

How to Submit a Claim Reimbursement Request (existing Diary Notification).



1 After logging in to the WCRA portal, click Claims in the main menu.

The screenshot shows the WCRA Portal home page. At the top left, it says "WCRA Portal" with a logo. At the top right, there are links for "Calculators" and "PowerUser". Below this is a dark green navigation bar with "Home", "Claims", "Policy Data Reporting", "Reports", and "User Management". The "Claims" item is highlighted with an orange box. Below the navigation bar, the page says "Hello, PowerUser!" and "Welcome to the WCRA Portal. Your trusted site for claim management and WCRA data reporting. This portal allows you to submit and manage claims, run reports, and complete required data requests." There are three main content cards: "Training" (with a graduation cap icon), "User Management" (with a person icon), and "Contact Us" (with a question mark icon).

2 Then click "Claim Reporting"

The screenshot shows the WCRA Portal home page with the "Claims" dropdown menu open. The "Claim Reporting" option is highlighted with an orange box. The rest of the page content is the same as in the first screenshot, including the navigation bar, the "Hello, PowerUser!" greeting, and the three main content cards.

3

WCRA requested updates will be found in either the "Past Due Updates" or "Claim Updates" tiles, based on the due date.

The screenshot shows the WCRA Portal interface. At the top, there is a header with the WCRA logo and 'Portal' text, and a user profile 'PowerUser' with a 'Calculators' link. Below the header is a dark green navigation bar with links for 'Home', 'Claims', 'Policy Data Reporting', 'Reports', and 'User Management'. The main content area is titled 'Claims' and features a 'Report New Claim' button. A dropdown menu is open, showing 'Claims Assigned to Me' (selected) and 'All Claims'. Below this is a row of seven dashboard tiles: 'Past Due Updates' (9), 'Claim Updates' (23), 'Reportable Files' (0), 'Unread Correspondence' (0), 'Unread Reimbursements' (0), 'Draft' (0), and 'All Claims' (29158). The 'Past Due Updates' and 'Claim Updates' tiles are highlighted with an orange box. Below the tiles are filter fields for 'Member' (All), 'TPA' (All), 'Accident Date' (mm/dd/yyyy), and 'Assigned To' (All), along with a search bar for 'Search Claim # or Name', a 'Filter' button, and a 'Reset' link. An 'Export' link is located at the bottom right.

4

From either the "Past Due" or "Claim Update" tile, use the filters to find the claim. Enter the search criteria and click "Filter" to display the results.

This screenshot is identical to the one above, but with an orange box highlighting the filter section. The filter section includes: 'Member' dropdown (All), 'TPA' dropdown (All), 'Accident Date' input (mm/dd/yyyy), 'Assigned To' dropdown (All), a search input for 'Search Claim # or Name', a 'Filter' button, and a 'Reset' link. The 'Export' link remains at the bottom right.

5 From the filtered list, click "Update Claim"

Claims

Report New Claim

Claims Assigned to Me All Claims

9 Past Due Updates	23 Claim Updates	0 Reportable Files	0 Unread Correspondence	0 Unread Reimbursements	0 Draft	29158 All Claims
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Member: All TPA: All

Accident Date: mm/dd/yyyy Assigned To: All Search: 23503 Filter Reset

Member Claim #	WCRA Claim #	Due Date	Injured Worker Name	Date of Injury	Member Name	TPA	Assigned To	
	23503	01/01/2024		06/15/1996			Power User Reassign	Update Claim

1 to 1 of 1 items
[Show all records](#)

6 After clicking "Update Claim", you will see instructions along with additionally requested information. From this screen you can choose to provide a Claim Update or Request Reimbursement.

Note: Submitting a Reimbursement Request fulfills your Claim Update requirements.

WCRA Portal

Calculators Po

Home Claims Policy Data Reporting Reports User Management

Claim Reporting > Claim Updates > Claim Update

Claim Update

Response Due 01/01/2024

Download Di

WCRA Members are required to provide periodic updates on open Minnesota Workers' Compensation claims.

Submit a Claim Update to satisfy the reporting requirement.

Please provide the additional information and provide supporting documentation (if any) as requested below:

- The latest narrative medical reports that outline the current treatment plan and any medications being prescribed.
- A copy of the fully-executed Full, Final, and Complete Stipulation for Settlement and Award on Stipulation

If this claim is closed and no additional payments have been made since the last update, click [here](#).

If this claim is open and no additional payments have been made since the last update, click [here](#).

If this claim is no longer administered by your organization, click [here](#).

Update Claim - OR - Request Reimbursement

For questions about claim updates, contact [WCRA](#).

Please Note: Failure to report the requested information by the indicated due date above will result in notification to the designated delinquent claim reporting contact for Continental Casualty Company.

7 Proceed through the steps by adding or confirming all required information.

You may jump to a step at any time by clicking on it, but the steps won't be marked complete until all required information is entered.

Note: Required information is identified by an "*".

WCRA Portal Calculators PowerUser ▾

Home Claims ▾ Policy Data Reporting ▾ Reports ▾ User Management ▾

Claim Reporting > Claim Updates > Request Reimbursement

Injured Worker | Benefits | Payments & Reserves | Current Status | Supporting Documents & Comments | Review & Submit

Injured Worker Details

Member Information

WCRA Member Name * Company x ▾

TPA Name Inc x ▾

Member Claim # *

Date of Injury * 📅

Did the injury occur on the employer's premises? * ▾

Claim Status *

8 For each step, when all required information is entered, click "Save and Continue" to proceed to the next step.

Employment Information

Employer Name *

Hired Date * 📅

Address

City State Zip

Occupation *

Job Class Code * ▾

[Back to Previous Step](#) [Save and Exit](#)

9

If the payment information entered does not result in a reimbursement, you'll see a pop-up and have options on how you want to proceed.

You can either correct the payment information and continue with a Reimbursement Request, or you continue the Claim Update without requesting reimbursement. In both cases, the data entered on prior steps will be saved.

The screenshot shows a web form for updating a claim. A pop-up message is displayed in the center, stating: "Based on the payment information entered, this claim is not eligible for reimbursement." Below this message is a table with the following data:

Prior Reconciled Member Payments	\$0.00
+ Net Payments Made Since Last Reimbursement	\$113,500.00
= Total Member Payments	\$113,500.00
- Retention Amount	\$1,040,000.00
= Reinsurance Reimbursement Recoverable to Date	\$-926,500.00
- WCRA Reimbursements Paid	\$0.00
= Net Reinsurance Reimbursement Now Due	\$-926,500.00

Below the table, two options are provided: "Click [Update Payments](#) to re-enter payment information." and "Click [Continue without Reimbursement](#) to complete a Claim Update." The form background shows sections for "Recoveries received since the last reimbursement payment" and "Outstanding / Unpaid Reserves".

10

Provided you have corrected payment information and the claim is eligible for reimbursement, click "Save and Continue" to proceed.

The screenshot shows the same web form as in step 9, but with the "Save and Continue" button at the bottom right highlighted with an orange border. The form fields are now populated with the following values:

Recoveries received since the last reimbursement payment			
Medical	Indemnity	Recoveries Received Through Date	Total Recoveries received since last reimbursement
<input type="text"/>	<input type="text"/>	mm/dd/yyyy	<input type="text"/>

Outstanding / Unpaid Reserves			
Medical *	Indemnity *	Reserve Valuation Date *	Total Outstanding / Unpaid Reserves
<input type="text" value="\$1,000,000"/>	<input type="text" value="\$1,000,000"/>	<input type="text" value="09/01/2023"/>	<input type="text" value="\$2,000,000"/>

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Confirm or Edit the description of the accident/injury along with the other required fields.

WCRA Portal Calculators PowerUser

Information saved

Home Claims Policy Data Reporting Reports User Management

Claim Reporting > Claim Updates > Request Reimbursement

Injured Worker ✓ Benefits ✓ Payments & Reserves ✓ **Current Status** Supporting Documents & Comments Review & Submit

Current Status 6

Detailed description of the accident and/or injury

This field is required.

Accepted/Denied body parts and conditions

12

After all required fields (*) have been completed, click "Save and Continue" to add payment ledgers and supporting documents.

Current Status 16

Detailed description of the accident and/or injury

Accepted/Denied body parts and conditions

Current Claim Status

← Back to Previous Step [Save and Exit](#) **Save and Continue**

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Payment Ledgers are required for all reimbursement requests. The preferred file type for Payment Ledgers is Excel (.xlsx). Drag and Drop, or click within the box to select a file to upload.

Information saved

Injured Worker ✓ Benefits ✓ Payments & Reserves ✓ Current Status ✓ Supporting Documents & Comments Review & Submit

Supporting Documents & Comments

Payment Ledger ^{Required*} ⓘ

Attach additional Payment Ledgers

Drop a file here or browse to upload

Please provide the additional information and provide supporting documentation (if any) as requested below.

- The latest narrative medical reports that outline the current treatment plan and any medications being prescribed.
- A copy of the fully-executed Full, Final, and Complete Stipulation for Settlement and Award on Stipulation

Comments

Comments text area

Do you want to attach supporting documents? ⓘ

Yes

No

14

Click the "Comments" field to provide comments on the additional requested information (if requested).

Supporting Documents & Comments

Payment Ledger ^{Required*} ⓘ

File Name	Uploaded By	Uploaded Date
.....xlsx		

Attach additional Payment Ledgers

Drop a file here or browse to upload

Please provide the additional information and provide supporting documentation (if any) as requested below.

- The latest narrative medical reports that outline the current treatment plan and any medications being prescribed.
- A copy of the fully-executed Full, Final, and Complete Stipulation for Settlement and Award on Stipulation

Comments

Comments text area

Do you want to attach supporting documents? ⓘ

Yes

No

15 If there is additional supporting documentation you can provide, click "Yes"

Supporting Documents & Comments

ROBERT HERRMANN - DOI: 06/10/1990

Payment Ledger Required* ⓘ

File Name	Uploaded By	Uploaded Date
.....xlsx		

Attach additional Payment Ledgers

Drop a file here or browse to upload

Please provide the additional information and provide supporting documentation (if any) as requested below.

- The latest narrative medical reports that outline the current treatment plan and any medications being prescribed.
- A copy of the fully-executed Full, Final, and Complete Stipulation for Settlement and Award on Stipulation

Comments

Do you want to attach supporting documents? ⓘ

Yes No

- The latest narrative medical reports that outline the current treatment plan and any medications being prescribed.
- A copy of the fully-executed Full, Final, and Complete Stipulation for Settlement and Award on Stipulation

Comments

Do you want to attach supporting documents? ⓘ

Yes No

Attach additional Supporting Documents

Drop a file here or browse to upload

For Claims Questions, contact

Submitted By

Power User
Email: PowerUser@wcrabiz
Phone: N/A

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If there is an additional/alternate contact for this claim, click the "Is there an additional/alternate contact for this claim?" toggle and add the contact information.

File Name	Uploaded By	Uploaded Date
.xlsx		

Attach additional Supporting Documents

Drop a file here or browse to upload

For Claims Questions, contact

Submitted By

Power User
Email: PowerUser@wcra.biz
Phone: N/A

Is there an additional/alternate contact for this claim?

[Back to Previous Step](#) [Save and Exit](#) [Save and Continue](#)

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After the Payment Ledger, any supporting documents, and additional/alternate contact information has been added, click "Save and Continue" to go to Review.

For Claims Questions, contact

Submitted By

Power User
Email: PowerUser@wcra.biz
Phone: N/A

Is there an additional/alternate contact for this claim?

Contact Name *
Joe Smith

Contact Email *
j.smith@anyco.com

Contact Phone *
651-555-1212

Contact Phone Ext

[Back to Previous Step](#) [Save and Exit](#) [Save and Continue](#)

19

Review the information entered. If corrections need to be made, use the "Change Responses" links. If the information is correct, click "Submit".

[= Net Reinsurance Reimbursement Now Due \$14,062,000.00]

Current Status

Detailed description of the accident and/or injury
[Redacted]

Accepted/Denied body parts and conditions
[Redacted]

Current Claim Status
[Redacted]

Supporting Documents & Comments
Comments
[Redacted]

2 supporting documents uploaded

For Claims Questions, contact:

Submitted by Power User PowerUser@wcra.biz N/A	Additional/Alternate Contact Joe Smith j.smith@anyco.com 651-555-1212 (Ext: N/A)	Date / Time Submitted Not Submitted Claim Quick Response N/A
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← Back to Previous Step [Save and Exit](#)

Submit

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When the reimbursement request is successfully submitted, you will see a confirmation pop-up. Click "Continue" to close the pop-up and return to the list screen. You will also receive an email with the Reimbursement Request details.

