



Online Submission of Rehabilitation Forms

- Address issues brought up in the recent QRC survey regarding DLI's online system
- Update about recent enhancements



Available Forms

- The following rehabilitation forms **can** be filed electronically.
 - Rehabilitation Rights and Responsibilities (**New**)
 - Rehabilitation Consultation Report (RCR)
 - R-2 Rehabilitation Plan
 - R-3 Rehabilitation Plan Amendment
 - R-8 Notice of Rehabilitation Plan Closure
 - Plan Progress Report (PPR)

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- Registration forms **cannot** be filed electronically.
 - R-20 QRC Intern Application
 - R-22 Rehabilitation Vendor Application
 - R-24 QRC Firm Application
 - R-25 QRC Application

Security Concerns

- Only QRCs who are registered with DLI are provided with an initial access ID code.
- To enter the system, QRCs must have a user ID number and enter a valid WID number/SSN.
- After **five unsuccessful tries** you will be locked out of the system.
- Because of security concerns the system does not have the ability to “remember” a password.



Accessing the Web Portal

- <https://secure.doli.state.mn.us/wc/Login.aspx>
- First-time users must create an account. You will need:
 - your QRC number; and
 - a QRC access ID code (supplied by DLI).
- **The access ID code and QRC number are provided to you in the approval letter sent by the registration specialist.**



Log In

Rehabilitation Forms Submission

Create New User

User Id (Fifteen characters maximum) Create your own i.e. JDoe

Password (Five characters minimum)

Confirm Password

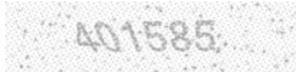
QRC Number

QRC Access Id (Supplied by DLI)

Email Address

Password Question

Password Answer



Type the code shown above, this can be typed in all lowercase.

Create User



[About DLI](#) [Construction Codes and Licensing](#) [OSHA](#) [Wage and Hour](#) [Workers' Compensation](#)

Rehabilitation Forms Submission

Welcome charlie

[Log Out](#)

[Change Password](#)

User Id

Password Question: [What are the last 4 of your Social Security number?](#)



Password Answer

[Reset Password](#)

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Minnesota Department of Labor and Industry
443 Lafayette Road N., St. Paul, MN 55155

Subsequent Visits

- Enter your user name and password.
- Enter the employee's WID number/SSN.
- Enter the date of the first meeting with the employee.
 - The system requests the date of the first meeting with the employee to confirm the form has not been previously filed.
- **Note:** You do not need to enter your QRC number to access the system.



Rehabilitation Forms Submission

Welcome charlie

[Log Out](#)

[Change Password](#)

Form status

[Batch processing](#)

[Help](#)

Quick steps to filing

Select a form type, provide an injured employee SSN or WID, the date the injury occurred (as found on the First Report of Injury) and the date the initial rehabilitation consultation occurred.

[More ...](#)

1) Select a form type *

- Rehabilitation Consultation Report
- Rehabilitation Plan (R-2)
- Rehabilitation Plan Amendment (R-3)
- Plan Progress Report
- Notice of Rehab. Plan Closure (R-8)

[New ...](#)

2) WID/SSN of the injured employee *

3) Date of injury *



4) Date of first in-person or telephone meeting *



* indicates required field

System Features

- The system allows users to:
 - pause and save inputted data;
 - preview the document before printing or submitting;
 - save either the PDF form or the online form to the computer; and
 - receive a notice confirming whether the data has been accepted upon submission.



Add file(s) ...

(click to attach the selected file(s))

Rehabilitation Plan Privacy and Confidentiality Statement

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by department of labor and industry (department) staff who have authorized access to the data, and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the office of administrative hearings; the workers' compensation court of appeals; the departments of revenue and health; and the workers' compensation reinsurance association.

Intent to Commit Fraud Statement

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Section 609.52, Subd. 3.

Save

Cancel

Print preview ...

Previous

Submit

Confirmation Notice

RECEIVED: 01/21/2014 WEB

Mail or fax to:
 Department of Labor and Industry
 Workers' Compensation Division
 PO Box 64221
 St. Paul, MN 55164-0221
 (651) 284-5032 or 1-800-342-5354
 Fax: (651) 284-5731

RECEIVED: 01/21/2014 WEB

Plan Progress Report

PRINT IN INK or TYPE
 ENTER DATES IN MM/DD/YYYY FORMAT



DO NOT USE THIS SPACE

1. DATE OF THIS REPORT [REDACTED]						
2. WID or SSN [REDACTED]		3. DATE OF INJURY 1/6/2013				
4. EMPLOYEE NAME [REDACTED]						
5. EMPLOYEE ADDRESS [REDACTED]						
CITY [REDACTED]		STATE MN	ZIP CODE [REDACTED]	6. DATE OF REHABILITATION CONSULTATION: (#29 on R-2) 12/3/2013		
7. EMPLOYER NAME [REDACTED]			8. EMPLOYER CONTACT PERSON		9. PHONE NUMBER	
10. INSURER CLAIM NUMBER [REDACTED]			15. QRC NAME [REDACTED]			
11. INSURER/SELF-INSURER/TPA CONTINENTAL WESTERN GROUP			16. QRC FIRM [REDACTED]			
12. INSURER ADDRESS PO BOX 500			17. ADDRESS [REDACTED]			
CITY LIVERNE		STATE MN	ZIP CODE 56156	CITY [REDACTED]	STATE MN	ZIP CODE 55155
13. CLAIM REPRESENTATIVE		14. PHONE NUMBER		18. QRC # [REDACTED]	19. QRC FIRM # [REDACTED]	20. PHONE NUMBER [REDACTED]

Prefilled Fields

- DLI prefills or populates certain information into the forms:
 - employee name, SSN/WID number, address, insurer and QRC information.
- The information is from DLI's database and case file report for each claim.
- Service codes are **not** prefilled.
- Due to potential security issues DLI **cannot** allow changes to be made to its database by outside stakeholders.

Address Changes

- An employee may report any address changes to DLI by sending written notification to:

Department of Labor and Industry
Workers' Compensation Division
443 Lafayette Road N.
St. Paul, MN 55155



Calculation of Weeks

- Three forms request information about the number of weeks: the R-2 and R-3 (Q. 19); and the PPR (Q. 25).
 - **Question:** “Plan duration from plan filing date (in weeks).”
- The plan filing date is the date the form was received by DLI.
- The date of the first meeting with the employee is **not** used to calculate the number of weeks.

Calculation of Weeks

- R-3: DLI automatically calculates the number of weeks by using the date the form is received by DLI for filing.
- If there is no R-2 on file at the time an R-3 is filed electronically, the system simply inserts a zero in that field.

Timing Out of the System



- The system will time out after one hour of inactivity.
- Inactivity is defined as no movement from screen to screen – moving up and down a screen is not sufficient activity.
- The document you are working on **will not** be saved!

Creating a Template

- Would it would be beneficial to have the capability to save an R-3, for example, to use as a template?
- Would this enhancement encourage more QRCs to use the online system?

Recent Updates

- Form status page: a “Received Date” column has been added.

	Employee Name	Form	Status	Rehab Date	DOI	WID	SSN	Created	Received Date	
[edit] [view] [new]		R-3	STARTED	5/1/2014	7/16/2013			7/21/2014		[delete]
[view] [new]		R-3	SUBMITTED	4/1/2014	7/16/2013			8/1/2014	08/06/2014	
[edit] [view] [new]		RCR	STARTED	6/1/2014	7/16/2013			7/24/2014		[delete]
[view] [new]		ERROR	SUBMITTED	7/1/2014	1/1/2009			7/23/2014	07/23/2014	
[view] [new]		PPR	SUBMITTED	7/1/2014	1/1/2009			7/22/2014	07/22/2014	
[edit] [view] [new]		RCR	STARTED	7/1/2014	1/1/2009			7/16/2014		[delete]

Recent Updates

- R-3: the number of attachments has been expanded to four.
- PPR: a signature section has been added.

Future Enhancements

- Future enhancements include:
 - adding the Retraining Plan form and allowing for up to eight attachments; and
 - updating and revising the help information and instructions for users.

Contact Information



- For technology-related questions or to reset a password, email the DLI webmaster at dli.webmaster@state.mn.us.
- For questions concerning the content of the form, call (651) 284-5093.