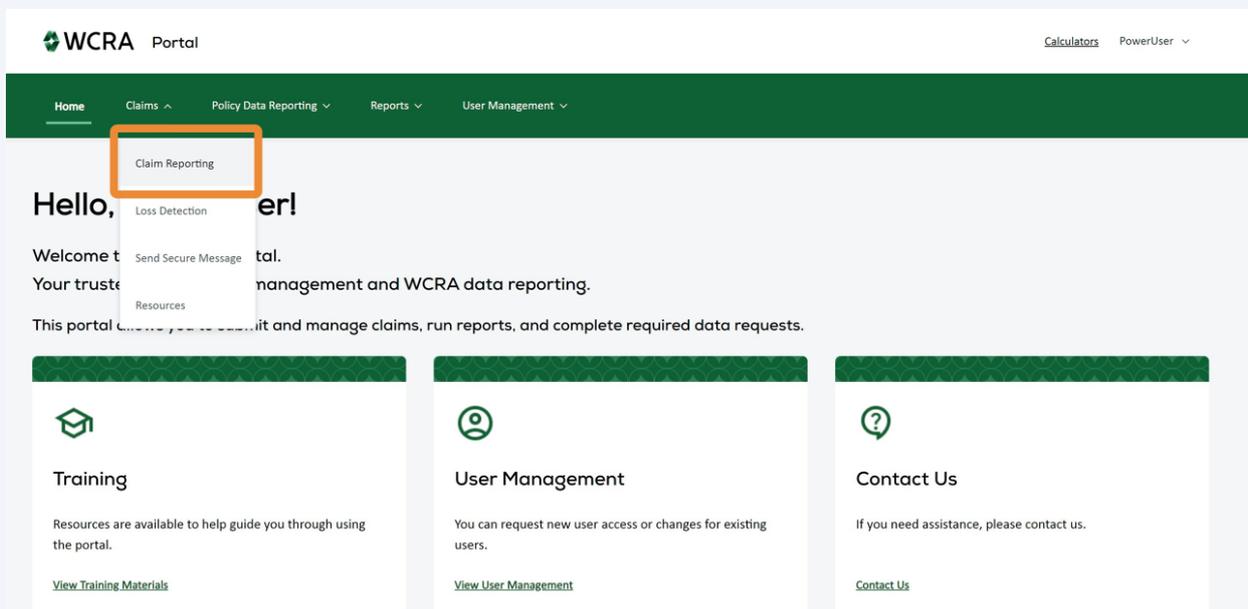# How to Submit a Reportable File update in the WCRA Portal

**1** Log in to the WCRA portal

**2** Click "Claims" then "Claim Reporting".

**3**  Click on the "Reportable Files" tile, then click "Update Claim" in the listing.



**4**  Complete the Member Information. Note: Required fields are identified with an *.

**5** Complete the "Personal Information" and add Dependents, if necessary.

Personal Information

| First Name * | Middle Name | Last Name * | Suffix |
|---|---|---|---|

| Gender * | Date of Birth * | Marital Status * |
|---|---|---|
| Female | 07/01/1976 | Not married |

| City * | State * | Zip * |
|---|---|---|

| Date Of Death | Is the death the result of the injury? |
|---|---|
| mm/dd/yyyy | - |

Dependents

Dependent information shown is based on previously provided data. Where data was not given, our best estimate is being used. Please review and update to ensure this information is accurate.

No results

**Add Dependent**

**6** Complete "Employment Information".

Employment Information

| Employer Name * | Hired Date * |
|---|---|
| | 07/31/2008 |

Address

| City * | State * | Zip * |
|---|---|---|

| Occupation * | Job Class Code * |
|---|---|
| | - |
| This field is required. | |

**7**  After all required "Injured Worker" information is entered, click "Save and Continue" to proceed.

**Employment Information**

Employer Name *

Hired Date *

07/31/2008

Address

City *

Minneapolis

State *

MN

Zip *

55404

Occupation *

Job Class Code *

← Back to Previous Step          Save and Exit

**Save and Continue**

**8**  Enter "Compensation & Current Benefit" information.

Claim Reporting  >  Reportable Files  >  Reportable File

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

**Indemnity Benefits**                                                      '009

**Compensation & Current Benefits**

Average Weekly Wage *

$0

Initial Weekly Indemnity *

Required

Return To Work Date

mm/dd/yyyy

Current Benefit Type ⓘ *

-

Is PPD currently being paid?

Permanency Rating                    Calculate Total Rated Permanency

0.00 %

**9** When all required "Compensation & Current Benefits" and offsets are entered, click "Save and Continue" to proceed.

Compensation & Current Benefits

Average Weekly Wage *
$400

Initial Weekly Indemnity *
$300

Return To Work Date
mm/dd/yyyy

Current Benefit Type ⓘ *
No Current Benefits

Is PPD currently being paid?

Permanency Rating
0.00 %

Calculate Total Rated Permanency

Offsets currently being received
Social Security?

Other Government Benefits?

← Back to Previous Step      Save and Exit

**Save and Continue**

---

**10** Enter "Payments and Reserves" information.

WCRA Portal

Calculators    PowerUser ⌄

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

Claim Reporting > Reportable Files > Reportable File

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

Payments and Reserves                                                  2009

Indemnity Paid-to-Date

Permanent Total Disability
$0

Temporary Total Disability

Permanent Partial Disability

Temporary Partial Disability

Dependent Benefits

ERC/IC

Other Indemnity

Indemnity Paid Through Date
mm/dd/yyyy

Total Indemnity Paid-to-Date

Medical / Rehab Paid-to-Date

Medical

Vocational Rehabilitation

Medical Paid Through Date

Total Medical / Rehab Paid-to-Date

**11** After all required "Payments & Reserves" information is entered, click "Save and Continue". Note: Paid Through Dates are required.

### Medical / Rehab Paid-to-Date

| Medical | Vocational Rehabilitation | Medical Paid Through Date * | Total Medical / Rehab Paid-to-Date |
|---|---|---|---|
| $500 | | 09/01/2023 | $500 |

### Recoveries Received-to-Date

| Medical | Indemnity | Recoveries Received Through Date * | Total Recoveries Received-to-Date |
|---|---|---|---|
| $50 | | 09/01/2023 | $50 |

### Outstanding / Unpaid Reserves

| Medical * | Indemnity * | Reserve Valuation Date * | Total Outstanding / Unpaid Reserves |
|---|---|---|---|
| $500,000 | $50,000 | 09/01/2023 | $550,000 |

← Back to Previous Step        Save and Exit

[Save and Continue]

**12** Enter the "Current Status" information for the claim.



**13** After all required "Current Status" information is entered, click "Save and Continue".

**14**  Enter comments if you'd like to provide additional information about the claim. You can also attach supporting documents if necessary.



**15**  If there is an additional/alternate contact for the claim, you can add their contact informatiom.

**16**  After supporting documents and additional/alternate contact information has been added, click "Save and Continue".

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?

🟢

Contact Name *

Joe Smith

Contact Email *

j.smith@aol.com

Contact Phone *                    Contact Phone Ext

651-555-1212

← Back to Previous Step          Save and Exit                                    **Save and Continue**

**17** Review the information you are about to submit. If changes are needed, use the "Change Responses" link. If the information is correct, click "Submit".

| $500,000.00 | $50,000.00 | 09/01/2023 | $550,000.00 |
|---|---|---|---|

**Total Paid-To-Date**

| Indemnity | $500.00 |
|---|---|
| Medical | $500.00 |
| Recoveries | $50.00 |
| Net Paid-To-Date | $950.00 |
| Retention Amount | $430,000.00 |

## Current Status

Change Responses

Detailed description of the accident and/or injury
Fell

Accepted/Denied body parts and conditions
Head

Current Claim Status
Open

Supporting Documents & Comments

Comments
Hksdlwsaljdnf;la

1 supporting documents uploaded

For Claims Questions, contact:

| Submitted by | Additional/Alternate Contact | Date / Time Submitted |
|---|---|---|
| Power User | Joe Smith | Not Submitted |
| PowerUser@wcra.biz | j.smith@aol.com | |
| N/A | 651-555-1212 (Ext: N/A) | Claim Quick Response |
| | | N/A |

← Back to Previous Step    Save and Exit

Submit

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**18** After clicking "Submit" you will see a submission confirmation. Click "Continue" to return to the claims listing screen.

## Reportable File Update Successfully Submitted

WCRA will review the update provided.
We will contact you if we have any questions
regarding the information submitted.

Continue