



MINNESOTA

**WORKERS' COMPENSATION
MODERNIZATION PROGRAM**

Modernizing Workers' Compensation for Minnesota

March 9, 2020

Campus is being built through a partnership between DLI, MNIT, & CapTech

DLI is partnering with MNIT and CapTech to build Campus, a state-of-the-art workers' compensation system that will provide a user-friendly, data-driven, online system that improves support to injured workers and provides greater insight into claims and disputes for the stakeholders.



Brad Morse
Program Director



Julie Soderlund
IT Program Director

Campus will put the workers' compensation claim information you need at your fingertips



**Self-service
online access**
to claims, related
documents, events
and outcomes.



**Securely send e-
documents**
to the parties to the
claim.



**Securely send
and receive data**
between DLI, OAH
and WCCA.



**Minimize claim
errors**
through data accuracy
verification.

Campus is being built with user experience (UX) at the forefront



Plan Users' Experience

UX research used to create user personas & system map of core experience.



Test & Validate Designs

UX research used to create wireframes & click-through prototype of pages/functionality, which was tested with users to validate usability and accessibility.



Visual Design & Development

UX testing of wireframes & prototype defined the global user interface patterns, creating design continuity for users.



Ongoing Testing of Development

Ongoing user acceptance testing (UAT) & business validation testing (BVT) with DLI staff and external stakeholders validates development and requirements.

DLI is actively engaging with external stakeholders

Engagement



Newsletters & communications



Speaking engagements



Q & A sessions

Testing



In-person user acceptance testing

Training



Work Comp Campus System Manual



Instructor-led training (classroom or virtual)

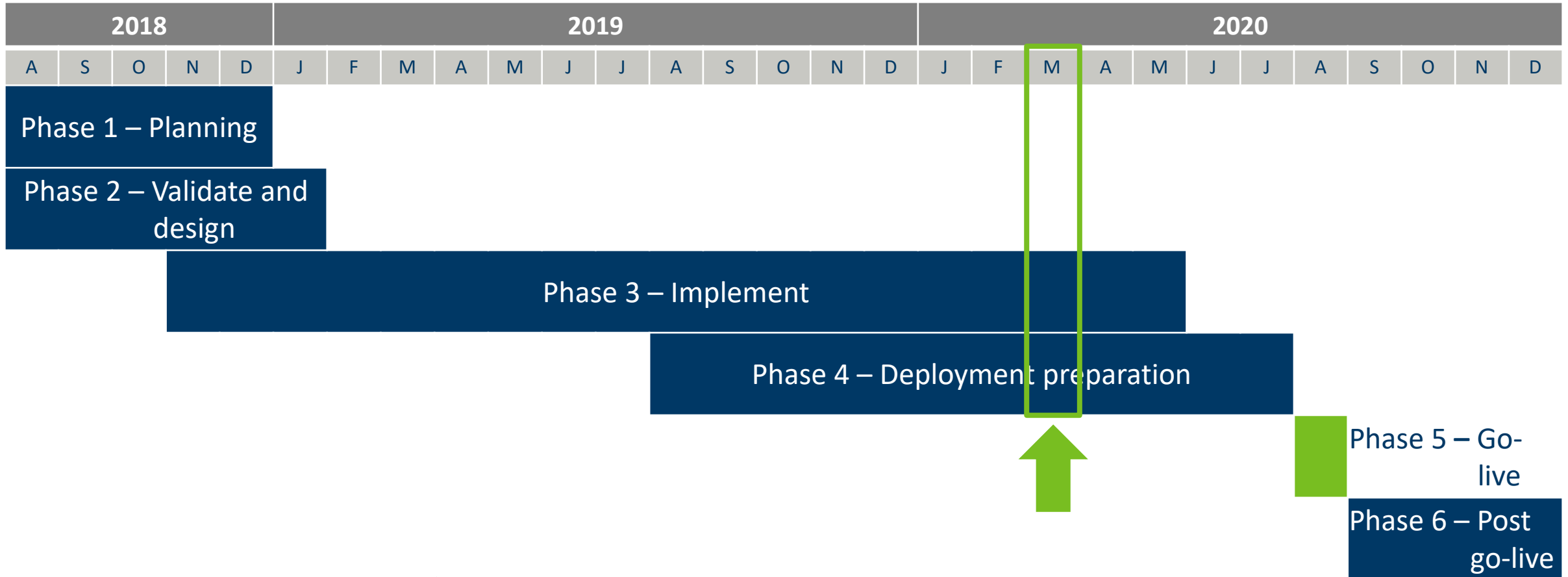


Quick reference videos

Feedback from stakeholders is critical to our success



The system will go live in August 2020



Campus First Look

Work Comp Campus login



Sign In

Email *

Email

Password *

[Forgot password?](#)



[Sign Up](#)

Please read our [Terms of Service & Privacy Policy](#) to get more information about our system.



Dashboard

My Overview

22
Open Cases

View details associated to your claims in the My Queue panel.

12
Upcoming Events

View and edit the details of your events in the Events panel.

28
New Documents

Review documents in the Notifications panel to ensure accuracy.

Notifications

- New Document created** ✕
 Created by Jeff Jefferson
3 min ago
- New Document created** ✕
 Created by Jeff Jefferson
1 day ago
- New Document created** ✕
 Created by Jeff Jefferson
2 days ago
- New Document created** ✕

My Queue

| Claims | | | | | | |
|---------------------------|------------------------------------|----------------|--------------|--------------------|-------------|--------|
| Form Type | Associated To | Associated ID | Last Updated | Status | Conf. No. | |
| Employee's Claim Petition | | | 02/05/2018 | Draft* | | Delete |
| Medical Request | Travis Wood vs The Clark County... | CL-02-9289-283 | 02/05/2018 | Awaiting Signature | 02-9289-283 | |
| Rehabilitation Request | Tori Smith vs Walmart | CL-92-0382-029 | 02/05/2018 | Submitted | 02-9289-283 | |

*After 30 Days, Draft forms that have not been updated will be removed.


Events


January 2019 < >



| SU | MO | TU | WE | TH | FR | SA |
|----|----|----|----|----|----|----|
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |
| 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 |
| 20 | 21 | 22 | 23 | 24 | 25 | 26 |
| 27 | 28 | 29 | 30 | 31 | 1 | 2 |

[Open Calendar](#)

Dashboard: Forms Tab

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

[Submit a Filing](#) 

 4 [Test Attorney](#) 

My Overview

22

Open Claims

View details associated to your claims in the My Queue portal.

12

Upcoming Events

View and edit the details of your events in the Events portal.

28

New Documents

Review documents in the Notifications panel to ensure accuracy.

Notifications


Lorem ipsum dolor sit amet, consectetur adipiscing elit. Etiam egestas, ante id egestas elementum, metus nisl mattis erat, et vulputate est est id metus. Suspendisse potenti. Maecenas luctus mattis turpis nec convallis. Duis congue eros ex, ut commodo dui tincidunt non. Suspendisse sit amet sapien nec lacus vestibulum aliquam sit amet eget ipsum. Vestibulum pellentesque magna lorem, quis rutrum neque consectetur bibendum. Nulla elementum ultricies neque, id mattis leo gravida ut. Nunc rutrum lorem et dui luctus, nec vulputate ipsum lobortis.



Events

Maecenas at urna sapien. Pellentesque ac molestie metus. Praesent tristique nibh et tellus fringilla placerat. Proin bibendum sit amet mauris sed tristique. Aliquam erat volutpat. Praesent convallis elit at lectus gravida, vel rhoncus magna molestie. Vivamus et velit sed lectus ullamcorper scelerisque vitae non purus. Praesent feugiat, lorem in placerat euismod, ligula ligula porttitor augue, at laoreet ante dolor non sem. Integer id nisl eget libero pretium luctus sit amet sed erat. Donec semper metus nibh, sit amet interdum risus vehicula sit amet.


My Queues

[My Claims](#) [Disputes](#) **[Forms](#)** [Tasks](#)

| Form Type | Associated To | Associated ID | Last Updated | Status | Confirmation Nu... |  |
|--|--------------------------------------|----------------|--------------|-----------|--------------------|---|
| Notice of Appearance or Representation | Johnson, Megan v. The Brick Store | CL-02-9919-986 | 7/17/2019 | Submitted | 164 | |

Showing (1-1) of 1  Items per page [10](#) 

*After 21 Days, Draft forms that have not been updated will be removed.

DEPARTMENT OF LABOR AND INDUSTRY

Address
443 Lafayette Road N

Contact
Phone: [Direct DLI Phone Number]

Notifications & Reminders

m1 DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Submit a Filing ▾

Test Attorney ▾

My Overview

22
Open Claims
View details associated to your claims in the My Queue portal.

12
Upcoming Events
View and edit the details of your events in the Events portal.

28
New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues

My Claims | Disputes | **Forms** | Tasks

| Form Type | Associated To | Associated ID | Last Updated | Status | Confirmation Nu... |
|--|-----------------------------------|----------------|--------------|-----------|--------------------|
| Notice of Appearance or Representation | Johnson, Megan v. The Brick Store | CL-02-9919-986 | 7/17/2019 | Submitted | 164 |

Showing (1-1) of 1 | < < 1 > > | Items per page 10

*After 21 Days, Draft forms that have not been updated will be removed.

m1 DEPARTMENT OF LABOR AND INDUSTRY

Address: 443 Lafayette Road N
Contact: Phone: [Direct DLI Phone Number]

Notifications

Clear All

- New Document created
Created by Jeff Jefferson
3 min ago
- New Document created
Created by Jeff Jefferson
1 day ago
- New Document created
Created by Jeff Jefferson
2 days ago
- New Document created
Created by Jeff Jefferson
3 days ago

Webform: Access a claim

The screenshot shows a webform titled "Notice of Appearance or Representation" from the Minnesota Department of Labor and Industry. The page has a dark blue header with the department logo, a "Submit a Filing" button, a notification bell icon with a "4" badge, and a "Test Attorney" dropdown menu. Below the header, a breadcrumb trail reads "Dashboard > Notice of Appearance or Representation". The main content area features a three-step progress indicator: "1 Locate a Claim" (highlighted in light blue), "2 Enter Appearance", and "3 Serve Parties". A paragraph of instructions states: "Please provide at least one of the following sets of information. All of the information within a grouping must be completed in order to locate a claim. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at [Support Phone Number] or email us at [Support Email Address].". Below this are three input groups, each with "OR" between them. The first group contains "WID (EE-##-####-###)" and "Employee Date Of Injury (mm/dd/yyyy)". The second group contains "Campus File Number (CL-##-####-###)" and "Employee Last Name". The third group contains "Employee Last 4 SSN" and "Employee Date Of Injury (mm/dd/yyyy)". At the bottom left, there are "Next" and "Cancel" buttons.



Rehab Consultation Report (RCR)

Claim Details

Please provide the following information.

| Campus File Number | Date of Injury | Claim Admin Claim Number | Claim Representative First Name | Claim Representative Last Name | Claim Representative Phone Number |
|--------------------|----------------|--------------------------|---------------------------------|--------------------------------|-----------------------------------|
| CL-01-7580-603 | 12/11/2018 | UATDEMOANN0349885 | Jane | Smith | 6515552323 |

Employee Details

| | | | |
|------------------|----------------|----------|-------------|
| WID Number | EE-01-3449-391 | Employee | Ann Uatdemo |
| Employee Address | 123 Tom St | | |
| City | St Paul | State | MN |
| Zip Code | 55101 | | |
| Phone Number | 6512421212 | | |

Employer Details

Ann Uatdemo Employer

| | |
|--------------|--------------|
| Contact Name | Phone Number |
|--------------|--------------|

Insurer Details

| | | | |
|--------------|------------------|-----------------|---------------------------------------|
| Insurer Name | UPNORTHINSURANCE | Insurer Address | 123 Timberwolves St, St Paul MN 55101 |
|--------------|------------------|-----------------|---------------------------------------|

Webform: RCR



QRC Details

QRC Name

Test Rehab

Rehab Provider Group Firm

Uat Rehab Firm One

Rehab Provider Group Address

123 Rehab Rd Saint Paul MN (Primary Address)

QRC Number

9124

QRC Firm Number

RP-01-3449-387

QRC Phone Number

6512223333

Webform: RCR (cont.)

Qualification Details

In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.

No

In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.

Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.

Yes

I have consulted with the date-of-injury employer regarding the above issues.

Yes

Eligibility Statement

In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22



Narrative Report

Please provide a Narrative either by filling out the field below or attaching a document in the provided attachment section

Narrative Report

| File Name | File Type | Description | Remove |
|------------------------------|--|--|--------|
| Narrative Test Document.docx | Rehabilitation Consultation Report Narrative | Rehabilitation Consultation Report Narrative | |

Rights and Responsibilities

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

| File Name | File Type | Description | Remove |
|---------------|-----------------------------|-----------------------------|--------|
| AD Rights.pdf | Rights and Responsibilities | Rights and Responsibilities | |

Supporting Attachments

QRC: This form and a narrative report must be received by the Department of Labor and Industry within 14 days of the initial rehab consultation date (Minn. Rule 5220.0130). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (R-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minnesota Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the Qualified Rehabilitation Consultant (QRC) and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department at placeholder telephone, or request a determination by filing a Rehabilitation Request with the Department.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52, SUBDIVISION 3.

| File Name | File Type | Description | Remove |
|-----------|-----------|-------------|--------|
|-----------|-----------|-------------|--------|

Print, Sign, & Scan

Please print this document and retrieve the signature of your QRC Supervisor. Once signed, scan the document and add it as an attachment to this form.

I attest that the attached document is signed by all required parties.

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory

Test Rehab

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date

2/26/2020

Webform: RCR (cont.)



My Overview

3

Open Claims

View details associated to your claims in the My Queue portal.

0

Upcoming Events

View and edit the details of your events in the Events portal.

0

New Documents

Review documents in the Notifications panel to ensure accuracy.

My Queues

- My Claims
- My Disputes
- Forms
- Tasks
- My Rehab Cases**
- My WCCA Cases

| Rehab Transac... | Employee | Associated Clai... | Insurer | QRC | Initial Rehab C... | Date of Injury | Status | ⌵ |
|------------------|---------------|--------------------|--------------------|------------|--------------------|----------------|---------------------|---|
| RT-01-7580-586 | Betsy Uatdemo | CL-01-7580-569 | Friday UAT Insu... | Test Rehab | 1/10/2020 | 6/28/2019 | Investigation Ne... | |
| RT-01-7580-863 | Ann Uatdemo | CL-01-7580-603 | UPNORTHINSU... | Test Rehab | 2/26/2020 | 12/11/2018 | Investigation Ne... | |

Showing (1-2) of 2 ⏪ < 1 > ⏩

Items per page 10 ▾

Dashboard:
Rehab
Providers
Case Tab



Rehab For: Ann Uatdemo

VocRehabCase: RT-01-7580-863

Investigation Needed

Assignee:
Owner:

R-Form Details →

Rehab Summary

| | | | |
|------------------------------|--|---|---|
| Assigned QRC Test Rehab | Associated Claim CL-01-7580-603 | Rehab Provider Firm | |
| Employee Name Ann Uatdemo | Employee Address 123 Tom St St Paul, MN 55101 | Employee Phone Number (651) 242-1212 | Injury Date 12/11/2018 |
| Is QRC Withdrawal No | Is Eligible Yes | Projected Rehab Cost \$2,950.00 | Right And Responsibility Filed Date 3/4/2020 |

Rehab Dates

| | | | |
|-------------------------------------|---|---|---------------------------|
| Rehab Requested Date | Initial Rehab Consultation Date 2/26/2020 | RCR Filed Date 3/4/2020 | RCR Due Date 3/11/2020 |
| R2 Filed Date 3/4/2020 | R2 Development Due Date 3/27/2020 | R2 Filing Due Date 4/11/2020 | |
| Progress Report Filed Date (PPR/R3) | Progress Report Due Date (PPR/R3) 9/4/2020 | Projected Rehab Completion Date 6/4/2020 | |

Dashboard: Rehab Plan Details Page

Next Steps

What's next?

- Now – June 2020* ● **Implementation phase:** Developing system and designing user interface.
- Now – Summer 2020* ● **Stakeholder partnerships:** Providing regular communications and updates about our implementation progress, planned system functionality, testing and training opportunities.
- Now – Summer 2020* ● **User acceptance testing:** Working with testing partners from representative stakeholder groups to confirm application functionality.
- April – June 2020* ● **Stakeholder preparation:** Engaging stakeholders through targeted communications and training.
- August 2020* ● **System go-live:** Ensuring stakeholders are supported, WCMP team will be available for questions and assistance.

Interested in getting involved? Email DLI.WCMP@state.mn.us.



Questions?

Thank you!

Questions? Contact:

Brad Morse, program director at brad.morse@state.mn.us
Julie Soderlund, IT program director at julie.soderlund@state.mn.us

