



**MINNESOTA**

WORKERS' COMPENSATION  
MODERNIZATION PROGRAM

Campus 201 for qualified rehabilitation consultants (QRCs)

# Campus 201 for QRCs

## Course description

In this course, we will walk through the steps and demonstrate some of the more specific functionality that qualified rehabilitation consultants (QRCs) will use when handling rehabilitation cases and claims.

## Audience

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- Qualified rehabilitation consultants using Campus

## Course length

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Two hours

## Prerequisites

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- Campus 101 for rehabilitation providers

# Agenda

- 1 R-form submission** *60 minutes*
- 2 Claim access** *40 minutes*
- 3 Claim overview** *20 minutes*

# R-form submission

R-forms are submitted by QRCs, QRC interns and their staff at various stages throughout the rehabilitation process. They are used to both initiate rehabilitation plans as well as change various aspects of the rehabilitation plan. For example, these forms could be used to change the assigned QRC, adjust the rehabilitation timeline, change the rehabilitation activities or indicate rehabilitation has been completed or is no longer needed. Each form has its own purpose and is submitted at different points in the rehabilitation process.



# R-form submission

## Rehabilitation Consultation Report (RCR)

- To access, click on the **Submit a Filing** drop-down menu.
- After filling in the form, you can use the **Back** button to go back one screen, **Save as Draft** to save a copy, **Download PDF** to download a copy, **Preview** to view the form on the screen or **Cancel** to exit without saving.

The screenshot shows the Department of Labor and Industry web portal. The 'Submit a Filing' dropdown menu is open, with 'Rehab Consultation Report' highlighted. The 'Rights and Responsibilities' section is visible, with a 'Full Name of Signatory' field and a date field highlighted. The 'Submit Form' button is also highlighted.

**Submit a Filing** (1)

- Access a Case or Claim
- VRU Rehabilitation Consultation Request
- Individual Rehab Provider Registration
- Rehab Provider Registration
- Trading Partner Profile Registration
- Rehab Consultation Report** (2)
- Initiate a Dispute
- Request for Guidance with an Unreported Injury
- Open Appeal/Petition
- Submit Election To Exclude
- Respond to Request For Information

**My Overview**

**Open Claims** (0)

View details associated to your claims in the My Queue portal.

**My Queues**

- My Claims**
- My Disputes
- My Forms
- My R

**Notifications** (Clear All)

Your Annual Claim for Reimbursement from the Second Injury Fund and Supplementary Benefits submission has been approved. Form submission 1425 has been approved. 15 days ago

**Rights and Responsibilities**

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

**+ Upload Document** (7)

File Name	File Type	Description	Remove
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**Supporting Attachments**

QRC: This form and a narrative report must be received by the Department of Labor and Industry within 14 days of the initial rehab consultation date (Minn. Rule 5220.0130). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (R-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minnesota Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the Qualified Rehabilitation Consultant (QRC) and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department at placeholder telephone, or request a determination by filing a Rehabilitation Request with the Department.

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 Minnesota Statutes 609.52, SUBDIVISION 3.

**+ Upload Document** (8)

File Name	File Type	Description	Remove
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**Electronic Signature**

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**Full Name of Signatory \*** (9)

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

**Initial Rehab Consultation Date**

4/28/2020

**Submit Form** (10) Save as Draft Download PDF Preview Cancel



## Claim shell webform step

- This is a step in multiple webforms that allows you to create a claim shell based on the information entered.
- If you are trying to submit a Rehabilitation Consultation Report and are unable to locate a claim, this will allow you to file against the claim shell that was created by this step. *\*Please note this is a step in the webform, not the webform itself.*

### Rehab Consultation Report (RCR)

12

Locate a ClaimReport Details

**Tell us more about the claim you are filing to.**  
We're having trouble locating this claim. This may be because...

- The information you provided does not exactly match a claim
- You're unauthorized to access this information
- We were unable to narrow down the results with the information you provided

We need a few details about the claim. Fill out the information below to proceed to your filing.

#### Claim details

<b>Date of Injury *</b> <small>(mm/dd/yyyy)</small>	<b>Cause of Injury</b>	<b>Nature of Injury</b>	<b>Type of Loss</b>
<b>Employee</b>	<b>PIN</b>	<b>Employee ID (WID)</b>	<b>Date of Birth *</b> <small>(mm/dd/yyyy)</small>
<b>Social Security Number (SSN)</b> 5	PIN	Employee ID (WID)	
<small>SSN must be 9 digits</small>			
<b>First Name *</b> First Name	<b>Middle Name</b> Middle Name	<b>Last Name *</b> Last Name	<b>Suffix</b>
<b>Phone Type</b>	<b>Phone Country Code</b> United States (+1)	<b>Phone Number</b> Phone Number	<b>Phone Extension</b> Phone Extension
<b>Email Address</b> DLITestExt1+QRC4@gmail.com			
<b>Address 1</b> Address 1			



# R-form submission

## Navigating to R-forms

- You can access the rehabilitation case you would like to submit R-forms for by opening the **My Rehab Cases** queue and clicking the **Rehab Transaction ID** hyperlink.
- QRCs will only be able to submit R-forms on a rehabilitation case when they are the assigned QRC on the case.

My Queues

My Claims | My Disputes | My Forms | **My Rehab Cases**

Rehab Transaction ID	Employee	Associated C...	Insurer	QRC	Initial Rehab ...	Date of Injury	Status
<a href="#">RT-</a>		<a href="#">CL-</a>		Sarah McCurdy			Open
<a href="#">RT-</a>		<a href="#">CL-</a>		Sarah McCurdy			Open
<a href="#">RT-</a>		<a href="#">CL-</a>		Sarah McCurdy			Open
<a href="#">RT-</a>		<a href="#">CL-</a>		Sarah McCurdy			Open
<a href="#">RT-</a>		<a href="#">CL-</a>		Sarah McCurdy	1		Open
<a href="#">RT-</a>		<a href="#">CL-</a>		Sarah McCurdy			Open
<a href="#">RT-07-1509-519</a>	Luke Danes	<a href="#">CL-06-0217-466</a>		Troy QRC	7/15/2020	6/24/2020	Open



DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Sarah McCurdy

Dashboard > Voc Rehab Case:

Rehab For:  
VocRehabCase

Open [R-Form Details](#) + Submit Filing



R-Form Details

R-2

Rehab Plan

Submit

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel



# R-form submission

## Navigating to R-forms, continued

- Depending on the status of the rehabilitation case, different R-forms will be available for filing. Only those that can be filed at this time will present the option for submitting.

My Queues

My Claims | My Disputes | My Forms | **My Rehab Cases**

Rehab Transaction ID	Employee	Associated C...	Insurer	QRC	Initial Rehab ...	Date of Injury	Status
RT-		CL-		Sarah McCurdy			Open
RT-		CL-		Sarah McCurdy			Open
RT-		CL-		Sarah McCurdy			Open
RT-		CL-		Sarah McCurdy			Open
RT-		CL-		Sarah McCurdy	1		Open
RT-		CL-		Sarah McCurdy			Open
RT-07-1509-519	Luke Danes	CL-06-0217-466		Troy QRC	7/15/2020	6/24/2020	Open



DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Sarah McCurdy

Dashboard > Voc Rehab Case:

Rehab For:  
VocRehabCase

Open R-Form Details → + Submit Filing



R-Form Details

R-2

Rehab Plan

Submit

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel



# R-form submission

## Vocational rehabilitation details page

The vocational rehabilitation details page shows the **Rehab Summary, Rehab Dates, Parties, and Related Cases and Claims** for the specific case selected.

From here, you can navigate to R-forms and contact parties attached to the case.

The screenshot shows the 'Voc Rehab Case: RT-03-4328-315' page. The header includes the Minnesota Department of Labor and Industry logo and a 'Submit a Filing' button. The main content area is titled 'Rehab For: Fred Flintstone' and includes an 'Investigation Needed' status and an 'Assignee: Owner' field. Below this, there are three sections: 'Rehab Summary', 'Rehab Dates', and 'Parties'. The 'Rehab Summary' section contains a table with the following data:

Assigned QRC	Associated Claim	Rehab Provider Firm	
Reed Hab	CL-01-7178-068		
Employee Name	Employee Address	Employee Phone Number	Injury Date
Fred Flintstone	123 Bedrock Blvd Salt Lake City, UT	(555) 555-4444	1/1/2020
Is QRC Withdrawal	Is Eligible	Projected Rehab Cost	Right And Responsibility Filed Date
No	Yes		

The 'Rehab Dates' section contains a table with the following data:

Rehab Requested Date	Initial Rehab Consultation Date	RCR Filed Date	RCR Due Date
	4/29/2020	4/29/2020	5/13/2020
R2 Filed Date	R2 Development Due Date	R2 Filing Due Date	
	5/29/2020	6/13/2020	
Progress Report Filed Date (PPR/R3)	Progress Report Due Date (PPR/R3)	Projected Rehab Completion Date	
	Invalid date		

The 'Parties' section has tabs for 'Parties' and 'Related Cases & Claims'. Below the tabs, there are buttons for 'Employee', 'Employer', 'Insurer', and 'Rehab Provider'. A 'Contact Parties' button is also visible in the bottom right corner.



# R-form submission

## R-2 and R-3 submission

- On the **Rehab Case Details** page, click the **R-form Details** button to begin the R-2 form submission process.
- The **R-form Details** page displays, allowing you to select an R-form; select **R-2, Submit** and follow the remaining steps.
- For an R-3, select R-3 in the drop-down menu on the **R-form Details** page and follow the remaining steps.

Dashboard > Voc Rehab Case: RT-03-4328-923

**Rehab For: Carol Jeffries** Investigation Needed Assignee: Owner: VocRehabCase: RT-03-4328-923

**Rehab Summary**

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020



R-Form Details

Submit or Amend an R-Form

R-CR  
Submitted

Submit

PPR

R-3

R8

Next Cancel



# R-form submission

## R-8, PPR and Retraining Plan forms submission

- On the **Rehab Case Details** page, click on the **R-Form Details** button to begin the form submission process.
- The **R-Form Details** page displays, allowing you to select an R-form to submit or amend; select **R-8, Submit** and follow the remaining steps.

Dashboard > Voc Rehab Case: RT-03-4328-923

**Rehab For: Carol Jeffries** Investigation Needed Assignee:   
VocRehabCase: RT-03-4328-923 Owner:

**Rehab Summary**

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020

**1** R-Form Details →

R-Form Details

Submit of **Update screenshot?**

RCR Submitted

**2**

Submit

PPR

R-3

R8

Next Cancel



# R-form submission

## R-8, PPR and Retraining Plan forms submission, continued

- For PPR and Retraining Plan forms, select the submission from the drop-down menu on the **R-form Details** page and follow the remaining steps.
- **Save as Draft** will appear in your **My Forms** tab on the dashboard and will automatically be removed after 21 days if the form is not updated or submitted.

Dashboard > Voc Rehab Case: RT-03-4328-923

**Rehab For: Carol Jeffries** Investigation Needed Assignee: Owner: 1 R-Form Details →

VocRehabCase: RT-03-4328-923

**Rehab Summary**

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020



R-Form Details

Submit of **Update screenshot?**

RCR Submitted

Submit 2

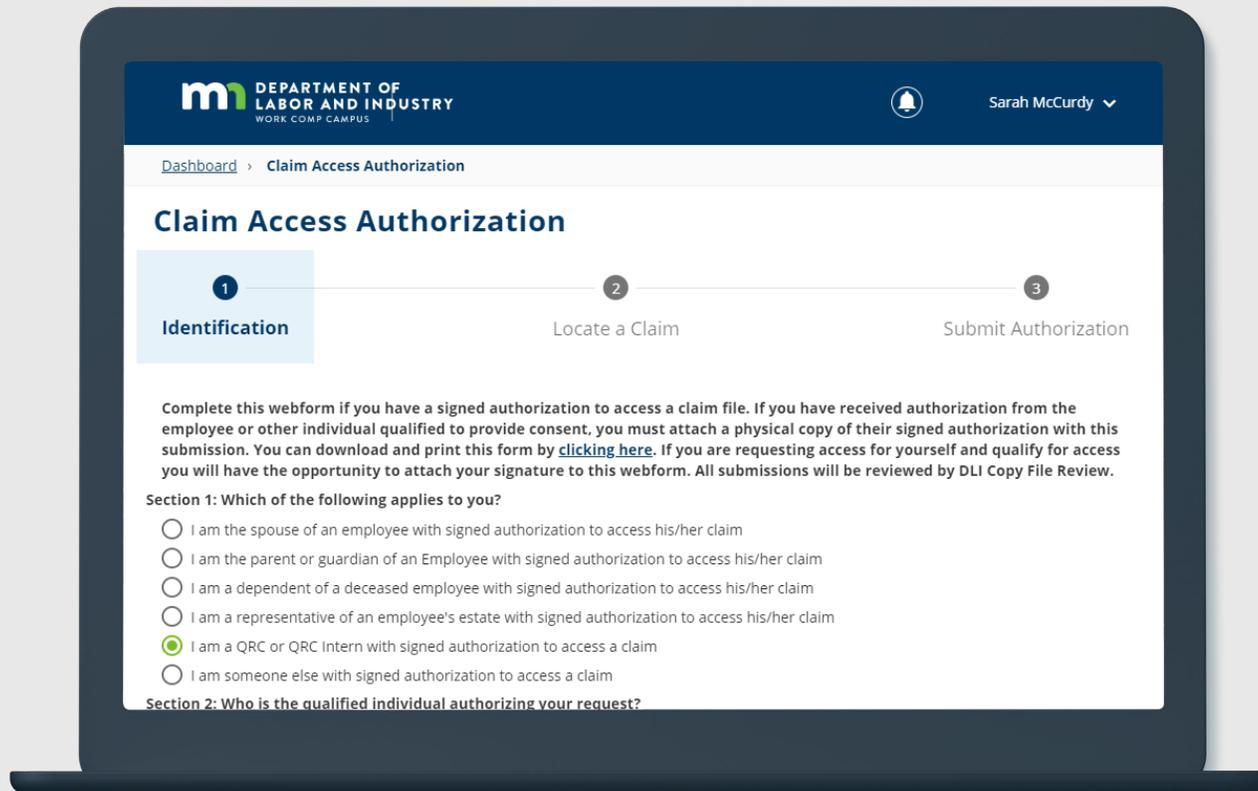
PPR

R-3

R8

Next Cancel

# Demonstration



The screenshot shows a webform titled "Claim Access Authorization" on the Department of Labor and Industry website. The user is Sarah McCurdy. The form is divided into three steps: 1. Identification, 2. Locate a Claim, and 3. Submit Authorization. The first step is currently active. Below the steps, there is a paragraph of instructions and a section titled "Section 1: Which of the following applies to you?" with six radio button options. The fifth option, "I am a QRC or QRC Intern with signed authorization to access a claim", is selected. Below this is "Section 2: Who is the qualified individual authorizing your request?".

**m** DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Sarah McCurdy

Dashboard > Claim Access Authorization

## Claim Access Authorization

1 Identification 2 Locate a Claim 3 Submit Authorization

Complete this webform if you have a signed authorization to access a claim file. If you have received authorization from the employee or other individual qualified to provide consent, you must attach a physical copy of their signed authorization with this submission. You can download and print this form by [clicking here](#). If you are requesting access for yourself and qualify for access you will have the opportunity to attach your signature to this webform. All submissions will be reviewed by DLI Copy File Review.

Section 1: Which of the following applies to you?

- I am the spouse of an employee with signed authorization to access his/her claim
- I am the parent or guardian of an Employee with signed authorization to access his/her claim
- I am a dependent of a deceased employee with signed authorization to access his/her claim
- I am a representative of an employee's estate with signed authorization to access his/her claim
- I am a QRC or QRC Intern with signed authorization to access a claim
- I am someone else with signed authorization to access a claim

Section 2: Who is the qualified individual authorizing your request?



In this demonstration,  
you will see how to ...

- submit R-forms on a rehabilitation transaction

# Agenda

- 1 R-form submission *60 minutes*
- 2 **Claim access** *40 minutes*
- 3 Claim overview *20 minutes*



## Claim access authorization webform

### Claim access authorization webform

### Exporting documents to zip file

- Users who are not parties to the claim (spouse of injured worker, QRC, representative of employee's estate, etc.) must submit the claim access authorization webform to DLI.
- DLI will review the submission and determine whether claim access will be granted.

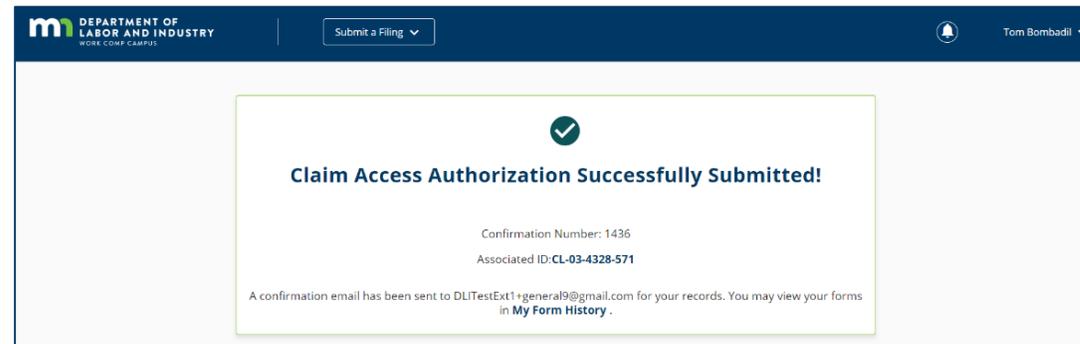


## Claim access authorization webform

### Claim access authorization webform

### Exporting documents to zip file

- Upon submission, you will see a confirmation screen with a confirmation number and the associated ID code. You will also receive a confirmation email message.
- A DLI representative will review your submission and either accept or reject it.



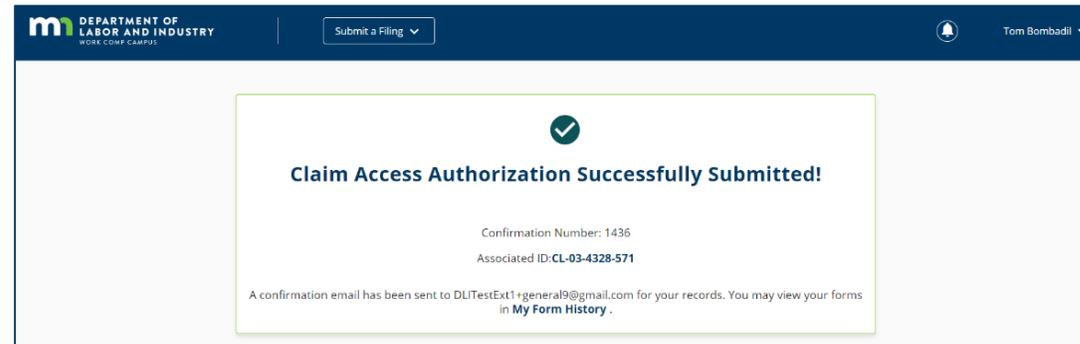


## Claim access authorization webform, continued

Claim access authorization webform

Exporting documents to zip file

- If approved or denied, you will receive an email message to the account on file informing you of access approval or denial. If approved, the claim will display on the **My Claims** tab; if denied, you will be provided with the Campus support hotline information.



*\*Access will be granted for six months, beginning on the approval date. When your access expires, you will receive an automated email message informing you of your access removal.*

*\*\*If at any point during the lifetime of a claim your access is removed, you will receive an email message indicating your removal.*



## Exporting documents to a zip file

Claim access authorization webform

Exporting documents to zip file

- Documents relating to a claim or another case in Campus can be downloaded as a zip file that will contain all of the files together.
- When enacted, the zip file will begin downloading to your browser.

Parties | Batch Table of Contents | Benefits | **Documents** | Related Claims & Cases | Reporting History | Claim Payments

Download as Document

Document ID	Document Type	Created By - Party	Created By - User	Created On
DO-03-4328-605	Notice of Representation (2 Attachment s)		Iman Attorney	5/1/2020 4:41 pm
DO-03-4328-574	Claim Access Authorization (1 Attachment)		Tom Bombadi	5/1/2020 2:11 pm

Showing 11-2 of 2 items per page 10

Download Documents

Select the documents to be downloaded.  
The selected documents and their related attachments associated in this transaction will be processed. You will receive an email when your zip file is ready for download. This process may take a few minutes.

All  Select Subset of Documents  Include Claim Summary Report

Document Category

Download Documents Cancel

Dashboard - Document Export for CL-03-4328-571

Document Export  
Claim: CL-03-4328-571

Click the button below to download the document you requested from Claim: CL-03-4328-571. If you have previously downloaded the document you will be unable to do so again and must request the document export again.

Download

Iman -

Your document has been exported and is ready for download. Follow the following link to retrieve your documents: [Download Documents](#)



# Claim access

## Managing claim access

Claim access administrators – only – can easily edit required information in Campus via the **Your Profile** page.

### Managing claim access

Motion to intervene

1. Click the kebab menu.
2. Select **Manage Case/Claim Access**.
3. Use the **Claims** and **Cases** tabs to specify the lists.
4. Claims and cases associated with the group will display.
5. Use the filter icon to narrow your search.

Dashboard > My Groups

**My Groups**

Ski & Shred, Inc.  
Employer  
2 Members

My Permissions

Group Admins	Date Joined
Minnie Apples (DLTestExt1-general@gmail.com)	4/29/2020
Sarah McCurdy (dlitestext1-gc4@gmail.com)	

Stig Services  
TPA  
2 Members

1 2

Dashboard > Employer: ER-00-0000-057 > Group Case and Claim Access Management

**Group Case and Claim Access Management**  
Ski & Shred, Inc.: ER-00-0000-057

You can control your Employer Group Members' claim and case access from this page. Below are some tips to help you get started:

- The claims and cases on which your group is a party are listed in the table below. Use the tab navigation to toggle between the list of claims and cases.
- Control which group members have access to an individual claim by clicking the claim row in the table. Then in the claim card that appears under the data table, click "Edit" next to the "Members with Access" list. Note: granting access at the claim level also grants access to any cases that are on that claim.
- Control which group members have access to an individual case by clicking the claim row in the table. Then in the case card that appears under the data table, click "Edit" next to the "Members with Access" list. Note: granting access at the case level does not grant access to the claim.
- Grant claim access in bulk by clicking "Bulk Edit Claim Access".

Ski & Shred, Inc.

Claims Cases 3

Claim Name	Campus File Number	Group Role	Status
Fred Flintstone: Injury on 01/01/2020	CL-01-7178-068	Employer	Open

Showing (1-1) of 1

6 5

**Fred Flintstone: Injury on 01/01/2020**  
Claim : CL-01-7178-068

Members with Access<sup>o</sup> Edit  
No members have access

Cases on this Claim<sup>o</sup>  
No related cases



# Claim access

## Managing claim access, continued

Claim access administrators – only – can easily edit required information in Campus via the **Your Profile** page.

### Managing claim access

Motion to intervene

- The **Bulk Edit** button will allow you to grant or remove member access to claims for multiple members at once.

Dashboard > My Groups

**My Groups**

Ski & Shred, Inc.  
Employer  
2 Members

My Permissions

Group Administrator

Group Admins

Minnie Apples (DLTestExt1-general@gmail.com)  
Sarah McCurdy (dlitestext1-gc4@gmail.com)

Date Joined

4/29/2020

Stig Services  
TPA  
2 Members

View Group  
Manage Group  
Manage Case/Claim Access  
Leave Group

Dashboard > Employer: ER-00-0000-057 > Group Case and Claim Access Management

**Group Case and Claim Access Management**  
Ski & Shred, Inc.: ER-00-0000-057

You can control your Employer Group Members' claim and case access from this page. Below are some tips to help you get started:

- The claims and cases on which your group is a party are listed in the table below. Use the tab navigation to toggle between the list of claims and cases.
- Control which group members have access to an individual claim by clicking the claim row in the table. Then in the claim card that appears under the data table, click "Edit" next to the "Members with Access" list. Note: granting access at the claim level also grants access to any cases that are on that claim.
- Control which group members have access to an individual case by clicking the claim row in the table. Then in the case card that appears under the data table, click "Edit" next to the "Members with Access" list. Note: granting access at the case level does not grant access to the claim.
- Grant claim access in bulk by clicking "Bulk Edit Claim Access".

Ski & Shred, Inc.

Claims Cases

Claim Name	Campus File Number	Group Role	Status
Fred Flintstone: Injury on 01/01/2020	CL-01-7178-068	Employer	Open

Showing (1-1) of 1

Fred Flintstone: Injury on 01/01/2020  
Claim : CL-01-7178-068

Members with Access<sup>o</sup> Edit  
No members have access

Cases on this Claim<sup>o</sup>  
No related cases



## Motion to intervene

Managing claim access

Motion to intervene

- As a potential intervenor looking to gain access to a dispute, you will need to file a motion to intervene.
- To access the motion, click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.

DEPARTMENT OF LABOR AND INDUSTRY

1 Submit a Filing

Overview

0 Open Claims  
View details associated to your claims in the My Queue portal.

0 Upcoming Events  
View and edit the details of your events in the Events portal.

0 New Documents  
Review documents in the Notifications panel to ensure accuracy.

My Disputes My Forms

2 Motion to Intervene

Motion to Intervene

1 Locate a Dispute 2 Intervenor Details 3 Intervention Details 4 Serve Parties

Please provide the following information: All of the information within a grouping must be provided in order to locate the dispute. You will need to locate the dispute specifically related to your Motion to Intervene. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at [Support Phone Number] or email us at [Support Email Address].

WID (EE-##-####-####) Employee Date Of Injury (mm/dd/yyyy) OR Campus File Number (CL-##-4560-415) Employee Last Name (CL-##-####-####) Employee Last Name (mm/dd/yyyy) OR Employee Last 4 SSN (mm/dd/yyyy) Employee Date Of Injury (mm/dd/yyyy) Employee Last Name

Multiple disputes were found that match the criteria entered above. Please refine your criteria or select the correct dispute from the list below to proceed.

WID	Employee Name	DisputeType	Date of Injury	Requesting Party	Select
EE-02-2183-917	Joe Smith	Medical	3/31/2018	ABC Office	4 Use DS-03-5027-439

Showing 1 of 1 items per page 10

5 Next Cancel



# Claim access

## Motion to intervene

Managing claim access

Motion to intervene

- Fill in the required fields on the page.
- Click the **+ Upload Document** button to attach supporting documentation.
- When complete, click **Submit Form**.

**Motion to Intervene**

Complete the following information related to the organization filing this Motion to Intervene. Intervenor details provide services or pay benefits to or on behalf of the employee and have a statutory right to intervene under Minnesota Statutes § 176.361.

Are you one of the following potential intervenors?

Party Name  
Best Health Care Clinic

Next Back Cancel Save as Draft

**Motion to Intervene**

The applicant is filing this Motion to Intervene in the following disputes: 05-03-5027-439

Medical Request Date \*  
5/27/2020

The applicant, APPLICANT, has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes § 176.361. Attached to this Motion to Intervene is an exhibit (itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant for the dates below.

Total Claim Amount to Date \* Start Date \* End Date \*  
\$ 500 5/14/2020 5/25/2020

Use a request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.

Acknowledge Intervention  
This intervention in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as terminated in the proceedings.

The applicant's representative, who has authority to settle on behalf of the applicant can be contacted using the information below.

First Name \* Last Name \* Title \*  
Tom Bombardi Other Rep

Phone \* Email \*  
(101)111-1111 DLFIExt1+general@dlfi.com

Therefore the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made, plus appropriate statutory interest.

**Supporting Attachments**

+ Upload Document

File Name	File Type	Description	Remove
Intervention Doc.docx	Other	Other	

Next Back Cancel Save as Draft

**Motion to Intervene**

**Affidavit of Service Parties**

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	ABC Office	Petitioner		None	N/A
<input checked="" type="checkbox"/>	Clifton-Employer	Other Representative	wcmptester-employer@gmail.com	Electronic	5/28/2020
<input checked="" type="checkbox"/>	Clifton-Employer	Service of Process Designee for ABC Office	wcmptester-employer@gmail.com	Electronic	5/28/2020
<input type="checkbox"/>	Tom Smith	Employee	321 Snow Street, SE Paul, MN 55101	None	N/A
<input type="checkbox"/>	Best Health Care Clinic	Potential Intervenor		None	N/A
<input type="checkbox"/>	Andy Insurer	Service of Process Designee for LPHQTHECDURANCE	tsrange637+rs@gmail.com	None	N/A

**Notice**

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document.
- Send an email to all parties who receive service via Campus.

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**

I, under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 35B.116.

**Electronic Signature**

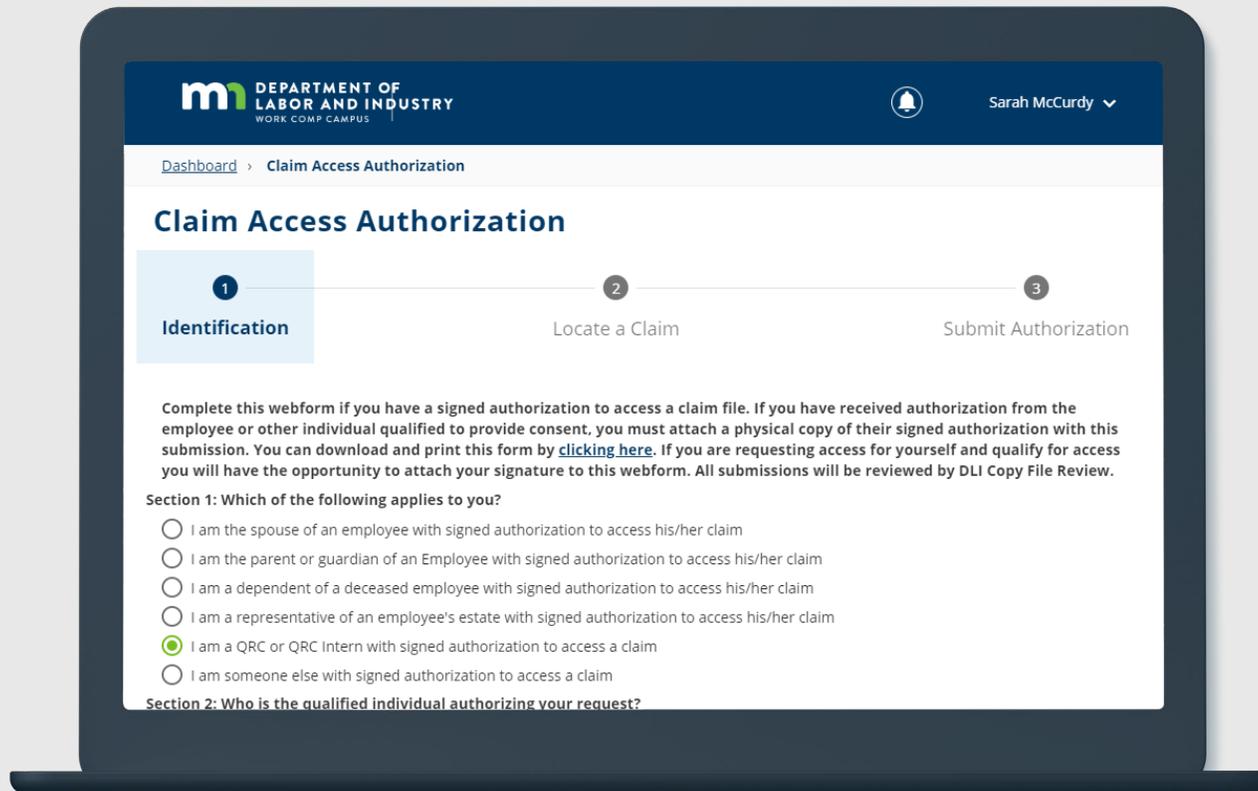
Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorneys, the Department of Labor and Industry and, if required to the department's Vocational Rehabilitation unit (PRL).

Name of Signatory  
Tom Bombardi

I am certifying by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Back Cancel Preview Document

# Demonstration



The screenshot shows a web browser interface for the Department of Labor and Industry. The header includes the logo and the text "DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS". A user profile for "Sarah McCurdy" is visible in the top right. The breadcrumb trail shows "Dashboard > Claim Access Authorization". The main heading is "Claim Access Authorization". Below this is a progress bar with three steps: "1 Identification", "2 Locate a Claim", and "3 Submit Authorization". The "1 Identification" step is highlighted. Below the progress bar is a paragraph of instructions: "Complete this webform if you have a signed authorization to access a claim file. If you have received authorization from the employee or other individual qualified to provide consent, you must attach a physical copy of their signed authorization with this submission. You can download and print this form by [clicking here](#). If you are requesting access for yourself and qualify for access you will have the opportunity to attach your signature to this webform. All submissions will be reviewed by DLI Copy File Review." Below this is "Section 1: Which of the following applies to you?" with six radio button options. The fifth option, "I am a QRC or QRC Intern with signed authorization to access a claim", is selected. Below the options is "Section 2: Who is the qualified individual authorizing your request?".



In this demonstration,  
you will see how to ...

- submit a claim access authorization webform

# Agenda

- 1 R-form submission *60 minutes*
- 2 Claim access *40 minutes*
- 3 Claim overview *20 minutes*



# Claim overview

## Claim details page

The claim details page provides additional details about a claim, such as **Key Dates**, **Injury**, **Accident**, **Employment**, **Benefits** and **Payment**.

You can navigate to any of the sections by clicking on the main headers to expand the information.

The screenshot shows the 'Claim details' page for an injury claim. The page is titled 'Injury on' and includes a 'Submit a Filing' button. Below the title, there are several sections: 'Claim Overview', 'Claim Details', 'Claim Narrative', and 'Managed Care Provider'. The 'Claim Details' section is highlighted with a red box and contains fields for 'Campus File Number', 'Claim Type', 'Date of Injury', 'Time of Injury', 'Employee \*', 'Employer \*', 'Insurer \*', and 'Employer's Insurance Status'. Below these sections are five expandable sections: 'Key Dates', 'Injury Details', 'Accident Details', 'Employment Details', and 'Benefits and Payment Details'. A red box with an arrow points to these sections, containing the text 'Click on each Title to expand the detail for that section'.



# Claim overview

## Parties

### Parties

Submitting to a claim

- The **Parties** tab shows individuals and entities related to the claim.
- On the bottom of the **Claim Details** page, you can find the **Parties** tab on the far right.

ID	Address	Service Method				
08		Other				
Name	Title	Email	Phone Number	Address	Default Service Method	Status
Darth Vader	Administrator	DU7estExt1+general15@gmail.com	5555555555		Mail	Withdrawn on 5/31/2020

Contact Parties

**Employee**

**Administrator**  
Darth Vader  
DLITestExt1+general15@gmail.com  
(555) 555-5555

**Employer**  
No contact information available

**Insurer**  
No contact information available

**Claim Admin**  
No contact information available

Cancel **Email All Parties**



# Claim overview

## Parties, continued

### Parties

### Submitting to a claim

- The only external users with access to the claim are the users listed as parties to the claim.
- Click **Email All Parties** to send an email message to the parties listed or click **Cancel** to exit without sending.

ID	Address	Service Method
Darth Vader	Administrator	Mail

Contact Parties

**Employee**  
Administrator  
Darth Vader  
DLITestExt1+general15@gmail.com  
(555) 555-5555

**Employer**  
No contact information available

**Insurer**  
No contact information available

**Claim Admin**  
No contact information available

Cancel **Email All Parties**



## Submitting to a claim

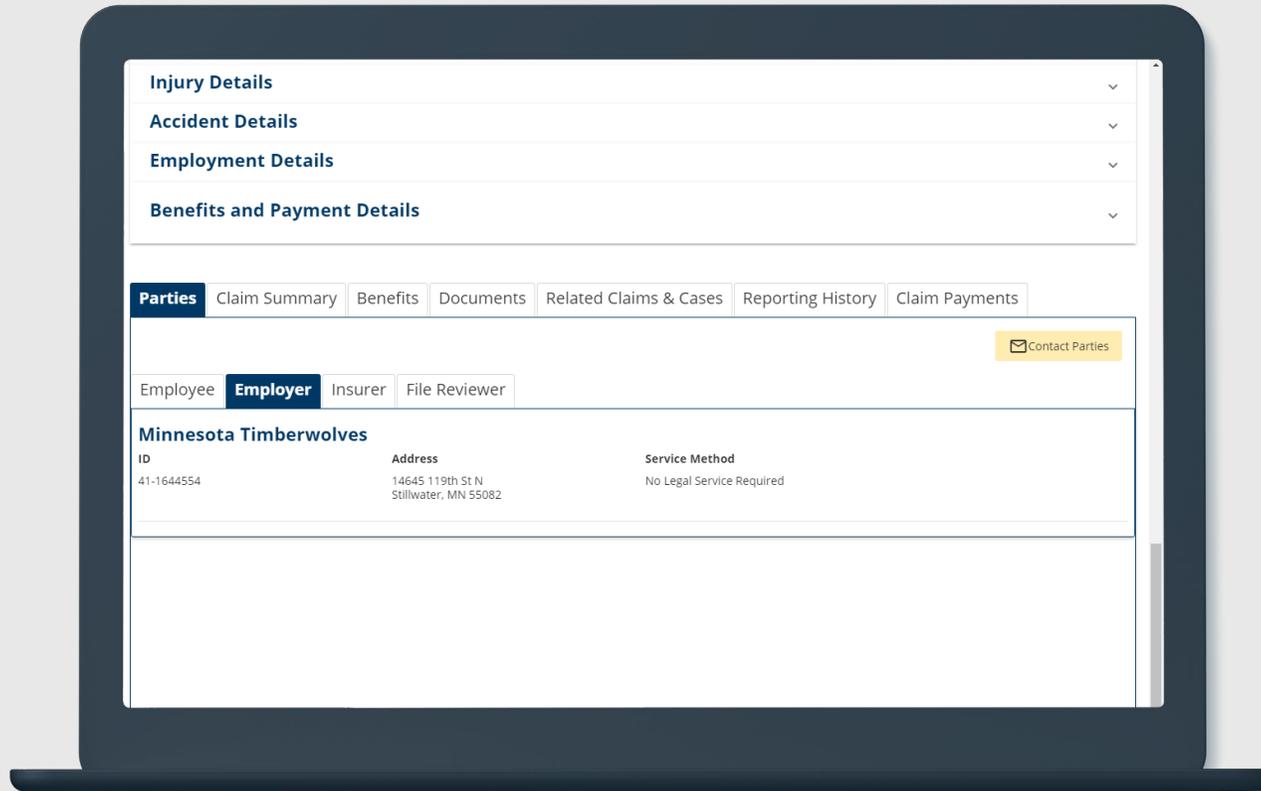
Parties

Submitting to a claim

- Users can submit webforms related to the claim they are viewing via the + **Submit Filing** button on the top right of the claim details page.
- Depending on the selection, you will be directed to a webform to fill in the remaining information needed to continue.

The screenshot displays the 'Claim Overview' page for a claim with ID CL-05-9706-235. The page header includes the Minnesota Department of Labor and Industry logo and the user name 'Minnie Apples'. The main content area shows the claim title 'Clint Barton: Injury on 1/04/1959' and a '+ Submit Filing' button. A modal window titled 'Submit a Filing' is open, prompting the user to indicate the type of filing. The modal contains the following text: 'Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.' Below this, it shows the claim details: 'Clint Barton: Injury on 1/04/1959: CL-05-9706-235'. The modal also includes a 'Filing Name' dropdown menu with 'Initiate Dispute' selected, and 'Save' and 'Back' buttons at the bottom.

# Demonstration



In this demonstration,  
you will see how to ...

- view and email claim parties; and
- navigate to a webform on a claim

# Congratulations for completing Campus 201 for QRCs!

*Reach out with any questions.*

