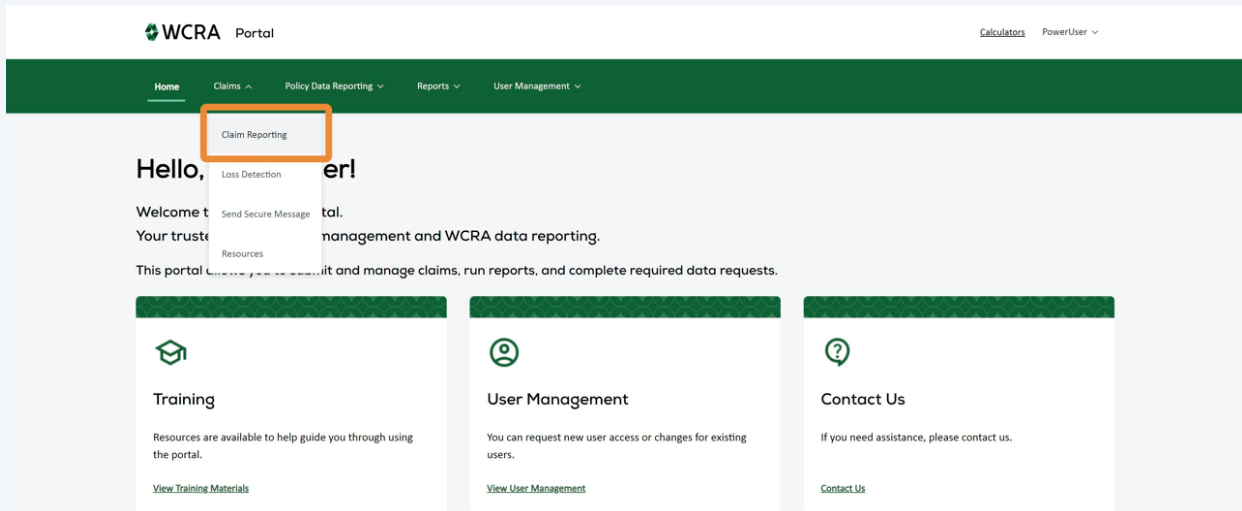


How to Submit a Claim Update.



1

After logging into the portal, click "Claims" then click "Claim Reporting" from the sub-menu.

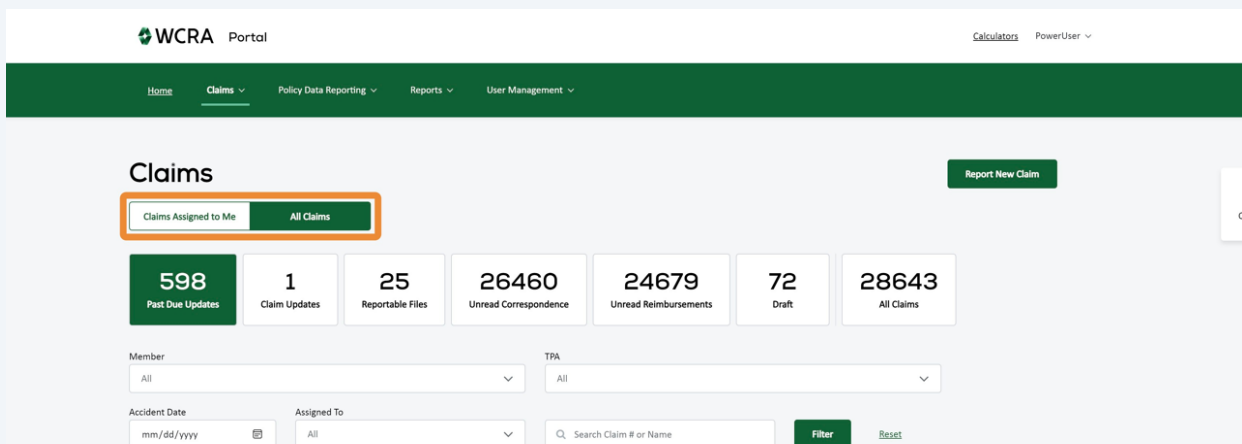


2

You can filter the claim listing using the toggle. "Claims Assigned to Me" or "All Claims"

"All claims" will show the claims you have access to and can report for.

"Claims Assigned to Me" will show the claims where you are the assigned person.



3 If you want to reassign a claim update to another user, use the "Reassign" link.

The screenshot shows the WCRA Portal interface. At the top, there is a navigation bar with 'Home', 'Claims', 'Policy Data Reporting', 'Reports', and 'User Management'. The main content area is titled 'Claims' and includes a 'Report New Claim' button. Below this, there are several summary cards: '598 Past Due Updates', '1 Claim Updates', '25 Reportable Files', '26460 Unread Correspondence', '24679 Unread Reimbursements', '72 Draft', and '28643 All Claims'. There are also filters for 'Member' and 'TPA', and a search bar for 'Search Claim # or Name'. A table of claims is displayed below, with columns for Member Claim #, WCRA Claim #, Due Date, Injured Worker Name, Date of Injury, Member Name, TPA, and Assigned To. The 'Assigned To' column for the first row shows 'Power User' with a 'Reassign' link highlighted in orange. Other rows show 'Power User' and 'Casualty Ins Co' as assignees.

Member Claim #	WCRA Claim #	Due Date	Injured Worker Name	Date of Injury	Member Name	TPA	Assigned To
	5153			02/11/1986	Corporation		Power User Reassign
	21416	05/01/2016	F	09/26/2012	Insurance Company	N/A	Power User Reassign
37714	18806	05/01/2016		07/31/2007	Casualty Ins Co	N/A	Power User Reassign

4 After clicking the "Reassign" link, you'll see a pop-up where you can select another user to reassign the task to. If you do not see the user, select "User Management" in the main menu to add a new user or change an existing user's access.

The screenshot shows a pop-up dialog box titled 'Assign Task'. It contains the following text: 'Assign a user who will be responsible for completing this task.' Below this is a dropdown menu labeled 'Assign To:' with 'Power User' selected. Below the dropdown, it says 'Don't see the person you are looking for?' and 'To invite additional users go to User Management and select Add New User.' At the bottom right, there are two buttons: 'Cancel' and 'Assign Task'.

5 To begin an update, click "Update Claim"

Claims

Report New Claim

Claims Assigned to Me

All Claims

598

Past Due Updates

1

Claim Updates

25

Reportable Files

26460

Unread Correspondence

24679

Unread Reimbursements

72

Draft

28643

All Claims

Member: TPA:

Accident Date: Assigned To: Search Claim # or Name:

[Export to Excel](#)

<input type="checkbox"/>	Member Claim #	WCRA Claim #	Due Date	Injured Worker Name	Date of Injury	Member Name	TPA	Assigned To	
<input type="checkbox"/>	10	5153			02/11/1986	Corporation		Power User Reassign	<input type="button" value="Resume Update"/>
<input type="checkbox"/>	1	21416	05/01/2016		09/26/2012	Insurance Company	N/A	Power User Reassign	<input type="button" value="Resume Update"/>
<input type="checkbox"/>	4	18806	05/01/2016	EL	07/31/2007	Casualty Ins Co	N/A	Power User Reassign	<input type="button" value="Resume Update"/>
<input type="checkbox"/>	15	17361	08/01/2016		01/03/2005			Power User Reassign	<input type="button" value="Update Claim"/>

6 If there is specific information we are requesting, it will be displayed here. This requested information will be displayed again in the comments step.

WCRA Portal

[Calculators](#) PowerUser

[Home](#) [Claims](#) [Policy Data Reporting](#) [Reports](#) [User Management](#)

[Claim Reporting](#) > [Past Due Updates](#) > Claim Update

Claim Update

/2003

Response Due 11/01/2020

[Download Diary Notification](#)

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.

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](#).

- OR -

There are previously submitted Reimbursement Request(s) for this WCRA Claim that are still in process. Until the previously requested reimbursements are fully processed, you cannot submit a new reimbursement request.

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 Farm Bureau Property & Casualty Insurance Company.

[← Back](#)

7 Click "Update Claim" to begin the update process.

Claims ▾ Policy Data Reporting ▾ Reports ▾ User Management ▾

[Past Due Updates](#) > Claim Update

Update Claim

11/2020 [Download](#)

You are required to provide periodic updates on open Minnesota Workers' Compensation claims to satisfy the reporting requirement.

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

- Narrative medical reports that outline the current treatment plan and any medications being prescribed.
- If you have made **no additional payments** since the last update, click [here](#).
- If you have made **no additional payments** since the last update, click [here](#).
- If you are managed by your organization, click [here](#).

- OR - [Request Reimbursement](#) There are previously submitted Reimbursement Request(s) for this WCRA Claim that are still in process. Until the previously requested reimbursement is processed, you cannot submit a new reimbursement request.

For more information on claim updates, contact [WCRA](#).

Failure to report the requested information by the indicated due date above will result in notification to the designated delinquent claim reporting contact for Farm Bureau Property & Casualty Insurance Company.

8 As you proceed through the update process, complete all required fields.

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

Note: Required fields are identified with an "*".

WCRA Portal [Calculators](#) [PowerUser](#) ▾

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

[Claim Reporting](#) > [Past Due Updates](#) > Claim Update

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

Injured Worker Details

P - DOI: 10/30/2003

Member Information

WCRA Member Name *

TPA Name

Member Claim # *

Date of Injury *

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

Claim Status *

Personal Information

First Name *

Middle Name

Last Name *

Suffix

9

When all required fields for a step are complete, click "Save and Continue" to move to the next step.

City * Clarissa State * MN Zip * 56347

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

Employment Information

Employer Name * Hired Date * 01/01/1976

Address

City State Zip

Occupation * Worker Job Class Code * 8833 - HOSPITAL: PROFESSIONAL EMPLOYEES

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

10

When you get to the Supporting Documents & Comments step, the requested information will be displayed. Enter your comments and attach supporting documents to address the requested information.

WCRA Portal Calculators PowerUser

Home Claims Policy Data Reporting Reports User Management

Claim Reporting > Past Due Updates > Claim Update

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

Supporting Documents & Comments P - DOI: 10/30/2003

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.

Comments

Do you want to attach supporting documents? Yes No

For Claims Questions contact

11

You can also add an additional/alternate contact for the claim if necessary.

Do you want to attach supporting documents? Yes No

File Name Uploaded By Uploaded Date

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](#)

12

When all required information as been added, click "Save and Continue" to review your update.

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 *

Contact Email *

Contact Phone * Contact Phone Ext

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

13


Review your update information. If corrections are needed use the "Change Responses" link. If the information is correct, click "Submit" to submit your update.

Medical \$100,000.00	Indemnity \$100,000.00	Reserve Valuation Date 09/01/2023	Total Outstanding / Unpaid Reserves \$200,000.00
-------------------------	---------------------------	--------------------------------------	---

Total Paid-To-Date

Indemnity	\$0.00
Medical	\$0.00
Recoveries	\$0.00
Net Paid-To-Date	\$0.00
Retention Amount	\$720,000.00

Current Status

[Change Responses](#) 

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]

1 supporting documents uploaded

For Claims Questions, contact:

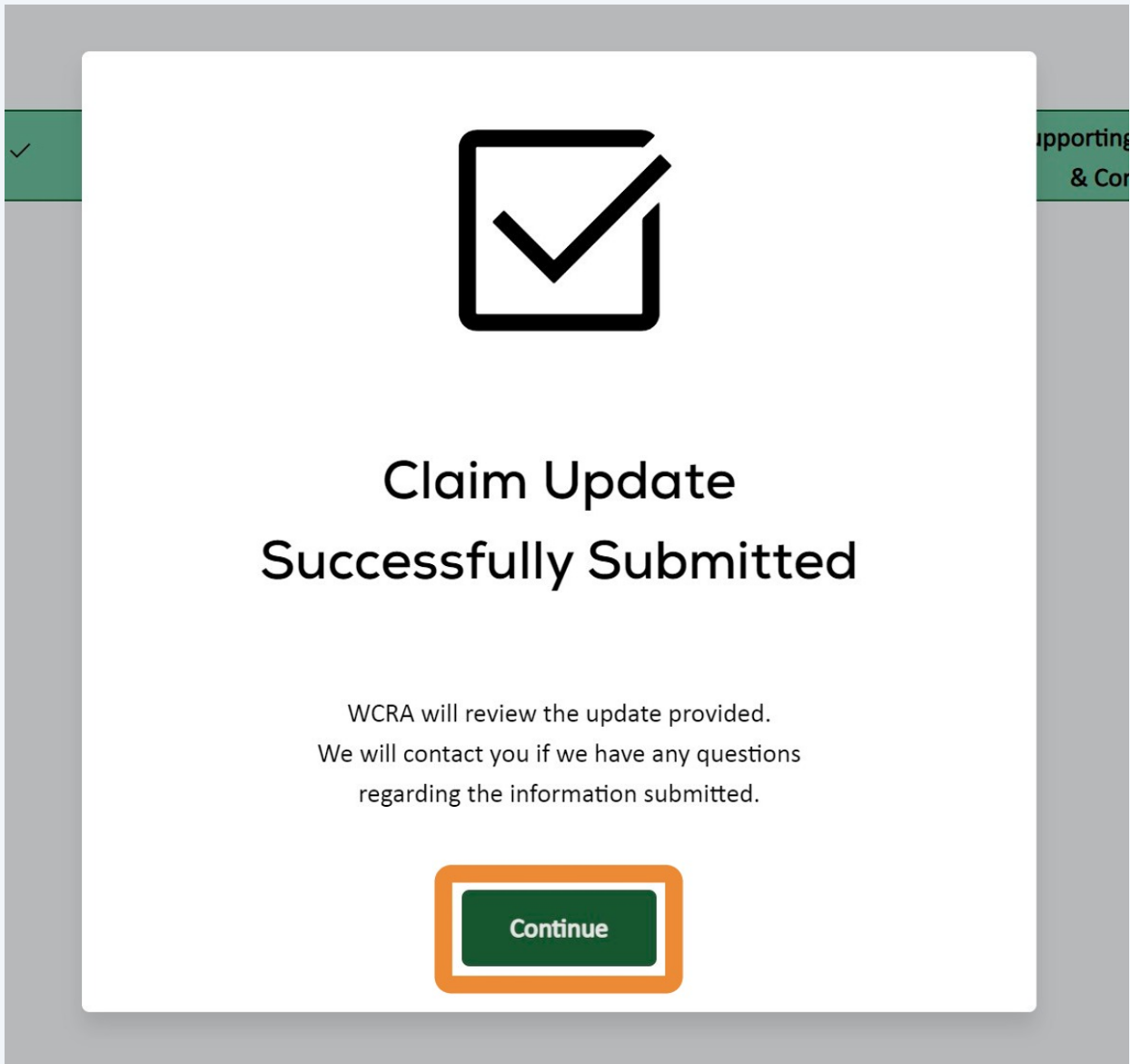
Submitted by Power User PowerUser@wcra.biz N/A	Additional/Alternate Contact Joe Smith j.smith@company.com 651-555-1212 (Ext: N/A)	Date / Time Submitted Not Submitted Claim Quick Response N/A
---	---	---

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

Submit

14

When the update is successfully submitted you will see a confirmation screen, Click "Continue" to return to the listing screen. You will also receive an email of the confirmation.



15

At any time during the update process, you can use the "Back to Previous Step" or "Save and Exit" links at the bottom of the screen. "Back to Previous Step" will return you to the previous step in the process. "Save and Exit" will return you to the listing screen where you can use the "Resume Update" button to complete your update.

[← Back to Previous Step](#)

[Save and Exit](#)

16

Click the "Resume Update" button to continue your update from where you last left off.

Claims

Report New Claim

Claims Assigned to Me

All Claims

597

Past Due Updates

1

Claim Updates

25

Reportable Files

26460

Unread Correspondence

24679

Unread Reimbursements

72

Draft

28643

All Claims

Member

All

TPA

All

Accident Date

mm/dd/yyyy

Assigned To

All

Search Claim # or Name

Filter

Reset

Export to Excel

<input type="checkbox"/>	Member Claim #	WCRA Claim #	Due Date	Injured Worker Name	Date of Injury	Member Name	TPA	Assigned To	
<input type="checkbox"/>	2	5153			02/11/1986			Power User Reassign	Resume Update