



PDF for Document Distribution Within the Corporate Enterprise



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President / CEO

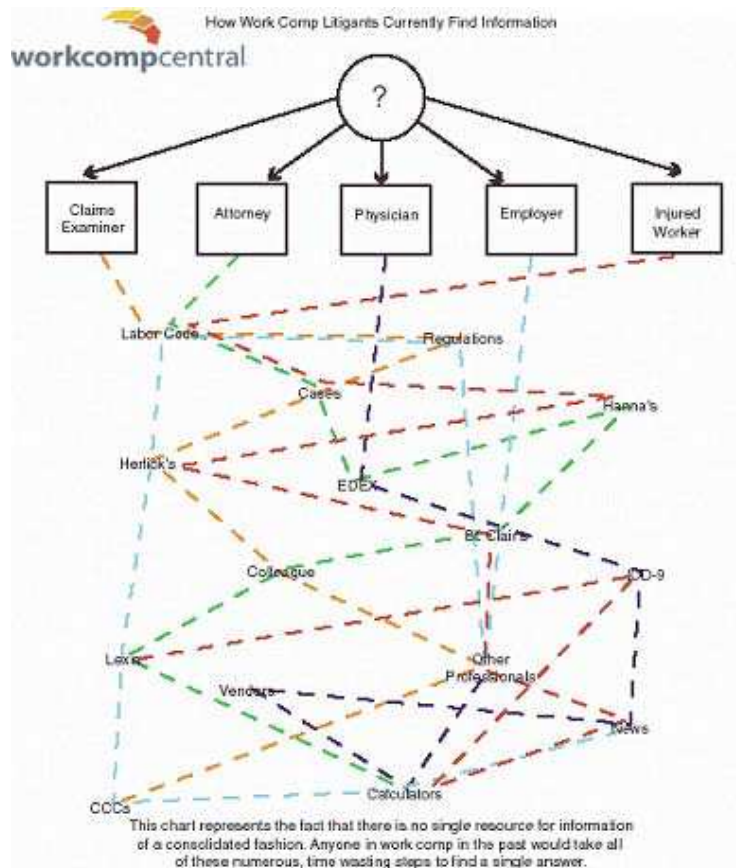
workcompcentral.com, Inc.



A Look at Workers' Compensation

- National \$100 billion industry
- 145 million employees nationally in 1999 (U.S. Dept. of Labor)
 - 5.9 million non-fatal injuries and illnesses nationally in 1999
 - 6.3 cases per 100 workers
- Nationally, 41% of cases are litigated
 - 2.2 million litigated cases
 - Every litigated case requires injured worker, employer, applicant attorney, defense attorney, insurance carrier, and physician
- Federal and State agencies mandating electronic transmission of forms
 - paperless environment
 - pdf becoming predominant format for electronic forms

The Pain in Workers' Compensation



A single source of data takes numerous paths of dissemination, resulting in miscommunication, error, delay



The Pain in Workers' Compensation

Paper Flow in Work Comp:

- 6 mandatory forms per claim
- litigated claims average 12 months
- each form must be distributed at least 4 ways
- 24 forms per life of claim distributed 4 ways = 96 transmissions per claim
- 370,000 new litigated claims per year (CA only) = 33,530,000 transmissions per year



What is workcompcentral.com?

A total service provider of tools, information and resources using proprietary technology for the workers' compensation litigation industry through the World Wide Web:

- Law (Code, Regulations, Cases)
- Calculators (PD rating, commutation, etc.)
- Forms – database driven, repopulation, distribution
- Center point for workers' compensation communication



Who our customers are, differences

- Insurance companies
 - just now going to web
 - skepticism, legacy systems
 - A LOT of training needed for even basic operations
- Professionals (attorneys, physicians, others)
 - larger firms, support staff
 - smaller firms, direct
- Employers / risk managers
 - limited to couple of forms; interaction with carriers
- Injured workers
 - most technically proficient
 - legal support, not document support



PDFs and Legal Operations

Why PDF?

- exact reproduction of forms
- cross purpose application
- small file sizes
- flexible data integration
- searchable
- embedded data object capabilities
- free and ubiquitous Reader
- almost universal acceptance by State and Fed



Tools on Server

- **Active PDF**

- easiest pdf to database integration – read/write

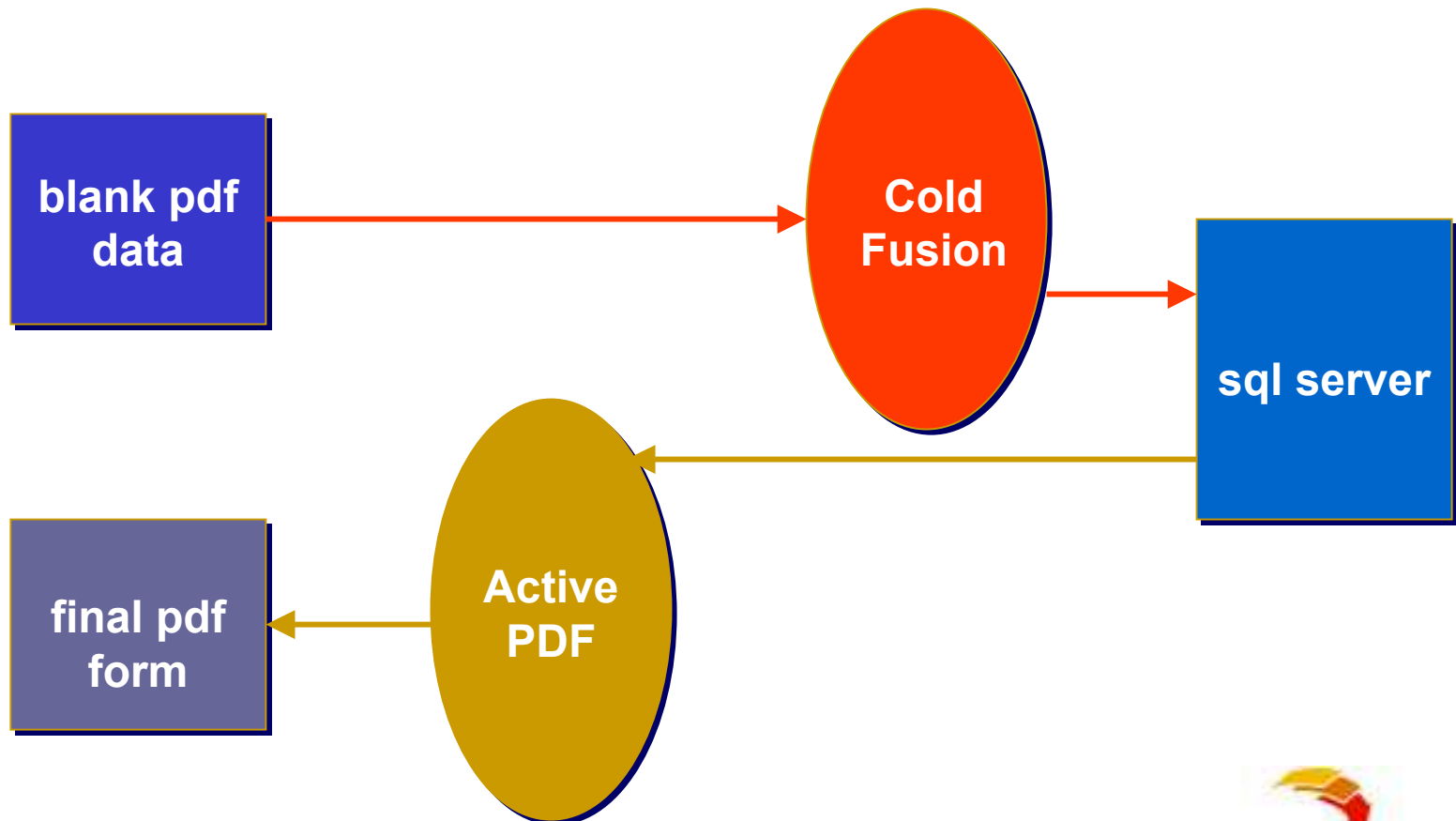
- **Cold Fusion**

- rapid deployment and scale

- **MySQL**

- inexpensive open source
- robust vs. sub-query trade off

PDF and Database Integration



Workcompcentral forms menu

The screenshot shows a Microsoft Internet Explorer browser window displaying the WorkCompCentral website. The address bar shows the URL: <http://www.workcompcentral.com/forms/forms.htm?&token=10601ww1430w47q947>. The website header includes the WorkCompCentral logo and a "Select Your State" dropdown menu set to "California". Below the header is a navigation bar with tabs for "home", "insurers", "physicians", "employers", "employees", "attorneys", "vocational rehab", and "register". A secondary navigation bar contains links for "ABOUT", "CONTACT", "NEWS", "E-GROUPS", "LABOR CODES", "REGULATIONS", "FORMS", and "FLOWCHART". The "FORMS" section is highlighted, and a search box is present. The main content area features a numbered list of links for preparing forms:

- 1 [click here](#) to prepare a Legal form.
- 2 [click here](#) to prepare a Medical form.
- 3 [click here](#) to prepare a Vocational Rehab form.

On the left side, there is a "Log-in" section with links for "My Home", "View Account", "Forms History", "Forms", and "Log Out". Below that is a "Find" section with a list of categories: "Attorneys", "Insurers", "Investigators", "Physicians", "Sponsors", and "Translators". On the right side, there is a "News Headlines" section with several news items, including "CA Work Comp on LA Times Front Page" and "How has the ADA Changed Life for Disabled?". At the bottom of the page, the WorkCompCentral logo is displayed, along with a "WCC News" link.

Workcompcentral forms list



The screenshot shows the WorkCompCentral website interface. At the top, there is a navigation bar with links for Home, Insurers, Physicians, Employers, Employees, Attorneys, Vocational Rehab, and Register. Below this is a search bar and a "Select Your State" dropdown menu set to "California". The main content area is titled "WorkComp Forms" and contains a table of forms. The table has columns for "Form Name", "Number", and "Download".

Form Name	Number	Download
10107 Tables	10107 TABLES	
Addendum To Application And/or Answer	WC 004	
Affidavit Of Defendant Bar: Resolution Of Liens	WCAB 001	
Answer (post 91, Pre 94)	WCAB 2	
Answer Post 94	Answer	
Application For Adjudication Of Claim (Death Case - Injuries post 1990)	WCAB 1A	
Application For Adjudication Of Claim (Death Case - Injuries Pre 1990 and Post 1993)	D1A 2	
Application For Adjudication Of Claim (Injuries Between 1/1/90 And 1/1/94)	APP 94	
Application For Adjudication Of Claim (Injuries Pre 1990 And Post 1993)	APP 95	

On the right side of the page, there is a "News Headlines" section with several articles, including "CA Work Comp on LA Times Front Page" and "How has the ADA Changed Life for Disabled?". Below the news is a "WCC News" section with a link to "See our Ad in CWCE Magazine".

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		PLEASE COMPLETE (TYPE, IF POSSIBLE). MAIL TWO COPIES TO: <hr/> <hr/> <hr/>			OSHA CASE NO. <input type="checkbox"/> FATALITY				
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		NOTICE: California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious illness/injury or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.							
E M P L O Y E R	1. FIRM NAME			1A. POLICY NUMBER		DO NOT USE THIS COLUMN			
	2. MAILING ADDRESS (Number and Street, City, ZIP)			2A. PHONE NUMBER		Case No.			
	3. LOCATION, IF DIFFERENT FROM MAILING ADDRESS (Number and Street, City, ZIP)			3A. LOCATION CODE		Ownership			
	4. NATURE OF BUSINESS, e.g., painting contractor, wholesale grocer, sawmill, hotel, etc.			5. STATE UNEMPLOYMENT INSURANCE ACCT. NUMBER		Industry			
6. TYPE OF EMPLOYER						Occupation			
<input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> DIST. <input type="checkbox"/> GOVT. - SPECIFY _____									
E M P L O Y E E	7. EMPLOYEE NAME			8. SOCIAL SECURITY NUMBER		9. DATE OF BIRTH (mm dd yy)	Sex		
	10. HOME ADDRESS (Number and Street, City, ZIP)			10A. PHONE NUMBER		Age			
	11. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		12. OCCUPATION (Regular job title - NO initials, abbreviations or numbers)			13. DATE OF HIRE (mm dd yy)		Daily Hours	
	14. EMPLOYEE USUALLY WORKS _____ hours _____ days _____ total _____ per day _____ per week _____ weekly hours		14A. EMPLOYMENT STATUS (check applicable status at time of injury) regular _____ part-time _____ temporary _____ seasonal _____		14B. Under what class code of your policy were wages assigned?		Days per Week		
	15. GROSS WAGES/SALARY \$ _____ PER _____		16. OTHER PAYMENTS NOT REPORTED AS WAGES/Salary (e.g., tips, meals, lodging, overtime, bonuses, etc.)? <input type="checkbox"/> YES \$ _____ PER _____ <input type="checkbox"/> NO			Weekly Hours			
I N J U R Y O R I L L N E S S	17. DATE OF INJURY OR ONSET OF ILLNESS (mm dd yy)		18. TIME INJURY ILLNESS OCCURRED A.M. P.M.		19. TIME EMPLOYEE BEGAN WORK A.M. P.M.		20. IF EMPLOYEE DIED, DATE OF DEATH (mm dd yy)	Weekly Wage	
	21. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO		22. DATE LAST WORKED (mm dd yy)		23. DATE RETURNED TO WORK (mm dd yy)		24. IF STILL OFF WORK, CHECK THIS BOX <input type="checkbox"/>		County
	25. PAID FULL WAGES FOR DAY OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. SALARY BEING CONT'D? <input type="checkbox"/> YES <input type="checkbox"/> NO		27. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (mm dd yy)		28. DATE EMPLOYEE WAS PROVIDED EMPLOYEE CLAIM FORM (mm dd yy)		Nature of Injury
	29. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS, if available, e.g., second degree burns on right arm, tendonitis of left elbow, lead poisoning							Part of Body	
	30. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number and Street, City)			30A. COUNTY		30B. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		Source	
	31. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., shipping department, machine shop.				32. OTHER WORKERS INJURED/ILL IN THIS EVENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			Event	
	33. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., acetylene, welding torch, farm tractor, scaffold							Sec. Source	
	34. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., welding seams of metal forms, loading boxes onto truck							Extent of Injury	
	35. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld and burned right hand. USE SEPARATE SHEET IF NECESSARY.								
	36. NAME AND ADDRESS OF PHYSICIAN (Number and Street, City, ZIP)					36A. PHONE NUMBER			
37. IF HOSPITALIZED AS AN INPATIENT, NAME AND ADDRESS OF HOSPITAL (Number and Street, City, ZIP)					37A. PHONE NUMBER				
COMPLETED BY (type or print)			SIGNATURE		TITLE		DATE		

Workcompcentral forms delivery

The screenshot displays the WorkCompCentral website interface within a Microsoft Internet Explorer browser window. The browser's address bar shows a URL with various parameters. The website header includes the logo and a "Select Your State" dropdown menu currently set to "California". A navigation bar contains links for "home", "insurers", "physicians", "employers", "employees", "attorneys", "educational rehab", and "register". Below this is a secondary navigation bar with links for "ABOUT", "CONTACT", "NEWS", "E-GROUPS", "LABOR CODES", "REGULATIONS", "FORMS", and "FLOWCHART".

The main content area is titled "Form Options" and lists four delivery methods:

- 1 View, Save, or Print your form.** (Icon: PDF)
- 2 Email your form.** (Icon: Envelope)
Input field: `dauid@workcompcentral.com`
Text: "(john@company.com, sue@organization.org) enter all email addresses separated by a comma"
- 3 Fax your form.** (Icon: Fax machine)
Input field: `7072217992`
Text: "enter fax number in (800-955-1212)"
- 4 Hard copy serve your form.** (Icon: Document)
Text: "(Have workcompcentral serve or file your form by 1st class US mail, or Federal Express)"

On the right side, there is a "News Headlines" section with several news items, including "LA Work Comp on LA Times Front Page" and "Washington to Review of Examiners Practice Law". Below the news is a "WCC News" section with a link to "See our Ad in CWCE Magazine" and a small image of the CWCE magazine cover.

Workcompcentral user inventory

WorkCompCentral - Microsoft Internet Explorer provided by Dell

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print Edit

Address http://www.workcompcentral.com/FormsHistory.Nlx?token=11301vc415g33o1833

workcompcentral. Select Your State California

home insurers physicians employers employees attorneys vocational rehab register

ABOUT CONTACT NEWS E-GROUPS LABOR CODES REGULATIONS FORMS FLOWCHART

Log-in

My Name
View Account
Forms History
Forms
Log Out
Find

Served Forms 7 Records

Form Title	Date/Time	Form Details
Employee's Claim For Workers' Compensation Benefits (dwc-1)	04/16 02:59 PM	🔍
Notice Regarding Permanent Disability Benefits	04/13 10:52 AM	🔍
Primary Treating Physician's Permanent And Stationary Report (pr3)	03/29 04:36 AM	🔍
Primary Treating Physician's Permanent And Stationary Report (pr3)	03/28 02:15 PM	🔍
Petition For Change of Primary Treating Physician (Part A)	03/23 05:11 AM	🔍

News Headlines

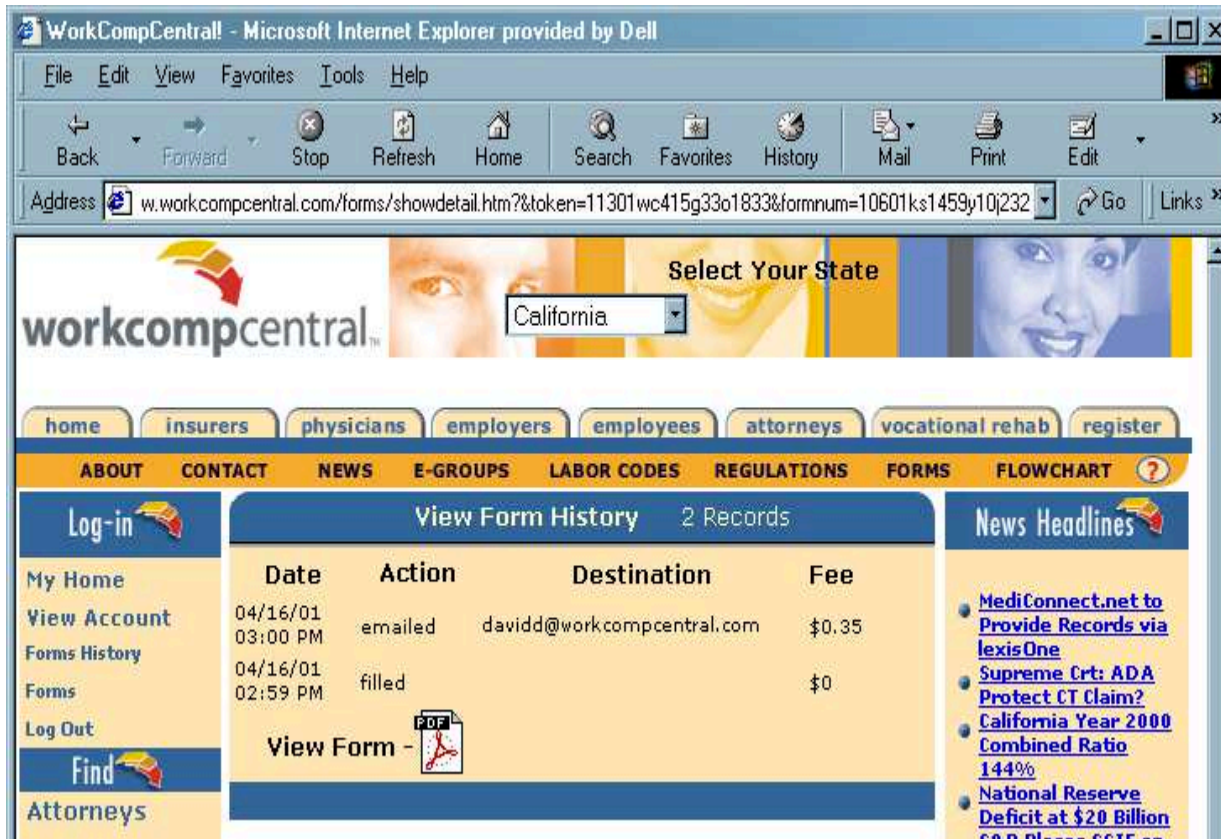
- MediConnect.net to Provide Records via LexisNexis
- Supreme Ct: ADA Protect ET Claims?
- California Year 2000 Combined Ratio 144%
- National Reserve Deficit at \$20 Billion
- S&P Places SICF on CreditWatch

WCC News

See our Ad in CWCE Magazine

CWCE

Workcompcentral user detail





WCC PDF Process

Form prepared with data fields

User calls form and completes data

User “submits” form to server

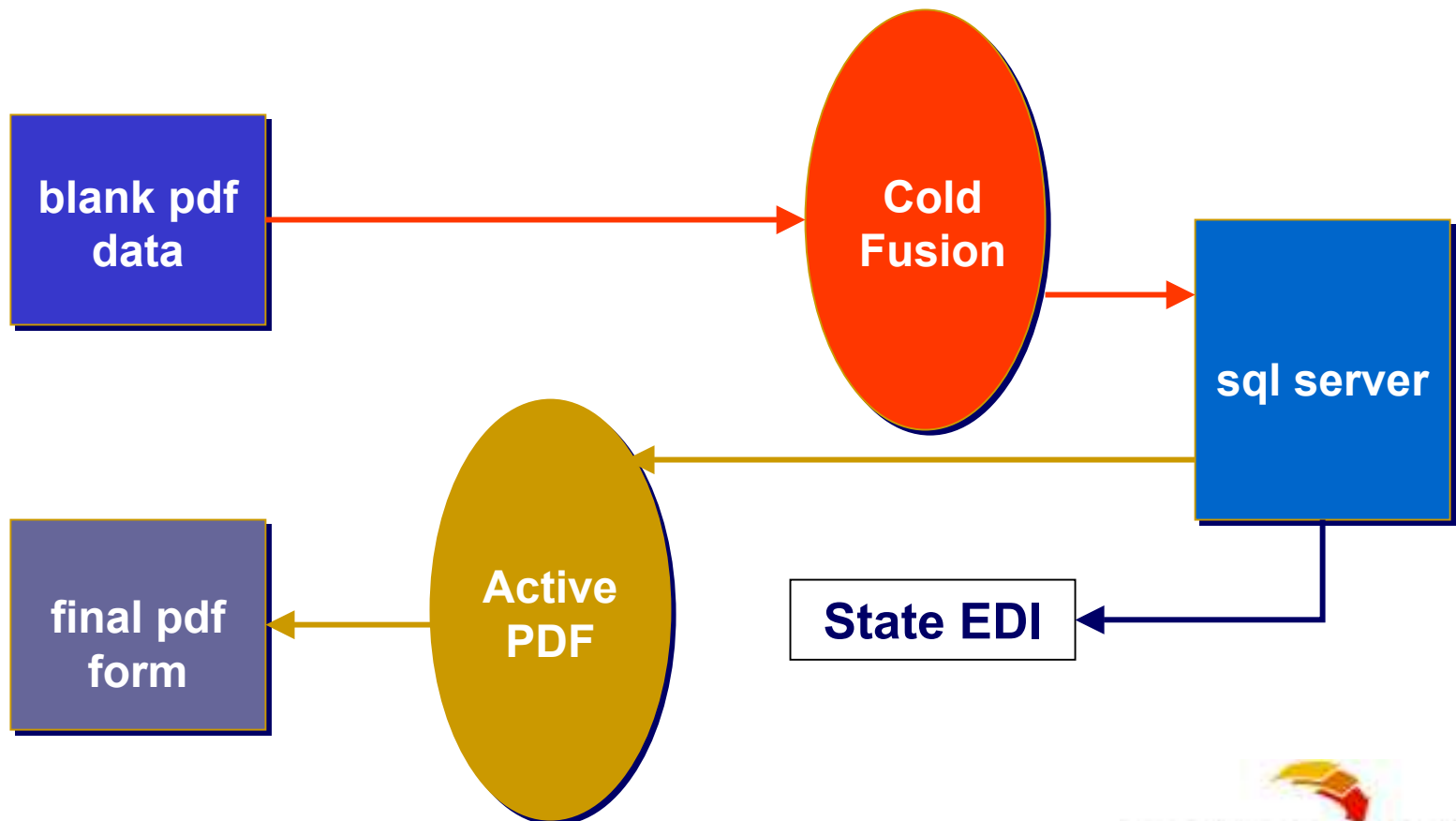
Data is tagged with account and form i.d.

Recall creates new pdf from tagged account

24 hour scrub cycle

New pdf generated and delivered to user

Marrying EDI and PDF





State of the Public End User

- Limited insurance company web usage
 - expanding
 - older work force not happy with changes – challenging
 - early adopters infiltrate the culture
 - 3 month = 80% adoption rate
 - good adoption of forms
- Professionals faster web adoption rate
 - retrieval of information
 - skeptical of forms
 - support staff usage / acceptance



State of the State End User

- Most states offer pdfs
 - not interactive (no data)
 - some yet to figure difference between image and text files
 - iCopy* plugin to process: *Image Solutions* – imagesolutions.com
 - our public source documents now have our “signature”
 - states not ready for data transmissions beyond basic EDI of First and Subsequent reports of injury under either ANSI or X-12 formats



workcompcentral status

Document retention processing – not fully accepted by legal public yet, but moving forward

Preparation of docs, and printing, but not transmitting – trust factor, familiarity factor

Familiarity of docs high – usage good

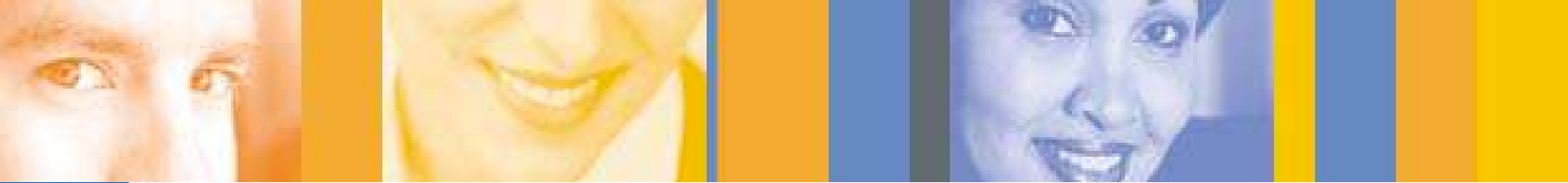
Data retention still



workcompcentral future

Huge opportunities for pdf in governmental/enterprise-wide data distribution

- visual familiarity tends to overcome initial resistance
- programmability of pdf permits advanced functions automatically
- adoption of electronic signatures over next 5 – 10 years and better future encryption techniques will broaden appeal
- ability to index and store
- ubiquity of truly portable pdf



The End

