How to Submit a Reportable File update **\$** WCRA in the WCRA Portal

1 Log in to the WCRA portal 2 Click "Claims" then "Claim Reporting". WCRA Portal Calculators PowerUser ~ Home Claim Reporting Hello, Loss Detection erl Welcomet Send Secure Message tal. Your truste nanagement and WCRA data reporting. Resources This portal, it and manage claims, run reports, and complete required data requests. 0 2 ଚ Training User Management Contact Us Resources are available to help guide you through using You can request new user access or changes for existing If you need assistance, please contact us the portal. users. View Training Materials View User Management Contact Us

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

3

		O All Claims	1 Draft	24715 read Reimbursements	10 pondence	270 Unread Corres	14 Reportable Files	250 Claim Updates	380 Due Updates Cl	Pas
					TPA					embe
	~				All	~				All
							d To	Assigned	Date	ciden
		er <u>Reset</u>	Filte	n # or Name	Q Searc	~		All	d/yyyy 🖻	mm/
Export to Exc	Assigned To 🗘		TPA 🗘		Member Nam	Date of Injury 🗘	Injured Worker Name 🗘	Due Date 🗘	ember sim#≎	5 ;
Export to Exco	Assigned To \$ Michael Baumann Reassign	Со	TPA \$		Member Nam	Date of Injury \$ 01/06/2020	Injured Worker Name 🗘	Due Date \$ 04/23/2022 Past Due	ember sim # 🗢	
Resume Update	Assigned To Michael Baumann Reassign Ryan Gregory <u>Reassign</u>	Co	TPA ≎ N/A		Member Nam	Date of Injury ◆ 01/06/2020 01/13/2009	Injured Worker Name 🗘	Due Date 04/23/2022 Past Due 05/22/2022 Past Due	ember lim # ≎	
Export to Exe Resume Update Update Claim Update Claim	Assigned To Michael Baumann Reassign Ryan Gregory Reassign Sean Raney Reassign	Co	TPA ≎ N/A N/A		Member Nam	Date of Injury ≎ 01/06/2020 01/13/2009 11/30/1993	Injured Worker Name 🗘	Due Date ↓ 04/23/2022 Past Due 05/22/2022 Past Due 05/22/2022 Past Due	ember aim # \$	
Export to Exc Resume Update Update Claim Update Claim Update Claim	Assigned To ¢ Michael Baumann Reassign Ryan Gregory Reassign Sean Raney Reassign Sean Raney Reassign	Со	TPA ÷ N/A N/A	этрапу	Member Nam	Date of Injury \$ 01/06/2020 01/13/2009 11/30/1993 11/27/1984	Injured Worker Name 🗘	Due Date ◆ 04/23/2022 Past Due 05/22/2022 Past Due 05/22/2022 Past Due 07/02/2023 Past Due	ember sim # ≑	

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

Claim Reporting > Reportable Files > Reportable	e File				
Injured Worker	Benefits	Payments & Reserves	Current Status	Supporting Documents & Comments	Review & Submit
Injured Worker Details					·(
Injured Worker Details Member Information WCRA Member Name *			TPA Name		'C
Injured Worker Details Member Information WCRA Member Name *		x v	TPA Name Select		·(
Injured Worker Details Member Information WCRA Member Name *	Date of injury *	× ~	TPA Name Select Did the injury occur on the emp	ployer's premises? * Claim Status *	~

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

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		· •		
pendents				
Dependent information shown is	based on previously	provided data. Where data was not given, our best esti	mate is being used. Please review and update to ensure th	is information is accurate.
No results				

6 Complete "Employment Information".

Employer Name *		Hired Date *		
		07/31/2008	<u>::</u> •	
Address				
City *	State *	Zip *		
Cccupation *	Job Class Code *			
This field is required.	-		*	

5

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

Employer Name *		Hired Date *		
		07/31/2008	::	
Address				
City *	State *	Zin *		
Minneapolis	MN	55404		
Occupation *	Job Class Code *			
			~	
k to Previous Step Save and Exi				Save and Conti

Reporting >	Reportable Files > Reporta	ble File					
	Injured Worker 🗡	Benefits	Payments & Reserves	Current Status	Supporting Documents & Comments	Review & Submit	
demnit	y Benefits						005
	•						
Compenso	ation & Current Be	nefits					_
Average W	eekly Wage *		Initial Weekly Indemnity *		Return To Work Date		
		sd		Required	mm/dd/yyyy	t	
Current Be	nefit Type 🕐 *						
-		~					
Is PPD curr	ently being paid?						
Permanenc	y Rating		Calculate Total Rated Permanency				
		0.00 %					

9

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

Average Weekly Wage *		Initial Weekly Indemnity *		Return To Work Date	
	\$400		\$300	mm/dd/yyyy	Ē
Current Benefit Type ?					
No Current Benefits	~				
Is PPD currently being paid?					
Permanency Rating		Calculate Total Rated Permanency			
	0.00 %				
Offsets currently being received Social Security?					
Other Courses Provider 2					
Back to Previous Step Save and Exit					Save and Cont

10 Enter "Payments and Reserves" information.

WCRA Portal					<u>Calculators</u> PowerUser ~	
<u>Home</u> Claims ~ Policy Data F	Reporting V Reports V	User Management 🗸				
aim Reporting > Reportable Files > Reportabl	e File					
Injured Worker 🗡	Benefits 🗸	Payments & Reserves	Current Status	Supporting Documents & Comments	Review & Submit	
ayments and Reserv	es				200	9
Indemnity Paid-to-Date						
Permanent Total Disability	Temporary Tota	Disability	Permanent Partial Disability	Tempora	y Partial Disability	
Dependent Benefits	\$0 ERC/IC		Other Indemnity	Indemnit	y Paid Through Date	
				mm/d	id/yyyy 🖭	
				Total Ind	emnity Paid-to-Date	
Medical / Rehab Paid-to-Dat	e					
Medical	Vocational Reha	bilitation	Medical Paid Through Date	Total Me	dical / Rehab Paid-to-Date	

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

		Vocational Rehabilitation		Medical Paid Through Date *		Total Medical / Rehab Paid-to-Date	
	\$500			09/01/2023	Ē		\$500
coveries Received-t	to-Date						
Medical		Indemnity		Recoveries Received Through Date *		Total Recoveries Received-to-Date	
	\$50			09/01/2023			\$50
utstanding / Unpaid	Reserves						
itstanding / Unpaid	Reserves	Indemnity *		Reserve Valuation Date *		Total Outstanding / Unpaid Reserves	
Itstanding / Unpaid	Reserves \$500,000	Indemnity *	\$50,000	Reserve Valuation Date * 09/01/2023	Ē	Total Outstanding / Unpaid Reserves	\$550,000
itstanding / Unpaid Medical *	Reserves \$500,000	Indemnity *	\$50,000	Reserve Valuation Date * 09/01/2023		Total Outstanding / Unpaid Reserves	\$550,000
utstanding / Unpaid Medical *	Reserves \$500,000	Indemnity *	\$50,000	Reserve Valuation Date * 09/01/2023	F	Total Outstanding / Unpaid Reserves	\$550,000
utstanding / Unpaid Medical *	Reserves \$500,000	Indemnity *	\$50,000	Reserve Valuation Date * 09/01/2023	P	Total Outstanding / Unpaid Reserves	\$550,000

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

	Injured Worker 🗹	Benefits \checkmark	Payments & Reserves \checkmark	Current Status	Supporting Documents & Comments	Review & Submit	
urren	t Status						109
Detailed de	escription of the accident and/or in	jury					
1							
This field is r	equired.						
Accepted/i	Denied body parts and conditions						
This field is r	equired.						10
Current Cla	im Status						

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

	Injured Worker 🗸	Benefits 🗸	Payments & Reserves 🗸	Current Status	Supporting Documents & Comments	Review & Submit
Curr	ent Status				PAMMIE PRIEST	LY - DOI: 01/14/20
Detail	ed description of the accident and/	'or injury				
Accep	ted/Denied body parts and condition	ons				
Currer	nt Claim Status					
	o Previous Sten Save and F	-vit				Save and Contin
- Back t	11 P 1 P V 11 11 5 11 P 11 1 1 1 1 1 1 1 1 1 1 1 1	<u>LAIL</u>				Save and Contin

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

	Injured Worker \checkmark	Benefits 🗸	Payments & Reserves \checkmark	Current Status 🗸	Supporting Documents & Comments	Review & Submit	
ippor	ting Documer	nts & Comments					09
ippor	ting Documer	nts & Comments					С
opposite							
l							
1							
							li

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

Do you want to attach supporting documents?	D		
File Name 🗘	Uploaded By 🗘	Uploaded Date 🗢	
AASI Summary.xlsx		×	
Attach additional Supporting Documents			
Drop a file here or browse to upload			
Power User Email: PowerUser@wcra.biz Phone: N/A Is there an additional/alternate contact for this claim?			
			_
Back to Previous Step <u>Save and Exit</u>			Save and Contin

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

	ttach additional Supporting Documents			
Cor Claims Questions, contact Jumitide By Power User Email: * Nowridser@wcrabit: Phone: N/A There an additional/alternate contact for this claim? Image: Contact Phone Bit Jos Smith Jos Smith Jos Smith Jos Smith Jos Smith Jos Smith State Thome * Contact Phone Bit Statest Phone Bit Statest Phone Bit Statest Phone * Contact Phone Bit Statest Phone Bit Contact Phone Bit Statest Phone Bit Statest Phone Bit Statest Phone Bit Contact Phone Bit Statest Pho	Drop a file here or browse to upload			
be Claims Questions, contact Jubility TowerUser Email: PowerUser Prone: N/A there are additional/alternate contact for this claim? Portact Name * Joe Smith Joe Smith Joe Smith Joe Smith Joe Smith Los Contact Phone Ext Sinsth Questions Stact Ensol Stact Ensol Stact Phone * Contact Phone Ext Sinsth Questions Save and East De Oriented Step Save and East Save and Save and S				
bin House Storp Save and Exit Previous Step Save and Exit				
Power User Email: Pome: N/A there an additional/alternate contact for this claim? Image: Power and Exit State Phone * Contact Phone Ext 651:555:1212 text to Previous Step Save and Exit D WCRA 2023 All Plipts Reserved Legal Disclaimer Privacy Terms of Use Edgs Contact Us	or Claims Questions, contact			
Power User Email: Power/User@wcra.biz Phone: N/A Imail: A mane * Joe Smith Joe Smith Jonact Email * Jamith@Bol.com Instact Phone * Contact Phone Ext 651:555-1212 text to Previous Step Save and Exit D WCRA 2023 All Rights Reserved Legal Disclaimer Privacy Terms of Use EADS Contact Us	Demos Harr			
Phone: N/A there an additional/alternate contact for this claim?	Power User			
there an additional/alternate contact for this claim?	Phone: N/A			
there an additional/alternate contact for this claim?				
And a second sec	there an additional/alternate contact for this claim?			
Dentact Name * Joe Smith Joe Smith Junited Email * Junited Paol.com Contact Phone Ext 651-555-1212 sky to Previous Step Save and Exit Save and Exit D WCRA 2023 All Rights Reserved Legal Disclaimer Privacy Terms of Use EAOs Contact Us				
antact Name * Joe Smith Intact Email * Justifie Baol.com Intact Phone * Contact Phone Ext 651-555-1212 Intact Previous Step Save and Exit Save and Exit D WCRA 2023 All Rights Reserved Legal Disclaimer Privacy Terms of Use EAQs Contact Us				
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WCRA 2023 All Rights Reserved Legal Disclaimer Privacy Terms of Use FAOs Contact Us				
	© WCRA 2023 All Rights Reserved	Legal Disclaimer Privacy Terms of Use	FAQs Contact Us	

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 Medical Recoveries Net Paid-To-Date Retention Amount	\$500.00 \$500.00 \$550.00 \$950.00 \$430,000.00			
Current Status Detailed description of the accident and/or injury Feli Accepted/Denied body, parts and conditions Head Current Claim Status Open Supporting Documents & Comments Hisdhusaijdnf;la 1 supporting documents uploaded For Claims Questions, contact: Submitted by Power User PowerUser@wcra.biz N/A	Additional/Alternate O Joe Smith j.smith@aol.com 651-555-1212 (Ext: N/	Iontact A)	Date / Time Submitted Not Submitted Claim Quick Response N/A	Change Responses
← Back to Previous Step Save and Exit				Submit
© WCRA 2023 All Rights Reserved]	egal Disclaimer Privacy Is	erms of Use FAQs Contact Us		

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

	19901 &
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	