



MINNESOTA

WORKERS' COMPENSATION
MODERNIZATION PROGRAM

Campus 201 for Insurers and TPAs

Campus 201 for Insurers and TPAs

Course Description

CAMPUS 201 Training for Insurers and TPAs will involve the variety of External webforms available to those associated users

Audience

- Insurers and TPAs

Course Length

1.5 hours

Prerequisites

- Campus 101

Agenda

- 1 **Claim Reporting eFORMS** *30 min*
- 2 **Requests for Information** *30 min*
- 3 **Annual Claim Reimbursements** *20 min*
- 4 **Assessments** *20 min*



Claim Reporting eForms |

Navigating to eForm

- To access, log into Campus with the appropriate external user account. (Ex. A Trading Partner acct)
- Once you have logged in, you will see the **Submit eFORM or Webform** button in the top right corner of the screen.
- You can choose to use this button for submitting an eFORM or you can choose a specific Claim from your **My Queues** section and submit an eFORM from the Claim Details page.

The screenshot displays the 'Trading Partner' interface for 'Ryans Cycle 15 Trader'. It includes a 'Submit eFORM or Webform' button in the top right. The 'Trading Partner Details' section shows the Trading Partner ID (TP-02-5606-965), Name (Ryans Cycle 15 Trader), Account Name, FEIN (92-838850), and Status (Active). The 'Account Overview' section features a donut chart for '5 Transactions' with a '100.0%' completion rate for 'Accepted Transactions' and 'N/A' for 'Rejected Transactions'. It also shows 'Average Days For Employer to Notify Claim Admin' and 'Average Claim Submission Time', both at '0 days'. A 'My Queues' section includes a table for 'First Actions' and 'My Form History' with columns for Reporting Year, Reporting Date, Date of Injury, Claim Admin Claim #, Employee Name, JCN, Timely, and MTC. A table below shows claim data for 2020, 2019, 2018, 2017, and 2016, with all values at 0. A detailed table at the bottom lists specific claims for 2020, with the first three rows highlighted in red.

Reporting Year	Reporting Date	Date of Injury	Claim Admin Claim #	Employee Name	JCN	Timely	MTC
2020	6/16/2020	6/1/2020	3482294	Natasha Romanoff	59706013		PD
2020	6/18/2020	6/3/2020	34234444444444	Peter Parker	59705971		PD
2020	6/17/2020	6/1/2020	FifteenCycle8283049	CycleFifteen Guy	59193417		



Claim Reporting eFORMS |

PPD Follow-up Webform

- To access, choose **PPD Follow Up Webform** from the list on the **eFORM Submission** page.
- The webform will display, just add the required information and click **Submit Form** to complete.

eFORM Submission

What would you like to do?
Submit to Existing Claim

My Claims
CL-05-9705-971 - Peter Parker

Next Action
PPD Follow Up Webform



Permanent Partial Disability Benefit

PPD Benefit Info

Percentage *	Percentage	Applicable PPD Schedule Rule Number *	Applicable PPD Schedule Rule Number	Total Benefit Amount *	Total Benefit Amount
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Rating Info

Medical Report Preliminary Rating

Rating Based On Medical Report

Rating Based On Medical Report

Medical Report Date

Received By Insurer Date

Payment Info

Payment Type *

Contact Info of Person Making Determination

First Name	Last Name	Phone Number
First Name	Last Name	Phone Number

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Submit Form Cancel

If there is a *, the information is required to proceed.



Claim Reporting eFORMS |

Dependency Webform

- To access, choose **Dependency Info Webform** from the list on the **eFORM Submission** page.
- The webform will display, just add the required information regarding the employee's dependents and click **Submit Form** to complete.

eFORM Submission

What would you like to do?
Submit to Existing Claim

My Claims
CL-05-9705-971 - Peter Parker

Next Action
Dependency Info Webform

Employee's Dependent Information

Employee First Name: Peter, Employee Last Name: Parker, Employer Name: Avengers

Claim Admin Claim Number: 3423444444444444, Date Of Death:

Please upload any documentation proving dependency, if applicable.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
Please enter the following information for all of the Employee's dependents, by household.			
Household # *	First Name *	Last Name *	
	First Name	Last Name	
Dependent Gender *	Allocation Percentages Per Person *		
	% Allocation Percentages Per Person		
Address 1 *			
Address 1			
Address 2 *			
Address 2			
City *	State/Province *	Postal Code *	Country *
City		Postal Code	
Phone *	Email	Relation To Employee *	
Phone	Email		
Date of Birth *	Birth Order *		
mm/dd/yyyy			
<input type="checkbox"/> Full Time Student	<input type="checkbox"/> Disabled Dependents	<input type="checkbox"/> Receiving Social Security Survivor Benefits	

Remove

Add Dependent Submit Form Save as Draft Cancel

If there is a *, the information is required to proceed.



Claim Reporting eFORMS |

Serving Documents

Some of the webforms in Campus have the ability to serve documents to all parties on the Claim through the Affidavit of Service.

- From the **Initiate Dispute** webform, you can access the **Affidavit of Service** webform page.
- To highlight the serving documents functionality, we can see the Affidavit of Service screen and the required information needed to serve parties on the Claim.

Initiate Dispute
Please complete all sections to initiate a Dispute.

Identify Claims Identify Parties Request a Dispute Resolution Service Document Issues in Dispute Filing Summary & Signature **Affidavit of Service**

Affidavit of Service
Parties
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date	
<input type="checkbox"/>	Natasha Romanoff	Employee	123 West St Saint Paul, MN 55101	US Mail	Choose a date * 6/18/2020	<input type="text"/> Edit Address
<input type="checkbox"/>	Avengers	Employer	123 Stark St Saint Paul, MN 55101	US Mail	Choose a date * 6/18/2020	<input type="text"/> Edit Address
<input type="checkbox"/>	Great Insurance	Insurer		US Mail	Choose a date * 6/18/2020	<input type="text"/> Edit Address
<input type="checkbox"/>		Claim Admin		US Mail	Choose a date * 6/18/2020	<input type="text"/> Edit Address
<input type="checkbox"/>	Ryans Cycle 15 Trader	Trading Partner		US Mail	Choose a date * 6/18/2020	<input type="text"/> Edit Address

Notice
Upon clicking Submit, Campus will:
• Create and merge an Affidavit of Service with your filed document
• Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

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 attorneys, the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *
 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.

Back **Submit** Save as Draft Preview Cancel

Submit form button will highlight when required information has been filled out.



Claim Reporting eFORMs |

Missing Benefits Webform

Campus can be used by external parties to submit missing benefits. To file this, go to the **External Claim Details** page and click the **Submit a Filing** button. Provide any required information, attachments or additional details and **Submit Form** to complete.

Craig Robinson: Injury on 6/01/2020
Claim: CL-05-9191-531 Default Status Placeholder + Submit Filing

Campus File Number 059191531	Employee Craig Robinson	Date of Injury 6/1/2020	Part of Body Injured 10: Multiple Head Injury
Employer Taylor Tools	Insurer New Brighton Insurance	Claim Administrator New Brighton Insurance	

Claim Overview

Claim Involved in Dispute	Claim Denied by Insurer	Employee Returned To Work	Employee Consulted for Vocational Rehab
Employee Receiving Indemnity Benefits			

Claim Details

Campus File Number 059191531	Claim Type
Date of Injury 6/1/2020	Time of Injury 12:00 am
Employee * EE-02-5696-957; Robinson, Craig	Employer * ER-02-5696-950; Taylor Tools

Benefits Addendum

Benefit Period Selection **Benefit Addendum** **Additional Details**

Provide any additional explanation for the reason behind submitting this Benefit Addendum.

Explanation

Supporting Attachments
Attach any supporting documentation that you believe will assist in the review of this submission.

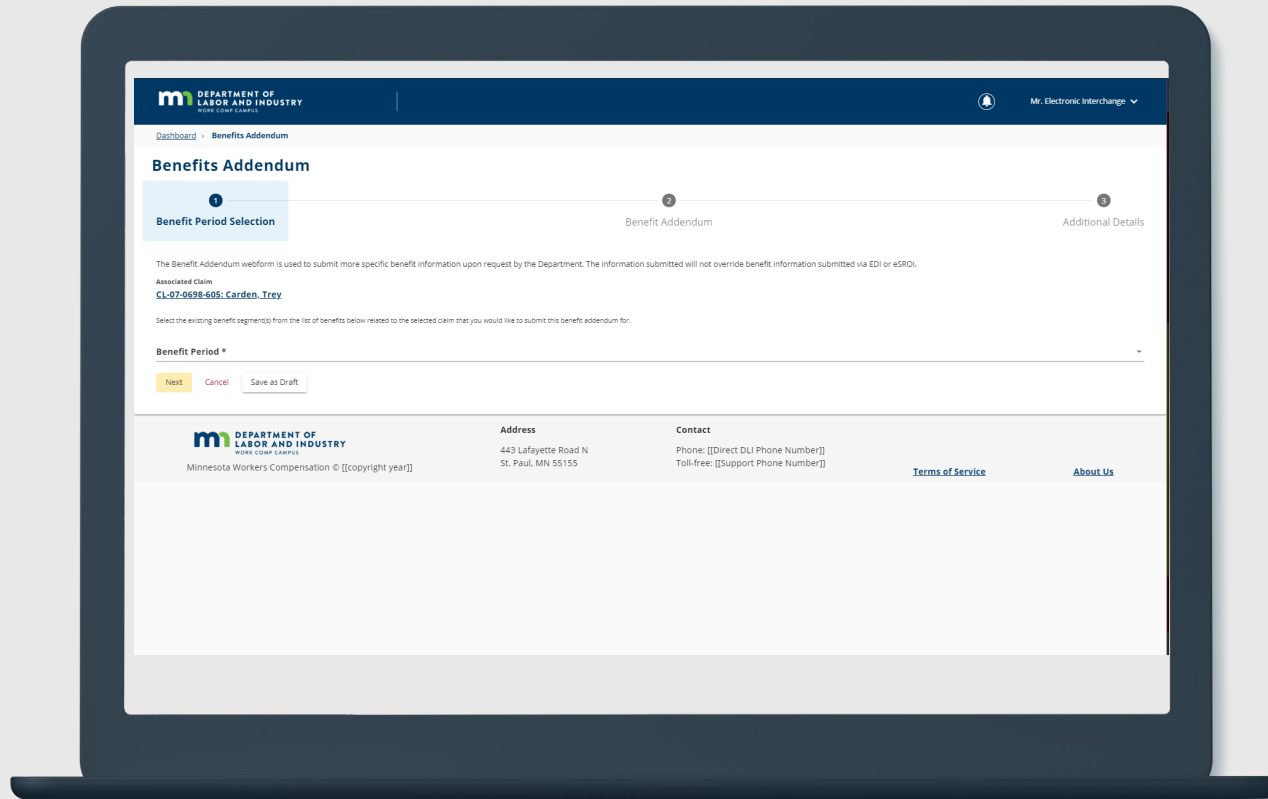
+ Upload Document

File Name	File Type	Description	Remove
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At least one addendum must be created to submit the missing benefit addendum

Submit Form Back Cancel Save as Draft

Demo



In this demo, you will see how to...

- View, navigate and submit associated webforms

Agenda

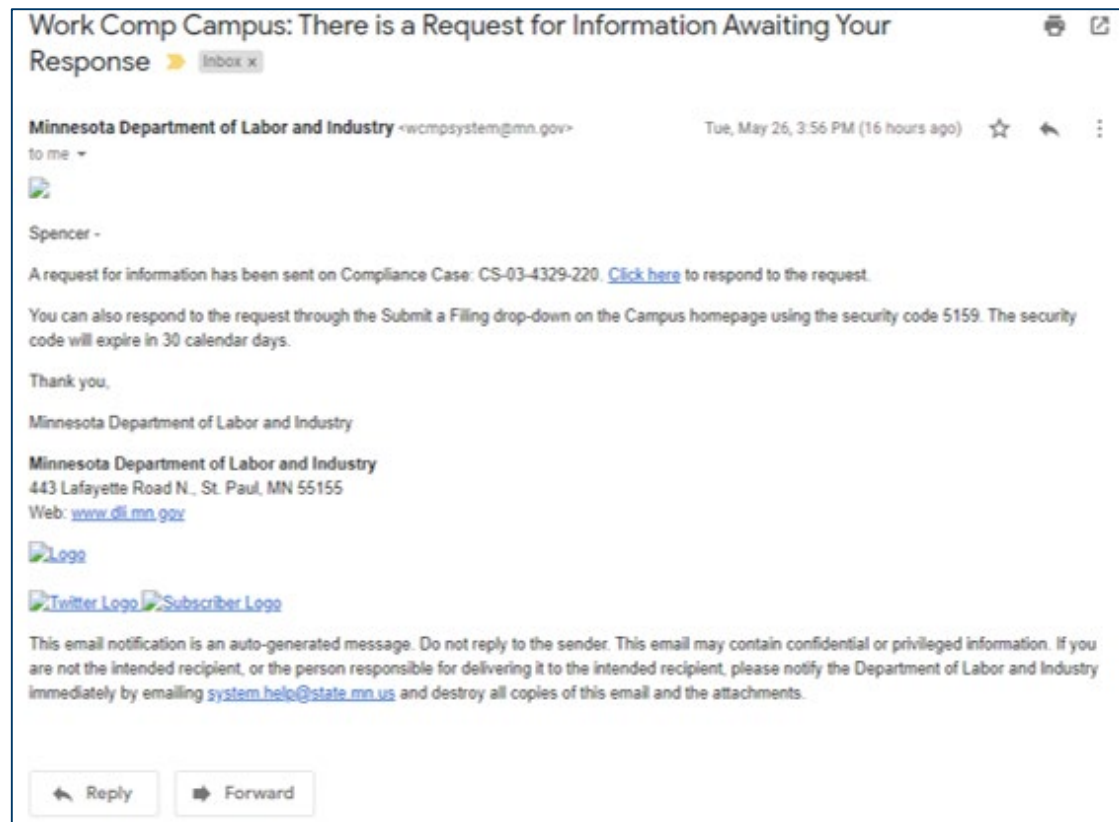
- 1 Claim Reporting eFORMS 30 min
- 2 **Requests for Information** 30 min
- 3 Annual Claim Reimbursements 20 min
- 4 Assessments 20 min



Request for Information |

Request for Info Email & Webform

When an internal user sends a Request for Information to an external user, they will receive an email with instructions on how to respond, as well as the number of days they are expected to respond within.



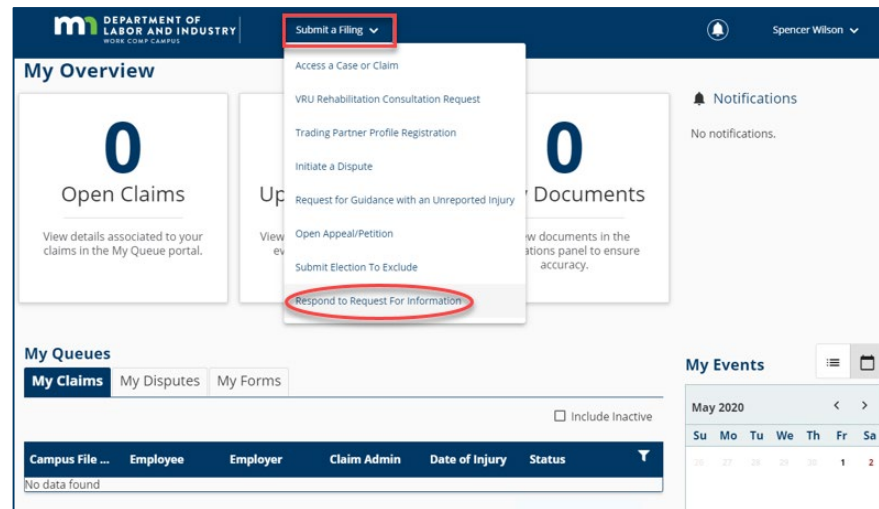


Request for Information |

Request for Info Email & Webform

Navigation to the response is possible in two ways:

1. Do not navigate from the email link and use the PIN, which was sent in the email.
2. Navigate via the Submit a Filing dropdown in the dashboard. (Screenshot below)



This will prompt to enter a PIN, which will link responses to the correct request for information. Clicking the link in the email, will not require to entering a PIN. The log-in page will display, and from there, directly to the webform submission. If already logged into Campus, the webform will display.



Request for Information |

Request for Info Email & Webform

On the next page, there are two buttons: **Download** and **View Document**. The **Download** button will allow the download of the actual request for information, while the **View Document** button will be able to view it in the browser.

Request For Information
There has been a request for additional information regarding Compliance Case: CS-03-4329-220.

PIN Validation **2** Response Details

Read the details of the request in the document below and attach all requested information and supporting documents.

RFI Test Template.pdf
Request For Information

Download View Document

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
RFI Response.docx	Supporting Attachment for Response to Request for Information	Supporting Attachment for Response to Request for Information	Remove

Submit Form Back Cancel

The response cannot be submitted without a document uploaded. Once a document or multiple documents have been uploaded, they click **Submit** to complete the response.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
RFI Response.docx	Supporting Attachment for Response to Request for Information	Supporting Attachment for Response to Request for Information	Remove

Submit Form Back Cancel



Request for Information |

Request for Info Email & Webform

Once a response has been submitted, the process has been completed. The user who submitted the response can view it on the **My Forms Queue** on their dashboard.

My Overview

0 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.

Notifications
No notifications.

My Queues

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

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation ...
Request for Info	Complaint Inve...	CS-03-4329-220	5/27/2020	Submitted	1936

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

My Events

May 2020

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9



Request for Information |

Penalty Details Page

When a Party has a penalty associated to them, they have the option to 'Object to Penalty' from their external account

Insurance Coverage Gap Penalty on Taylor Tools

Penalty: PN-05-9191-433

[+ Submit Filing](#) [+ Object to Penalty](#) ?

Penalty Details

Penalty Type
Insurance Coverage Gap

Due Date
6/30/2020

Balance Due
\$500.00 due as of 07/01/2020

Penalty Status	Days to Object
1	9

Responsible Party

Responsible Party
ER-02-5696-950: Taylor Tools

Penalty Amounts

Warning
No

Total Amount
\$1,100.00

Additional Details

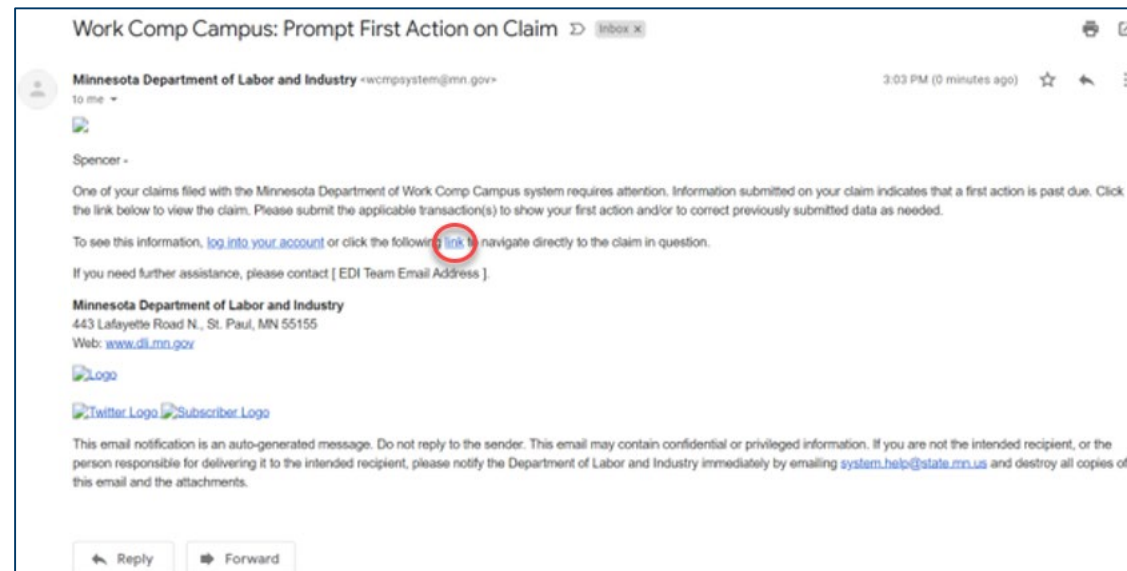


Requests for Information |

Object to Penalty Webform

DLI can also send alerts to Claim Admins when their first action is past due.

- They will receive an email indicating what is needed and with a link taking them to the associated claim.
- The link in the email will take them directly to the Claim, where they can view the details of the request and take the necessary action.
- Any filing can be done by using the **Submit a Filing** button and choosing the appropriate submission.





Requests for Information |

Object to Penalty Webform

- The main focus of the penalty objection webform is to provide the reason for why you are objecting.
- To submit the objection, you also must either attach documents, or provide additional information in the narrative section.

Objection Information

A party to whom notice of assessment has been issued may object to the penalty assessment by filing an objection within 10 business days after the date the notice of penalty assessment was served. The objection must contain a statement explaining the legal or factual basis for the objection and including any documentation supporting the objection.

The Employer/insurer objects to the following portion of the Notice of Assessment of Penalty filed in this matter and requests that this matter be set for hearing.

Additional award to the Employee
 Payment to the Assigned Risk Safety Amount
 Penalty for failure to file required report
 Other

Detailed Statement and Supporting Documents

Provide a detailed statement explaining your objection to the penalty. You may attach any documents that support your statement.

Narrative

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
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Next Back Cancel Save as Draft

Party Information

First Name * Last Name *
First Name Last Name

Company Name * Filing Party Type *
Company Name

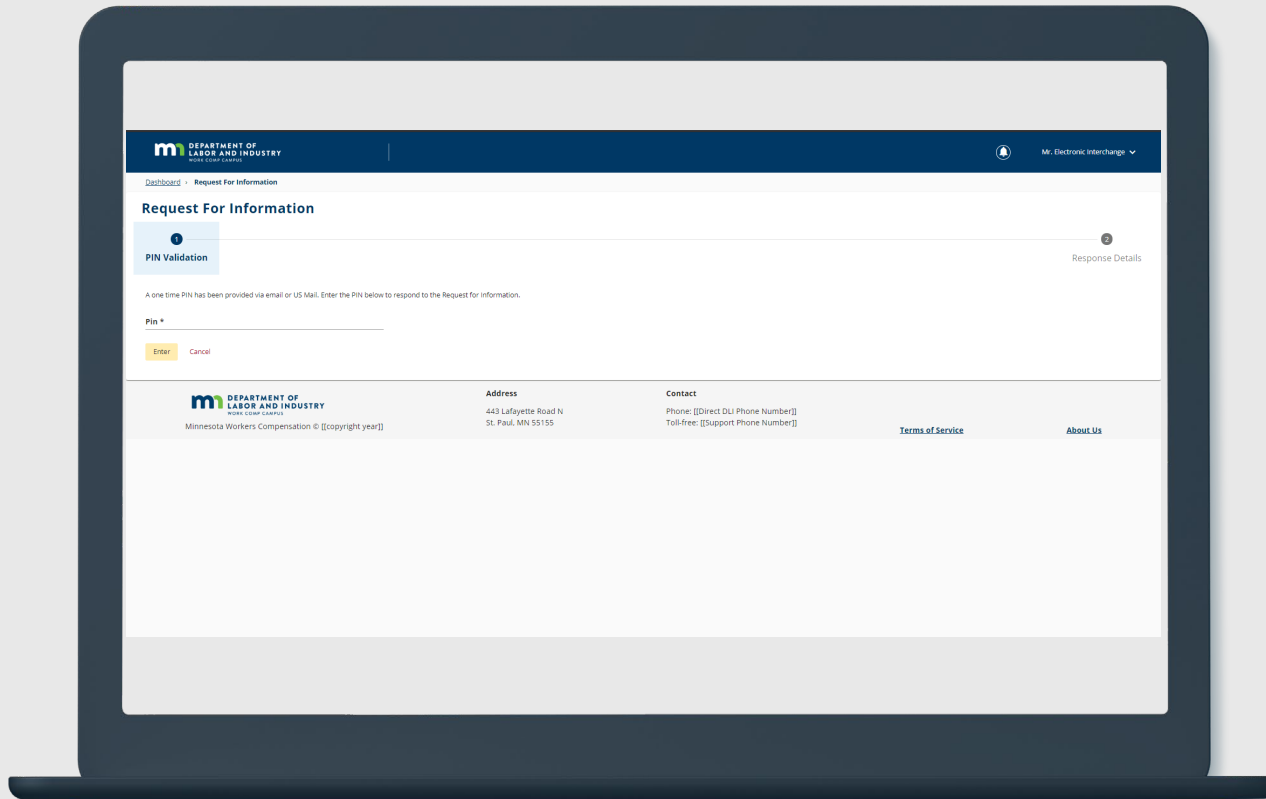
Address 1 * Address 2 *
Address 1 Address 2

City * State * Zip Code *
City State Zip Code

Phone Number *
Phone Number

Submit Form Back Cancel Save as Draft

Demo



In this demo, you will see how to...

- Submit Requests for Information webforms

Agenda

- 1 Claim Reporting eFORMS 30 min
- 2 Requests for Information 30 min
- 3 Annual Claim Reimbursements 20 min
- 4 Assessments 20 min



Annual Claim Reimbursements |

Submit a Filing

Annual Claim Reimbursements will be found on External Claim Details Page -> Submit a Filing Dropdown.

- Structure of webform follows listed order:
 - Choose Benefit Type
 - Choose Claim Status
 - Lump Sum Details
 - Filing Summary
 - Supporting Attachments
 - Electronic signature
- Only available on claim details page, not external homepage

Craig Robinson: Injury on 6/01/2020
Claim: CL-05-9191-531

Campus File Number 059191531	Employee Craig Robinson	Date of Injury 6/1/2020	Part of Body Injured 10: Multiple Head Injury
Employer Taylor Tools	Insurer New Brighton Insurance	Claim Administrator New Brighton Insurance	

Claim Overview

Claim Involved in Dispute	Claim Denied by Insurer	Employee Returned To Work	Employee Consulted for Vocational Rehab
Employee Receiving Indemnity Benefits			

Claim Details

Campus File Number 059191531	Claim Type
---------------------------------	------------

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.

Craig Robinson: Injury on 6/01/2020: CL-05-9191-531

Please indicate the type of filing you wish to make.

- Annual Claim Reimbursement**
- Dependency Info
- Disability Status Report



Annual Claim Reimbursements |

SI vs SB vs Both

In the Choose Benefit Type Step, SI, SB or Both will be options from the dropdown and result in slight variations in the webform

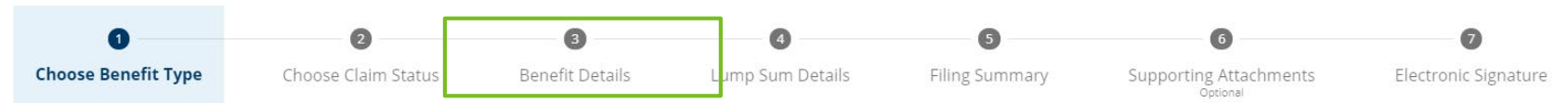
- SI
 - Benefit Details becomes available
- SB
 - Reimbursement Details becomes available
- SI/SB
 - Will result in Both of the associated webforms displaying



SI Selection

Annual Claim for Reimbursement

Please provide the following information



SB Selection

Annual Claim for Reimbursement

Please provide the following information





Annual Claim Reimbursements |

Internal Approval

Webform submission must be approved by DLI Representative

- Once the submission is completed from the external side, the Incoming Webforms queue will be populated with an item for approval from DLI
- The options follow standard webform approval process:
 - View Submission
 - Approve
 - Reject
 - Send Email

My Queues

Tasks	My Team's Tasks Queue	Incoming Webforms	VRU Cases	Remin		
Associated ID	Submitted By	Submitted On	Form Type	Form Confirmati...	Assignee	
> None	Spencer Wilson	7/7/2020 1:06 PM	Rehab Provider Re...	2737	Registration Revie...	⋮
> CL-05-9930-799	Test Trading	7/7/2020 3:18 PM	Disability Status	2756	Registration Revie...	⋮
> RP-02-5789-744	Troy Brekke	7/10/2020 1:54 PM	Rehab Provider Ind...	2856	Registration Revie...	⋮
> RP-00-0000-102	Boris Yeltsin	7/21/2020 11:45 AM	Rehab Provider Ind...	3283	Registration Revie...	⋮
> RP-00-0000-102	Demo QRC	7/21/2020 12:52 PM	Rehab Provider Ind...	3290	Registration Revie...	⋮
^ None	Mr. Electronic Inter...	7/22/2020 8:53 AM	Annual Claim for R...	3327	SCF - Annual Claim ...	⋮
This webform submission does not contain attachments.						

Showing (11-16) of 16 < > 1 2 > > | Items per page 10

Events

- View Submission
- Approve
- Reject
- Send Email



Annual Claim Reimbursements |

Following Internal Approval Annual Claim is generated

- On Internal Site, claim can be viewed through the SCF Claim -> Annual Search
- Using an attribute that you recall from the Annual Claim submission, attempt the search

Advanced Search

Entities **Transactions** Documents

Transaction Type
SCF Claim

Search *
Annual Claims

Employee Name
Piano

Annual Claim Type

Employee WID
EE-##-####-###

Date of Injury
mm/dd/yyyy

Preparer Name

Claim Manager

Status

Additional Status

Search Clear Create New Annual Claim Create New Special Claim Ingest CMS Query File Ingest CMS Claim File

Search Results

ID	Type	Employee	Date of Injury	Status
AC-07-1513-695	SI/SB	Christina Piano - EE-02-5776-437	6/1/2020	Final Claim



Annual Claim Reimbursements |

Following Internal Approval

Notification is generated for the external user

- Notification will be viewed from the External homepage Dashboard

Trading Partner

Ryans Cycle 15 Trader

Submit eFORM or Webform

Trading Partner Details

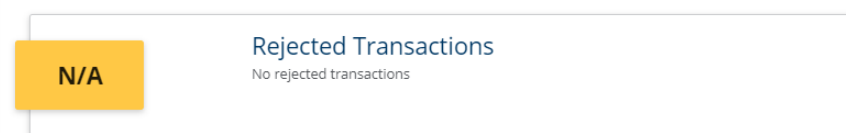
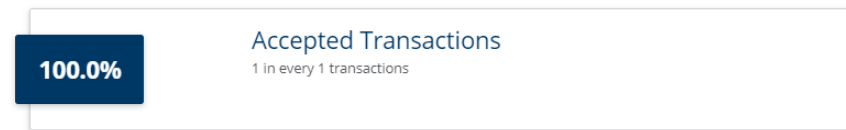
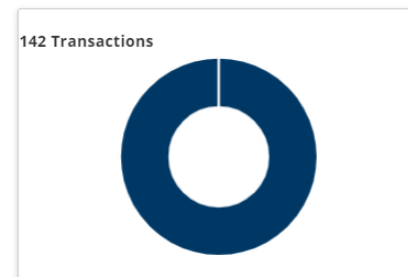
Trading Partner ID	Trading Partner Name	Account Name	FEIN	Status
TP-02-5696-965	Ryans Cycle 15 Trader		92-8388850	Active

[View Profile](#)

Account Overview

View: Last 30 days

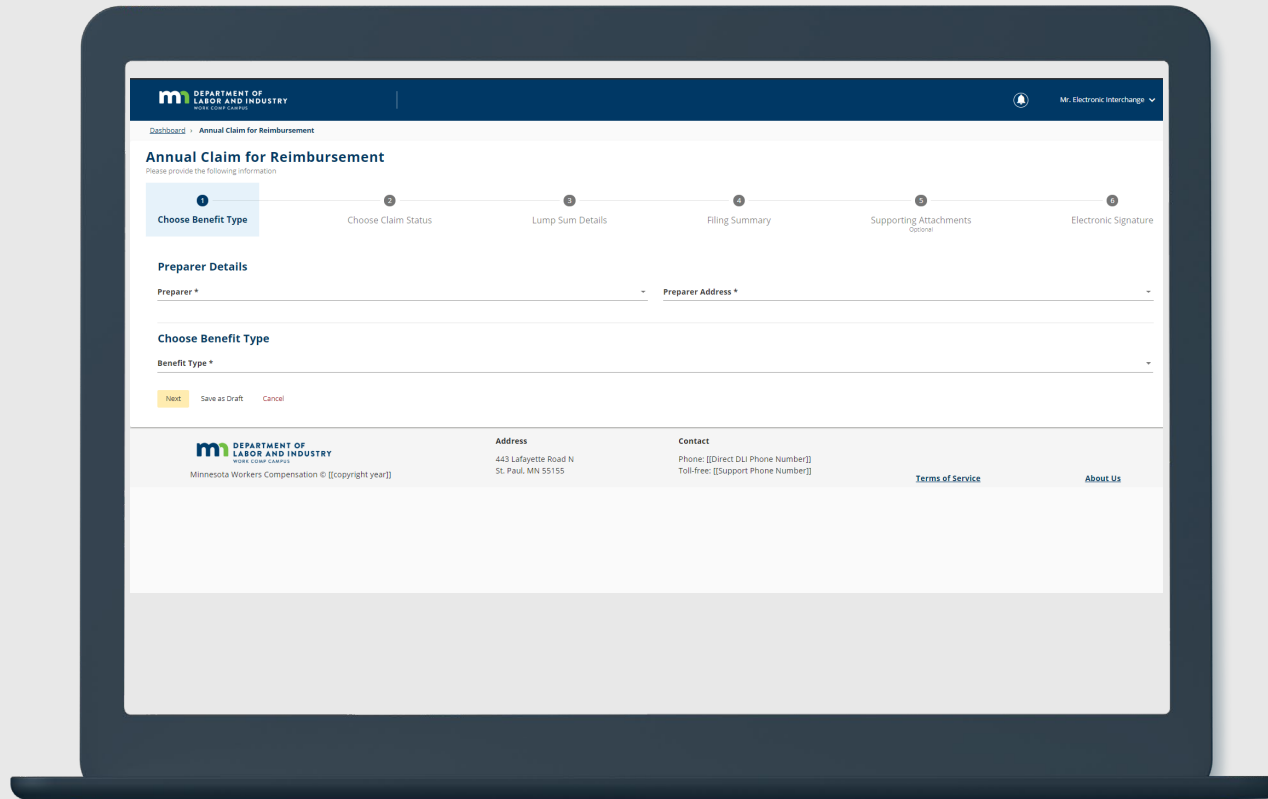
Notifications [Clear All](#)



New Claims [ⓘ]	14
Claims with Paid Benefits	14
Claims Awaiting Benefits [ⓘ]	0

- An injury has been reported. Please submit a FROI for the following reported injury. On 02/29/2020, Blouse Barn employee Eric Rowe was injured. 8 days ago
- Your Trading Partner Profile Registration su approved has been approved. Form submis 7 has been approved. 8 days ago
- Your Annual Claim for Reimbursement from the Second Injury Fund and Supplementary Benefits submission has been approved. Form submission 3327 has been approved. Today

Demo



In this demo, you will see how to...

- Create Annual Claim (SI/SB) submissions

Agenda

- 1 Claim Reporting eForms 30 min
- 2 Requests for Information 30 min
- 3 Annual Claim Reimbursements 20 min
- 4 Assessments 20 min



Special Comp Fund Assessment

Used for Insurers reporting benefits from the previous year

- From External Site Insurer Details Page, Insurers can generate their reports
- Once the button is clicked:
- Button will become unavailable, as this is an annual submission
- Will need to be approved internally

[Dashboard](#) > **Insurer: IR-02-5896-246**

Demonstration IR

Insurer: IR-02-5896-246

Insurer Details

Insurer Name	Edit	Insurer Type	NAIC	FEIN
Demonstration IR		Insurer		21-1248234

NCCI

Insurer Status

Status
Active

Bankrupt
No

[Submit Insurer's Report](#)



Submit Insurer's Report

Limited document for reporting

- Indemnity Benefits and Replacement Policy totals for the year have to be reported

[Dashboard](#) > [Submit Insurer Report](#)

Submit Insurer Report

Report the indemnity amount paid by Demonstration IR during the 12-month reporting period 1/1/2019 - 12/31/2019

1
Report Details

Use the fields below to report benefits paid by Demonstration IR. A report must be submitted even if no benefits were paid during the reporting period.

Indemnity Benefits *	
\$	Indemnity Benefits
<hr/>	
Replacement Policy	
\$	Replacement Policy
<hr/>	



My SCF Assessment Reports Tab

Houses all associated Insurers results for Insurers Report

- Following the submission of report listed on prior slide (and internal approval), Reports will populate here
- All insurers for a given External account can be found on 'My Groups' Page

My Overview

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

3 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 | My Forms | My Rehab Cases | My Appeals | **My SCF Assessment Reports**

Insurer Name	Assessment ID	Assessment Year	Until Due
UPNORTHINSURANCE	A5-05-9706-244	2020	111 Days Overdue

Notifications

Upcoming Event on 6/30/2020
Initial Meeting for Rehab Case RC-05-9706-730
a month ago

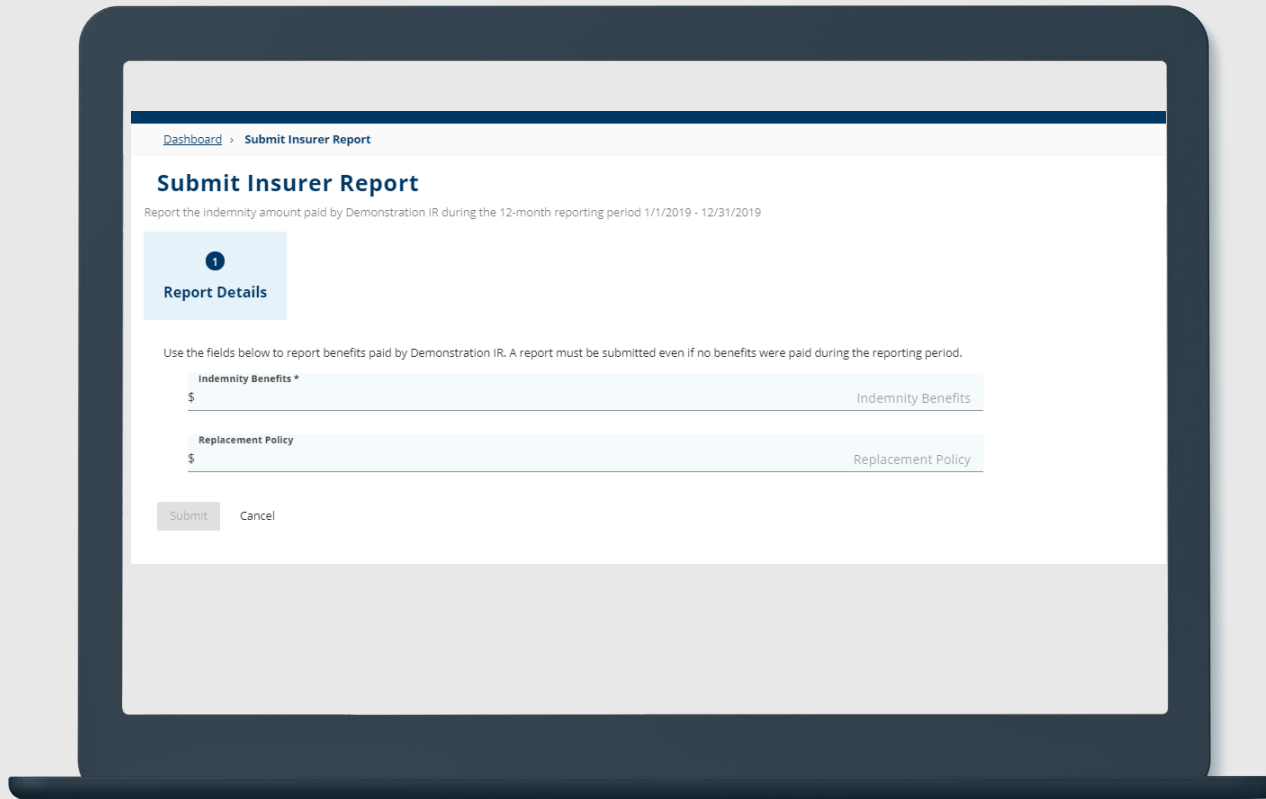
Upcoming Event on 7/6/2020
Follow-up Meeting for Rehab Case RC-05-9706-730
21 days ago

My Events

July 2020

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	1	2	3	

Demo



The screenshot shows a web application interface for submitting an insurer report. At the top, there is a breadcrumb trail: [Dashboard](#) > [Submit Insurer Report](#). The main heading is **Submit Insurer Report**, followed by a sub-heading: Report the indemnity amount paid by Demonstration IR during the 12-month reporting period 1/1/2019 - 12/31/2019. A progress indicator shows a single step: **1 Report Details**. Below this, a note states: Use the fields below to report benefits paid by Demonstration IR. A report must be submitted even if no benefits were paid during the reporting period. There are two input fields: **Indemnity Benefits *** with a dollar sign (\$) and a placeholder 'Indemnity Benefits', and **Replacement Policy** with a dollar sign (\$) and a placeholder 'Replacement Policy'. At the bottom, there are two buttons: **Submit** and **Cancel**.



In this demo, you will see how to...

- **Submission and display of Insurer's Report**

Congratulations in completing Campus 201 for Insurers and TPAs!

