attachment prior to uploading

	Name	Doc Title	Doc Type	Doc Status	Admitted	Admitted Prop ID	Proponent	Author	Operator Id	EAMS Doc ID	Doc Date	Doc Entry Date	Received Date	Priority Flag	Lien Reservation Number
	DWCCA_20191230_081520.pdf	PROOF OF SERVICE	LEGAL DOCS	PUBLIC				FUDEM LAW SANTA ROSA	kathy patterson	71958036	1/8/2020, 12:00 AM	1/8/2020, 4:50 PM	1/8/2020, 12:00 AM	NO	
	DWCCA_20191230_075445.pdf	SUBSTITUTION OF ATTORNEY	LEGAL DOCS	PUBLIC				FUDEM LAW SANTA ROSA	kathy patterson	71958033	1/8/2020, 12:00 AM	1/8/2020, 4:49 PM	1/8/2020, 12:00 AM	NO	
	DWCCA_20191230_075415.pdf	DISMISSAL OF ATTORNEY	LEGAL DOCS	PUBLIC				HARTER LAW SACRAMENTO	kathy patterson	71958030	1/8/2020, 12:00 AM	1/8/2020, 4:47 PM	1/8/2020, 12:00 AM	NO	
	WRIT.pdf	WRIT	LEGAL DOCS					HARTER LAW SACRAMENTO	kathy patterson	31224128	1/3/2020, 12:00 AM	1/3/2020, 9:54 AM	1/3/2020, 9:54 AM	NO	

Proof of Service

Your proof of service must include the following information in the upper left hand corner:

- Uniform Assigned Name
- EAMS Administrator Name
- EAMS Administrator's Phone – Direct or with Extension
- EAMS Administrator's Email

Include the injured workers' name and EAMS case number

Proof of Service-Good Example

HARTER LAW SACRAMENTO
Sally Sue Sipple
916 928-3101 Ext 333
sssipple@harterlaw.net

VICTOR AGUIRRE INVALID v. JOE TACO STAND ADJ7853572

PROOF OF SERVICE

I declare that:

I live in the county of Sacramento, State of California. I am over the age of 18 years and not a party to the within action; my business address is 160 Promenade Cir Ste 300 Sacramento CA 95834

On January 18, 2017_____, I served the within:

Amended Application for Adjudication of Claim

In said action by placing a true and correct copy (ies) thereof enclosed in a sealed envelope and served in the manner and/or manners described below to each of the parties herein stated below on the service list:

__X__ (BY MAIL) I caused such envelope to be deposited in the mail at Sacramento, California. I am readily familiar with the firm's practice for collection and processing of correspondence for mailing. It is deposited with the U.S. Postal Service on that same day in the ordinary course of business.

Division of Workers' Compensation - e-filed
160 Promenade Cir Sacramento CA 95834

HARTER LAW SACRAMENTO
160 Promenade Cir Sacramento CA 95834

VICTOR AGUIRRE INVALID
160 Promenade Cir Sacramento CA 95834

JOE TACO STAND
160 Promenade Cir Sacramento CA 95834

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED: January 18, 2017

S SALLY SIPPLE
Sally Sue Sipple

California Department of Industrial Relations

Proof of Service-Bad Example

PROOF OF SERVICE

I declare that:

I live in the county of Sacramento, State of California. I am over the age of 18 years and not a party to the within action; my business address is 160 Promenade Cir Ste 300 Sacramento CA 95834

On January 18, 2017_____, I served the within:

AMENDED APPLICATION

In said action by placing a true and correct copy (ies) thereof enclosed in a sealed envelope and served in the manner and/or manners described below to each of the parties herein stated below on the service list:

__X__ (BY MAIL) I caused such envelope to be deposited in the mail at Sacramento, California. I am readily familiar with the firm's practice for collection and processing of correspondence for mailing. It is deposited with the U.S. Postal Service on that same day in the ordinary course of business.

Division of Workers' Compensation
160 Promenade Cir Sacramento CA 95834

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

DATED: January 18, 2017

S SALLY SIPPLE
Sally Sue Sipple

Helpful tips from Reference Guide

- Do not use punctuation or special characters in names and addresses (see pages 9, 16, 36 & 81)
- Use USPS abbreviations for addresses (see page 80-81)
- Enter the same name / address for forms that are submitted after case opening so that duplicate names / addresses are not created
- Who is the author? (see page 9)

Helpful tips from Reference Guide – Pg 2

- Document size limits – 25 pages per Regulation 10205.12(a)(10) (see page 9)
- Black ink only – black/white copies only (see page 9)
- S Signature format (see page 41)

Helpful tips from Reference Guide - Pg 3

- UAN incorrect (see pages 7 through 9)
- Which verification should be used:
  - Attached to lien or application-when filed by lien claimant (10863)
  - Attached to DOR-when filed by lien claimant (10864)
  - Attached to Petitions and Answer to Petitions (10510 (d))
- Document Title incorrect (see doc title list in E-file webpage) http://www.dir.ca.gov/dwc/eams/EAMS_EformsFilers.html

Helpful tips from Reference Guide – Pg 4

- Case number incorrect (verify in public search or EAMS)
- Version of form is not correct (verify in DWC website for most current version)
- Document errors after successful processing – not UDQ
- Confirmation of filing – batch ID; what does that mean? (page 14-15)

Helpful tips from Reference Guide – Pg 5

Batch ID Management

- Always save a copy of the Batch ID, in text format, in the specific case's folder in your system and print a hard copy. This is verification of submission, should there be a delay in the document being filed into the case in EAMS.
- The UDQ operator will advise you of problems with your filing by referencing the Batch ID number. To easily track Batch ID numbers in your case, we recommend that you use an Excel spreadsheet following the example below:

Helpful tip: add the document submission for better tracking

Batch ID #	Injured Worker Name	SSN	EAMS Case #	Type of Document

Requirements for filing the Application for Adjudication

See Pages 50 -53 in Reference Guide

- E-form Application
- 4906(h) (attorney and injured worker)
- Fee Disclosure
- Venue Authorization
- Proof of Service

Issues with Application

- Injured worker name not matching documents signed by injured worker
- Law firm UANs incorrect
- Parties on Application for Adjudication form do not match those on the Proof of Service (missing on the application in the appropriate fields)
- Claims Administrator UAN incorrect
- 4906(h) not submitted for law firm, only for injured worker or vice versa
- Attachments illegible or not current version
- Incorrect S Signature format

Helpful tips for filing your Application for Adjudication

- UANs are verified in UAN data base
- Injured worker information verified (public search or your intake document)
- S signature in correct format (s xxx xxxx)
- Review attachments for correctness and meeting the requirements
- Review contents of form, then print before hitting ‘Submit’

Requirements for filing the Answer to Application

See Page 53 in Reference Guide

- E-form Answer to Application
- 4906(h) (attorney or claims administrator)
- Proof of Service

Issues with Answer

- **Incorrect** IW information
  - Name transposed
- Employer registered twice when information does not match what is in EAMS
- UAN of claims administrator incorrect
- Declarant information incorrect
  - S signature
  - UAN missing
- Listing companion cases
- POS incorrect or missing

Helpful tips for filing your Answer to Application

- Injured worker information verified (public search or your intake document)
- Employer information verified (in public search)
- UANs entered in the Claims Administrator and/or Insurance Carrier fields (verified in UAN data base)
- S signature in correct format (s xxx xxxx)
- Remember to include your Proof of Service
- Review attachments for correctness and meeting the requirements
- Review contents of form, then print before hitting ‘Submit’

Requirements for filing Notice and Request for Allowance of Lien

See Pages 58 - 61 in Reference Guide

- E-form Notice and Request for Allowance of Lien
- Verification (*New Doc Title: Verification for Lien or Application by Lien Claimant)* (10390 attached if needed)
- Declaration or Assignment requirements
  - 4903.8(d) (declaration of lien claimant)

  or
  - 4903.8(a)(b) (assignment of lien)
- LC 4903.05 new requirements:
  - Original Bill
  - Itemized Statement
- Proof of Service

California Department of Industrial Relations

Issues with Notice and Request for Allowance of Lien

- **Incorrect** case number, IW information, UAN for lien claimant and lien claimant representative, information in Provider declaration section for 'B' liens with payment, S signatures (fields are often swapped)
- Defective or missing POS
- Missing required attachments
  - Verification
  - 4903.8 (d) or (a)(b)
  - POS
  - Original Bill
  - Itemized Statement

Helpful tips for filing your Lien

- Do not enter incorrect information in non-mandatory fields (DOI, SSN, DOB)
- Injured worker information must entered (page 60 of Reference Guide)
- Use UANs for law firms, claims administrators and lien claimants in appropriate fields
- Lien amount must be entered (no text allowed)
- Do not enter duplicate rendering/billing provider entries
- Use Lien Claimant S signature only for the declaration
- FAQs for lien declaration: http://www.dir.ca.gov/dwc/SB1160-AB1244/SB1160-FAQs.htm
- Review attachments for correctness and meeting the requirements
- Review contents of form, then print before hitting 'Submit'

Requirements for filing the Request for Consultative Rating

See Pages 54-55 in Reference Guide

- E-form: Request for Consultative Rating
- Medical Report(s), *if not previously filed*
- Proof of Service

Issues with Request for Consultative Rating

- **Incorrect** case number, IW information
- Multiple requests submitted for multiple doctor reports
- Rating MSC checked but no hearing date entered
- Non UAN entered in Rating Requested by field
- Non UAN entered in law firm field
- Missing attachment
  - Medical Report

Helpful tips for filing Request for Consultative Rating

- Do not enter incorrect information in cover sheet for DOI, SSN, DOB (see page 54 in the Guide)
- Injured worker information must be entered
- Enter the occupation even when attaching job description
- Use UANs for claims administrators and law firms only
- Review attachments for correctness and use of correct document titles
- Review contents of form, then print before hitting ‘Submit’

Requirements for filing the Compromise and Release

See Pages 62 – 65 in Reference Guide

- E-form: Compromise and Release, *all three versions*
- Wet signed document
- Walk through: §10789–in general, those medical reports specified and documents relevant to a determination of the adequacy of the settlement not filed previously
- Proof of Service

Requirements for filing the Compromise and Release – Pg 2

- See Information guidelines for submission of settlement documents: http://www.dir.ca.gov/dwc/setguide.pdf
- Case Opening
  - Benefit Notices, QME waiver, 4906(h), medical reports, wage statement
- Non-Case Opening
  - Additional documents to support settlement, if not already filed
- Dependency
  - Petition for G.A.L., death certificate, birth certificate(s), marriage license
- Third Party
  - Third party settlement with wet signed document
  - UAN for third party attorney

Issues with Compromise and Release

- **Incorrect** case number, venue selection, IW information, DOI or UAN for law firm or claims administrator
- E-form incomplete compared to OCR document (see pages 9-10 in the e-form-should be blank)
- Missing attachments
  - POS
  - wet signature C&R-use correct document title: COMPROMISE AND RELEASE-SIGNED
  - incorrect doc title used for the attachment
  - medical reports for non-walk through
- How to correctly process multiple unassigned DOIs *(see pages 62 – 63 in Reference Guide)*

Helpful tips for filing Compromise and Release

- UANs are verified in UAN data base
- Injured worker information verified (public search or your intake document)
- Review attachments for correctness and meeting the requirements
- Review contents of form, then print before hitting ‘Submit’

Requirements for filing Stipulations with Request for Award

See Pages 62 – 65 in Reference Guide

- E-form: Stipulations with Request for Award, *all three versions*
- Wet signed document
- Walk through: §10789–in general, those medical reports specified and documents relevant to a determination of the adequacy of the settlement not filed previously
  - Verify that e-filed documents are in FileNet before going to district office
- Proof of Service

Requirements for filing Stipulations with Request for Award - Pg 2

- See Information guidelines for submission of settlement documents: http://www.dir.ca.gov/dwc/setguide.pdf
- Case Opening
  - Benefit Notices, QME waiver, 4906(h), medical reports, wage statement
- Non-Case Opening
  - Additional documents to support settlement, if not already filed
- DOI before / or after 1/1/2013
- Death

Issues with Stipulations with Request for Award

- Wrong form for DOI (wet signed version must match the e-form)
- Incorrect UAN for law firm or claims administrator, case number, IW information, DOI
- Claims administrator entered as law firm
- E-form incomplete compared to OCR document
- Missing attachments
  - POS
  - wet signature Stip-use correct document title: STIPULATIONS WITH REQUEST FOR AWARD-SIGNED
  - medical reports for non-walk through
  - incorrect doc title used for the attachment

Helpful tips for filing Stipulations with Request for Award

- UANs are verified in UAN data base
- Injured worker information verified (public search or your intake document)
- Review attachments for correctness and meeting the requirements
- Review contents of form, then print before hitting ‘Submit’

Issues with the Unstructured E-form

See Pages 14 and 66 in Reference Guide

- Incorrect case number – documents may go into the wrong case if that case number exists
- Case numbers in the attachment screen do not match
- Companion cases must be for the same injured worker
- Attachments not labeled correctly
- Attachments are copies of structured e-forms or OCR forms

Helpful tips for using Unstructured E-form

- Case Numbers must match in the Master Case Number and Attachment fields
- Prepare and review attachments for correctness and meeting the file naming convention
- Author should be UAN for forms, petitions etc.
- If attachment is related to a lien, enter the Lien Reservation Number
- Review contents of attachment screen; print before hitting ‘Submit’
- Print and save the Batch ID page

When and how to contact DWC for assistance

- Error messages while attempting to submit e-forms (DOR errors, missing or incorrect required information)

  Contact EAMS Help Desk or E-form mailbox to get assistance
- Need copies of documents filed (didn't print)

  View FileNet documents (page 72 in Guide) and print
- I can't find my documents in EAMS (UDQ or employment association issues)

  Contact E-form mailbox to get assistance
- I made a mistake in the documents that have been filed

  Contact district office to get assistance

DWC mailbox etiquette

- EAMS – do not use; this is for non e-filers
- CRU – only for UAN updates and Change of Location
- EAMSHelpDesk – hearing slot errors, for information & assistance and as specified in the Guide, verify settlement documents in FileNet
- E-forms – batch tracking, unarchive cases, e-file account issues, errors or messages to UDQ supervisor, IW address issues, incorrect IW issues, updates to IW or Employer names, FileNet document received dates (Notice of Document Discrepancy); *See Page 18 in Reference Guide*
- EAMSNOR – NOR and SOA (email only one week after the document has been filed in EAMS)

DWC EAMS mailboxes

- EAMS@dir.ca.gov (not for e-filers)
- CRU@dir.ca.gov
- EAMSHelpDesk@dir.ca.gov
- Eforms@dir.ca.gov
- EAMSNOR@dir.ca.gov

15 minute break

Reminder: attendance email (send email to Eforms@dir.ca.gov with your firm's UAN in subject line)

Live Demonstration after break

Live Demonstration
Application for Adjudication of Claim

Overview of the requirements and tips

- Verified UANs and other data
- Attachments scanned (named and ready to attach)

Open e-form and begin entering data

Cover sheet-1

- New case: Yes or No
- Location: CTL
- Walkthrough: Yes or No

Live Demonstration
Application for Adjudication of Claim – Pg 2

- Companion cases exist (DO NOT CHECK)
- More than 15 Companion cases (DO NOT CHECK)
- Date: enter today's date
- Social Security Number: enter digits only
- Injury type: check correct radio button and enter date(s)
- Body Part: select from drop down
- Check Unit type: select ADJ

Live Demonstration
Application for Adjudication of Claim – Pg 3

Form-1

- Case Number: auto populates only from cover sheet for existing cases (check Amended Application checkbox)
- SSN: auto populates from cover sheet
- Venue choice:
  - Select the appropriate radio button and enter the zip code based on the radio button selection

Live Demonstration
Application for Adjudication of Claim – Pg 4

- Injured Worker cluster
  - **First name**
  - Middle Initial (one character only)
  - **Last name**
  - **Street address 1/PO Box** (try to only use 1st line)
  - International address
  - **City**
  - **State**
  - **Zip code (5 digits only)**

Live Demonstration
Application for Adjudication of Claim – Pg 5

Form-2

- Applicant (if other than injured employee)
  - Only to be used when not filed by the injured worker or their representative
  - Select appropriate radio button
  - Name (Claims Admin or Lien Claimant- enter UAN only)
  - Street address 1/PO Box (try to only use 1st line)
  - City
  - State
  - Zip code (5 digits only)

Live Demonstration
Application for Adjudication of Claim – Pg 6

- Employer Information cluster
  - **Select appropriate radio button**
  - **Employer Name**
  - **Street address 1/PO Box**
  - **City**
  - **State**
  - **Zip code (5 digits only)**

Live Demonstration
Application for Adjudication of Claim – Pg 7

Form-3

- Insurance Carrier Information cluster
  - Insurance Carrier Name
  - Street address 1/PO Box
  - City
  - State
  - Zip code (5 digits only)

Live Demonstration
Application for Adjudication of Claim – Pg 8

Form-3

- Claims Administrator Information cluster
  - Claims Administrator Name (UAN only)
  - Street address 1/PO Box
  - City
  - State
  - Zip code (5 digits only)

Live Demonstration
Application for Adjudication of Claim – Pg 9

Form-4

- Injury Information, paragraph 1:
  - **DOB**
  - Occupation
  - Injury type and date(s) (auto populates from coversheet for new case, but must enter DOI for amended applications)
  - **Location of injury (address, city, state, zip)**
  - Body Parts (auto populates from coversheet for new case, but can enter additional for amended applications)

Live Demonstration
Application for Adjudication of Claim – Pg 10

- Injury information, paragraph 2: explanation of injury in 325 characters or less
  - Also used to identify amended application information
- Injury information, paragraph 3:
  - Earnings at time of injury
    - Rate of pay (check radio button)
    - Additional earnings (check radio button)
    - Number of hours worked per week

Live Demonstration
Application for Adjudication of Claim – Pg 11

- Injury Information, Paragraph 4:
  - Disability information
    - Last day off work due to injury
    - 1st period of disability
    - 2nd period of disability

Form-5

- Compensation, Paragraph 5
    - Paid (Y or N)
    - Total paid
    - Weekly rate
    - Date of last payment

Live Demonstration
Application for Adjudication of Claim – Pg 12

- Compensation, Paragraph 6
  - UI or SDI benefits (Y or N)
- Medical treatment, Paragraph 7
  - Treatment received (Y or N)
  - Treatment furnished by employer or carrier (Y or N)
  - Date of last treatment
  - Other treatment provided by (enter the name of person or agency)
  - Medi-Cal payment made (Y or N)
  - Names/addresses of Dr or Hosp that treated or examined, not paid by employer or insurance carrier

Live Demonstration
Application for Adjudication of Claim – Pg 13

- Previous Industrial Injuries, Paragraph 8:
  - Enter up to 4 case numbers

Form-6

- Issues in dispute, Paragraph 9
  - Check the appropriate boxes
- Injured Worker Representative Information cluster
    - Check Y or N (if Y, enter information)
    - **UAN for law firm**
    - S signatures
      - Only fill in one (attorney or injured worker)

Live Demonstration
Application for Adjudication of Claim – Pg 14

- Add all mandatory and optional attachments
- Screen print of the attachment page
- Review the data in the form for accuracy
- Print the e-form for service on all parties
- Click submit
- Screen print of Batch ID information
- Update your Batch ID spreadsheet

Live Demonstration
Compromise and Release

Overview of the requirements and tips

- Verified UANs and other data
- Attachments scanned (labeled, saved, and ready to attach)

Open e-form and begin entering data

Cover sheet-1

- New case: Yes or No
- Location: CTL
- Walkthrough: Yes or No

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Live Demonstration
Compromise and Release – Pg 2

- Companion cases exist
- More than 15 Companion cases (DO NOT CHECK)
- Date: enter today's date
- <u>Non case opening</u>
  - Enter ADJ case number
  - Check Unit type: select ADJ
  - Enter companion case numbers

California Department of Industrial Relations

Live Demonstration
Compromise and Release – Pg 3

- Case opening
  - New Case: Select Yes for “Is This a New Case?”
  - Social Security Number: enter digits only
  - Injury type: check correct radio button and enter date(s)
  - Body Part: select from drop down
  - Check Unit type: select ADJ
  - Enter companion case numbers, if any
  - For single new cases, Walk-though: No
  - **If multiple new case numbers, must complete additional E-Form(s)**

Live Demonstration
Compromise and Release – Pg 4

- Multiple new cases
  - If 2 or more new cases, must complete additional E-Form for each new case
  - No more than 1 new case per document coversheet and E-Form
  - Existing companion cases entered in the first new document coversheet only
  - Walk-though: No (First new case); Yes (Subsequent new case document coversheets and E-Forms)
    - Find new case numbers in EAMS or Public Case Information Search
    - Task & workflow generated for district office staff

Live Demonstration
Compromise and Release – Pg 5

Form-1

- Case Number: auto populates only from cover sheet for existing cases
- SSN: auto populates from cover sheet
- Venue choice:
  - Select the appropriate radio button and enter the zip code based on the radio button selection

Live Demonstration
Compromise and Release – Pg 6

- Injured Worker cluster
  - **First name**
  - Middle Initial (one character only)
  - **Last name**
  - **Street address/PO Box**
  - **City**
  - **State**
  - **Zip code (5 digits only)**

Live Demonstration
Compromise and Release – Pg 7

- Employer Information cluster
  - **Select appropriate radio button**
  - **Employer Name**
  - **Street address/PO Box**
  - **City**
  - **State**
  - **Zip code (5 digits only)**

Live Demonstration
Compromise and Release – Pg 8

Form-2

- Applicant's Attorney or Authorized Representative Information cluster
  - Select representation type radio button
  - First Name
  - Last Name
  - Law Firm Number (ERN)
  - **UAN for law firm name**
  - Address/PO Box
  - City
  - State
  - Zip (enter 5 digits only)

Live Demonstration
Compromise and Release – Pg 9

- Defendant's Attorney or Authorized Representative Information cluster
- Select representation type radio button
  - First Name
  - Last Name
  - Law Firm Number (ERN)
  - **UAN for law firm name**
  - Address/PO Box
  - City
  - State
  - Zip (enter 5 digits only)

Live Demonstration
Compromise and Release – Pg 10

- **Form-3**
- Insurance Carrier Information cluster
  - Insurance Carrier Name
  - Street address/PO Box
  - City
  - State
  - Zip code (5 digits only)

Live Demonstration
Compromise and Release – Pg 11

- Claims Administrator Information cluster
  - Claims Administrator Name (UAN only)
  - Street address/PO Box
  - City
  - State
  - Zip code (5 digits only)

Live Demonstration
Compromise and Release – Pg 12

- Paragraph 1
  - **DOB**
  - Occupation at time of injury
  - Case #1
    - If new case, data will populate from Coversheet-1
    - If existing case, case number will populate from Coversheet -1
    - If existing case, select Specific/CT injury radio button, enter DOI, select body parts, enter injury location

Live Demonstration
Compromise and Release – Pg 13

- **Form-4**
  - Companion cases 1-2 information
  - Auto-populated from Coversheet-1
  - Select Specific/CT injury radio button, enter DOI, select body parts, enter injury location
- **Form-5**
  - Companion cases 3-4 information
  - Auto-populated from Coversheet-2
  - Select Specific/CT injury radio button, enter DOI, select body parts, enter injury location

Live Demonstration
Compromise and Release – Pg 14

- **Form-6**
- Paragraph 6
  - All data must be numerical (except Unpaid Medical Expense Paid By)
  - Earnings at Time of Injury
  - Total TD Paid, TD Rate, TD Periods Paid
  - Total PD Paid, PD Rate, PD Periods Paid
  - Total Medical Bills Paid
  - Unpaid Medical Expense Paid By

Live Demonstration
Compromise and Release – Pg 15

- **Form-7**
- Paragraph 7
  - **Total Settlement Amount**
  - Deductions for PD advances
  - Deductions for TD overpayment
  - Other deductions (i.e. liens)
  - Applicant Attorney's fee
  - Settlement balance

Live Demonstration
Compromise and Release – Pg 16

- Paragraph 8
  - Lien disposition freeform field (limited to 1673 characters)

- **Form-8**
  - Paragraph 9
    - Select issues that are being settled
    - Enter additional comments (limited to 503 characters)

Live Demonstration
Compromise and Release – Pg 17

- **Form-9**
- Paragraph 11
  - Note text at start of paragraph 11 and date field
  - Enter day, month, year, city
  - Signature fields (leave blank on E-Form)

Live Demonstration
Compromise and Release – Pg 18

Form 10

- Notary Acknowledgment, enter only if it is included in wet-signed document
- Attach scanned wet-signed C&R and all mandatory and optional attachments
- Screen print of the attachment page
- Review the data in the form for accuracy
- Print the e-form for service on all parties
- Click Submit
- Screen print of Batch ID information
- Update your Batch ID spreadsheet

Live Demonstration: Notice and Request for Allowance of Lien

Overview of the requirements and tips

- Verified UANs and other data
- Attachments scanned (named and ready to attach)

Open e-form and begin entering data

Cover sheet-1

- Location: CTL
- Walkthrough: Yes or No

Live Demonstration: Notice and Request for Allowance of Lien – Pg 2

- Companion cases exist (DO NOT CHECK)
- More than 15 Companion cases (DO NOT CHECK)
- Date: enter today's date
- Social Security Number: blocked
- Injury type: blocked
- Body Part: blocked
- Check Unit type: select ADJ

Live Demonstration: Notice and Request for Allowance of Lien – Pg 3

Form-1

- **Date of original lien**: enter current date
- Case Number: auto populates only from cover sheet
- Injury type: check correct radio button and enter date(s) (optional)
- SSN: enter only digits (optional)
- DOB: correct date format MM/DD/YYYY (optional)

Live Demonstration: Notice and Request for Allowance of Lien – Pg 4

Injured worker information *(see Pg. 60 in Guide)*

- **First Name**:
- MI:
- **Last Name**:
- **Address/PO Box**: (optional)
- **City**:
- **State**:
- **Zip Code**: enter 5 digits only

California Department of Industrial Relations

Live Demonstration: Notice and Request for Allowance of Lien – Pg 5

- Attorney/Representative for Injured Worker
- Name: enter UAN
- Address/PO Box
- City
- State
- Zip Code: enter 5 digits

Live Demonstration: Notice and Request for Allowance of Lien – Pg 6

Form-2

- Lien Claimant Information (**completion required**)
- **Organization**: enter UAN only
- First Name: (optional)
- Last Name: (optional)
- **Address/PO Box**:
- **City**
- **State**
- **Zip Code**: enter 5 digits only
- Phone: enter numbers only (optional)

California Department of Industrial Relations

Live Demonstration: Notice and Request for Allowance of Lien – Pg 7

Lien Claimant's Attorney/Representative Info (**optional**)

- Select representation type radio button
  - **UAN for law firm name**
  - First Name
  - Last Name
  - **Address/PO Box**
  - **City**
  - **State**
  - **Zip**: enter 5 digits only
  - Phone: enter numbers only

Live Demonstration: Notice and Request for Allowance of Lien – Pg 8

Employer Information:

- Name
- Address/PO Box
- City
- State
- Zip Code

Live Demonstration: Notice and Request for Allowance of Lien – Pg 9

Form-3

Insurance Carrier or Claims Administrator

- Name: enter UAN
- Address/PO Box
- City
- State
- Zip Code: enter 5 digits

Live Demonstration: Notice and Request for Allowance of Lien – Pg 10

- Employer or Claims Administrator Attorney/Representative
- Name: Enter UAN
- Address/PO Box
- City
- State
- Zip Code: enter 5 digits

Live Demonstration: Notice and Request for Allowance of Lien – Pg 11

- **Lien amount**: enter numbers only; no text

Form-4

Reason for lien

- Select correct radio button
- (other lien reason requires information in text box below; limited to 585 characters)

Form-5

- If no filing fee required select checkbox

See Note regarding required attachments

Live Demonstration: Notice and Request for Allowance of Lien – Pg 12

- Provider Information Section (**required for 4903(b) liens**)
  - **Provider Type**
  - Other Provider Type
  - **Rendering Provider's Name**
  - Rendering Provider's NPI
  - Rendering Provider's License/Cert No
  - **Billing Provider's Name**
  - Billing Provider's NPI
  - **Initial Date of Service**

Live Demonstration: Notice and Request for Allowance of Lien – Pg 13

Form-6

- Declaration under penalty of perjury
  - **Dispute for filing of lien: select only one from drop down**
  - **Signature of lien claimant**: enter S Signature
  - Date: auto populated by system
- **Check the service box**
- **Signatures**: enter S Signatures for Lien Claimant and Attorney
- **Date**: enter date format MM/DD/YYYY

Live Demonstration: Notice and Request for Allowance of Lien – Pg 14

- Add all mandatory and optional attachments
- Screen print of the attachment page
- Review the data in the form for accuracy
- Print the e-form for service on all parties
- Click submit
- Screen print of Batch ID information
- Update your Batch ID spreadsheet
- Overview of payment processing screens to follow

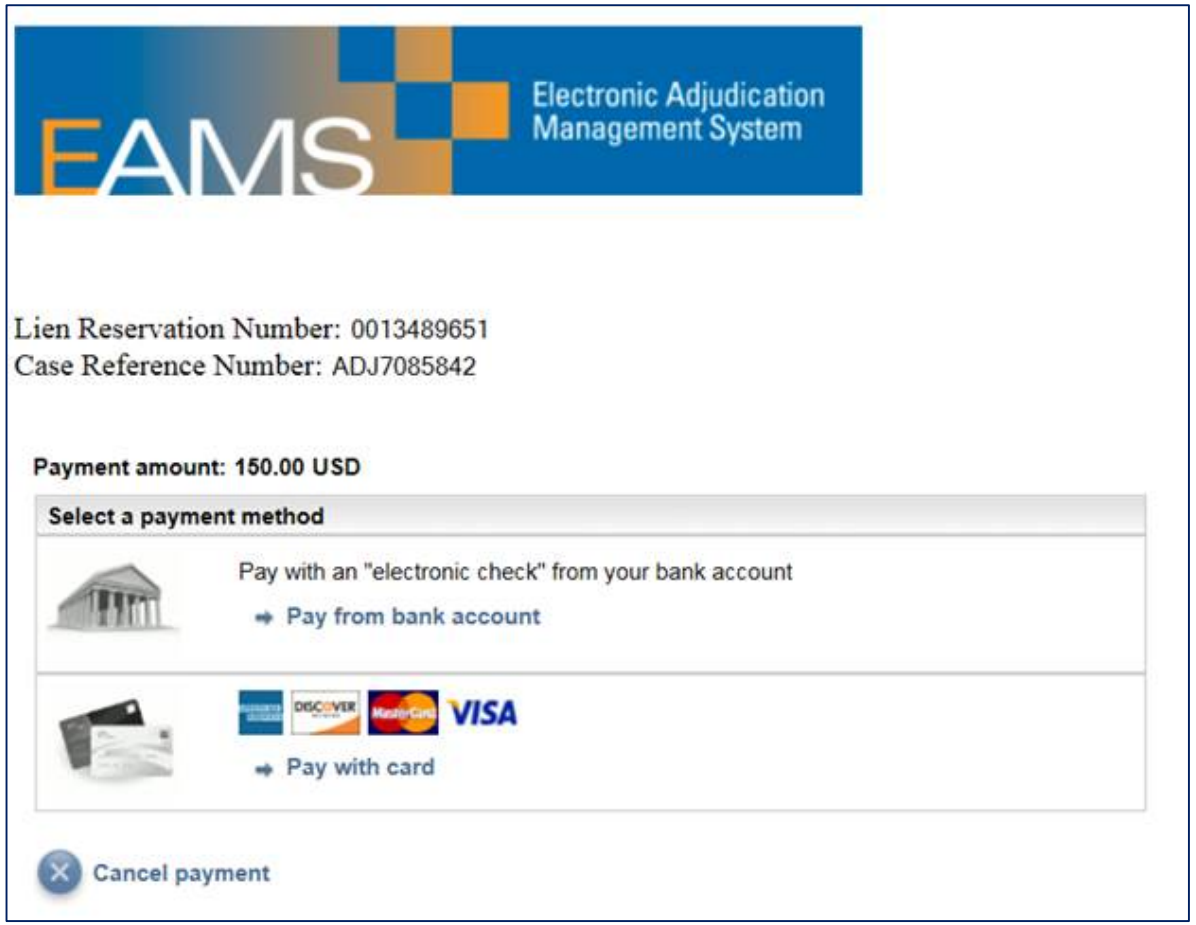
Lien Payment Process Screens

- For liens with payment, clicking ‘Submit’ routes to IBM payment center
- Select payment type (ACH or credit card)
- Enter payment information and click ‘submit’

Email optional *– confirmation email will be sent with payment confirmation information if email provided*

- Payment confirmation information page displayed (print copy for your record)
- Click ‘**Continue**’ to submit the lien with payment and obtain your Batch ID information

Lien Payment Process Screens – Pg 2



Lien Payment Process Screens – Pg 3

EAMS Electronic Adjudication Management System

Lien Reservation Number: 0013489651
Case Reference Number: ADJ7085842

Payment amount: 150.00 USD

The fields indicated with an asterisk (*) are required to complete this transaction; other fields are optional.

Card number:*

Expiration date:*
Month Year

Security code:*
Help

Submit Other payment method

California Department of Industrial Relations

Lien Payment Process Screens – Pg 4

EAMS Electronic Adjudication Management System

Submission of this eform through EAMS constitutes service upon any internal DWC unit.

Transaction Status: Service succeeded
Credit card shows in 2 hours, ACH shows in 7 days.

HARTER LAW SACRAMENTO

Your payment of 150.00
Was accepted on 03/17/2017 11:40:10
For Lien 0013489651
The Transaction ID is Confirmation Number D7F0SA1WDQPC1
This lien is associated with Case Number ADJ7085842
Lien Claimant HARTER LAW SACRAMENTO
Injured Worker Name VICTOR AGUIRRE INVALID
Date of Injury 2015-10-06 00:00:00.0

Please print or retain a copy of this receipt for your files.

Continue

California Department of Industrial Relations

Lien Payment Process Screens – Pg 5

- From: payments@dir.ca.gov [mailto:payments@dir.ca.gov]
  Sent: Friday, December 23, 2016 4:12 PM
  To: Patterson, Kathy
  Subject: Your payment has been successfully received for Case Reference Number: ADJ7085842, Lien Reservation Number: 0011294992
-
- Date 12/23/2016
-
- PATTERSON MEDICAL SACRAMENTO :
-
- Your payment of: $150
- Was accepted on: 12/23/2016 16:08:18
- For Lien: 0011294992
- Confirmation Number: QMYHSDW08PTC1
- Case Number: ADJ7085842
- Lien Claimant: PATTERSON MEDICAL SACRAMENTO
- Injured Worker Name: VICTOR AGUIRRE INVALID
- Date of Injury: 10/01/2006 00:00:00
-
-
- PLEASE PRINT OR RETAIN A COPY OF THIS RECEIPT FOR YOUR FILES.
-
- Please allow a minimum of two (2) hours for your payment to be reflected in the public search tool.
- Payments made after 10:00 PM will not be posted until 6:00 AM the next day.

Lien Payment Process Screens – Pg 6

Example of Batch ID screen

Submission of this e-form through EAMS constitutes service upon any internal DWC unit.

Case #: ADJ7085842
Lien #: 0013489651
Lien Claimant: : HARTER LAW SACRAMENTO
Batch ID: 26382537 Date: 03/17/2017 11:42:10 AM

Questions & Answers

- DWC staff will unmute phones in the order that you raised hand
- Please limit your questions so that all participants have the opportunity to get their question answered
- If your question is answered by another participant's questions please lower your hand

THANK YOU ALL FOR YOUR PARTICIPATION TODAY