DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS

Work Comp Campus:

External technical manual

Version 1.0

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Welcome to Work Comp Campus

This technical manual provides technical step-by-step guidance with visual aids to help you understand how to perform job functions in the Department of Labor and Industry's (DLI's) new Work Comp Campus. The information shared in this document will help external users transition from the current paper-based system for submitting workers' compensation claim information to the future state of fully electronic submission in Campus.

All names and data portrayed in these materials are fictitious and used only for demonstrative purposes. No identification with actual persons or entities is intended or should be inferred.

Getting started

As a new user to Campus, you will need to register your account. If you are already registered, follow the steps in the "Logging into Campus" section.

Registering in Campus

- Go to the Campus website at www.campus.dli.mn.gov.
- 2. Select Sign Up.



 Complete the required fields, marked with black asterisks (*), in the About Me section of the screen. Complete the required fields, marked with black asterisks (*), in the Contact Information section of the screen.

- In the My Account section, enter a valid email address and create a password that matches the listed requirements.
- After reading and agreeing to the various terms listed, click the boxes to the left.
- Click the reCAPTCHA box signaling "I'm not a robot."
- 8. Click **Sign Up** to register your new Campus account.

*A verification email message will be sent to the email address that was used during sign-up. You will need to access the email and confirm prior to logging into Campus. If you do not receive the email message, contact the help desk for further assistance.

DEPARTMENT C LABOR AND IN WORK COMP CAMPUS		Already have a CAMPUS account? Log	in here
Register for Work Comp Camp	us		
l am Registering as a *	~		
	iddle Name Last Name *	Suffix	•
Date of Birth (mm/ddyyyy)	Ë		
Contact Information 4			
Phone Type * Phone Country	* • Phone Number * Phone Number	Extension Extension	
Address 1 * Address 1			
Address 2 Address 2			
Outside US			
	ty* ity	County* County	
State Province *	Country		
My Account mail Address * DLITestExt1+general15@gmail.cor	Confirm Email Address * DLITestExt1+general15@	gmail.cor <pre></pre>	aracters ercase mber
Password *	Confirm Password *		
have read and accept the Terms c	of Service & Privacy Polic		1
have read and accept the Access	Requirements	6	
agree to accept legal service, inclu	iding notifications and doo	uments, electronically via CAMPUS	
I'm not a robot 7			-
Sign Up			

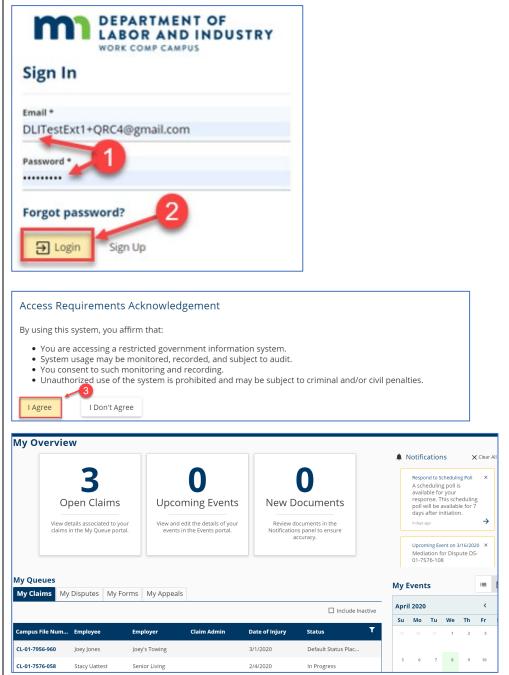
Logging into Campus

- 1. Enter your email address and password.
- 2. Click Login.

 Click I Agree in the pop-up window.

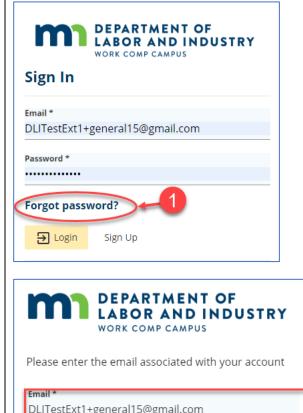
*Your user dashboard (the Campus homepage) will open.

Note: The system will time-out after 30 minutes of inactivity. It is important you use the **Save as Draft option for any forms you are working on if you are not able to finish within that timeframe.



Resetting your password

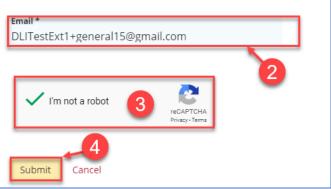
1. Click Forgot Password.



- 2. Enter your email address.
- Click the reCAPTCHA box signaling "I'm not a robot."
- 4. Click Submit.

*The email address you entered will then be sent an email message with directions about how to create a new password. If you do not receive the email message or experience any issues, contact the help desk for further assistance.

**Campus passwords expire every 90 days; you will be prompted to reset your password at login.



Dashboards

The **Dashboard** is the starting point for users to be able to navigate and perform all necessary job functions. Campus includes two dashboards: one for all **general users**; and one specific to **trading partners**.

General user dashboard

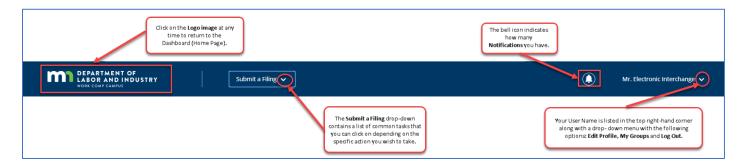
After logging in, the **Dashboard** (homepage) will appear for all users (other than registered trading partners), with a number of built-in tools and features to enable easy sorting and management of tasks.

My Overvie	TMENT OF CAND INDUSTRY In CANFUL W	Submit a Filing 🗸		icon indicates how tifications you have.			→ (()		Darti	TTAC
y Overview 1 contains a evel count ding Open , Upcoming s and New uments.	Dopen Claims View details associated to your claims in the My Queue portal.	Upcoming Events View and edit the details of your events in the Events portail.	O New Documents Review documents in the Notifications panel to ensure accuracy.	Notifications can also be found here in list form.	1	otification				
			uccourse,							
My Queues My Claims My	Disputes My Forms	The MY Queues area induct tabs for Glarms, Disputes, Appeals along with the assor	des common Forms, and		My E		;		_	
	Disputes My Forms	tabs for Claims, Disputes,	des common Forms, and oated details.	Include Inserve	My E May 2 Su		Tu	We	Th	Fr
		tabs for Claims, Disputes,	des common Forms, and oated details.	Include Inguive	May 2	2020		We	Th	

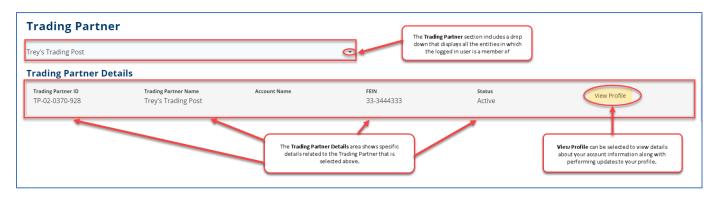
Trading partner dashboard

If you register and login as a **trading partner**, the customized **Trading Partner dashboard** will appear, with a number of built-in tools and features to enable easy sorting and management of tasks.

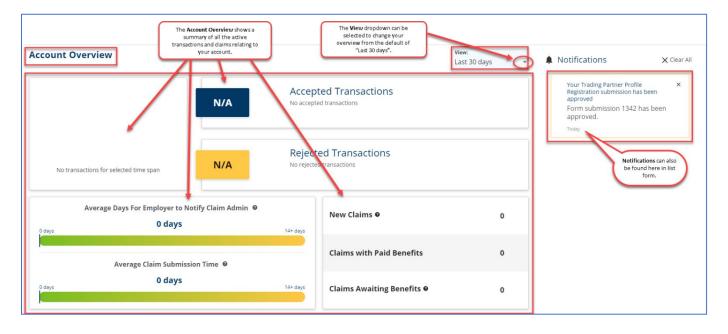
Dashboard header



Trading partner details



Account overview



My queues

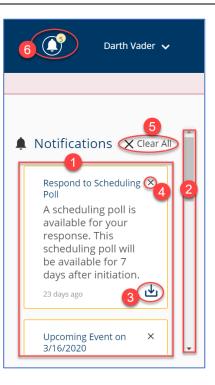
surer I Insurers			٧o		t which Insurer data yo ke to view.	u		/		
	Reporting Year 2		2019		2018		2017		2016	
Total Reportable Claims	0		0		0		0		0	
Timely Claims	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0
Untimely Claims	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.04
Reporting Year	Reporting Date		JCN		Time	ly		мтс		T

Notifications

Notifications are system-generated messages that can either be specific to tasks that need to be completed or simply an informational message.

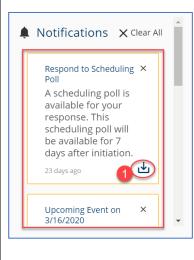
Viewing notifications

- Notifications are visible in the upper right area of the dashboard.
- 2. **Scroll** up and down to view all notifications.
- Some notifications will also include a down-arrow icon in the lower right corner. Clicking the down-arrow will take you through steps to export the documents. See the "Exporting documents" section for details.
- 4. Click the **X** to delete the notification.
- 5. Clicking **X Clear All** will delete all active notifications.
- You can also view notifications via the **Bell** icon next to your username. If you have any active notifications, the number will be visible. Clicking the bell icon will list all active notifications.



Exporting documents

 Some notifications will also include a down-arrow icon in the lower right corner. Clicking this button takes you to the Download documents window.



2. Make a selection between Download Documents Download All Documents or a select a subset of documents Select the documents to be downloaded. by clicking on the **down-arrow**. Download All Documents 3. Click the Download Employers **Documents** button to continue or **Cancel** to exit without Download Documents Cancel downloading and return to the previous screen. 4. A notification screen will appear if the submission was 4 successful and indicating you will receive a notification when Successfully initiated download. You will receive a the ZIP file is ready to notification when your zip is ready to download download.

User profile

The User Profile contains personal information about your account and should be kept up to date.

Editing your profile

						1	lick the drop-down arrow to access the menu.
DEPARTMENT O LABOR AND IND WORK COMP CAMPUS	F DUSTRY	Submit a Filing 🗸					€ Sarah McCurdy →
Dashboard > User Profile		Update any information contained		ntact	0	Select Edit	Edit Profile
Your Profile		Information, and My Account mandatory fields marked with a		e.	2	Profile.	My Groups
About Me				Contact Information			Log Out
First Name *	Middle Name	Last Name		Phone Type *	Phone Country *	Phone Number *	Extension
Sarah	Middle Name	McCurdy	Suffix 👻	Home 🔻	United States (1) 👻	(323) 123-1231	Extension
Date of Birth *		QRC Number		Address 1 *			
6/3/1990	Ē	0987		443 Lafayette Rd			
(mm/dd/yyyy)				Address 2			
My Account				Address 2			
Email Address *	4	Confirm Email Address		Attention			
dlitestext1+qrc4@gmail.com	Change your Password by clicking on the Reset	dlitestext1+qrc4@gmail.com		Attention			
Reset Password	Password link.			Outside US			
				—			
				Postal Code *	City *		County *
Click the Save button to update Cancel to exit without s		5		55155	Saint Paul		Ramsey
	annig faar analigaar			State Province *		Country	
				Minnesota	•	United States	
Save X Cancel							

Note: Some fields will have a drop-down menu listing available options of information for that line.

Groups

Groups in Campus allow for users to be associated to claims and cases they need to access. For example, as an attorney, your group in Campus would be the law firm you work for. Access to claims and cases will be granted to the group and then your membership to that group will allow you to view the information you need.

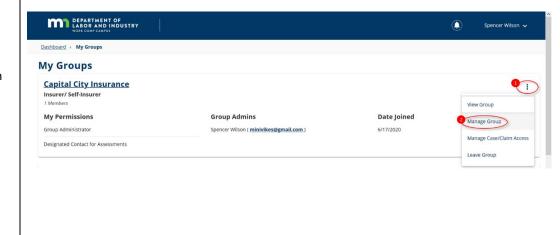
Viewing group information

- At the top right of your dashboard, click the drop-down arrow
- To view group information, click on My Groups.
- The My Groups screen lists the groups you are associated with.
- Each group you are associated with shows the number of members, your permissions, Group Admins and Date joined.

DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS			٥	Spencer Wilson 🗸
Dashboard > My Groups				Edit Profile
ly Groups				My Groups
Capital City Insurance 3				
1 Members				
My Permissions	Group Admins	Date Joined 4		
Group Administrator	Spencer Wilson (minivikes@gmail.com)	6/17/2020		
Designated Contact for Assessments				
Employer				:
Employer 5 Members	Group Admins	Date Joined		:
Employer 5 Members My Permissions	Group Admins	Date Joined 6/3/2020		÷
Employer 5 Members My Permissions Member	Group Admins	-		:
Employer 5 Members My Permissions Member MN Insurance Co Insurer/ Self-Insurer	Group Admins	-		
Employer 5 Members My Permissions Member	Group Admins Group Admins	-		

Managing group information

- To the right of the group information, is a kebab menu (three vertical dots). Click the kebab to manage information for that particular group.
- 2. Select Manage Group.



3. The Group Management **Group Management** + Add Member screen displays Active Member Taylor Tools: ER-02-5696-950 information, including name, Active Members Open Invitations email address, user type and Email User Type Date Joined T Name date joined. 4. If you are a group പ്പ Darth Vader DLITestExt1+general15@gmail... General 4/14/2020 administrator, you can update Items per page 10 Showing (1-1) of 1 $|\langle 1 \rangle \rangle$ the address information by ஃ__Darth Vader, General Edit Location Remove Membe clicking on the Edit Location HWY 11, INTL FALLS MN 56649 link. Relationships Permissions 5 / Edit 6 📝 Edit 5. Permissions are displayed for Group Administrator
 Service of Process Designee
 Designated Contact for Information Requests
 from DLI No relationships assigned the user. Click the Edit link to update Permissions. 6. Relationships are also displayed. Click the Edit link to

DEPARTMENT OF

- the Remove Member link.
 Adding members to a group
- To the right of the group information is a kebab menu. Click the kebab to manage information for that particula group.

update **Relationships**.7. If you need to delete a member associated to this group, click

2. Select Manage Group.

My Groups			
\$ DEPOT <u>Capital City Insurance</u>			View Group
My Permissions Group Administrator	Group Admins Darth Vader (DLITestExt1+general15@gmail.com)	Date Joined	2 Manage Group
Service of Process Designee			Manage Case/C Leave Group
Designated Contact for Information Requests from DLI			
	Capital City Insurance My Permissions Group Administrator Service of Process Designee Designated Contact for Information Requests from	My Permissions Group Admins Group Administrator Darth Vader (DLITestExt1+general15@gmail.com) Service of Process Designee Designated Contact for Information Requests from	My Permissions Group Admins Date Joined Group Administrator Darth Vader (DLITestExt1+general15@gmail.com) 4/14/2020 Service of Process Designee Designated Contact for Information Requests from

1

3. Click the Add Member button.

Group Management Taylor Tools: ER-02-5696-950

Name

Darth Vader

മ

Active Members Open Invitations

Showing (1-1) of 1 $|\langle \cdot \rangle > 1$

Email

DLITestExt1+general15@gmail... General

User Type

- 4. Enter a valid **Email Address** for the new member and enter it again in the **Confirm Email** box.
- Assign the appropriate permissions by clicking the plus sign.
- Any permissions that are selected will show in the Selected Items column.
- Click the Add button to save this information or Cancel to exit without saving.

A Darth Vader, General HWY 11, INTL FALLS MN 56649		🖍 Edit Locati
Permissions 🖍 Edit	Relationships 💉 Edit	
Group Administrator Service of Process Designee Designated Contact for Information Requests from DLI	No relationships assigned	
Add Member	this second	
Enter the email address of the individual you wish to invite to Email Address *	Confirm Email *	
Email Address	Confirm Email	
Address		
(Optional) Assign permissions. These will be applied for the ir permissions will apply.	dividual when he/she joins the group. If none selected, d	efault
Item Pool 多	Selected Items 6	
Group Administrator Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.	None selected.	
Service of Process Designee Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to claim, case, dispute, or appeal relating to your group.	a	
Designated Contact for Information Requests from DLI Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to		
respond to the request. Designated Contact for Penalties The users in this Permission group will receive all communications related to Penalties for the Group		
Claim Access Administrator The Users in this Permission group will be able to administer users' access to Claims and Cases within the group		
Add Cancel		

Leaving a group

- To the right of the group information is a kebab menu. Click the kebab to manage information for that particular group.
- 2. Select Leave Group.

Employer 3 Members			View Group
My Permissions	Group Admins	Date Joined	Manage Group
Group Administrator	Darth Vader (DLITestExt1+general15@gmail.com)	2/19/2020	
ervice of Process Designee	Iman Attorney (dlitestext1+attorney@gmail.com)		Manage Case/Claim Access
			2 Leave Group

+ Add Member

-

Remove Member

Date Joined

4/14/2020

Items per page 10

 A notification window will appear confirming your request. Click Yes, Leave Group 	Taylor Tools Employer 3 Members		i,
to confirm or Cancel to exit without leaving that group.	My Permissions Group Administrator Service of Process Designee	d Are you sure you want to leave this Group? Leaving the Group wil move your access to the Group's activity in Campus.	

Managing case/claim access

You can control your employer group members' claim and case access from the **Manage Case/Claim Access** page.

Submit a Filing 🗸

DEPARTMENT OF LABOR AND INDUSTRY

- Click the kebab menu to manage information for the particular group.
- Select Manage Case/Claim Access from the drop-down menu.

- 3. Use the **Claims** and **Cases** tabs to toggle between the list of claims and cases.
- All claims or cases associated with the group will display.
 Select the Claim Name or Case Name hyperlink to view further details.
- 5. Click the funnel icon to filter the list.
- The Bulk Edit button allows you to grant or remove member access to claims for multiple members at one time.

iki & Shred, Inc.				
mployer Members				View Group
Ay Permissions		Group Admins	Date Joined	
iroup Administrator		Minnie Apples (DLITestExt1+general@gmail.com)	4/29/2020	Manage Group
		Sarah McCurdy (dlitestext1+qrc4@gmail.com)		2 Manage Case/Claim Acc
		, ·		Leave Group
PA Members				
Ay Permissions		Group Admins	Date Joined	
iroup Administrator		Minnie Apples (DLITestExt1+general@gmail.com)	4/29/2020	
		Sarah McCurdy (dlitestext1+qrc4@gmail.com)		
		<pre>baran moduruy (diftestext1+qrc4@gmail.com)</pre>		
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The claims and cases on which your group is Control which group members have access t claim level also grants access to any cases th Control which group members have access t	Access Manage aim and case access from this pa a party are listed in the table be o an individual claim by clicking ti a re on that claim. o an individual case by clicking ti	ment ge. Below are some tips to help you get started: low. Use the tab navigation to toggle between the list of cl the daim row in the table. Then in the daim card that appe	ears under the data table, click "Edit" next to the "I	
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Control with group members have access to common with a shored. Inc.: ER 000-0000-057 San and a shored and a shore of the shore access to common which group members have access to common which group members have access to access any shore the shore access in bulk by clicking "Bulk E Shred, Inc. San access in bulk by clicking "Bulk E Shred, Inc. San access any access access access access a shore acces	Access Manage aim and case access from this part a soft yas listed in the table be as an order that the stable be as an order that and the stable be as an order that and the stable be as an order that and the stable be as an order that the stable b	enent use. Below are some tips to help you get started: low. Use the tab navigation to toggle between the list of cl the claim row in the table. Then in the case card that appear the cla	ears under the data table, click "Edit" next to the "M rs under the data table, click "Edit" next to the "M data table, click "Edit" next to the "M	embers with Access" list. Note: granting acces
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Coup Case and Claim // & Shred, Inc.: ER 00-000-057 If an control your Employer Group Member's claims and cases on which your group is control which group member Share access is control which group member Share access in source access in access in source accesses in the claim source accesses in accesses in source accesses in source accesses in the claim source accesses in source accesses acce	Access Manage aim and case access from this pa a party are listed in the table be an individual along by closing of a an individual case by a closing of the state of the state of the closes of the state of the state of the state of the state of the state CL-01-7178-068	enent use. Below are some tips to help you get started: low. Use the tab navigation to toggle between the list of cl the claim row in the table. Then in the case card that appear the cla	ears under the data table, click "Edit" next to the "M rs under the data table, click "Edit" next to the "M data table, click "Edit" next to the "M	embers with Access" list. Note: granting acces
Coupt Case and Claim // & Shred, Inc.: ER.00-000-057 Country of the second o	Access Manage aim and case access from this pa a party are listed in the table ba on motivatal data move a an individual case y clicking of dist Calim Access'. Campus File Numb CL-01-7178-068 on 01/01/2020	enent use. Below are some tips to help you get started: low. Use the tab navigation to toggle between the list of cl the claim row in the table. Then in the case card that appear the cla	ears under the data table, click "Edit" next to the "M rs under the data table, click "Edit" next to the "M data table, click "Edit" next to the "M	embers with Access" list. Note: granting acces

- Select the option to either Grant Access or Remove Access.
- 8. Click on the box to Select All Claims.
- Click on the plus sign to select the group member(s) you wish to grant or remove access from. Any members selected will appear in the Selected Group Members area.

 Select Save to confirm your changes or Cancel to exit without saving the changes.

Bulk Grant or Remove Member Access to Claims Select one of the following: Grant Access Remove Access Select members and claims for which you wish to edit access. You may select multiple members and claims. Select All Claims 8 Claims Claims Claims Selected Group Members Selected Group Members Selected Group Members Selected Group Members selected Minnie Apples Sarah McCurdy Sarah McCurdy

Forms queue

The forms queue shows all forms you have submitted related to any of the claims or cases you have access to. Forms in Campus are used to request or take action on a claim or case. Hardcopy forms are no longer required in relation to a workers' compensation claim because you submit information and see the status in Campus electronically.

Accessing forms

- My Queues displays various tabs depending on your permission level in Campus. To access forms, click on the My Forms tab.
- The screen displays summary information including Form Type, Associated To, Associated ID, Last Updated, Status and Confirmation Number.
- Click on the Form Type or Associated ID hyperlinks to access the form and further details.
- 4. Click the funnel icon to filter your search.

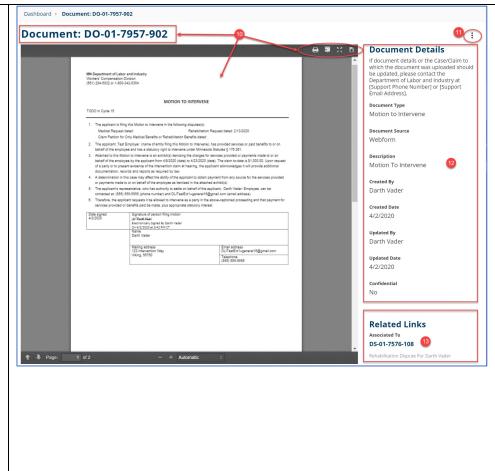
My Queues 🛩	1				
My Claims My [Disputes My Form	ns My Rehab Ca	ases My SCF As	sessment Reports	
Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Nu
Request For Mediatic	Rehabilitation Disp	DS-07-2055-899	7/23/2020	Submitted	3462
Initiate Dispute	Medical Dispute Fo	DS-07-2055-916	7/23/2020	Submitted	3454
	Rehabilitation Disp	DS-07-2055-912	7/23/2020	Submitted	3453

- 5. Click the **Column** dropdown menu and select your search type.
- In the Value field, type the information to search.
- 7. Click the **Apply** button to complete the search.
- Use the Reset button to clear all fields to start over.
- The screen now displays only the forms matching the filter criteria that was applied. In this example, you could click on Motion to Intervene or Associated ID to access the form and further details.

Form Type 5 Motion Apply 7	6	Reset

My Queue	s						
My Claims	My Disputes	My Forms	Му Арре	als			
Filters						C F	leset
Column	Value		Apply	Form Type			
Form Type	Associated To	Associated	ID Last	Updated	Status	Confirmation	⊗
Motion to Int	en Rehabilitation	DS-01-7576	-108 4/2/2	2020	Submitted	1557	

- 10. The document is now displayed as a preview. Further action can be taken by using the icons in the top right corner of the preview window, including Print, Presentation View, Full Screen View and Download.
 11. You can also slick on the
- You can also click on the kebab menu at the top right corner of the screen to **Download** the document as a PDF file.
- Additional details about the form are in the Document Details section of the screen.
- If the document is associated to other forms, a link will be displayed within the **Related Links** section on the bottom right side of the screen.



Submitting an injury report as an injured worker

An employee is able to access Campus to submit an injury report and alert the Minnesota Department of Labor and Industry of a work-related injury. This functionality allows an injured worker to report they are injured in the event there is not a claim on file. That way, DLI can research to see if a claim needs to be filed. A First Report of Injury (FROI) is generated upon submission of this form **if** an insurer that exists in Campus is identified by the user. If the employee cannot find the insurer in the lookup tool, the FROI is **not** created.

 Click the Submit a Filing drop- down menu. 	DEPARTMENT OF LABOR AND INDUSTRY WORK COM CARRIN	Submit a Filing	🚺 Minnie Apples 🗸
2. Select Injury Report .	Open Claims View details associated to your claims in the My Queue portail	VRU Rehabilisation Consultation Request Trading Partner Profile Registration Initiate a Dispute Injury Report Open Appeal/Petition Submit Election To Exclude Respond to Request For Information	Notifications

- 3. Select Submitting on my own behalf or Submitting on behalf of someone else.
- Enter all injury information in the fields for Date of Injury, Cause of Injury and Nature of Injury.
- 5. The **Employee** information will populate from your saved account information.
- Add the Employer information by either using the lookup function or clicking the Employer Not Found box and manually entering the required information noted with an asterisk (*).
- Add the Insurer by either using the lookup function or clicking the Insurer Not Found or I don't know my employer's insurer or my employer is not insured box.
- Click Submit Form to save and submit the information to DLI or Cancel to exit without saving.

DEPARTMENT OF LABOR AND INDUSTRY WORK COMPCAMPUS	Submit a Filing 🗸		() Minn	ie Apples
Dashboard > Injury Report				
Injury Report Please provide the following information				
	lert the Minnesota Department of Labor and Indu	ustry of a work-related injury. If you are an employer	and need to report a work-related injury, please contact	your wo
Submitter Information Submitting on my own behalf Submitting 	ting on hehalf of someone else			
Injury Information Date of Injury*	Cause of Injury @	Nature of Injury 🛛		
4/30/2020	Objects or Substances	 Physical Injury 	- 4	
(mm/dd/yyyy)				
Employee				
Social Security Number (SSN)	Employee ID (WID)	Employee Date Of Birth 11/1/1930		
Employee First Name Minnie	Employee Middle Name	Employee Last Name Apples	Suffix	
Phone Type Mobile	Phone Country Code United States (1)	Employee Phone Number 555555555	Employee Phone Extension	
Employee Email Address DLITestExt1+general@gmail.com				
Employee Address Line1 1313 Cemetery Lane	•	5		
is this address outside the United States?				
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Employee Postal Code 55155	Employee City Saint Paul		Employee County Ramsey	
State Province Minnesota		Country United States		
Employer				
Employer Not Found				
Employer Name *	Employer Email Address			
Dunder Mifflin	mapples@dundermifflin.com			
Phone Type *	Phone Country Code *	Employer Phone Number *	Employer Phone Extension	
Mobile	 United States (1) 	 (555) 555-5555 	Employer Phone Extension	
Employer Address Line1 *				
123 Mifflin Drive	6	5		
Employer Address Line2		ô)		
Employer Address Line2 Employer Address Line2	(6)		
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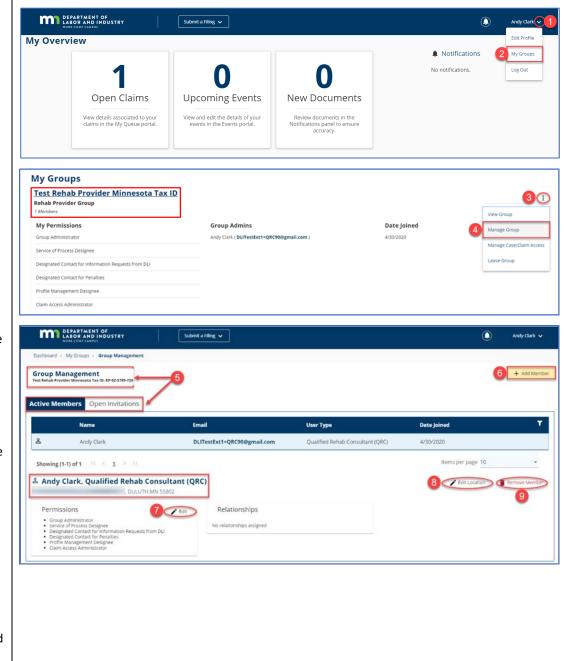
Group management

Groups in Campus allow for users to be associated to their firm or employer as necessary. For example, as an attorney, your group in Campus would be the law firm you work for. Access to claims and cases will be granted to the group as your group will be a party to the claim or case. Your membership to that group will allow you to view the information you need.

Group administration

Group administration tasks, such as adding members, changing permissions and updating addresses, can only be performed by a group administrator within Campus.

- At the top right of your dashboard, click the dropdown menu.
- 2. Select My Groups.
- The My Groups screen displays and lists the groups you are associated with. Click the kebab menu on the right.
- Select Manage Group. This option is only available to group administrators.
- The Group Management page displays showing all Active Members. Click the Open Invitations tab to show any pending members.
- Click the + Add Member button to add members to the group.
- Click the Edit button to change permissions and relationships.
- Click the Edit Location button to update the business address the member is associated to.
- Click the Remove Member button to remove the selected member from the group.

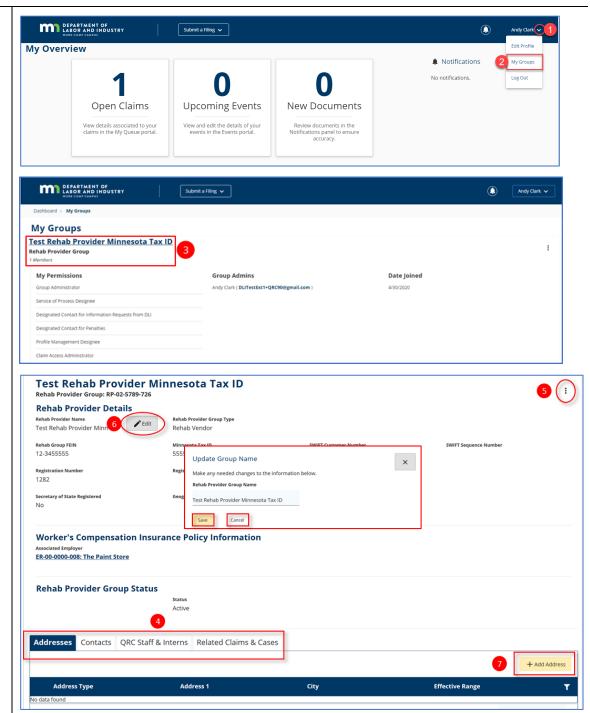


Viewing and editing entity details

All entities (except for employees and employers) can view and edit entity details. You must also be a group administrator or a profile management designee to perform these functions.

- At the top right of your dashboard, click the dropdown menu.
- 2. Select My Groups.
- 3. The **My Groups** screen lists the groups you are associated with. Click on the hyperlink for the entity you wish to view or edit.

- The Entity Details page displays the name of the entity at the top of the page and relevant information regarding the entity below.
- Depending on your permissions, you may be able to make edits and take other actions through the kebab menu to the right.
- 6. Click the **Edit** button to revise the entity name.
- Click the + Add Address button to add addresses for the entity.



- Click on the drop-down menu to select the Address Type and fill in all required information marked with an asterisk (*).
- Click Save to submit the new address request or Close to exit without saving.

*Any edits made to the entity name or address information will be submitted to DLI and require approval prior to saving to the entity.

Address 1				
Address 2				
Address 2				
Outside US				
Postal Code *	City *		County	
Postal Code	City		County	
State Province		Country → United States		
9		• Officed States		

Rehabilitation provider registration

As a rehabilitation provider, you will need to register with the Minnesota Department of Labor and Industry to be a party to a claim and have access to claim information that will allow you to provide rehabilitation services on a workers' compensation case.

QRC registration and renewal

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Individual Rehab Provider Registration.

*This selection will only be available if you initially registered in Campus as a rehabilitation provider.

4	-•	Access a Case or Claim	
/ly Overv	lew	Access a case of claim	
		VRU Rehabilitation Consultation Request	
		2 Individual Rehab Provider Registration	Ω
	U	Rehab Provider Registration	U
	Open Claims	Trading Partner Profile Registration	New Documents
	View details associated to your claims in the My Queue portal.	Rehab Consultation Report	Review documents in the Notifications panel to ensure
	claints in the wy Queue portal.	Initiate a Dispute	accuracy.
		Injury Report	
		Open Appeal/Petition	
ly Queues My Claims	My Disputes My Forms	Submit Election To Exclude	
,	, , , , , , , , , , , , , , , , , , ,	Object to Penalty	
		Respond to Request For Information	

- Click on the Register As dropdown menu to select either QRC or QRC intern.
- Click on the Register Type drop-down menu and select the appropriate option: Change of Employment; Change of Supervision; Initial; Reinstatement; or Renewal.
- Click on Submit Form to proceed to the next screen or Cancel to exit.
- 6. Enter all required information for **Applicant Details**.
- 7. Enter all required information for **Home Address**.
- 8. Enter all required information for **Public Mailing Address**.
- Enter the informatin in the SSN, Work Email Address, QRC Number, QRC Expiration Date and Minnesota Tax ID Number fields.

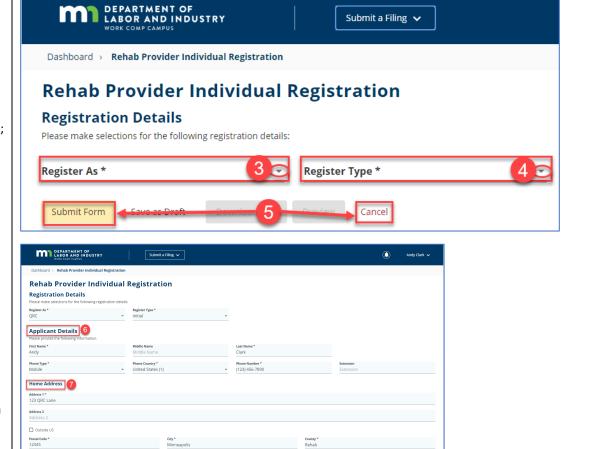
State Province Minnesota

Nork Email Address DLITestExt1+QR

Public Mailing Address 3 Address * P.O. Box 123 Address 2 Address 2 Constitute S Pesal Code * 12345 State Province * Minnesota

Edit

- Click the Lookup button to find the rehabilitation provider firm.
- 11. Enter the required phone and address information for the rehabilitation provider firm.



Rehab Provider Firm X RP-02-5789-726: Test Rehab Provider Minnesota Tax ID		irm Number 282	
	,	irm Phone Number *	Firm Phone Extension
Firm Phone Type * • Firm Phone Country *	• •	irm Phone Number	ext.
Employer's Address *	-	11	
Tity State		_	Code

- 12. Click the box next to the applicable **Certifications** you currently have.
- Click on the + Upload
 Document button to select and upload any information to support your application registration.
- 14. Type your first and last name as it appears on your Campus profile in the **Full Name of Signatory** field. Click the checkbox to confirm you are legally signing the electronic form. You can change the default date by clicking on the calendar icon and selecting the appropriate date.
- 15. Select: Submit Form to save all information and submit it for review and approval; Save as Draft to save a copy to complete at a later date; or Cancel to exit without saving or submitting the form.
- 16. Saved drafts can be accessed in the My Forms tab on the dashboard by clicking on the Form Type or Associated ID hyperlinks. The draft form can be deleted by clicking on the trash can icon.

*Draft forms will automatically be removed after 21 days if they are not updated or submitted.

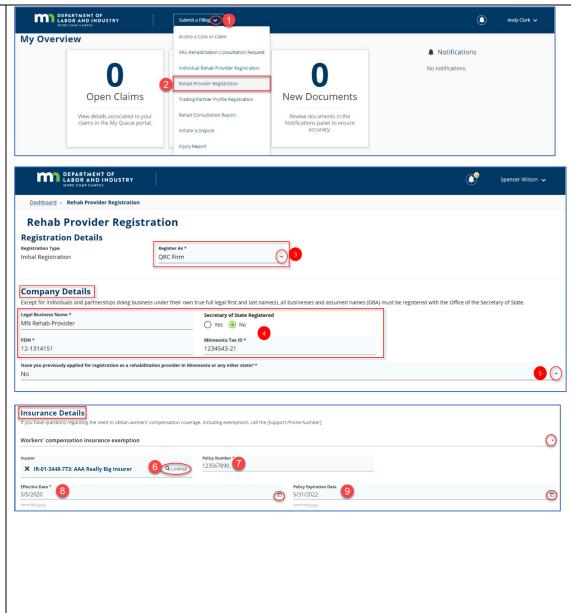
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	Support Suppor		□ OTR		
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I declare under penalty of perjury that everything I have stated in this document is true and correct. Any person who, with intert to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of thet and shall be sentenced put finds to functional and and the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of thet and shall be sentenced put finds ty and. If required, to the department's Vocational Rehabilitation unit (VRU). Full Name of Signatory Current shall be best of my knowledge. Signature State Signatur	I declare under penalty of perjury that everything I have stated in this document is true and correct. Any person who, with intert 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 thet and shall be sentenced put industry and. If required, to the department's Vocational Reliabilitation unit (RNU). Full Name of Signatory * Current of the department's form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. Spring 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. Spring 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. Spring 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. Spring 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. Spring 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. Spring 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. Spring Understand that by checking this box. I am legally signing this electronic form and I confirm that the information on this form is true. Spring Understand that by checking this box. I am legally signing this electronic form and I confirm that the informa	requirements. Minnesota Statutes § 27 Security number, you are not legally re data will be made part of the departm while the application is pending. Once	OC.72, subd. 4, requires you to provide your Social Securit quired to supply the data requested on this application. H ent's file for your registration/renewal. Except for your nan you are registered, the application data may become publ	ty number on this application. The other information is being rec fowever, failure to provide the requested information may delay me and the address you designated to receive correspondence fi lic except for your Social Security number. However, disclosure c	juested for purposes of processing your application. With the exception of your the processing of your application or result in the denial of the same. The appli rom the department, the information you provide on this application is private of private or nonpublic information to others may occur as authorized or require
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to Minn. Stat. § 609.52, subd. 3. Please bey 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 at industry and, if required, to the departments Vocational Rehabilitation unit (VRU). Full Name of Signatory * Junderstand 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. Name of Signatory * Junderstand 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. Name of Signatory * Description: Description: Desc	to Minn. Stat. 6 605.52, dubl. 3. Please hype 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 a industry and. If required, to the departments Vocational Rehabilitation unit (RU). Full Name of Signatory * Public 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. Myadate Bate Signatory Signatory Signatory Myadate Bate Signatory Signat				
Industry and, if required, to the department's Vocational Rehabilitation unit (VRU). Full Name of Signatory • Punderstand 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. Structure Exists Structure	Industry and, if required, to the department's Vocational Rehabilitation unit (VRU). Full Name of Signatory * So 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. So 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. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking the information on this form is true, accurate, and complete to the best of my knowledge. So Understand that by checking the information on this form is true, accurate, and complete to the best of my knowledge. So Unders		 receives workers' compensation benefits to which the period 	arson is not entitled by knowingly misrepresenting, misstating of	r failing to disclose any material fact is guilty of theft and shall be sentenced pu
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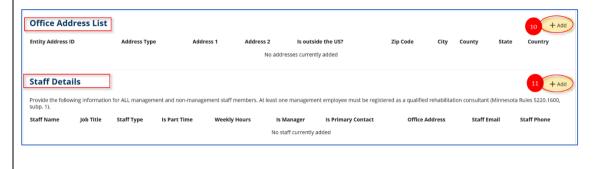
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Rehab Provide	er Indi Test Reha	b Provid	- 02-5789-726	7/27/2020 16	Draft		Ō

Rehabilitation provider firm registration and renewal

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Rehab Provider Registration.
- Click on the Register As dropdown menu to select either QRC Firm or Rehab Vendor.
- Fill in the Legal Business
 Name and FEIN; select Yes or
 No to indicate if registered
 with the Secretary of State.
- Click on the drop-down menu to indicate (Yes or No) if you have previously applied as a rehabilitation provider in Minnesota or any other state.
- 6. Click on **Lookup** to search for the insurer.
- 7. Enter the **Policy Number**.
- 8. Enter the **Effective Date** or click on the calendar icon to select a date.
- Enter the Policy Expiration Date or click on the calendar icon to select a date.

- Click on the + Add button and select the applicable office address.
- Click on the + Add button to add all staff members and their information.





- Click on the + Upload
 Document button to select and upload any information to support your application registration.
- 13. Type your first and last name as they appear on your Campus profile in the Full Name of Signatory field.
 Click the checkbox to confirm you are legally signing the electronic form. You can change the default date by clicking on the calendar icon and selecting the appropriate date.
- Select: Submit Form to save all information and submit for review/approval; Save as Draft to save a copy to complete at a later date; or Cancel to exit without saving or submitting the form.
- 15. Saved drafts can be accessed in the My Forms tab on the dashboard by clicking on the Form Type or Associated ID hyperlinks. The draft form can be deleted by clicking on the trash can icon.

*Draft forms will automatically be removed after 21 days if they are not updated or submitted.

Supporting Attachment Any data or information to support yo + Upload Document 12		ultant (QRC) firm should be attached to this application. Examp	ales include your resume, list of activities or license/certification information.
File Name	File Type	Description	Remove

Electronic Signature

lerstand that I must notify the department if there is any change to your workers' compensation insurance information or employee status.

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

i agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration

rstand that Minnesota Rules 5220,1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified interview.

ertify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the busines

I declare under penalty of perjury that everything I have stated in this document is true and correct. Please type your lirit and Last Name as they appear on your CAANUS 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 industri and, if required to the department's vocational Rehabilistion unit (VRU).

Full Name of Signatory *

Save a

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.

My Queue	5					
My Claims	My Disputes My Form	IS				
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Showing (1-2) of 2 I < < <u>1</u> > > I				Items per page 10	-
*After 21 Days, Draft	forms that have not been updated will be	removed.				

Trading partner portal

Trading partner dashboard

After registering and logging in as a trading partner, your customized **Dashboard** (homepage) will display, which shows various information about your profile and submitted transactions.

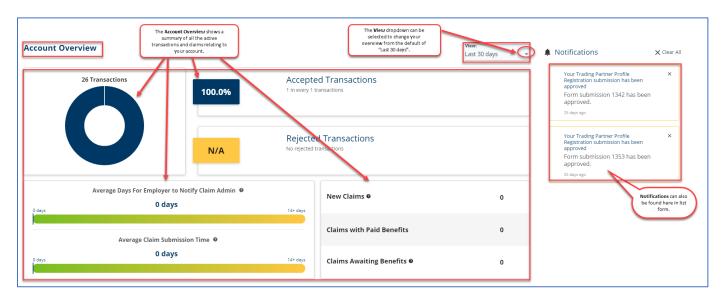
Dashboard header

Click on the Logo image at any time to return to the Dashboard (Home Page).	The bell icon indicates how many Notifications you have.
DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Mr. Electronic Interchange
The Submit a Filing drop-down contains a list of common tasks that you can dick on depending on the specific action you wish to take.	Your User Name is listed in the top right-hand corner along with a drop- down menu with the following options: Edit Profile, My Groups and Log Out.

Trading partner details

DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS		Submit a Filing 🗸			Ĩ	Mr. Electronic Interchange 🗸
Trading Partner Ryans Eform Trader Trading Partner Details				The Trading Partner section includes a drop down that displays all the entities in which the logged in user is a member of		Submit eFORM or Webform
Trading Partner ID TP-02-0370-942	Trading Partner Name Ryans Eform Trader	Account Name	FEIN 82-0093840	Status Active	View Pr	rofile
		details related to th	Details area shows specific he Trading Partner that is ted above.		View Profile can be sele about your account info performing updates	ormation along with

Account overview



My Queues

isurer II Insurers		•	You wi	ll need to select wh would like to	nich Insurer data you o view.					
	Reporting Year 2		2019		2018		2017		2016	
Total Reportable Claims	0		0		0		0		0	
Timely Claims	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.09
Untimely Claims	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.09
Reporting Year	Reporting Date		JCN		Ti	nely		мтс		T
2020	4/30/2020		34328397					PY		
2020	4/30/2020		34328393					IP		
2020	4/30/2020		34328393					IP		
2020	4/30/2020		34328393						lata can be filtered by clicking o Iter button (funnel shaped icon	
2020	4/30/2020		34328393					IP		
2020	4/30/2020		34328393					IP		
2020	4/28/2020		34222383							

Trading partner registration webform

A user can submit a trading partner registration webform to register as a trading partner and submit transactions.

- Click the Submit a Filing dropdown menu and select Trading Partner Profile Registration.
- DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS Submit a Filing 📀 Access a Case or Claim **Trading Partner** VRU Rehabilitation Consultation Request Ryans Eform Trader Trading Partner Profile Registration -Trading Partner Details Initiate a Dispute Trading Partner ID Trading Partner Name Request for Guidance with an Unreported Injury TP-02-0370-942 Ryans Eform Trader Open Appeal/Petition Account Overview Submit Election To Exclude Respond to Request For Information 26 Transactions Accepted Transactic transactions
- 2. Enter the required information, including Trading Partner Legal Name, FEIN and address.
- 3. Click Next.

		100.0%	1 in eve
DEPARTMENT OF LABOR AND INDUSTRY noticear Jamasi schoord > Trading Partner Profile Registration	Submit a Filing 🗸		Mr. Bectronic Interchange 🗸
rading Partner Profile Reg	gistration		
1 rading Partner Details	Transmission Method	Contact Information	Company Information
ims Trading Partner	ostal code (ZIP+4), will be used to identify a unique trading partner. The sender ID FE	Trading Partner Type * Insurer N and physical address postal code should be the same as those that will be us	ed by the partner as the Trading Partner ID in the header
oms Trading Partner ading Partner FEIN and the nine-digit physical address pi cord of all EDI Transmissions IN *	ostal code (20°44), will be used to identify a unique trading partner. The sender ID FE	Insurer	ed by the partner as the Trading Partner ID in the header
cord of all EDI Transmissions INF 6 6-S656565 Il is Licensed in Minnesota		Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code *	ed by the partner as the Trading Partner ID in the header
Ims Trading Partner kilog Barner FIN and the nine-digit physical address pr or of all DDI trannoission N* -56565555 is Licensed in Minnesota dense 1*	cold code (29-4), will be used to identify a unique trading partner. The sender (3 H	Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code *	ed by the partner as the Trading Plantner (D in the header
mm Trading Partner date Patrice TIN and the rine-digt physical address p of of all to Transmission w* 5555555 is Licensed in Minnesota is Licensed in Minnesota 23 Main ST		Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code *	ed by the partner as the Trading Partner (D in the header
oms Trading Partner ading Partner FBN and the nine-digit physical address pr cord of all EDI Transmissions av • 6-5656555		Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code *	ed by the partner as the Trading Partner (D in the header

 Select the Transaction Method the trading partner will use to submit transactions to DLI, either EDI or eFORM, and click Next.

			<u></u>	Mr. Electronic Interchange 🗸
Ashboard > Trading Partner Profile Registration				
rading Partner Profile Registration				
rading Partner Details	Transmission Method	Contact Information		Company Information
exampletion Mashad +				
DI FORM				

5. Enter the required information for Business Contact, Technical Contact and Preparer Contact.

DEPARTMENT OF LABOR AND INDUSTRY

6. Click Next.

oard > Trading Partner Profile Registration **Trading Partner Profile Registration** 0 0 8 4 Trading Partner Details Transmission Method Contact Information Business Contact 5 Last Name * Phone Number * Phone Number Email Address * Same as Primary Address Address Line1 * ddress Line2 Postal Code * Postal Code city* City County Country United Sta State Province * Technical Contact 5 Phone Number Email Address Same as Pri mary Address Address Line1 * Address Line Address Line2 Postal Code * city* City County Country
 ▼ United States State Province *

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Philip Gallagher

- 7. This step requires the user to list the insurers for which the trading partner will be submitting claims. Click
 + Add under Companies within Campus to lookup an existing record or add the required information and click + Add for Companies not within Campus.
- Click Submit Form to transmit the registration form. You will be directed to a confirmation page and an email message will be sent to your registered email address in Campus.

*DLI will review the request. If it is approved, you will be able to submit transactions to DLI.

First Name *	Last Name * Last Name		
Phone Number *	Email Address *		
Phone Number	Email Address		
Same as Primary Address			
Address Line1 *			
Address Line1			
Address Line2			
kddress Line2 Address Line2			
ddress Line2	City *	County	
uddress Line2 ostal Code *	city * City	County County	

DEPARTMENT OF LABOR AND INDUSTRY NOBE COMP CAMPES	Submit a Filing 🗸		C ?	Mr.Electronic Interchange 🗸
Dashboard > Trading Partner Profile Registration				
Trading Partner Profile Reg	istration			
Trading Partner Details	Transmission Method	Contact Information		d Company Information
Insurer Information Provide all insurance companies for which you will be send Companies within Campus + Add	ing EDI claims. If you are unable to locate an insurer. Insert the insurer information i	in "Companies not within Campus" and one will be created upon approval.		
Companies not within Campus				
Companies not within Campus Name * Toms Insurer + Add	fein * 12-1212121	Insurer Typa Insurer	Rem	ove

Profile updates

A user can update their existing profile information at any time from the **Trading Partner Dashboard**.

1.	From the Trading Partner	DEPARTMENT OF LABOR AND INDUST	RY	Submit a	riing 🗸			() M	.Electronic Interchange 🗸
	Dashboard, click the View	Trading Partner							
	Profile button.	Ryans Eform Trader				•			Submit eFORM or Webform
		Trading Partner Details							
		Trading Partner ID TP-02-0370-942	Trading Partner Nan Ryans Eform Tra	ne ider	Account Name	FEIN 82-0093840	Status Active	1 View Profil	•
		Account Overview					View: Last 30 days	- A Notifications	🗙 Clear All
		26 Transaction	5	100.0%	Accept 1 in every 1	ed Transactions transactions		Your Trading Partner Prof Registration submission h approved Form submission 1342 approved. 25 oxys ago	
				N/A	Rejecte No rejected	d Transactions transactions		Your Trading Partner Prof Registration submission h approved Form submission 1353 approved. 25 days app	le × as been has been
		Average Da	ys For Employer to No	otify Claim Admin 🛛		New Claims 0	0	s and allo	
		0 days	0 days		14+ days	Claims with Paid Benefits	0		
		R dara	erage Claim Submissi 0 days	ion Time 🛛	14+ dava	Claims Awaiting Benefits			
						Claims Awaiting Benefits	0		
2.	Your profile screen that shows			Submit a Filing 🗸			(Mr. Electronic interchange 🗸	
	existing information is	Ryans Eform Trader	942					2 Update My Profile	
	-	Trading Partner: TP-02-0370-942 Trading Partner Details						2 Update My Profile	
	displayed. Click the Update	Trefing Partner Name Ryans Eform Trader FBN		Physical	Address Postal Code				
	My Profile button.	82-0093840 Licensed in Minnesota No	Trad	551011 Ling Partner Type urer, TPA	1234	inactive Date	Status Active		
		Submission Method - Produ	ction Connection						
		Transmission Method							
		Direct Connect FTP Software Vendor		Direct Co	onnect IP Address				
		Submission Method - Test C	onnection						
		Direct Connect PTP Software Vendor		Direct Co	onnect IP Address				
3.	Update your profile as needed		INT OF					0) Philip Gallagher 🗸
5.	and click Next.	Dashboard > Trading Pa	rtner Profile Upda	ate					
		Trading Part	ner Profi	ile Upda	te				
		0			0		3		0
		Trading Partner De	tails		Transmission M	ethod	Contact Informatio	n	4 Company Informatio
		Trading Partner Legal Name Philip Gallagher					g Partner Type * Party Administrator (TPA)		,
		Trading Partner FEIN and the nine-digit physical address postal code (ZIP-4), will be used to identify a unique trading partner. The sender ID FEIN and physical address postal code should be the same as the that will be used by the partner as the Trading Partner ID in the header record of all EDI Transmissions							
		FEIN * 12-3456789				Physic	al Address Postal Code * 5-0000		
		Is Licensed In Minneso	ta						
		Address 1 * Address 1				3			
		Address 2							
		Address 2							
		Postal Code * Postal Code			city * City		Coun Cou		
		State Province *				Count ✓ Unite	y d States		
		Next Save as Draft	Cancel						

4. Select EDI or eForm from the DEPARTMENT OF ٩ Philip Gallagher 🗸 Transmission Method dropoard > Trading Partner Profile Update down menu and click Next. **Trading Partner Profile Update** 0 2 3 4 Trading Partner Details Transmission Method Contact Information Company Information - 4 Vendor -Next Back Save as Draft Cancel 5. Update any information for DEPARTMENT OF LABOR AND INDUSTRY ٩ Philip Gallagher 🗸 **Business Contact, Technical** Contact and Preparer Contact **Trading Partner Profile Registration** 0 as needed. 0 0 6 Trading Partner Details Transmission Method Contact Information 6. Click Next. Business Contact 5 Last Name * Last Name Phone Number * Email Address * Same as Primary Address Address Line1 * Address Line1 Address Line2 Address Line Postal Code * Postal Code city* City County County Country United State State Province * Technical Contact 5 First Name * First Name Phone Number * Email Address * Same as Primary Address Address Line1 * Address Line1 Address Line2 Address Line Postal Code * Postal Code city* City County Country United Sta State Province * . Preparer Contact 5 Last Name * Email Address * Email Addre Phone Number * Same as Primary Address Address Line1 * Address Line* Address Line2 city* City Postal Code * Postal Code County Country
 United State State Provi 6 Back Save as Draft Cancel Next

7. Update the information for DEPARTMENT OF <u>رم</u> the insurer for which the Trading Partner Profile Re **Trading Partner Profile Registration** trading partner will be 0 0 0 0 submitting claims. Click + Add **Trading Partner Details** Tran ssion Method Contact Information Com ny Informat under Companies within Insurer Information **Campus** to lookup an existing Companies within Campus record or add the required + Adr Companies not within Camp information and click the Insurer Type Insurer FEIN * 12-1212121 + Add for Companies not + Add within Campus. 8 Back Save as Draft Cance 8. Click **Submit Form** to transmit the updated registration form. You will be directed to a confirmation page and an email message will be sent to your registered email address

Signing up for EDI versus eForm

in Campus.

Trading partners will sign up for their submission method via the trading partner registration webform or the amended trading partner registration webform. If submitting via electronic data interchange (EDI), there are additional fields that are required.

1.	During the registration process, under Transmission Method , select EDI .	Submit Tilling	€ Mr. Electratic Interchange ↓ mation Company Information
2.	Complete all the required fields shown with an asterisk (*).	DEPARTMENT OF STREET MARKAN AND AND AND AND AND AND AND AND AND A	Gallagher v dig Gallagher v
3.	Click Next to submit the information.	Transing Partner Details Transmission Method Contact Information Company (oformation my information

Transaction history, viewing transactions and viewing batch details

After navigating to a claim details page, you can see the transactions that have been submitted to the claim.

 Click the Reporting History tab.
 Information such as the transaction type and how the transaction was

submitted can be viewed on this

- Related Cases & Claims Contacts Issues Parties Benefits Depende Reporting History Emails History Notes Activity Documents Date Received Description Submitted By SU - Sync Up 5/2/2020 Ryans Eform Trader eForm 1 2 PY - Payment Report > 4/29/2020 Ryans Eform Trader eForm : > 4/29/2020 00 - New First Report of Injury Ryans Eform Trader eForm : Showing (1-3) of 3 $|\langle \langle \underline{1} \rangle \rangle$ Items per page 10
- Click on a description hyperlink of a transaction.

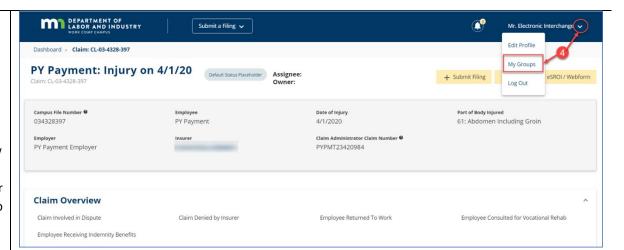
screen.

3. The transaction's Document Details page will display, where you can view the data submitted about that transaction.

*Note: Not all transactions will have a transaction details page.

ocument: DO-03-4328						e a x e	Document Typ Notice of Be	enefit Payment	∕ Edit
gi (1) 14- Ricci et al. Ricci et al. Ricc	laac frat, nidde name) Py Address im Number: 420004	IN STRUCTION 3 benefits have been pro- fits, contact the claim rep- estions after taking to the claim of the claim rep- structure and taking the second seco	perty pakit. You do not r resentative whose takeph dain representative, co 443 LL s 51 Pe (dot) ; er 2017 Cole 6000 1 000 00	ne number is at the taot ether Workers' fsyette Road N. J. Mr 55155 14-5020 or 1-800-3 e.DOI: e.DOI: et altiomey fees Indi	42-5354		Created Date 4/29/2020 Updated By		3
			Send to Employee and the	noivel Money (M	7		Related Related Transa CL-03-4328 PY Payment: In	action	
		— + Automa		- population of the	0				

- To view a batch details page, click on a hyperlinked batch ID, which is available in various places, such as in the **Reporting History** tab. To view this, click the dropdown menu on your username in the top right corner and select **My Groups**.
- Click the kebab menu on the applicable group and click View Group.



DEPARTMENT OF LABOR AND INDUSTRY	Submit a Filing 🗸	C.	Mr. Electronic Interchange 🗸
Dashboard > My Groups			
My Groups			
Ryans Eform Trader Trading Partner 1 Members			5 View Group
My Permissions	Group Admins	Date Joined	Manage Group
Group Administrator	Mr. Electronic Interchange (DLITestExt1+tradingpartner@gmail.com)	4/27/2020	
Service of Process Designee	Derrescert i tradingpartner@gnan.com/		Leave Group
Designated Contact for Information Requests from DLI			
Profile Management Designee			
Toms Trading Partner Trading Partner 1 Members			i
My Permissions	Group Admins	Date Joined	
Group Administrator	Mr. Electronic Interchange (DLITestExt1+tradingpartner@gmail.com)	5/22/2020	

- At the bottom of the screen, select the **Reporting History** tab.
- Click the Batch ID hyperlink to navigate to the batch details page.

JCN	Date Received	Description	Source	Status	Batch ID	Insurer	Т
> 034328393	5/6/2020 3:57:47 PM	SX - Full Suspension	eForm	Accepted	1844067		:
> 034328397	5/2/2020 7:57:06 PM	SU - Sync Up	eForm	Accepted	1843963		:
> 034328393	5/1/2020 12:08:26 PM	AB - Add Concurrent B	eForm	Accepted	1843950		:
> 034328550	4/30/2020 6:30:23 PM	UI - Under Investigation	eForm	Accepted	1843931		:
> 034328397	4/29/2020 9:48:34 PM	PY - Payment Report	eForm	Accepted	1843911	_	:
> 034328397	4/29/2020 9:45:51 PM	00 - New First Report	eForm	Accepted	1843910		:
> 034328393	4/29/2020 9:33:27 PM	IP - Initial Payment	eForm	Accepted	7 1843909		:
> 034328393	4/29/2020 9:28:39 PM	00 - New First Report	eForm	Accepted	1843908		:
> 034328339	4/29/2020 12:29:06 PM	UI - Under Investigation	eForm	Accepted	1843863		:
> 034222383	4/27/2020 6:24:09 PM	00 - New First Report	eForm	Accepted	1843570		:

8.	The batch details	DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Q XX-00-0000-000		+ Add Remina	der 🗰 🌔 Advanced Search
	page displays	Assignments/Workload External Use	ers Status & Tasks Users & Teams Ter	nplates Admin Prepaid Cards		
	showing Batch	Dashboard > Batch: 1850808				
	Summary	Batch: 1850808 EDI Batch Submitted by RiskAdminServices 5/27/2 Batch Summary	020			1
	information,	Total Transactions 2	Accepted/Rejected Count 0/2	Trading Partner RiskAdminServices	Date Received 5/27/2020	
	Acknowledgement	Acknowledgement Details				
	Details and	5/27/2020	View			
	Transactions.	Transactions JCN	Date Received	Description	Status	т
		034565815	5/27/2020 8:33:02 AM	PY - Payment Report	Rejected	:
		002156830	5/27/2020 8:33:02 AM	IP - Initial Payment	Rejected	:
		Showing (1-2) of 2 $ \langle \langle \underline{1} \rangle \rangle$			Item	s per page 10 👻

Reporting capabilities

Reporting capabilities within Campus include exportable claim-level reports a user can perform.

- Navigate to the claim details page, scroll to the bottom and select the **Documents** tab. Click the **Download All Documents** button.
- The Download Documents window displays. Click the Include Claim Summary Report checkbox if you would like to download a printable version of the claim summary report.
- Click the Download Documents button and a ZIP file will be prepared. You will be notified when it is ready to download to your computer.

 Document Bit of Contents
 Document Chaines & Cases
 Reporting History
 Claim Payments

 Document ID
 Document Type
 Created By - Party
 Created By - User
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 > Do3a4328-396
 Discontinuance
 Mr. Electronic Interchange
 5/6/2020 9:55 pm
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 > Do3a4328-395
 Claim Data
 Mr. Electronic Interchange
 4/30/2020 3:33 am
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Managed Care Provider Organization Type					
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Accident Details					~
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Benefits and I The selected do minutes.	nents to be downloaded. cuments, and their related attachments asso et Subset of Documents		ill receive an email when your zip file is ready for d	ownload; this process can take a few	×
Parties Claim Su	RC Subset of Documents		ude Claim Summary Report	ownload Documents Cancel	ad All Documents
Document ID	Document Type	Created By - Party	Created By - User	Created On	
> DO-03-4328-400	Notice of Benefit Payment		Mr. Electronic Interchange	4/30/2020 3:48 am	:
> DO-03-4328-399	Claim Data		Mr. Electronic Interchange	4/30/2020 3:46 am	:
Showing (1-2) of 2 $ \langle \underline{1} \rangle \rangle \rangle$				items per page 10	-

Claim access

Requesting and redeeming a unique access code – employee

To gain access to a claim as an employee (injured worker) or a representative of an employer, you will first need to generate a unique claim access code.

1.	From the Dashboard (homepage), click on the Submit a Filing drop-down menu and select Access a Case or Claim .	DEPARTMENT OF WARC CAN DE NADUSTRY WARC CAN DE NADUSTRY Submit a Filing C Access a Case or Claim Access a Case or Claim VRU Rehabilitation Consultation Trading Partner Profile Registrat Initiate a Dispute Up Request for Guidance with an U View details associated to your claims in the My Queue portal. Up View et ails associated to your claims in the My Queue portal. Up Submit Election To Exclude Respond to Request For Information	tion No notifications.
2.	Click on the drop-down menu and select Request or	Access a Claim or Case	
	Redeem an Access Code.		
3.	Click Next to continue or	What are you trying to do?	
	Close to exit.	Request or Redeem an Access Code	
		Next 3 Close	
4.	Select I am the employee	Request or Redeem an Access Code	
	named on a claim.	Who are you?*	
5.	Select I need a code.	If you are the employee named on a claim, or a representative of an employer named on a claim, the l Once you redeem this code, you will have access to all of 4 work comp claims. To request or redeem	Minnesota Department of Labor and Industry needs to verify your identity with a custom, one-time-use code. m a code, first select the option below that applies to you.
6.	Fill in the required	I am the employee named on a claim I am a representative of an em	ployer named on a claim
	information.	Are you requesting or redeeming an access code?*	
7.	Check the box to attest the		he zip code should be that which your employer has on file for you. If you need assistance, contact the Minnesota
	information is accurate and	Social Security Number	Department-provided PIN 123-45-6789
8.	complete. Click Submit Form to send the	Date of Birth *	Preferred Zip Code *
о.	request.	1/1/2000 (mm/dd/yyy)	
		Confirm	
	code will be sent via email.	Attestation	
	er receiving the code, log back	7 By checking this box, I confirm that the information on this form is true, a	ccurate, and complete to the best of my knowledge.
	and navigate to the same	Submit Form Cancel	
	bform (Submit a Filing>Access a		
	e or Claim>Request or Redeem Access Code).		

- 9. Select I am the employee named on a claim.
- 10. Select I have a code and type the code in the Enter Code box.
- 11. Check the box to attest the information is accurate and complete.
- 12. Click **Submit Form** to send the request.

*If submitted successfully, you will see a confirmation message and receive a confirmation email message. You should now be able to access the claim on your **Dashboard** under the **Claims** tab.

 You can now see and access the claim on your Dashboard under the My Queues, My Claims tab.

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	Pathbard - Request or Redeem an Access Code
	Request or Redeem an Access Code
	Who are you?*
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	I am the employee named on a daim O I am a representative of an employer named on a daim
	Are you requesting or redeeming an access code?*
	There the configure and by mail in the field below. Once you have redeemed your code, you will have access to all of your work comp claims and cases and will be able to find them on your home page. If you need assistance, contact the Minnesota Workers' Compensation Holdine at (Support Phone Number) or email us at (Support Third Address)
	12345
11	Attestation
	By checking this box, I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.
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My Claims My Dis	Employee E Carol Jeffries 1	Employer		5/1/2020	Status	۲	May 20	020 Mo				۲ Fr	

Requesting and redeeming a unique access code – employer

A member of an employer group must generate an access code to enable anyone in the employer group to get access to claims the employer is on (see the *Group management* section within this manual for instructions for setting this up). After redeeming the unique access code, the **Claim and Case Management** page will be unlocked (see the *Claim and case management* section). *When your employer group is established, a member of the group must generate the access code.

 From the Dashboard, click on the Submit a Filing dropdown menu and select Access a Case or Claim.

- Click on the drop-down menu and select Request or Redeem an Access Code.
- 3. Click **Next** to continue.
- 4. Select I am a representative of an employer named on a claim.
- 5. Select I need a code.
- Select the Employer Name and Mailing Address from the drop-down menu.
- 7. Check the box to attest the information is accurate and complete.
- 8. Click **Submit Form** to send the request.

*A code will be mailed to the address that was submitted. After receiving the Code, log back in and navigate to the same webform (Submit a Filing>Access a Case or Claim>Request or Redeem an Access Code).

DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	,	Submit a Filing		🚺 🛛 Tony Kerr 🗸
My Overview		Access a Case or Claim VRU Rehabilitation Consultation Request		A Notifications
0		Trading Partner Profile Registration	0	No notifications.
Open Claims	Up		Documents	
View details associated to your claims in the My Queue portal.	View ev	Open Appeal/Petition Submit Election To Exclude	w documents in the ations panel to ensure accuracy.	
	-	Respond to Request For Information]	
Request or Redeem an Access (Code		4	→(·)
DEPARTMENT OF LODG AND HOUSTRY Lot Code Carvis Dashboard - Request or Redeem an Access Code Request or Redeem an Acce Who are you?*	ess Code	Submit a Filing v		🚺 Tom Bombadil 🗸
If you are the employee named on a daim, or a representative of an first select the option below that applies to you. I am the employee named on a claim () I am an Are you requesting or redeeming a	representative		custom, one-time-use code. Once you redeem this code, $\boldsymbol{\gamma}$	you will have access to all of your work comp claims. To request or redeem a code,
He your detecting of redetecting a In have a code of the gradient of		UNE : -	Minnesota Worker' Compensation Hotline at Dapport P	
Attestation Sychecking this box, I confirm that the informati	on on this form	is true, accurate, and complete to the best of my knowledge.		

**Your group administrator will then be able to access the case/claim management page to assign case and claim access permissions (see the section below).

Claim and case management page

Employer, insurer and third-party administrator (TPA) groups will have a **Group Case and Claim Management** page where access can be granted or removed for members (users) of that group. For employer groups, the access PIN process needs to be completed to enable access to this page (see the *Requesting and redeeming a unique access code – employer* section).

The **Claim and Case Management** page is accessible only by users who have group administrator or claim access permissions (see the *Group management* section).

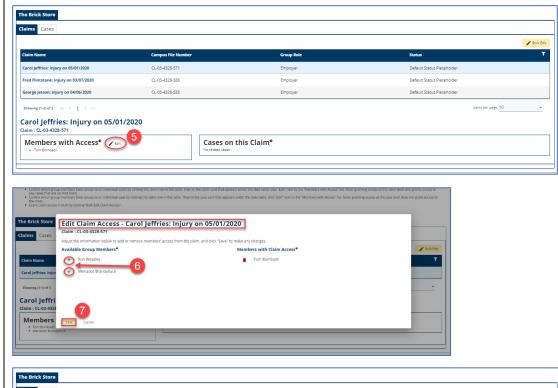
Click on the drop-down 1. DEPARTMENT OF LABOR AND INDUSTRY (L) Submit a Filing 🗸 menu next to your account Edit Profil **My Overview** name in the Dashboard and Notificatic 1 My Groups select My Groups. Log Out Request for Access to Access request approved from form submission 1436 **Open Claims Upcoming Events** New Documents → View and edit the details of your events in the Events portal. View details associated to your claims in the My Queue portal. Review documents in the Notifications panel to ensure Request for Access to 34222402 × has been denied accuracy Access request denied from form submission 1437 Contact the Department of Labor and Industry at DEPARTMENT OF LABOR AND INDUSTRY <u>n</u> Locate the group for which Tom Bombadil 2. you have the appropriate Dashboard > My Groups claim access or group **My Groups** The Brick Store management permissions Employe and expand the kebab menu View Group **Group Admins** Date Joined My Permissions on the right. Manage Group Group Administrator Tom Bombadil (DLITestExt1+general9@gmail.com) 5/1/2020 Manage Case/Claim Acces Select Manage Case/Claim 3. Leave Group Access. Address Contact

4. The Group Case and Claim Access Management page displays showing the associated Claims, Members with Access and Cases.

*If you are associated to an employer group that has not yet been verified, you will see a page instructing you to complete the access code process (see the *Requesting and redeeming a unique access code – employer* section).

- On this page, you can grant or remove claim access to members of your group on an individual claim basis by clicking on the Edit button.
- The Edit Claim Access window displays allowing you to select from the Available Group Members list by clicking on the plus sign.
- 7. Click the **Save** button.
- You can also grant or remove access to all claims in bulk by clicking **Bulk Edit** above the claims list.

DEPARTMENT OF LABOR AND INDUSTRY HORK COMP CAMPUS	Submit a Filing 🗸		©	Tom Bombadil
Dashboard + Employer: ER-00-0000-009 + Group Case and	Claim Access Management			
Group Case and Claim Access he Brick Store: ER-00-0000-009	Management			
ou can control your Employer Group Members' claim and case	access from this page. Below are some tips to help you get started:			
 Control which group members have access to an individual 	I case by clicking the claim row in the table. Then in the case card that	t appears under the data table, click "Edit" next to the "Members with Access	a" list. Note: granting access at the claim level also grants access to any cases that are on that claim. list. Note: granting access at the case level does not grant access to the claim.	
e Brick Store				
aims Cases				🖋 Bul
Jaim Name	Campus File Number	Group Role	Status	
arol Jeffries: Injury on 05/01/2020	CL-03-4328-571	Employer	Default Status Placeholder	
red Flintstone: Injury on 03/07/2020	CL-03-4328-586	Employer	Default Status Placeholder	
eorge Jetson: Injury on 04/06/2020	CL-03-4328-585	Employer	Default Status Placeholder	
Showing (1-3) of 3 $ \langle \langle \underline{1} \rangle \rangle$		•	Items per page 10	
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laim : CL-03-4328-571				
Members with Access ^e > Edit	Cases on No related cases	this Claim ^e		

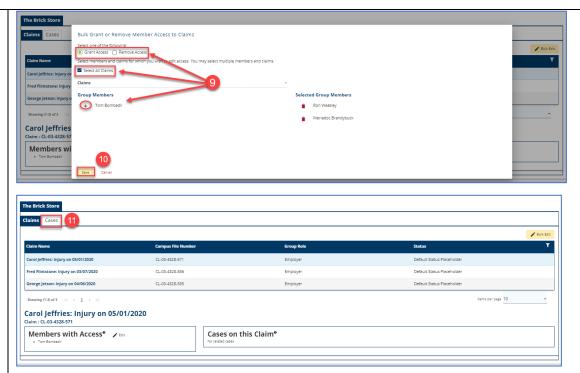


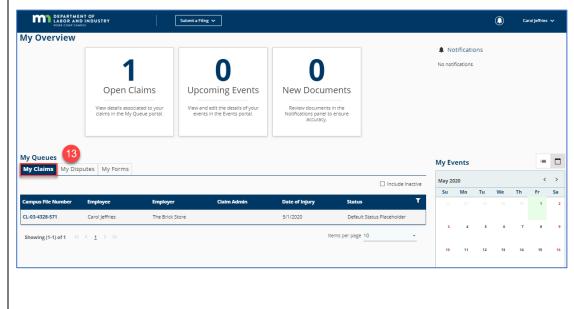
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Claim Name	Campus File Number	Group Role	Status	т
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Fred Flintstone: Injury on 03/07/2020	CL-03-4328-586	Employer	Default Status Placeholder	
George Jetson: Injury on 04/06/2020	CL-03-4328-585	Employer	Default Status Placeholder	
Showing (1-3) of 3 $ \langle \langle \underline{1} \rangle \rangle$			Items per page 10	÷
Carol Jeffries: Injury on 05/01/2	2020			
Claim : CL-03-4328-571				
Members with Access ^e > Edit • Tom Bombadii		es on this Claim ^e		

- 9. Click on Grant Access or Remove Access, check the box for Select All Claims and select the plus sign to add Group Members.
- 10. Click Save to continue.
- 11. Members given access to a claim will automatically receive access to any case on that claim. You can see the cases associated to your group by toggling the **Cases** tab.

*This will display disputes, appeals and rehabilitation transactions your group is a party to.

- 12. When assigning access at the case level, you will see all members inheriting access from the claim. If you wish to assign case-only access to a member, you can do so on this screen.
- After assigning access, members will be able to see the newly accessible claims and cases under the My Queues section of their Dashboard.





Claim access authorization webform

Campus users who are not foundational parties to the claim (for example the spouse of an injured worker, qualified rehabilitation consultants and representative of employee's estate) must submit the

claim access authorization webform to DLI. DLI will then review the submission and determine whether claim access will be granted.

If the user has been authorized by the employee or other appropriate individual to access the claim, he or she must attach the authorization to the webform submission.

- Click on the Submit a Filing drop-down menu and select Access a Case or Claim.
- 2. Click on Submit an Authorization.
- 3. Click **Next** to continue.

 Carefully read the webform and select the options that apply to your submission.

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A Queues by Queues control control <tr< th=""><th></th><th></th><th>View and edit the details of your</th><th>Review documents in the Notifications panel to ensure</th><th>Reques been a Access form a Today Reques</th><th>In for Access to 34328571 has × porroved s request approved from submission 1436 → st for Access to 34222402 has ×</th></tr<>			View and edit the details of your	Review documents in the Notifications panel to ensure	Reques been a Access form a Today Reques	In for Access to 34328571 has × porroved s request approved from submission 1436 → st for Access to 34222402 has ×
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Claim Information The form authorizes Tom Bombadil to access all parts of the Minnesota workers' compensation claim file maintained by the Department of Labor and Industry (DLI) for the employee and claim record you have interesting to the import of this property completed authorization. DLI will review the requise and may grant access to the online workers' compensation claim file that would not otherwise be accessible to the public. A copy of this authorization may be used in the same marine and adve the same access to the online workers' compensation claim file that would not otherwise be accessible to the public. A copy of this authorization may be used in the same marine and adve that the same (adve the exist. A copy of this authorization may be used in the same marine and with the same effect as the original document. A copy of this authorization that would not otherwise be accessible to the public. A copy of this authorization that the same effect as the original document. A copy of this authorization the date signed, or until this concert is withdrawn by notifying DLI in writing at the following address: Department of Labor and Industry Workers' Compensation File Review PO accesses at a minnor or incapaditated employee (attach proof of relation) A copy of this form because larm the: A copy of this form because larm the: A copy of this form because and the document engravalitation and the document engravalitation and industry address: Department of Labor and Industry Workers' Compensation File Review PO A composition of a minnor or incapaditated employee (attach proof of relation) A copy of this document engravalitated employee (attach proof of relation) A copy of this document engravalitated employee (attach proof of dependent) A copy of the document ing guardianship A copy of the document engraved attack employee (attach proof of dependent) A copy of the document engraved attack employee (attach proof of dependent) A copy of the document engraved attack employee (attach proof of depe			Loc	ate a Claim		•
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- Upload the required supporting attachments and, if applicable, the physical authorization form by clicking on the + Upload Document button.
- Select the file(s) using the upload button.
- 7. Select the **Document Type** from the drop-down menu.
- 8. Enter a brief **Description**.
- 9. Click **Upload** to continue.
- Type your full name in the Full Name of Signatory field (this must match your Campus user-profile name) to sign electronically.
- 11. Click the checkbox to attest you are legally signing and confirming the accuracy.
- 12. Click the **Submit Form** button to save and continue.
- Upon submission you will see a confirmation screen showing the Confirmation Number and Associated ID. You will also receive a confirmation email message to the email address you have on file.

Supporting	Attachments		
+ Upload Docu			
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			ormation may not be released over the telephone without this authorization in
the departments h	e. The department will only copy or permit review of claim file inform	nation for the dates of injury indicated on the authorization.	
If you have question	ns. the workers' compensation file review office can be reached at [6	51) 284-5200; toll-free: (800) 342-5354; and TTY: (651) 297-4198	ç.
Submit Form B	ack Save as Draft Preview Cancel		
E-Signature			
	st and Last Name as they appear on your CAMPUS profile. By signing and, if required, to the department's Vocational Rehabilitation unit (V		nts are being sent to the employee, insurer, any attorney(s), the Department of
Full Name of Signator	nu *		
Tom Bombadi	· 10		
understand the	at by checking this box, I am legally signing this electronic form and I o	confirm that the information on this form is true, accurate, and c	complete to the best of my knowledge.
	n concerning disability may not be used to make a job decision unless ized by the subject of this data is prohibited. Questions concerning us		horized by state or federal law, any use or distribution of this information partment of Human Rights at (651) 296-5663 or 1-800-657-3704.
Minnesota Statutos	5.176-321 subdivision 0 requires that information in a workers' com-	execution claim file maintained by the Department of Labor and	Industry (department) may not be released without the authorization of the
	r, insurer, or dependent of the deceased employee. Minnesota Rules,		a masary (areper amend) may not be released without the authorization of the
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 be signed and 	I dated within the last six months by the employee or legal guardian, authorized to review the file.	employer, insurer, special compensation fund, or dependent of	a deceased employee for the specified date of injury; and
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additional informat	ion to verify the identity of the person authorizing the release or the r	elationship of the person to a party to the claim. Claim file infor	whether your request was approved or denied. The department may ask for mation may not be released over the telephone without this authorization in
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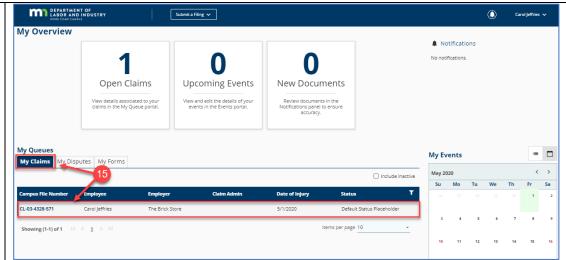
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- 14. A DLI representative will then review your submission, and either accept or reject it.
- 15. If approved, you will receive an email message to the account on file informing you of access approval and you will now see the claim displayed on your **My Claims** tab.
- 16. If denied, you will receive an email message to the account on file informing you of the access denial and providing you with the Campus support help desk information.

*Access will be granted for a sixmonth period 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 a claim's lifetime your access is removed, you will receive an email message indicating your removal.



Filing a notice of representation

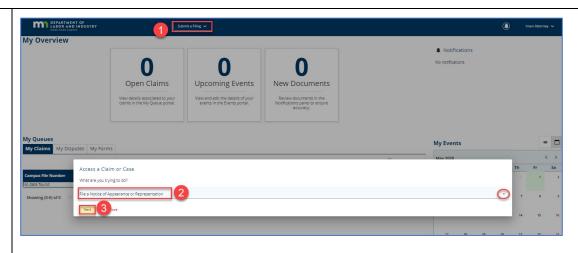
As an attorney trying to gain access to a claim, you will need to file a notice of representation.

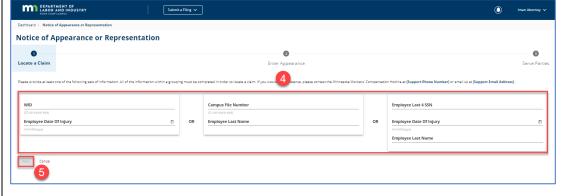
- Click on the Submit a Filing drop-down menu and select Access a Case or Claim
- 2. Select File Notice of Appeal or Representation from the drop-down menu.
- 3. Click Next to continue.

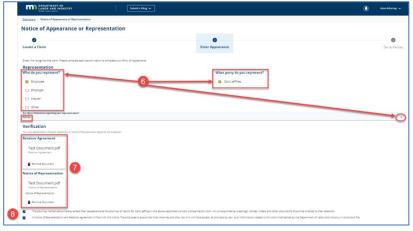
*You will need to be associated to a law firm group to proceed (see the *Group management* section).

- 4. Enter claim-identifying information to access the claim.
- 5. Click **Next** to proceed to the webform.

- Select the party
 Representation information.
- Attach either a Retainer Agreement or Notice of Representation signed by the employee.
- Click both checkboxes to acknowledge and confirm representation.







9. Enter the required **Attorney** Information. Attorney Information

ne Saint Paul, Minnesota 55155

9

- 10. Click Next.
- Select the parties to serve by clicking on the applicable checkboxes in the Serve Party column.
- 12. Check the **Declaration** to confirm the accuracy.
- 13. Type your full name in the **Full Name of Signatory** field.
- 14. Click the checkbox to legally sign electronically and click **Submit Form**.
- The parties selected will be served and you will see a submission confirmation page showing the Confirmation Number and Associated ID.

*If you answered "Yes/other" to the question "Are there limitations regarding your representation," you will need to wait for access approval or denial from DLI.

**If approved, you will now have access to the claim and can access it from your
 Dashboard>My Queues>My Claims.

	opearance or Representation					
Notice of App	pearance or Representation		0			
Locate a Claim			ppearance			Se
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Serve Party	Name Carol Jeffries	Role Employee	Address	Service Method Electronic	Service Date 5/1/2020	
	The Brick Store	Employer		Electronic	5/1/2020	
	Ron Weasley	Other Representative	N/A	None		
	Meriadoc Brandybuck	Other Representative	N/A	None		
	1A Insurer Test	Insurer		Electronic	5/1/2020	
Notice Upon clicking Submit, Camp	of sole					



Filing a motion to intervene

As a potential intervenor needing to gain access to a dispute, you will need to file a motion to intervene.

1.	Click on the Submit a Filing
	drop-down menu and select
	Access a Case or Claim.

2. Select **Motion to Intervene** from the drop-down menu.

- To locate a dispute, enter dispute-identifying information.
- 4. Select the applicable dispute.
- 5. Click **Next** to continue.

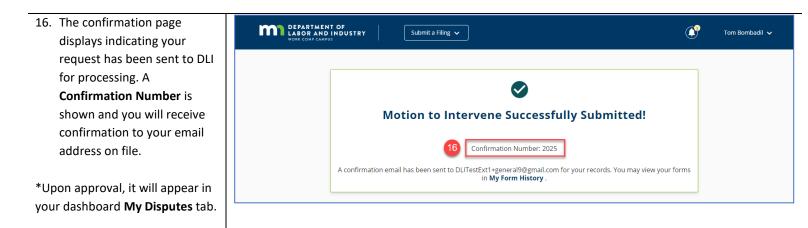
- 6. Under Intervenor Details select a Party Name in the drop-down menu.
- 7. Click **Next** to continue.

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Complete the following information related to the organization filing this Motion to Intervene. Intervenors provide services or pay benefits to or on behalf of the employee and have a statutory right to intervene under Minnesota Statutes 5 176.361.	
Are you one of the following potential intervenors? Party Name* Best Health Care Clinic 6	7
	2

- 8. Under Intervention Details, fill in the required fields.
- 9. Select the Acknowledge Intervention checkbox.
- 10. Click the **+ Upload Document** button to attach supporting documentation.
- 11. Click Next to continue.

- 12. Under **Serve Parties**, select the parties to serve by clicking on the applicable checkboxes.
- 13. Check the **Declaration** box.
- 14. Type your full name and click the checkbox to confirm your electronic signature.
- 15. Click Submit Form.

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Exporting documents to a ZIP file

Documents relating to a claim or other case in Campus can be downloaded as a ZIP file that will contain all of the files.

1. Navigate to a claim (or case) details page for which you have access (Dashboard>My Queues>My Claims>Claim Details Page). 2. Select the **Documents** tab at Parties Batch Table of Contents Bene ted Claims & Cases Reporting History Claim Payments the bottom of the page. 3 3. Click the **Download All** DO-03-4328-60 Documents button. DO-03-4328-574 5/1/2020 2:11 pm Tom Bombac Items per page 10 wing (1-2) of 2 < 4. You can download All or Select Subset of Documents, and include the Claim Key Dates Injury Detail Summary Report. 5. Click the Download Documents button to continue. 6. Next, you will see a notification that your DEPARTMENT OF Submit a Filing 🗸 documents are being nt Export for CL-03-4328-57 Document Export Claim: CL-03-4328-571 prepared. Click the lick the button below to Download button to Download 6 continue. 53

 You will receive an email message from Campus when they are ready. Open the email message and select the Download Documents hyperlink.



*The ZIP file will begin downloading to your browser.

R-form submission

R-forms are submitted by qualified rehabilitation consultants (QRCs), QRC interns and their staff members at various stages throughout the rehabilitation process. They are used to both initiate rehabilitation plans and 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.

Navigating to R-forms

 Access the rehabilitation case you would like to submit an Rform for by clicking the Submit a Filing drop-down menu and selecting Access a Case or Claim, then use the search parameters. You can also access these via the My Queues section of the dashboard by clicking on the My Rehab Cases tab and selecting from that list of cases.

*This step is only necessary if you don't already have access to the case or claim. If you do have access, there is no need to do this step because R-forms can either be submitted from the **Details** page or from the **Submit a Filing** drop-down menu.

DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Submit a Filin		🚺 🛛 Sarah McCurdy 🗸
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	Request for Guidance with an Unreported Injury		
	Open Appeal/Petition		
My Queues My Claims My Disputes My Forms My F	Submit Election To Exclude		My Events 🔲 🗖
My claims my bispaces my romis my r	Respond to Request For Information	Include Inactive	May 2020 < >

 The Vocational Rehab Details page displays for the case you selected. Click on the R-form Details button to access the menu of R-forms.

- To submit, select the applicable **R-form** from the list and click **Submit**.
- Clicking the Next button will take you into the steps for your selected form.

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

Rehab For: Carol Jeffries VocRehabCase: RT-03-4328-923	Investigation Needed Assignee: Owner:		2 R-Form Details
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
Is QRC Withdrawal No	is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filed Date
Rehab Dates			
Rehab Requested Date	Initial Rehab Consultation Date 5/2/2020	RCR Filed Date 5/3/2020	RCR Due Date 5/17/2020
R2 Filed Date	R2 Development Due Date 6/2/2020	R2 Filing Due Date 6/17/2020	
RCR Submitted		•	
		•	
Submitted Submit PPR	3		
Submitted	3		
Submitted Submit PPR	3	Cancel	

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 that are attached to the case.

→ C	nn.us/vocrehab/34328315		아 ☆ 🖸
DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Submit a Filing 🗸		Reed Hab 🗸
Dashboard > Voc Rehab Case: RT-03-432	28-315		
Rehab For: Fred Flin 'ocRehabCase: RT-03-4328-315	tstone Investigation Needed Assi Own	ignee: ner:	R-Form Details - ว
Rehab Summary			
Assigned QRC Reed Hab	Associated Claim CL-01-7178-068	Rehab Provider Firm	
Employee Name Fred Flintstone	Employee Address 123 Bedrock Blvd Salt Lake City, UT	Employee Phone Number (555) 555-4444	Injury Date 1/1/2020
Is QRC Withdrawal No	Is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filed Date
Rehab Dates			
Rehab Requested Date	Initial Rehab Consultation Date 4/29/2020	RCR Filed Date 4/29/2020	RCR Due Date 5/13/2020
R2 Filed Date	R2 Development Due Date 5/29/2020	R2 Filing Due Date 6/13/2020	
Progress Report Filed Date (PPR/R3)	Progress Report Due Date (PPR/R3) Invalid date	Projected Rehab Completion Date	
arties Related Cases & Clain	ns		

Claim shell webform step

The claim shell webform step allows you to create a claim shell based on the information entered. For example, if you are trying to submit a Rehabilitation Consultation Report and you are unable to locate a claim, this will allow you to file against the claim shell that was created by this step. It is important to note this is a step in the webform, not the webform itself.

1.	After attempting to locate the claim, you will see the	DEPARTMENT OF ALADOR AND INDUSTRY VORE COMPCANDS	Sarah McCurdy 🗸
	statement Tell us more	Dashboard > Rehab Consultation Report (RCR)	
	about the claim you are	Rehab Consultation Report (RCR)	
	filing to, with additional	0	0
	fields to fill in.	Locate a Claim	Report Details
		Tell us more about the claim you are filing to. We're having trouble locating this daim. This may be because. • The information you provided does not exactly match a daim. • Our unathorized a cases 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.	

 Fill in all required fields marked with an asterisk (*) and other known information for Claim details and Employee.

- 3. Enter the **Employer** and **Insurer** using the **Lookup** function.
- If you are unable to find the employer or insurer, click on the I can't find a matching employer/insurer checkboxes and fill in the required information.
- Click Next to continue or Cancel to exit without saving.

Date of Injury *	ė	Cause of Injury	-	Nature of Injury	-	Type of Loss	-
(mm/dd/yyyy)							
Employee 2							
Social Security Number (SSN)		PIN		Employee ID (WID)			
Social Security Number (SSN)		PIN		Employee ID (WID)		Date of Birth *	É
						(mm/dd/yyyy)	
First Name *		Middle Name		Last Name *			
First Name		Middle Name		Last Name		Suffix	*
				Phone Number		Phone Extension	
Phone Type	~	Phone Country Code	Ŧ	Phone Number		Phone Extension	
Email Address							
Email Address							
Address 1							
Address 1							
Address 2							
Address 2							
Outside US							
Postal Code		City		c	ounty		
Postal Code		City		0	ounty		

Employer Lookup	3 QLOOK	up van't find a matching employer	
Employer Name *			Employer Phone Number
Employer Name	Employer Phone Type	 Employer Phone Country Code 	
Employer Phone Extension Employer Phone Extension	Employer Email Address Employer Email Address		
Address 1 Address 1			
Address 2 Address 2			
Outside US			
Postal Code Postal Code	City City	County	
		Country	
State Province Insurer If you are unable to find the relat Insurer Lookup	ted Insurer via the look-up please select		ide the insurer details you know.
Insurer If you are unable to find the relat Insurer Lookup Imurer Name	3 (100	United States I can't find a matching insure Tooh't find a matching insurer	Insurer Phone Number
Insurer If you are unable to find the relat Insurer Lookup		United States	
Insurer If you are unable to find the relat Insurer Lookup Insurer Name Insurer Name	3 Ctool	United States I can't find a matching insure Tooh't find a matching insurer	Insurer Phone Number
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Insurer If you are unable to find the relat Insurer Lookup Insurer Name Insurer Phone Extension Insurer Phone Extension Address 1 Address 1 Address 2 Address 2	3 Ctool	United States I can't find a matching insure Tooh't find a matching insurer	Insurer Phone Number

Rehabilitation Consultation Report (RCR)

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Rehabilitation Consultation Report.

3. The Rehabilitation

Consultation Report (RCR) page shows two steps that need to be completed. Under Locate a Claim, enter search information in one of the three boxes to find the claim. Click Next to continue or Cancel to exit.

 On the Claim Details page, some of the claim information will already be populated; however, you can also add new claim representative information.

DEPARTMENT OF LABOR AND INDUSTRY	Submit a Filing 👽 🚹		🚺 Sarah McCurdy 🗸	
ly Overview	Access a Case or Claim			
	VRU Rehabilitation Consultation Request		Notifications X Clear Al	
	Individual Rehab Provider Registration		Your Annual Claim for ×	
U	Rehab Provider Registration	U	Reimbursement from the Second Injury Fund and Supplementary Benefits submission has been approved	
Open Claims	Trading Partner Profile Registration	ew Documents	Form submission 1425 has	
View details associated to your claims in the My Queue portal.	2 Rehab Consultation Report	eview documents in the tifications panel to ensure	been approved. 15 days ago	
	Initiate a Dispute	accuracy.		
	Request for Guidance with an Unreported I	Injury		
y Queues	Open Appeal/Petition			
Iy Claims My Disputes My Forms			My Events 😑 🗖	
	Respond to Request For Information	Include Inactive	May 2020 < >	
WID EE-88-9787-876 (((テキタオポテスポ) Employee Date Of Injury	ation. All of the information within a grouping must be commall us at (Support Email Address).		ate Of Injury	
Nex Cancel Rehab Consultation R	Report (RCR)			a
Rehab Consultation R Claim Details Please provide the following information. Campus FIle Number Date of Ir	njury Claim Admin Claim		4 me* Claim Representative Last Name* Cla	Report Detail
Rehab Consultation R Claim Details Please provide the following information. Campus File Number CL Employee Details WID Number EE	njury Claim Admin Claim	Number Claim Representative First Nat	4 me* Claim Representative Last Name* Cla	Report Detail
Rehab Consultation R Claim Details Please provide the following information. Campus File Number Date of Ir Av20/20 Employee Details WID Number	njury Claim Admin Claim	Number Claim Representative First Nat Claim Representative First Employee	4 me* Claim Representative Last Name* Cla	Report Detail
Rehab Consultation R Claim Details Please provide the following information. Campus File Number CL Employee Details WID Number EE Employee Address	njury Claim Admin Claim	Number Claim Representative First Nat Claim Representative First Employee	4 me* Claim Representative Last Name* Cla	Report Detail

- Further down the page is the Qualification Details section. Answer the questions by clicking on the appropriate response.
- Provide a narrative by either typing in the Narrative Report field or uploading an electronic version of the report.
- Click the + Upload Document button to attach the *Rights* and responsibilities document. Note: This is optional and must be submitted prior to closing the rehabilitation case.
- Click the + Upload Document button to attach the required supporting attachments.
- Enter your first and last names in the Full Name of Signatory field, check the box to confirm and legally sign electronically, and enter the Initial Rehab Consultation Date in the mm/dd/yyyy format.
- Click Submit Form. You can also use other buttons: Back to go back one screen; Save as Draft to save a copy to return to; Download PDF to download a copy; Preview to view it on screen; or Cancel to exit without saving.

-	fication Details 5
	inion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee hell ne of injury.
O No	O Yes
In my op	inion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.
O No	○ Yes
In my op work ab	inion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's lity.
O No	O Yes
I have co	nsulted with the date-of-injury employer regarding the above issues.
O No	○ Yes
Eligibilit	/ Statement
O In m	y opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22
O In m	opinion the employee is not a qualified employee and is not eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22
O The	parties have informed me that they wish to initiate statutory rehabilitation services at this time
Narra	ntive Report
	•
Please pr	ovide a Narrative either by filling out the field below or attaching a document in the provided attachment section
Narrative	Report *

Rights and Responsibilities

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

File Type

+ Upload Document			
File Name	File Type	Description	Remove

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 i 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 falling to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52. SUBDIVISION 3.

cum	CIT	8
_	_	

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).

Description

Full Name of Signatory *	9
Initial Rehab Consultation Date	, Fam legally signing this electroeted command confirm that the information on this form is true, accurate, and complete to the best of my knowledge
4/28/2020	
10	1
Submit Form Save as Draft	Download PDF Preview Cancel

Remove

R-2 submission

 On the rehabilitation case details page, click on the Rform Details button to begin the R-2 form submission process.

 In the new window, select which type of R-form you wish to submit or amend.
 Select R-2, Submit and Next to continue.

- The R-2 Rehabilitation Plan page opens showing three main steps, Rehab Details, Services Provided, and Attachments and Instructions, that will need to be completed.
- Fill in all required information denoted with an asterisk (*) for the Claim Details and Occupation Details.
- Click the Next button at the bottom of the screen. You can also choose Save as Draft to save a copy to return to or Cancel to exit without saving the information.

Claim Details 4 ampus File Number 1L:00:21 Date of Injury 4/19/2020 Claim Admin Claim Number WC:20 Claim Rep First Name Claim Rep Last Name* Claim Rep Last Name Phone Number* Phone Number Cocupation Details 4 bccupation At Time of Injury* Pre-injury AWW Occupational Demands * ~ ob at Date of Injury* Employee's Current Work Status * Vocational Goal * ~ tighest Grade Completed * Employee May Require an Interpreter * 4/30/2020	r: Carol Jeffries	Assignee: Owner:			1 R-Form Details
Sandh Kufury CL39.2571 teng John S. Karlow	nary				
Card J Mines in 19. Main Su, Marciada, MA, 53150 0619. 202. 8933 4.002029 No Yes Projected Main Card No Yes Projected Main Card No Yes Projected Main Card SU20200 19.00 1			Rehab Provider Firm		
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ubmit PR 3 3 4 0 2		-			
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8 •		M			
8 •					
Next Cancel	\				
2 Rehabilitation Plan two provide the following information		*			
2 Rehabilitation Plan two provide the following information	-	• •			
see provide the following information Image: Sprovide the following information Image: Sprovide the following information Image: Sprovide the following information Itain Details Image: Sprovide of Injury Date of Injury Image: Claim Admin Claim Number Image: Claim Rep First Name* Image: Phone Number* -00-21 Date of Injury MC-20- Image: Claim Rep First Name* Image: Claim Rep Last Name* Phone Number* coupation Details Image: Claim Admin Claim Number Image: Claim Rep First Name* Image: Claim Rep Last Name* Phone Number* coupation Details Image: Claim Rep First Name Image: Claim Rep Last Name* Phone Number coupation At Time of Injury* Employee's Current Work Status* Vocational Goal * • b at Date of Injury* Employee May Require an Interpreter* Image: Image: Strade Completed * • comments Image: Strade Completed * Employee May Require an Interpreter * • Image: Strade Completed * •		• •			
Image: Services Provided Image: Services Provided Provided Provided Provided Pro	Nex	Cancel			
ehab Details Services Provided Attachments and Instruction Impuss File Number roo-21 Date of Injury Claim Admin Claim Number VC-20 Claim Rep First Name Claim Rep Last Name Claim Rep First Name Claim Rep First Name Claim Rep Last Name Pre-Injury AWW Cocupation Details Cocupation At Time of Injury Pre-Injury AWW Cocupation At Time of Injury Pre-Injury AWW Cocupation At Time of Injury Pre-Injury AWW Services Current Work Status * Services Current Work Status * Services Current Work Status * <		• • Cancel			
Laim Details (4) Date of Injury Claim Admin Claim Number Claim Rep First Name* Claim Rep Last Name* Phone Number* -00-21 4/19/2020 WC-20- Claim Rep First Name Claim Rep Last Name* Phone Number* coupation Details (4) cupation Interview Pre-injury AWW* Occupational Demands * ~ coupation At Time Of Injury * Employee's Current Work Status * Vocational Goal * ~ ghest Grade Completed * Employee May Require an Interpreter * Initial Rehab Consultation Date Initial Rehab Consultation Date ccomments Comments Comments Comments Comments Comments	litation Plan	Cancel	3		
Image: Splic Number Date of Injury Claim Admin Claim Number Claim Rep First Name Claim Rep Last Name Phone Number -00-21 4/19/2020 WC-20- Claim Rep First Name Claim Rep Last Name Phone Number coupation Details coupation At Time Of Injury Pre-injury AWW* Occupational Demands * b at Date of Injury* Employee's Current Work Status * Vocational Goal * ghest Grade Completed * Employee May Require an Interpreter * Initial Rehab Consultation Date	litation Plan		8		0
Image: Still Number Date of Injury Claim Admin Claim Number Claim Rep First Name Claim Rep Last Name Phone Number -00-21 4/19/2020 WC-20- Claim Rep First Name Claim Rep Last Name Phone Number ccupation Details 4 - - - - ccupation In time of Injury Pre-injury AWW Occupational Demands * - b at Date of Injury * Employee's Current Work Status * Vocational Goal * - ghest Grade Completed * Employee May Require an Interpreter * 4/30/2020	litation Plan	0	•		Attachments and Instructions
4/19/2020 WC-20 Claim Rep First Name Claim Rep Last Name Phone Number	litation Plan owing information	0	•		
copation At Time Of Injury* Pre-injury AWW* pre-injury AWW Occupational Demands * b at Date of Injury * Employee's Current Work Status * ghest Grade Completed * Employee May Require an Interpreter * c Comments	litation Plan www.mg.information	2 Services Provi	ded	Claim Rep Last Name *	Attachments and Instructions
ccupation At Time Of Injury* Pre-injury AWW* pccupation At Time Of Injury Ccupation At Time Of Injury b at Date of Injury* Employee's Current Work Status * Vocational Goal * ighest Grade Completed * Employee May Require an Interpreter * Initial Rehab Consultation Date ic Comments Initial Rehab Consultation Date Initial Rehab Consultation Date	S Contraction Plan	2 Services Provi	ded Claim Rep First Name *		Attachments and Instructions
copation At Time Of Injury* Pre-injury AWW* pre-injury AWW Occupational Demands * b at Date of Injury * Employee's Current Work Status * ghest Grade Completed * Employee May Require an Interpreter * c Comments	S Contraction Plan	2 Services Provi	ded Claim Rep First Name *		Attachments and Instructions
b at Date of Injury * Employee's Current Work Status * Vocational Goal *	Date Of Injury 4/19/2020	2 Services Provi	ded Claim Rep First Name *		Attachments and Instructions
ghest Grade Completed *	bate of Injury 4/19/2020	2 Services Provi Claim Admin Claim Number WC-20- Preingury AWW*	ded Claim Rep First Name * Claim Rep First Name	Claim Rep Last Name	Attachments and Instructions
ghest Grade Completed * Employee May Require an Interpreter * 4/30/2020 C comments	bate of Injury 4/19/2020	2 Services Provi Claim Admin Claim Number WC-20- Preingury AWW*	ded Claim Rep First Name * Claim Rep First Name	Claim Rep Last Name	Attachments and Instructions
IC Comments	bate of Injury 4/19/2020	2 Services Provi Claim Admin Claim Number WC-20- Pre-injury AWW* Pre-injury AWW	ded Claim Rep First Name * Claim Rep First Name	Claim Rep Last Name	Attachments and Instructions
	Date of Injury 4/19/2020 etails 4 wy*	2 Services Provi Claim Admin Claim Number WC-20- Pre-injury AWW Pre-injury AWW Employee's Current Work Status *	ded Claim Rep First Name * Claim Rep First Name Claim Rep First Name Occupa Vocatio Initial Reb	Claim Rep Last Name	Attachments and Instructions
	Date of Injury 4/19/2020 etails 4 wy*	2 Services Provi Claim Admin Claim Number WC-20- Pre-injury AWW Pre-injury AWW Employee's Current Work Status *	ded Claim Rep First Name * Claim Rep First Name Claim Rep First Name Occupa Vocatio Initial Reb	Claim Rep Last Name	Attachments and Instructions
5	Date of Injury 4/19/2020 etails 4 wy*	2 Services Provi Claim Admin Claim Number WC-20- Pre-injury AWW Pre-injury AWW Employee's Current Work Status *	ded Claim Rep First Name * Claim Rep First Name Claim Rep First Name Occupa Vocatio Initial Reb	Claim Rep Last Name	Attachments and Instructions
Next Save as Draft Cancel	Date of Injury 4/19/2020 etails 4 wy*	2 Services Provi Claim Admin Claim Number WC-20- Pre-injury AWW Pre-injury AWW Employee's Current Work Status *	ded Claim Rep First Name * Claim Rep First Name Claim Rep First Name Occupa Vocatio Initial Reb	Claim Rep Last Name	Attachments and Instructions

Complete the Initial
 Evaluation Report by either

typing in the provided field or by using the **+ Upload Document** to upload a previously created report.

- Fill in all Services Provided required fields marked with an asterisk (*). Use the + Add button for additional lines or Next to continue.
- Upload Supporting Attachments by using the + Upload Document button.
- Enter your first and last names in the Full Name of Signatory field and check the box to confirm and legally sign electronically. Click the Submit Form button.

R-3 submission

- On the rehabilitation case details page, click on the **R-form Details** button to begin the R-3 form submission process.
- In the new window, select which type of R-form you wish to submit or amend. Select R-3, Submit and Next to continue.

Service Category * 00 - Rehab Consultation 🛛 👻	Description * Consultation to determine eligibility. Eligibility Determinatio		ed Cost * Projected Cost	Projected Completion Date 4/30/2020	· .	Remove
Services Provided List only the services to be provide Service Category *		Projec	ed Cost *	Projected Completion Date	.*	Damova

	-		
ile Name	File Type	Description	Remove
lectronic Signatur	e		
ease type your First and Last N	lame as they appear on your CAMPUS profile. By signir	g and dating this form. I certify copies of this form and atta	chments are being sent to the employee, insurer, any attorney(s), the
epartment of Labor and Indust	ry and, if required, to the department's Vocational Reh	abilitation unit (VRU).	0 191 19
ull Name of Signatory *			
ull Name of Signatory *			
	g this have Law logaly signing this electronic form and	I confirm that the information on this form is true assumption	and complete to the heat of multipulledge
Hunderstand that by checkin	g this box, I am legaly signing this electronic form and	l confirm that the information on this form is true, accurate	, and complete to the best of my knowledge.
Honderstand that by checkin	g this box, I am legaly signing this electronic form and	l confirm that the information on this form is true, accurate	, and complete to the best of my knowledge.
Hunderstand that by checkin	g this box. I am legal y signing this electronic form and	i confirm that the information on this form is true, accurate	, and complete to the best of my knowledge.

Rehab For: Carol Jeffries VocRehabCase: RT-03-4328-923	Investigation Needed Assignee: Owner:			R-Form Details →	
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					
RCR					
Submitted		·			
2					
Submit					
ů					
PPR	\mathbf{N}	×			
R-3		•			
R8		-			

- 3. The Rehab Plan Amendment (R-3) page opens showing three main steps, Assigned QRC, Amendments and Supporting Information, that will need to be completed.
- Select the appropriate bubble for the Assigned QRC: Continue as Assigned QRC, if there is no change; Change of QRC, if a new QRC is taking over this case; or Withdrawal of QRC, if the QRC is withdrawing on this case.
- Fill in the Proposed Amendment and Rationale field with a brief explanatory statement.
- Fill in all of the Services to be Provided required fields marked with an asterisk (*). Use the + Add button to add additional lines or Next to continue.
- Now, you may upload
 Supporting Information.
 Provide a narrative (if applicable) by typing in the
 Plan Barrier Narrative
 Report field or using the
 + Upload Document button
 to upload a completed
 report.
- Attach any other supporting documents to the R-3 using the + Upload Document button.

0	0	3
Assigned QRC	Amendments	Supporting Inform
ssigned QRC	Amendments	Supporting Inf

Rehab Plan Amendment Please provide the following information	(R3)				
rease provide the following information					
0		2			8
Assigned QRC	Amen	dments			Supporting Information
Proposed Amendment & Ration Please provide a brief statement that covers the p	onale roposed amendments and the rationale for these am	endments.			
Proposed Amendment And Rationale *					
Services to be Provided Below are the currently provided services. Please r	make any adjustments as necessary to the description	n, projected cost	, and projected completion	date. If a service is no longer needed, clic	k the delete button next to it.
Description *		Proje S	ected Cost * Projected Cost	Projected Completion 🖻	Remove
Service Category * -		>	Projected Cost	(mm/dd/yyyy)	
+ Add	6				Total Projected Cost: \$0.00
Projected Cost and Duration					Total Projected Cost. \$0.00
	on the plan-to-date plus any amendments you have r	made thus far or	n this form. Please verify tha	t the updated cost and duration look cor	rect, and proceed to the next
Costs					
Plan costs to date \$0.00	Projected additional costs to co \$0.00	ompletion		Estimated total cost \$0.00	
0		0			3
Assigned QRC		dments			Supporting Information
Plan Barrier Narrative Report					
	filling out the field below or attaching a document in	the provided at	tachment section		
Plan Barrier Narrative Report					
Plan Barrier Narrative Document Up	alanad 🔪				
+ Upload Document	Jioau	7			
		-			
Supporting Attachments Attach any other supporting documentation to thi	s R3. Examples might include commentary from the	Employee or pr	oof that this form was sent	for signatures. NOTE: If you are a Withd	rawing QRC, you are required to
attach documentation including services provided	and associated costs to date				
attach documentation including services provided + Upload Document 8	and associated costs to date				
attach documentation including services provided	and associated costs to date				
attach documentation including services provided	and associated costs to date				
attach documentation including services provided	ano associateo costi to date				

9.	Enter your first and last	Electronic Signature
	names in the Full Name of	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 departments Vocational Rehabilitation unit (VRU).
	Signatory field and check the	Full Name of Signatory *
	box to confirm and legally	Initial Rehab Consultation Date
	sign electronically, then and	4/30/2020
	click the Submit Form	
	button.	

R-8 submission

- On the rehabilitation case details page, click on the **R-form Details** button to begin the R-8 form submission process.
- In the new window, select which type of R-form you wish to submit or amend.
 Select R-8, Submit and Next to continue.

 The Plan Closure Report page opens showing three steps, listed at the top of the screen – Rehab Details,
 Services Provided and Attachments and Information – that will need to be completed. On the first page, provide Closure Details by filling in all required fields marked with an asterisk (*). Click Next to continue.

Sarah McCurdy Cl	ussociated Claim			
Sarah McCurdy Cl				
Employee Name	CL-03-4328-571	Rehab Provider Firm		
	mployee Address 39 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020	
Is QRC Withdrawal Is	s Eligible	Projected Rehab Cost	Right And Responsibility Filed Date	
R-Form Details Submit or Amend an R-Form Submitted Submitted Submit Submit Submit Submit Submit Submit Submit Submit Submit Submit Submit of Amend an R-Form Submit of A				
OSUTE DETAILS nployment Status at Plan Closure * me of Employer at Plan Closure *	Next Cancel Job Title at Plan Closure * Job Title at Plan Closure		Gross AWW at Plan Closure * S	¥ 1279.6
W Date *	🗉 Return to Work Job *	v	Occupational Demands *	
n/dd/wyy)				
ason for Rehabilitation Plan Closure *		Mo O Yes		
umber Of Weeks Suspended	Training Services *		Total Number of Previous Assigned QRCs *	

- Next, fill in all numerical amounts for the Total Cost Details. Click the Next button at the bottom of the screen to continue.
- Next, you may provide additional information for the Plan Closure Report by using the Summary Closure Report field to type in information summarizing the services provided or by clicking the + Upload Document button to attach a previously completed report.
- Attach any other Supporting Attachments to the R-8 using the + Upload Document button.

+ Upload Docu

File Type

File Name

- Enter your first and last names in the Full Name of Signatory field and click the checkbox to confirm and legally sign electronically.
- Click the Submit Form button to finalize. You can also use the other buttons: Back to go back one screen; Save as Draft to save a copy to return to; Download PDF to download a copy; Preview to view it on the screen; or Cancel to exit without saving.

*Save as Draft forms will be in the My Forms tab and will automatically be removed after 21 days if not updated or submitted.

Rehab Details	Services Provid	ded	A	ttachments and Information	
Total Cost Details					
00 - Rehab Consultation	N/A	N/A	Prior QRC Firm Costs Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs	
01 - Medical Management	N/A	N/A 4	Prior QRC Firm Costs Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs	
02 - On-Site Job Analysis	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs	
03 - Coordinate RTW Same ER	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs	
Ian Closure Report ase provide the following information					
		0		3	
	Service	• Provided		3 Attachments and	i Informa
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Rehab Details	Service g services from beginning to end of rehabilitatic		Jbp. 7 F (4))	•	d Informa
Rehab Details Summary Closure Report Attach a Summary Closure Report			ubp. 7 F (4))	•	l Informa

Please type your first and Last there as level 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 indistry and, if required, to the department's Vocational Rehabilitation unit (VRU). Full Name of Signatory D 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. By signing and dating the full control of the approximation of the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).	Electronic Signature 🕜	
Full Name an Signatory +	Please type your First and Last Name as the Department of Labor and Industry and if	y 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 emired to the department's Vocational Behabilitation unit (VBII)
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Submit Form Back Save as Draft Download PDF Preview Cancel	By signing and dating this form, I certify cop	

Description

Remove

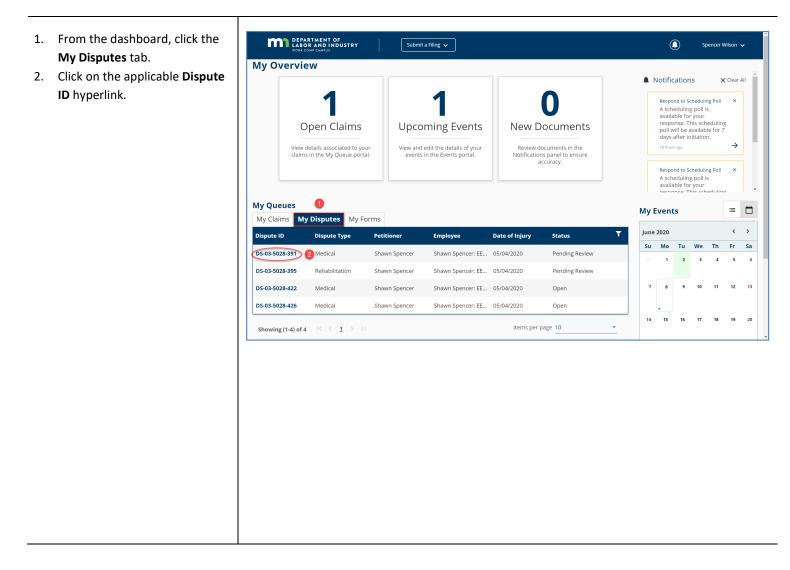
Electronic service

Standard practices of workers' compensation require a variety of documents to be served to different parties, both within and outside of DLI. Situations that require legal servicing of documents are outlined in Minnesota Statutes; Campus allows documents to be served both via paper and electronically.

External users will submit webforms that will require proof of service. Depending on the user profile, they will have the ability to submit filings from the dashboard, as well as from cases, claims, disputes and penalties. While not all filings will require legal service, this section shows an example of a submitted webform that requires legal service.

Filing a form with an affidavit of service

The following example shows an external user submitting a motion to intervene on a dispute, which requires legal service.



- On the dispute details page, click the Submit a Filing dropdown menu to choose which type of filing you would like to submit.
- 4. Select **Motion to Intervene** from the drop-down menu.

- You will now go through the steps of filing the motion. Choose the intervening Organization.
- 6. Click Next to continue.

 Fill in all of the Intervenor Details; anything with an asterisk (*) is required. My orgeneration is not listed
Next Back Cancel Save as Draft

- Add any Supporting Attachments by clicking the + Upload Document button.
- 9. Click Next to continue to the Serve Parties step.

	28-391	n Spencer Pending Review	Owner:		+ Submit Filing
Jispute, D3-03-30.					
Dispute O	verview				^
Certified	Culturality of Filling	a a data da seta tura			
Denial of Prir	Submit a Filing				
	Please indicate the type of filing	you wish to make.			
Dispute D	Motion to Intervene	- 4			^
Dispute Type Medical	Save Back				
Requested By Spencer Wilsor			Requester Type Employee		
			Employee		
	ID.	Detitioner	Deependent Party		
Claim Employee Wi	ib D: Spencer, Shawn	Petitioner EE-02-3157-510: Spence	Respondent Party		
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5/28/2020	É				
(mm/dd/yyyy)					
		or on behalf of the employee and has a			
Attached to this Motion to Inter	rvene is an exhibit(s) itemizing the cha	rges for services provided or payments	made to or on behalf of the employe	ee by the applicant for the dates below.	
Total Claim Amount to Date *					
ş	Total Claim Amount to Date	Start Date *		End Date *	
		(mm/dd/yyyy)		(mm/dd/yyyy)	
Upon request of a party or to p	resent evidence of the intervention cl	aim at hearing, the applicant acknowled	ges it will provide additional docume	ntation, records and reports as required by law.	
Acknowledge Intervention					
A determination in this case ma exhibit(s).	ay affect the ability of the applicant to	obtain payment from any source for th	e services provided or payments mad	le to or on behalf of the employee as itemized in the attached	
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 *	
Spencer		Wilson		Title	
Phone *		Email *			
(703) 481-9944		minivikes@gmail.com			
Therefore, the applicant reques	its	y in the above-captioned proceeding ar	id that payment for services provided	l or benefits paid be made, plus appropriate statutory interest.	
+ Upload Document			Description		

Affidavit of service

The next step in the process is to serve the intervention. Serving documents allows you to serve the intervention to select parties on the dispute.

- In the Serve Parties step, all parties on the dispute will be displayed. Click the checkbox in the Serve Party column to select who gets served.
- Each party will set their own preferred Service Method, which is how the motion will be served. In this example, the party has chosen to be served via U.S. mail and their mailing address is displayed. (If the user has chosen electronic service, their email address will show in the address field.)
- You can also manually add service recipients by clicking on the + Add Service Recipient button.
- 4. Enter all required information indicated with an asterisk (*).
- 5. Click **Save** to add the recipient.

Parties						
entrantic and the						
Select the parties	to serve below. You may u	update service addres	sses for parties served via mail. C	lick the Add Service Recipient	button to add parties to the service list.	
+ Add Servi	ice Recipient					
Serve Party	Name	Role	Address	Service Method	Service Date	
			123 Main Street		Choose a date *	
	Shawn Spencer	Employee	123 Main Street Lone Tree, CO 80124	US Mail	6/2/2020	Edit Address
Notice						
Upon clicking Sub	omit, Campus will:					
Create and	merge an Affidavit of Serv	ice with your filed do	cument			
 Send an en 	nail to all parties who recei	ve service via Campu	ŝ			
To serve parties t	y mail you must print a co	py of the filed docum	nent and your Affidavit of Service.			
Declaration						
□ I declare unde	er penalty of periury that e	verything that I have	stated in this document is true a	nd correct. Minn. Stat. § 358.1	16	
Electronic Si	0	v appear on your CA				
Electronic Si	First and Last Name as the	y appear on your CA quired, to the depart	MPUS profile. By signing and dati ment's Vocational Rehabilitation	ng this form, I certify copies o unit (VRU).	if this form and attachments are being sent to tr	ie employee, insurer, any accorney(s), c
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Add Service Recipient

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ostal Code * lostal Code	City * City			County County	
tate Province		Ť	Country United States		
Save 5 Cancel					

- All boxes must then be checked to declare and confirm, and your Electronic Signature must be entered exactly as it is in your Campus profile.
- 7. Click Submit Form.

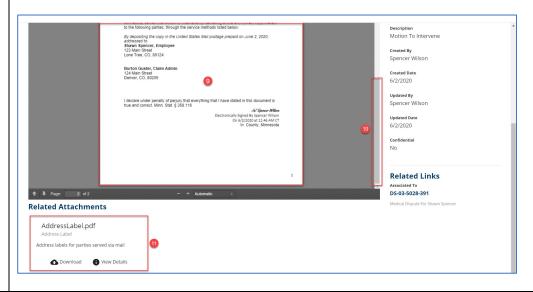
 After the filing is submitted, you can find a record of it by going to the My Forms queue on the dashboard and clicking on the hyperlink under Form Type.

*Filings that do not result in documents do not have a hyperlink.

- This will take you to a page to view a PDF version of the filing you submitted.
- If you scroll to the last page of the document, you will see the Affidavit of Service included.
- 11. For any parties being served by U.S. mail, you can print this document and **Address Labels**, which can be found directly beneath the document.

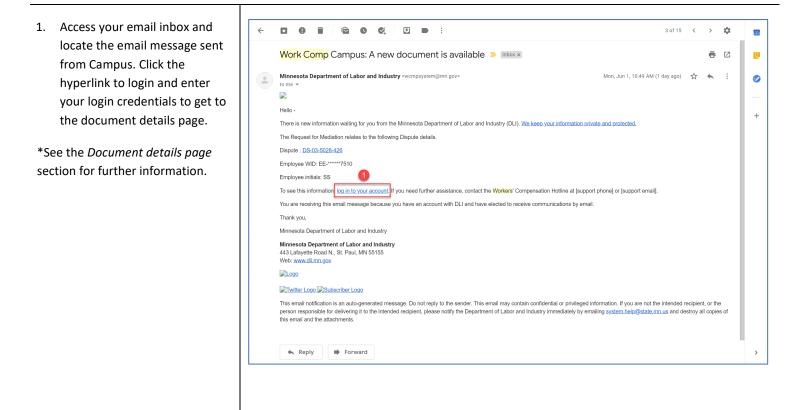
Affidavit	of Service							
Parties								
Select the parti	ies to serve below. You may upo	late service addresse	es for parties served via mail. Click	the Add Service Recipient butto	n to add parties to the se	ervice list.		
+ Add Se	rvice Recipient							
Serve Party	Name	Role	Address	Service Method	Service Date			
_			123 Main Street		Choose a date *			
~	Shawn Spencer	Employee	Lone Tree, CO 80124	US Mail	6/2/2020		Edit Address	
					Choose a date *			
\checkmark	Burton Guster	Claim Admin	124 Main Street Denver, CO 80205	US Mail	6/2/2020		Edit Address	
								_
Notice								
Upon clicking S	Submit, Campus will:							
 Create an Send an 	nd merge an Affidavit of Service email to all parties who receive	with your filed docu service via Campus	ment					
	s by mail you must print a copy		ot and your Affidavit of Service					
To serve partie			it and your Amount of Service.					
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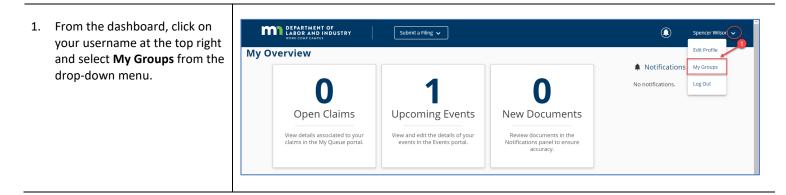
Receiving service email

When you are served a document electronically, you will receive an email message indicating there is a document available for you to view. This email message will only contain basic information about the document and associated transaction.



Setting up service of process designees

External users will also be served documents. Each external entity will have an assigned group administrator; the group administrator can assign another user or themselves as the service of process designee.



2. You will then see the groups you are associated with. To assign a service of process designee, click the kebab menu and choose **Manage Group**.

DEPARTMENT OF LABOR AND INDUSTRY

Permissions

Group Administrator

3 🖍 Edit

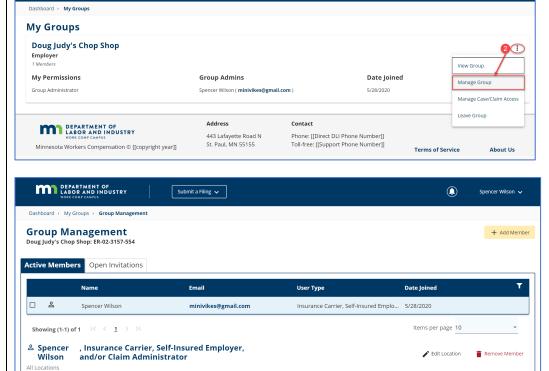
Relationships

No relationships assigned

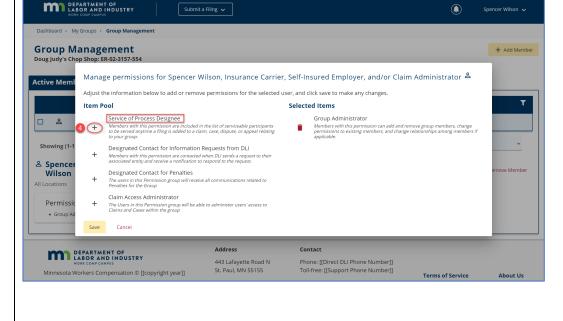
Submit a Filing 🗸

 This page shows all Active Members and their roles. To assign a role to a user, click the Edit option in the Permissions box under their name.

4. Click the plus sign next to the role you would like to assign.



🎤 Edit



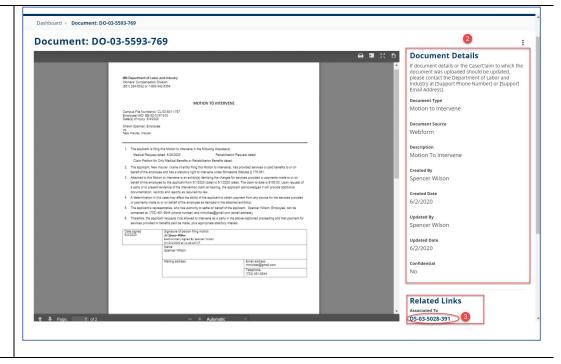
5. The item you selected will DEPARTMENT OF LABOR AND INDUSTRY Submit a Filing 🗸 ۹ display in the Selected Items Dashboard > My Groups > Group Management column. + Add Member **Group Management** Click the **Save** button. 6. R-02-3157-554 Doug Judy's Chop Shop Active Mem Manage permissions for Spencer Wilson, Insurance Carrier, Self-Insured Employer, and/or Claim Administrator 🛎 *After this is done, if a document Adjust the information below to add or remove permissions for the selected user, and click save to make any changes. T needs to be served on the entity, Selected Items 6 Item Pool □ ≗ the user assigned to this role will Designated Contact for Information Requests from DLI Group Admin + Members with the permissions to ex Members with this permission are contacted when DLI sends a request associated entity and receive a notification to respond to the request. Î ve group memi bers, change ong members if receive that document. owing (1-Designated Contact for Penalties Service of Process Designee + The users in this Permission group will Penalties for the Group Members with this permission are included in the list of servi to be served anytime a filing is added to a claim, case, disput to your group. Î ి Spencer able participants or appeal relating Wilson Claim Access Administrator + The Users in this Permission group will be able to administer users' access to Claims and Cases within the group Permissi 6 Save Cance Address Contact DEPARTMENT OF LABOR AND INDUSTRY 443 Lafayette Road N St. Paul, MN 55155 Phone: [[Direct DLI Phone Number]] Toll-free: [[Support Phone Number]] Minnesota Workers Compensation © [[copyright year]]

Document details page

The document details page shows additional information about a document, with related links to associated transactions that can be viewed.

1.	From the dashboard, click the My Forms tab and click the hyperlink under Form Type .	My Overview	l to your View ar	d oming Events and edit the details of your ts in the Events portal.	Review	O Documents or documents in the fors panel to ensure accuracy.	nents in the nel to ensure									
		My Queues My Claims My Dispu 1 My Forms				My Events				:=		3				
		Form Type Associated Te	o Associated ID	Last Updated	Status	Confirmation Nu T		ie 20					```	_		
		Motion to Interven	None	6/2/2020	Submitted	2048	Su 31		10 Tu		/e Th		s e			
		Request for Informa	None	5/28/2020	Submitted	2024										
		Initiate Dispute	None	5/28/2020	Submitted	2023	7		8 !) 1	10 11	12	2 13	4		
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		Initiate Dispute	None	5/28/2020	Submitted	2016	21		15 11		17 18			19 20 26 27		

- 2. A document preview window will open with the **Document Details**.
- The Related Links section will show any additional transactions associated to the document and can be viewed by clicking on the hyperlink.



Disputes

Reviewing a dispute

When an external user is a party on a dispute or an associated user to a party on a dispute the **My Disputes** tab will show on the external dashboard.

1. Click on the **Dispute ID** to view any relevant disputes.

*The **Dispute Details** page will display.

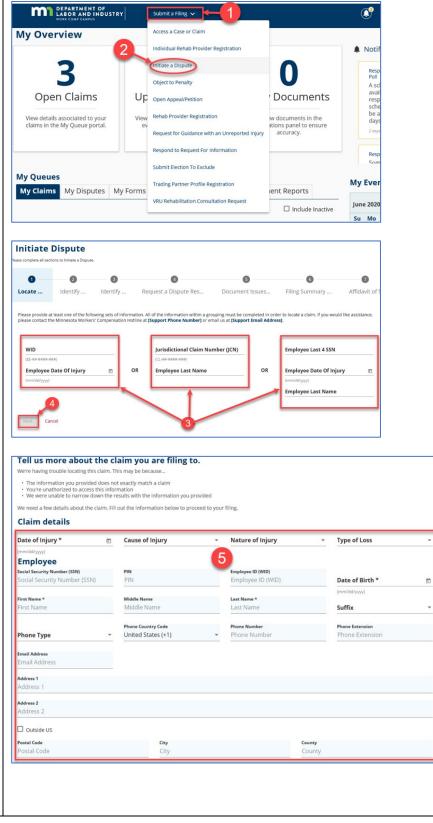
My Overview ▲ Notifications × Clear All Respond to Scheduling × Poil A scheduling poll is available for your response. This scheduling poll will be available for 7 days after initiation. **Open Claims Upcoming Events** New Documents View details associated to your claims in the My Queue portal. View and edit the details of your Review documents in the events in the Events portal. Notifications panel to ensure accuracy. → 2 days ago Response Recorded × **My Queues** := **My Events** My Claims My Disputes My Forms My Rehab Cases My SCF Assessment Reports $\langle \rangle$ June 2020 Dispute ID Dispute Type Requesting Pa... Employee Date of Injury Status ۲ Su Mo Tu We Th Fr Sa 1 DS-05-9192-798 Craig Robinson Craig Robinson... 06/01/2020 Medical Closed 6 1 2 3 4 5 DS-05-9706-265 Medical Taylor Tools Greg Maddox: ... 06/04/2020 Open 9 10 11 12 <mark>13</mark> DS-06-9843-265 Rehabilitation loe Harris Joe Harris: Invalid date Open 7 8 DS-06-9843-269 Rehabilitation loe Harris Joe Harris: Invalid date Open 16 17 18 19 <mark>20</mark> 14 15 DS-06-9843-273 Rehabilitation Joe Harris Joe Harris: Invalid date Open 21 22 23 24 25 26 27 DS-06-9843-277 Rehabilitation loe Harris loe Harris: Invalid date Open **Rehabilitation Dispute For: Joe Harris** Open + Submit Filing **Dispute Overview** UCWCP Certified Multiple Claims Managed Care Denial of Primary Liability Asbestos Claim Minor Employee Deceased **Dispute Details** Dispute Type Rehabilitation Date Received 6/26/2020 Requester Type Employee ested By Spencer Wilson Claim Employee WID Respondent Party ing Parts SE-02-5789-933: Joe Harris Certification De ute lur Pending DLI ADR Interpreter Services Requested Mediation Reque Online Forms No Medical Details - Summary naged Care Plan Total Medical Issues **Total Unresolved Medical Issues** Total Unpaid Balances 0 \$0.00

Initiating a dispute from the dashboard

External users will have the ability to initiate a dispute in Campus.

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Initiate a Dispute.

- 3. Enter the information for the related claim in one of the three boxes to activate the **Next** button to move forward.
- Click Next. (The button will highlight after information is provided.)
- If the information does not match a claim on file, enter the relevant claim information to create a claim shell.

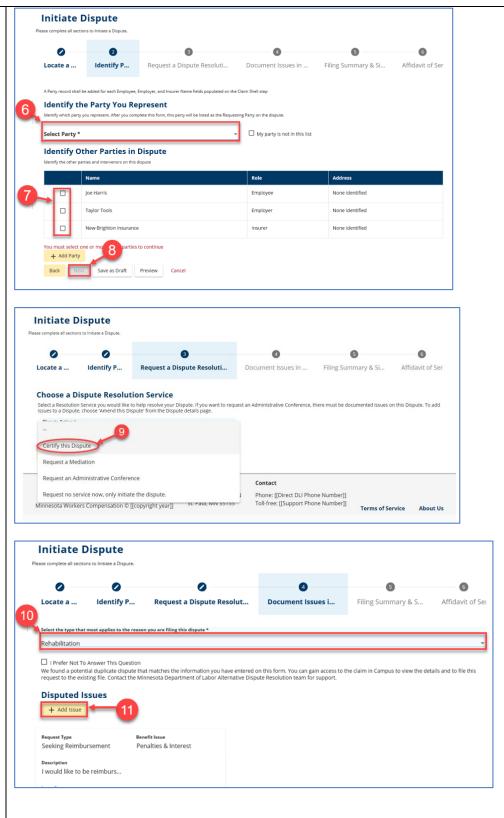


- 6. Choose the party you represent.
- 7. Select the other parties in the dispute.

*This step will automatically pull in the parties from the related claim and will give you the option to add others.

- Click Next. (The button will highlight after information is provided.)
- 9. Choose a dispute action, for example, **Certify this Dispute**.

- In the drop-down menu, select whether the dispute is medical or rehabilitation related.
- 11. Add any disputed issues.



12. Add any support attachments.
 13. Click Next.
 Disputed Payments

 Add any unpaid bills you are seeking reimbursement for. All unpaid bills should be related to the issues you added above.
 + Add Disputed Payment
 Health Care Bill Payors Section

Add Payor

+ Add Health Care Payor

Proof of Attempt to Resolve Managed Care Plan

+ Upload Document File Name File Type Description Remove **Supporting Attachments** + Upload Document File Name File Type Description Remove Instructions If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports, doctor's office notes or other information that supports your position. If the employer or insurer has denied the expense was necessary for treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting approval of prescribed treatment, surgery, equipment, rehabilitation, erother service, you will need to submit a report from a provider recommending the treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameter or departure that supports your request in your description of the issue above. Explain the details of your request 13 on can be rea ts provided below and the explanation provided here. Back Next Save as Draft Preview Cancel

Add any people or organizations other than the Workers' Compensation insurer that have paid health care bills related to this dispute. Attach any supporting documentation below.

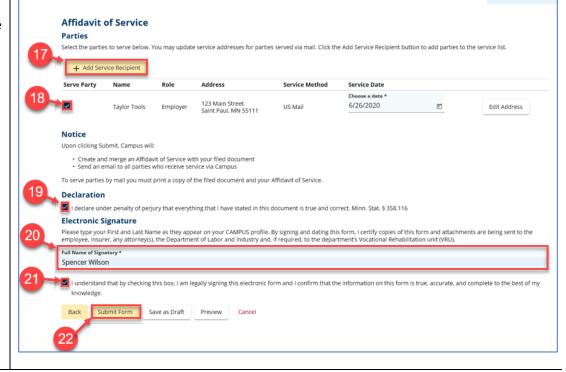
If medical services are being provided or managed by a certified managed care plan, please attach information showing that the dispute resolution process of the certified managed care plan has already been exhausted.

- 14. Provide an Electronic Signature.
- 15. Check the box.
- 16. Click **Next**. (The button will highlight after information is provided.)

Name		Role	Address
Joe Harris		Requesting Party	None identified
Taylor Tools		Employer	None identified
New Brighton Insurance		Insurer	None identified
)ispute Issue and I	Document Summary		
ispute Type	Number of Issues	Document to be filed with DL	Date Processed
ehabilitation	2	Request for Certification	n 6/26/2020
Electronic Signatur			
Please type your First and Last N	lame as they appear on your CAMPL		opies of this form and attachments are being sent to the
lease type your First and Last N mployee, insurer, any attorney	lame as they appear on your CAMPL	US profile. By signing and dating this form, I certify co	opies of this form and attachments are being sent to the
lease type your First and Last N mployee, insurer, any attorney	lame as they appear on your CAMPL	US profile. By signing and dating this form, I certify co	opies of this form and attachments are being sent to the
lease type your First and Last N mployee, insurer, any attorney ull Name of Signatory * he name provided does not match th	lame as they appear on your CAMPL (s), the Department of Labor and Ind hat of your CAMPUS profile.	US profile. By signing and dating this form. I certify co dustry and, if required, to the department's Vocation.	oples of this form and attachments are being sent to the al Rehabilitation unit (VRU).
lease type your First and Last N mployee, insurer, any attorney ull Name of Signatory * he name provided does not match th understand that by checkin	lame as they appear on your CAMPL (s), the Department of Labor and Ind hat of your CAMPUS profile.	US profile. By signing and dating this form. I certify co dustry and, if required, to the department's Vocation.	opies of this form and attachments are being sent to the
lease type your First and Last N mployee, insurer, any attorney Full Name of Signatory *	lame as they appear on your CAMPL (s), the Department of Labor and Ind hat of your CAMPUS profile.	US profile. By signing and dating this form. I certify co dustry and, if required, to the department's Vocation.	oples of this form and attachments are being sent to the al Rehabilitation unit (VRU).
lease type your First and Last N mployee, insurer, any attorney ull Name of Signatory * he name provided does not match th understand that by checkin	lame as they appear on your CAMPL (s), the Department of Labor and Ind hat of your CAMPUS profile. g this box, I am legally signing this el	US profile. By signing and dating this form. I certify co dustry and, if required, to the department's Vocation.	oples of this form and attachments are being sent to the al Rehabilitation unit (VRU).

- 17. Add Service Recipients.
- 18. Select any parties who require service.
- 19. Click the **Declaration** box.
- 20. Provide an Electronic Signature.
- 21. Check the box.
- 22. Click Submit Form.

*The webform is now completed and the dispute has been created. If you did not previously have any disputes, the **My Disputes** queue will now show on the dashboard. If you already had this, then a new dispute will be added to the queue.



Initiating a dispute webform from the claim details page

Τ

1.	Select the Submit Filing button.	Rehabilitation Dis Dispute: DS-06-9843-265 Dispute Overview	pute For: Harr	is _{Open}	1 + sut	omit Filing
		Certified Denial of Primary Liability	Multiple Claims Asbestos Claim	Managed Care Minor	UCWCP Employee Deceased	
		Dispute Details				^
2. 3.	Select the option Initiate Dispute from the drop-down menu. Click Save .	Submit a Filing Please indicate the type of transaction, and will be as Greg Maddox: Injury on 6/ Please indicate the type of	sociated to this transactio 04/2020: CL-05-9705-715		are specific to Claims, will use c	lata from thi
cla aut	ne webform will open. The im you navigated from will comatically be linked to the pute.	Filing Name Initiate Dispute				

Editing a dispute

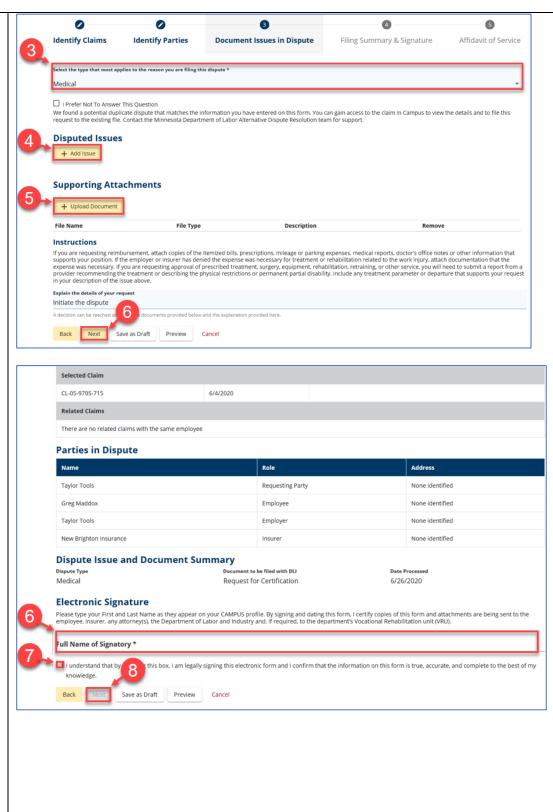
Through this process, you can add or remove parties, add or remove issues, and add documents to the dispute. Here are different amendments that can be made.

Amending a dispute

 Select Amend D the process. 	f Submit a Please indice transaction, Medical Disp	the the type of filing you wish to make and will be associated to this transa sute For: Greg Maddox: DS-05-9706- ate the type of filing you wish to make ute Action cal Response	ction. 265	are specific to Disputes, will us	e data from this	
2. Add or remove	/ I	Dispute ctions to Amend this Dispute.]
the claim as neo	essary.	ctions to Amend this Dispute.				
3. Click Next.	Identify Cla	2 aims Identify Parties	Document Issues in Di	•	4 5 ry & Signature Affidavit of Service	
	-	Other Parties in Dispute parties and intervenors on this dispute Name Greg Maddox		My party is not in this list Role Employee	Address None identified	
	2	Greg Maddox New Brighton Insurance		Insurer	None identified	
	+ Add Part Back N	- 3	Cancel	Insurer	None laentitied	

- 3. [Use of 3 repeated] Change the reason type for filing the dispute.
- 4. Add Disputed Issues.
- 5. Add Supporting Attachments.
- 6. Click Next.

- [Use of 6 repeated] Provide your full name for the Electronic Signature.
- 7. Check the box.
- Click Next. (The button will highlight after information is provided.)



9.	Issue the Affidavit of Service		Affidavi	t of Service				
	to required parties.		Parties	No. 4				
10.	Click Declaration box.		Select the par	ties to serve below. You may	y update service addresses for parties served via mail. Click the	Add Service Recipient button to add p	arties to the service	list.
11	Provide your full name for the		+ Add S	ervice Recipient				
11.			Serve Party		Role	Address	Service Method	Service Date
	Electronic Signature.			Greg Maddox	Employee		Electronic	6/26/2020
12.	Check the box.	9		Taylor Tools	Employer		Electronic	6/26/2020
13.	Click Submit Form.			Spencer Wilson	Service of Process Designee for Taylor Tools	minivikes@gmail.com	Electronic	6/26/2020
				New Brighton Insurance	Insurer		Electronic	6/26/2020
				Spencer Wilson	Service of Process Designee for New Brighton Insurance	minivikes@gmail.com	Electronic	6/26/2020
				Tom Bombadil	Service of Process Designee for New Brighton Insurance	DLITestExt1+general9@gmail.com	Electronic	6/26/2020
			Notice					
				Submit, Campus will:				
				and merge an Affidavit of Se i email to all parties who rec	rvice with your filed document eive service via Campus			
			To serve parti	es by mail you must print a	copy of the filed document and your Affidavit of Service.			
		10	Declaratio					
				nder penalty of perjury that Signature	everything that I have stated in this document is true and corr	ect. Minn. Stat. § 358.116		
		11	Please type yo	ur First and Last Name as th	ney appear on your CAMPUS profile. By signing and dating this			ng sent to the
			employee, ins	urer, any attorney(s), the De	partment of Labor and Industry and, if required, to the departr	ment's Vocational Rehabilitation unit (V	RU).	
			Full Name o	of Signatory *				
		12	Lundareta	nd that by checking t	am legally signing this electronic form and I confirm that the	information on this form is true accur	ate and complete to	the best of my
			knowledge	1 1 2	am legally signing this electronic form and i confirm that the	information on this form is true, accur	ate, and complete to	o the best of my
			Back	Submit Form Save as D	Draft Preview Cancel			
			L					

Choosing a dispute action

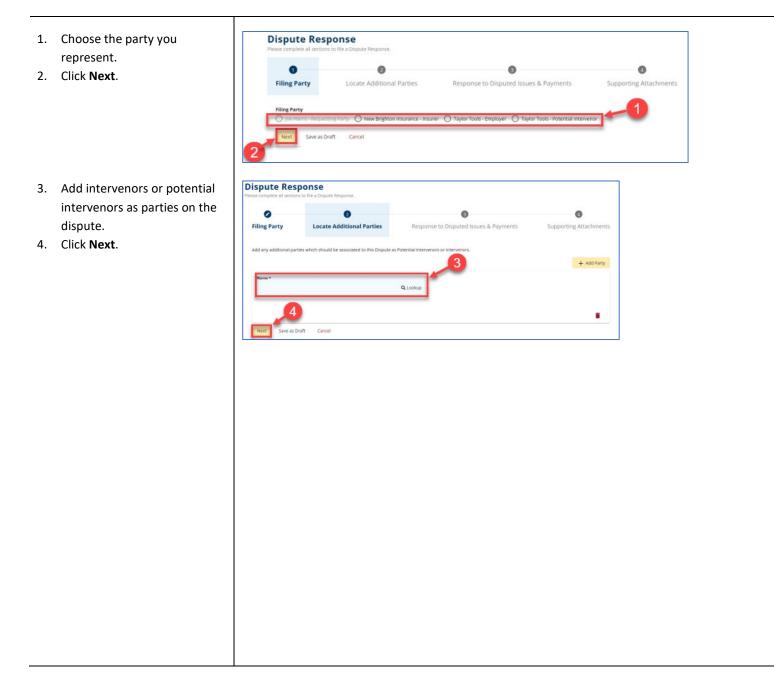
Through this process, you can request a mediation or an administrative conference, or simply request certification of your dispute. Note that to request an administrative conference or certification, there must be at least one issue in dispute.

set a Darahitian Camira wan wanid lika ta hala rarakua wanr Dira	ute. If you want to request an Adm	ninistrative Conference, tr	ere must be documented issues on this Dispute
lequest a Mediation			
equest an Administrative Conference			
r selected request will generate a Document to be distributed t pute.	o all parties, it also may request an	Event. Please see below	for details on what your submission will create fo
laims Associated to this Dispute			
Claim Name Employee ID (WID)	Employer	Insurer	ТРА
Joe Harris: Injury on Joe Harris 06/01/2020	Taylor Tools	New Bright	on Insurance
arties in Dispute			
Name	Role		Address
Joe Harris	Requesting Party		None identified
	Employer		None identified
Taylor Tools	ap.ofe.		

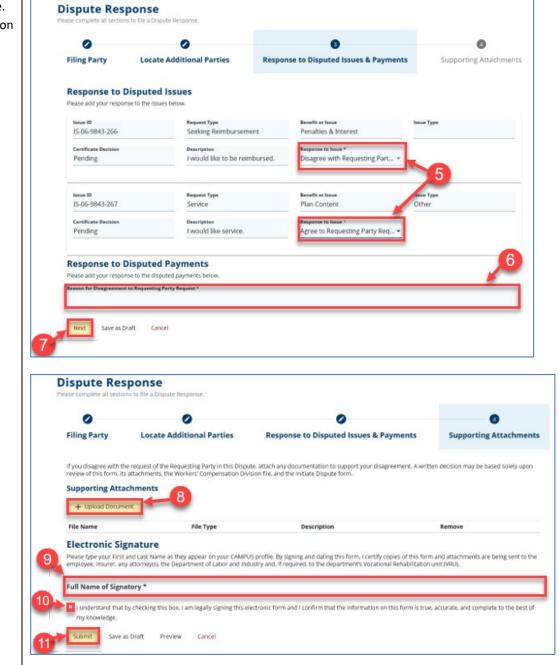
After this is submitted, and only if the user requested a mediation, a poll can be initiated or assigned to someone else to initiate. The poll will be used to see what days and times identified other parties for the event are available. *See the *External scheduling* section for more details about this process.

Rehabilitation, medical response

The **Rehab/Medical Response** can only be filed after an RFA has been filed and an administrative conference is scheduled but has not yet taken place. The form cannot be submitted by the user who initiated the dispute.



- 5. Address each disputed issue.
- 6. If you disagree, enter a reason for disagreeing.
- 7. Click Next.



Upload any supporting attachments.

- 9. Sign the webform.
- 10. Check the box.
- 11. Click Submit.

Other filing

The **Other Filing** option should be chosen when you want to upload a document to the dispute that does not fit any of the filing options. There is no information to fill in other than to upload the necessary documents, provide an **Electronic Signature**, check the required boxes and click **Submit**.

Scheduling

Scheduling an event in Campus

External users will be able to use Campus to organize and request the scheduling of events related to workers' compensation.

On the dashboard, there is a card that shows how many coming events you have. There is also a calendar in the bottom right that will show a colored dot to indicate you have an event that day.

				Noti	ficat	ions	×	lear A	JI
Open Claims View details associated to your claims in the My Queue portal.	3 Upcoming Events View and edit the details of your events in the Events portal.	D New Documents Review documents in the Notifications panel to ensure accuracy.		Poll A se ava res sch be day 7 day	chedu ilable ponse edulir availa rs afte rs ago	o Sche ling p for yc . This ng pol ble fo r initia o Sche	oll is our I will r 7 ation.	<i>→</i>	
My Queues My Claims My Disputes M	y Forms My SCF Assessment Rep	ports	My	Poll	nts			=	
		Include Inactive	June	e 202	0 Tu	We	Th	< Fr	> Sa
	Employer Claim Admin Date	e of Injury Status T	31	1	2	3	4	5	6
No data found Items per	page	^							
Showing (0-0) of IC < > >1 0		· · ·	7	8	9	10	11	12	13
Showing (0-0) of I ≤ < > >1 ₁₀		• ×	7	8 15	9 16	10 17	11 18	12 19	13
Showing (0-0) of I ≤ < > >1 ₁₀			7 14 21	8 15 22	9 16 23	10 17 24	11 18 25	12 19 26	

The dashboard calendar can be toggled to a daily view by clicking the list icon (three bulleted items) next to **My Events**. To open the full calendar, click on any day when you are in the calendar view or click the **Open Calendar** link in the bottom right.

	0		3		0		No notific	fications ations.		
Open	Claims	Up	coming Even	ts Ne	w Documer	nts				
	ssociated to your My Queue portal.		and edit the details of y ents in the Events portal		view documents in th fications panel to ens accuracy.					
ly Queues										
	My Disputes	My Forms	My Rehab Cases	My SCF Assess	sment Reports	active	My Even Thursday June 25		<	>
My Claims	My Disputes	My Forms Employer	My Rehab Cases	My SCF Assess Date of Injury		active	Thursday	6, 2020 Mediatio DS-05-919	< n 2-798 :	>
My Claims	Employee				Include In	active	Thursday June 25	, 2020 Mediatio	n 2-798 : ispute For	>

In the opened calendar, there is a legend that shows which types of events are scheduled each day.

		<	Month Week	>		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
				0 0		
28	29	30				
egend Mediation Administrative Confere Employee Meeting Hearing Unavailability	ence					

Monday Sunday Wednesday Tuesday Thursday Friday Saturday Selected date 0 0 Mediation 10:00 AM - 1:00 PM at Bemidji DS-05-9192-798 : Medical Dispute For Craig Robinson Created by Spencer Wilson DLI Staff: Spencer Wilson, Spencer Wilson Summary details Administrative Conference 12:00 PM - 5:00 PM at Rochester DS-05-9192-798 : Medical Dispute For Craig Robinson Created by Spencer Wilson DLI Staff: Spencer Wilson, Spencer Wilson, test person, Spencer Wilson, Spencer Wilson, test person

External users are only able to view events from the calendar, not schedule them. If you click on a day with an event scheduled, it will show you the summary details of the event.

To view more information, click on one of the events to be taken to the event details page, which lists all relevant information for the scheduled event.

Event: EV-05-9705-81 For Case: Medical Dispute For Craig					Export Event Details
Event Details					
Event Type	Event Status	Related Claim(s)		Related Case(s)	
Mediation	Scheduled	CL		undefined	
Unit Responsible for Event	Date	Start Time		End Time	
SCF	6/25/2020	10:00 am		01:00 pm	
Location Type		Physical Location Name			
Physical Location		В			
Address 1					
6					
Address 2					
City	State		ZIP Code		
В	MN		5		
Source		Number Of Times Rescheduled			
Campus		0			

To add an event to a calendar outside of Campus, click the **Export Event Details** button in the top right. This will allow you to download an .ics file, which can be added to most other online calendars, including Microsoft Outlook, Google Calendar and Apple Calendar. **An external user cannot schedule events in Campus**. Events can be requested by the user and a poll can be sent to see what days and times work for people to attend an event. To do this for a dispute, click on the **Dispute ID** on the **My Disputes** queue on the external dashboard. Then, on the **Dispute Details** page, click the **Submit Filing** button in the top right.

Medical Dispute Fo	or: Will Hunting _👳	en	+ Subn	nit Filing
Dispute Overview				^
Certified	Multiple Claims	Managed Care	UCWCP	
Denial of Primary Liability	Asbestos Claim	Minor	Employee Deceased	
Dispute Details				^
Dispute Type		Date Received		
Medical		6/15/2020		
Requested By		Requester Type		
Spencer Wilson		Employee		
Claim Employee WID	Requesting Party SE-02-5696-947: V	Vill Hunting	Respondent Party	

The **Submit a Filing** pop-up will display with several filing options. Select **Choose Dispute Action** to request a mediation.

Submit a Filing		
Please indicate the type of filing you wis transaction, and will be associated to thi		ons are specific to Disputes, will use data from this
Medical Dispute For: Will Hunting: DS-05	5-9191-199	
Please indicate the type of filing you wis	h to make.	
Pitter Mana		
Amend Dispute		
Choose Dispute Action		
Rehab/Medical Response		
	esting Party	Respondent Party
Other Filing	12-5696-947: Will Hunting	
Motion to Intervene	Dispute Juris	diction

A page will display where you can select the dispute action and attendees.

ect a Resolution Service you would ues to a Dispute, choose 'Amend to	d like to help resolve your Dispute. If you wa his Dispute' from the Dispute details page.	nt to request an Administrative Confere	nce, there must be document	ed issues on this Dispute. To add
Dispute Action *				
Request a Mediation		-		
ummary & Signature	2			
ur selected request will generate a pute.	Document to be distributed to all parties, it	also may request an Event. Please see	below for details on what your	submission will create for your
Claims Associated to	o this Dispute			^
Cleim Neme Will Hunting: Injury on 06/01/2020	Employee ID (WID) Emp Will Hunting	loyer Insurer	т	A
Parties in Dispute				
Parties in Dispute	Role		Address	,
	Role Requesting Party		Address None identified	,
Name				~
Name Will Hunting	Requesting Party		None identified	~
Name Will Hunting Will Hunting	Requesting Party Employer		None identified	
Name Will Hunting Will Hunting	Requesting Party Employer Insurer		None identified	
Name Will Hunting Will Hunting Will Hunting	Requesting Party Employer Insurer	Document to be filed with D	None identified None identified None identified	

After submitting a request, a page will display to initiate a poll. If you would like someone else to initiate the poll, choose **Yes**; if you would like to initiate the poll, choose **No**. Then click **Next**.

itiate Scheduling P se fill out the sections below, choosing up		ates, and 6 potential time blocks, to allow attendees to vote on th	e best time to hold your event.
0	0	0	0
et Another Poll Initiator	Basic Information	Potential Mediators, Dates, and Times	Confirm and Submit
elect if you would like to continue as the ass this responsibility to the Alternative l Yould you like to set another Poll Initia	Dispute Resolution unit of DLI to initiate	would like to pass this to another person in this Dispute, choose the poll.	nat person below. You may also

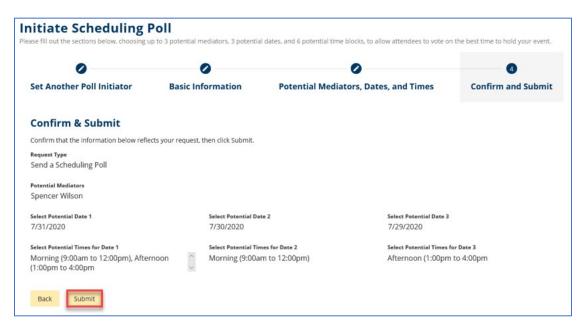
Choose the poll responders and note any special accommodations for the event. If the event time and location has already been agreed to, you can select **Yes** for the final question. If not, select **No**. Click **Next** when finished.

Set Poll Responders			
	m the list below. Note that you do not need to invite all me Associated Users to select below, please continue to fill out		
Party Name	Associated User	Title	Set as Poll Responder
Will Hunting	Spencer Wilson	Other Representative	
Will Hunting	There are no associated users for this Party		
New Brighton Insurance	Tom Bombadil	Administrator	
Will Hunting	There are no associated users for this Party		
Los Pollos Hermanos	Richard Hendricks	Other Representative	
Enter Event Special Accommodation	5		
Enter Event Special Accommodation	5		
	ndy agreed upon event date, time, and pref		ter this information below to ensure that
the desired Mediator is free to ru	n your event.		
Have all attendees already agree	eed upon event parameters?		
Back Next			

Select up to three potential mediators and up to three potential dates and times. Click **Next** when finished.

Potential Media	ators					
Parth AAA	Corinne Abele	Christie Ahern	Saleh Ahmed	Angie Andresen	Angle Andrese	n 🔲 Sandra Barnes
David Bateson	Mason Bender	Todd Bosch	U Walter Bowser	Troy Brekke	Dave Brown	Jason Burkholder
Pam Carlson	Brandon Carter	Richard Davis	🗌 Karen Durbin	Emily Fath	Berkeley Ferguss	on
Aaron Fredericks	on 🗌 Maggie Gar	ratt 🛛 Steven Gil	more 🗌 Tom Gla	vin 🗌 Krista Go	odyear 🗌 Jiteno	der Goswami
Laura Grimes	William Hauck	Debra Heisick	Mike Ireland	Mike Ireland	Lee Keller	□ Victoria Kettler
Victoria Kettler	Nicolette Lerch	Tyler Leskanic	🛛 Brian Mak	🔲 jack mallahan	Keith Maurer	Caitlyn Mayers
🗌 Kyle McLean	Owen McMillan	□ Mark Mellinger	Stacey Moone	Roy Neuman	Michael New	vman
Brenda Niemann	Derrick O'Brie	n 🗌 Donna Olso	n 🗌 Mary Peper	Mary Peper	Christina Pier	no
Theresa Rangel	Chris Raymond	Trey Schmohl	Angel Severso	n 🗌 Tyler Shepl	herd 🗌 Robby S	Stigler
Steven Sullivan	Dorothy Wang	🗌 Tonka Wayne	Rick Willimott	Spencer Wilso	n	
Potential Dates	5					
Select Potential Date 1 7/31/2020	•	Select Pote	ential Date 2	E.	Select Potential Date 3 7/29/2020	1
(mm/dd/yyyy)		(mm/dd/yy	w)		(mm/dd/yyyy)	
Potential Times	s					
Select Potential Times			ential Times for Date 2 *		Select Potential Times	
Morning (9:00am t	to 12:00pm), Afternoo	n (1: Y	(9:00am to 12:00pm)	Ť	Afternoon (1:00pn	n to 4:00pm
Back Next	1					

The Initiate Scheduling Poll page will display. After confirming the information, click Submit.



If you are sent a scheduling poll, you will receive both an email message and a Campus notification.

ion comp campus. I	espond to	b Event Schedul	ing Poll D 🔤	ox x			ē
innesota Department of Labor an me 👻	d Industry <wor< th=""><th>npsystem@mn.gov></th><th>1</th><th>Email</th><th>3:52 PM (0 minutes ago)</th><th>☆</th><th>*</th></wor<>	npsystem@mn.gov>	1	Email	3:52 PM (0 minutes ago)	☆	*
1							
bencer -							
event scheduling poll associated wit	h has been crea	ted to assist event attender	es in identifying a mut	ually agreeable time, date, an	d location.		
ick here to respond to the poll.							
is poll will be open for your response pport Email Address].	for 7 days. If you	u need further assistance o	r have questions rega	rding this poll, please call (AD	IR Support Phone Number] or email u	is at (AD	R
innesota Department of Labor and 3 Lafayette Road N., St. Paul, MN 55 ob: www.dil.mn.gov							
1090							
Twitter Loop							
rson responsible for delivering it to the email and the attachments.	e intended recip	ent, please notify the Depa	artment of Labor and I	idubil y miniodalory by omain	a al apparter participanter and con		
	e intended recipi	ent, please notify the Depa	artment of Labor and I	Campus		Clear A	
is email and the attachments.		3		Campus		Clear A	
s email and the attachments.	Up	3 coming Even	ts Nev	Campus notification 0 w Documents	Notifications Respond to Scheduling Poil A scheduling poll is available for your	(Clear A	
is email and the attachments.	Up	3	ts Nev	Campus notification	Notifications Respond to Scheduling Poli A scheduling poli Is available for your response. This scheduling poli will	(Clear A	
is email and the attachments. 19 Overview Open Claims View details associated to your claims in the My Queue portal.	Up	3 coming Even	ts Nev	Campus notification O W Documents riew documents in the ications panel to ensure	Notifications Respond to Scheduling Poli A scheduling poli si available for your response. This scheduling poli will available for 7 days arter initiation. Today	(Clear A	
is email and the attachments.	Up	3 coming Even and edit the details of yc ents in the Events portal	ts Nev our Rev Notif	Campus notification O DOCUMENTS New documents in the lcations panel to ensure accuracy.	Notifications Respond to Scheduling Poll A scheduling poll is available for your response. This scheduling poll will available for 7 days arter initiation. Today	(Clear A	

Responding to a poll

- Select the dates and times in Campus that work for you.
- 2. Click Confirm.

*The **Confirm** button will highlight after the dates and times are selected.

*The **Events Details** page will display.

 [Use of 2 repeated] Click the Currently Polling link under Date, Start Time and End Time to view the response to the poll.

		Spencer Wilson		
Wednesday, July 29, 2020				
Morning (9 am to 12 pm)	1			
Afternoon (1 pm to 4 pm)	-			
Thursday, July 30, 2020				
Morning (9 am to 12 pm)				
Afternoon (1 pm to 4 pm)				
Friday, July 31, 2020				
Morning (9 am to 12 pm)				
Afternoon (1 pm to 4 pm)				
elow are the Special Accommodations a loughts on location, please add them in vent Special Accommodations espond to Special Accommodations Confirm Cancel	and Notes that the Poll initiator wrote when ini the field below.	lating this poll. If you have any additional ac	commodations needed or would like to add your o	win
Events EV 06 021	7 440			
For Case: DS-05-9191-199 Event Details Event Type	Event Status	Related Claim(s)	Export Ev	vent De
Event: EV-06-0217 For Case: DS-05-9191-199 Event Details Event Type Mediation		Related Claim(s)	2 — .	vent De
For Case: DS-05-9191-199 Event Details Event Type	Event Status Polling Date	Start Time	Related Case(s) undefined End Time	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation Unit Responsible for Event	Event Status Polling	Start Time Currently Polling	Related Case(s) undefined	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation	Event Status Polling Date	Start Time	Related Case(s) undefined End Time	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation Unit Responsible for Event Location Type	Event Status Polling Date	Start Time Currently Polling	Related Case(s) undefined End Time	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation Unit Responsible for Event Location Type Physical Location	Event Status Polling Date	Start Time Currently Polling	Related Case(s) undefined End Time	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation Unit Responsible for Event Location Type Physical Location Address 1 Address 2	Event Status Polling Date	Start Time Currently Polling	Related Case(s) undefined End Time	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation Unit Responsible for Event Location Type Physical Location Address 1	Event Status Polling Date Currently Polling	Start Time Currently Polling Physical Dication Name 2	Related Case(s) undefined End Time Currently Polling	vent De
For Case: DS-05-9191-199 Event Details Event Type Mediation Unit Responsible for Event Location Type Physical Location Address 1 Address 2 City	Event Status Polling Date Currently Polling	Start Time Currently Polling Physical Location Name 2	Related Case(s) undefined End Time Currently Polling	vent De

PPR submission

 On the Rehab Case Details page, click on the R-form Details button to begin the PPR submission process.

 A new window allows you to select which type of R-form to submit or amend. Select PPR, Submit and Next to continue.

3. The Plan Progress Report page opens. You will need to complete all required fields marked with an asterisk (*) for the Claim Details and Employee Details.

Rehab For: Carol Jeffrie	Assignee: Owner:		1 R-Form Details →
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
Is QRC Withdrawal No	Is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filed Date
Rehab Dates			
Rehab Requested Date	Initial Rehab Consultation Date 5/2/2020	RCR Filed Date 5/3/2020	RCR Due Date 5/17/2020
R2 Filed Date	R2 Development Due Date 6/2/2020	R2 Filing Due Date 6/17/2020	
R-Form Details			
Submit or Amend an R-Form			
RCR Submitted		.	
2			
Submit g,	\		
PPR	\mathbf{A}	.	
R-3	- \	· · · · · · · · · · · · · · · · · · ·	
R8		•	
	Next Canc	el	
Plan Progress Report			
Please provide the following information			
Impus File Number Date Of Injury L-00-2157-324 4/19/2020	Claim Admin Claim Number WC-20-00846	Claim Rep First Name * Claim Rep First Name	Claim Rep Last Name * Phone Number * Claim Rep Last Name Phone Number
mployee Details		_	
/7/2020 mm/dd/yyyy)			
ID Number E-01-2401-378		Employee CHRISSY GAMST	3
nployee Address 3563 PINE TREE LN			
ty Turgeon lake	State MN		Zip Code 55783
none Number *			
hone Number			

- Attach any other Supporting Attachments to the Plan Progress Report using the + Upload Document button.
- Enter your first and last names in the Full Name of Signatory field and click the checkbox to confirm and legally sign electronically.
- Click the Submit Form button to finalize. You can also use the Back button to go back one screen, Save as Draft to save a copy to return to, Download PDF to download a copy, Preview to view on the screen or Cancel to exit without saving.

*Save as Draft forms will appear in your My Forms tab on the dashboard and will automatically be removed after 21 days if not updated or submitted.

Retraining plan

 On the Rehab Case Details page, click on the R-form Details button to begin the retraining plan submission process.

Supporting Attachmer	nts		
+ Upload Document			
File Name	File Type	Description	Remove
Electronic Signature	5		
Please type your First and Last Name		and dating this form, I certify copies of this form and attach	ments are being sent to the employee, insurer, any attorney(s), the Department
	to a support menter vocational nendomatic		
Full Name of Signatory *			
Understand that by checking this	box, I am legally signing this electronic form and I co	onfirm that the information on this form is true, accurate, a	
			id complete to the best of my knowledge.
			ia complete to the best of my knowledge.

Rehab For: Carol Jeffries	Investigation Needed Assignee: Owner:		R-Form Details -
Rehab Summary			
Assigned QRC	Associated Claim	Rehab Provider Firm	
Sarah McCurdy	CL-03-4328-571		
Employee Name	Employee Address	Employee Phone Number	Injury Date
Carol Jeffries	139 Main St, Mendota, MN, 55150	(908) 292-8903	4/30/2020
Is QRC Withdrawal	Is Eligible	Projected Rehab Cost	Right And Responsibility Filed Date
No	Yes		
Rehab Dates			
Rehab Requested Date	Initial Rehab Consultation Date	RCR Filed Date	RCR Due Date
	5/2/2020	5/3/2020	5/17/2020
R2 Filed Date	R2 Development Due Date	R2 Filing Due Date	
	6/2/2020	6/17/2020	

 A new window allows you to select which type of R-form you wish to submit or amend. Select Retraining Plan, Submit and Next to continue.

- 3. The **Retraining Plan** page opens. You will need to complete all required fields marked with an asterisk (*) for the **Claim Details** and **Employee Details**.
- Use the + Upload Document button to attach all required items according to Minnesota Rules.

WID Number EE-01-2401-378	Employee First Name CHRISSY		Employee Last Name GAMST	
Employee Details		3		
Claim Rep First Name	Claim Rep	Last Name		
Claim Rep First Name *	Claim Rep Las			_
Claim Representative				
4/19/2020			WC-20-00846	
Associated Claim Date Of Injury			Claim Admin Claim Number	
Claim Details				
Please provide the following information				
Retraining Plan				
]	
	Next	Cancel		
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R8	\		-	
	- \			
R-3	\		-	
	1			
PPR	\		-	
Submit				
	1			
	< l>			
	2			
Submitted			-	
RCR				
Submit or Amend an R-Forr	n			

 Required attachments: Pursuant to Minnesota Rules 5220.0750, subp. 2(H), the following items must be attached:

 Course Syllabus/Class Title Attachment

 + Upload Document

 Physical requirements of the job for which the employee is being trained (on-site job analysis is preferred)

 + Upload Document

 4

 Medical information that the training and the occupational goals are within the employee's restrictions

 + Upload Document

 Vocational evaluation test results that support course choice

 + Upload Document

 + Upload Document

- Enter your first and last names in the Full Name of Signatory field and click the checkbox to confirm and legally sign electronically.
- You will need to Print, Sign and Scan the form because it requires additional signatures. After you have the signed form scanned electronically, use the + Upload Document button to upload to Campus.
- Finally, click the checkbox to attest the document has been signed by all parties and click the Submit Form button. You can also use the Back button to go back one screen, Save as Draft to save a copy to return to, Download PDF to download a copy, Preview to view on the screen or Cancel to exit without saving.

*Save as Draft forms will appear in your My Forms tab on the dashboard and will automatically be removed after 21 days if not updated or submitted.

Electronic Signature 👩
Please type your First and Last Nagers (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, argument to the department's Vocational Rehabilitation unit (VRU).
Full Name of signatory *
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.
Accepted plan: If all parties are in agreement with (and have signed) this Retraining Plan form, submit it to the department with the required attachments for approval or denial (see Minn. Rules 5220.0750, subp. 5).
Print, Sign, & Scan
This form requires additional signatures. To finish your submission, you will need to obtain a signed copy of the document. You may save this form as a draft. Please print this document and get all signatures prior to scanning, attaching, and submitting this form.
1. <u>Download</u> document 2. Oktain the necessary signatures 3. Jupiod signed document
+ Upload Document 6
I attest that the attached document is signed by all required parties.
Submit Form Save as Draft Download PDF Preview Cancel

WCCA cases

The Workers' Compensation Court of Appeals (WCCA) has statewide authority to review workers' compensation cases ruled or decided upon by judges within the Office of Administrative Hearings (OAH). The mission of WCCA is to provide high quality and consistent decisions in a timely manner to ensure efficient, expeditious delivery of workers' compensation benefits to injured workers at a reasonable cost to employers.

There are two type of WCCA cases – appeals and petitions to vacate – but both are contained on the same page in Campus.

WCCA case details page

When you are logged into Campus, you can view a WCCA case that you are involved with.

- Click on the My Appeals tab on the dashboard to view your appeals or petition to vacate cases.
- 2. Click the WCCA Case ID hyperlink to view the WCCA case details page.

*WCCA cases have ID numbers that are shorter than others in Campus. They follow a different ID convention than every other transaction in Campus. This is to help integrate with other statewide systems.

*This details page shows the **Petition to Vacate**.

 Select the Parties tab and click on the Contact Parties button to email selected contacts.

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WCCA Case ID	WCCA Case Type	Appellant/Petitioner	Cross-Appellant	Claim Employe	e Date Filed	Status	т	June 20	20				<	>
WC20-0294 2	Petition to Vacate			Rory Gilmore	6/15/2020	Open		Su	Mo	Tu 2	We 3	Th	Fr	Sa 6
WC20-0295	Appeal	Luke Danes		Luke Danes	6/15/2020	Open				-	,		,	, in the second se
Showing (1-2) of 2	$ \langle \langle 1 \rangle \rangle $					Items per page 10	•	7	8	9	10	11	12	13

Dashboard > WCCA Case: WC20-0294					
Petition to Vacate fo	r Rory Gilmore	•			+ Submit Fil
Case Details					
ase Type Petition to Vacate	Date A 6/15/	ppeal/Petition Filed 2020	filer Corinne Abele	Claim Employee Name Rory Gilmore	
ppellant/Petitioner Rory Gilmore					
Iral or Non-Oral Argument	Argum	ent Date			
ase Decision	Case D 6/15/	ecision Date 2020	Source Manual Entry		
Petition to Vacate Details ward No.		Date Award Issued		Basis To Vacate Award	
teasons for Basis					
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					Contact Part
equesting Party Intervenor	Responding Party				
ory Gilmore					
0 5-02-5696-867	Addre	15	Service Method Electronic		

4. Click the **Email All Parties** button to email the parties listed on the WCCA case.

Decision Due Date				
Associated Claims Summary Claim Name Employ Cortact Parties Rory Gilmore Requesting Party No contact informatic	n available		-	_
Parties Events Related Cases & C Corinne Abele Requesting Party Intervenor Other Representation Other Representation Requesting Party Intervenor Ref Corinne Abele				Contact Parties
Rory Gilmore 10 EE-02-5696-867 No contact information	n available			
15th Insurer UPD Intervenor Attoney Ein Brodovich 단 ID23 344444				
	mail All Parties	Contact		
DEPARTMENT OF LEADER AND INDUSTRY work coar cannus Minnesota Workers Compensation © [[copyright year]]	443 Lafayette Road N St. Paul, MN 55155	Phone: [[Direct DLI Phone Number]] Toll-free: [[Support Phone Number]]	Terms of Service	About Us

5. If you return to the **My Appeals** tab, you can click on the **WCCA Case ID** for Luke Danes (in this example), to see the appeals details page.

 The appeals details page shows the Case Details, Appeal Details and Case Dates.

	2	•	0			otification	ns				
	Open Claims	Upcoming Events	New Documents								
	View details associated to your claims in the My Queue portal.	View and edit the details of your events in the Events portal.	Review documents in the Notifications panel to ensure accuracy.								
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Luke Danes Oral or Non-Oral Argument	Argument Date			
Case Decision	Case Decision Date 6/14/2020	Source Manual Entry		
Appeal Details Remanded No	Date of OAH Order	Date Transcript Received		
Case Dates Request Oral Argument Due Date	Appellant Brief Due Date	Appellant Brief Received Date	Response Brief Due Date	
Response Brief Received Date	Reply Brief Due Date	Reply Brief Received Date	Voting Memo Due Date	
Decision Due Date				

Petition to vacate webform

т

Within the WCCA case details page is the option to submit a filing. You can choose to open a petition to vacate a case or submit an other filing.

- Click the + Submit Filing button on the top right of the page.
- Select Open Petition to Vacate from the drop-down menu.
- Click the Save button to continue and access the open petition to vacate webform.

- The first step of the webform is to Locate a Claim. Enter any known information about the claim.
- 5. Click **Next** to continue.

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- Next, fill in the information to **Identify Parties** on the claim you represent.
- You can also click the + Add Party button if a contact is not listed.
- 8. Click **Next** to continue.
- Add the Award to Vacate information marked with an asterisk (*).
- 10. Click Next to continue.

- 11. Add additional **Supporting** Attachments, if needed.
- 12. Add your **Electronic Signature** and click the checkbox to confirm accuracy.
- 13. Click Next to continue.

Open Petition to Vaca					
opeals are currently required to be filed direct	ate	s and cannot be filed in Campus. To open an appeal, pl	ease contact the Office of Administrative Hearings. If you	are filing a Petition to Vacate, please complete	all sections
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		10000	Sannayors	Brazer e	7 11 101
Identify the Party You Repr					
identify which party you represent. After you complete	e this form, this party will be listed as the Appellant	: on the appeal.			
Select Party *					
Identify Other Parties Identify the other parties and intervenors on this Awar	rd.				
Name	Claim Role	Addro	ess Petit	ion Role	
You must select one or more other parties to o	continue				
+ Add Party + Add Party 7 Next Back Save as Draft C	Cancel				
8					
DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS				🜔 Erin Brockavich 🗸	
Nashboard > Open Petition to Vacate					
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ocate a Claim	Identify Parties	Award to Vacate	Summary & Signature	Affidavit of Service	
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Provide the following information for the Award which	you are petitioning to vacate.				
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Basis to Vacate Award *		(9) to muld dyyyyd		~	
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- 14. Add the **Affidavit of Service** information.
- Click the checkbox to confirm the information and the Submit Form button to complete the steps.

 If you choose Other Filing and click the Save button, the Submit Other Filing webform opens.

Dashboard > Open Petition to Vac	ate			
Open Petition to V				
ppeals are currently required to be file	ed directly with the Office of Administrative Hearings and ca	nnot be filed in Campus. To open an appeal, please contact the	Office of Administrative Hearings. If you are filing a Petition to Vacate,	please complete all sections in this webform.
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Affidavit of Service				
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Dashboard → WCCA Ca	se: WC20-0294				
Petition to WCCA Case: WC20-02	/acate for Rory Gil	more			+ Submit Filing
Case Details Case Type Petition to Vacate Appellant/Petitioner		Date Appeal/Petition Filed 6/15/2020	Filer Corinne Abele	Claim Employee Name Rory Gilmore	
Rory Gilmore					
Oral or Non-Oral Argument		Argument Date			
Case Decision	Submit a Filing Please indicate the type of filing ye	ou wish to make. Note that these Filing options are specific to	WCCA Cases, will use data from this transaction, and will be a	ssociated to this transaction.	
Petition to Van Award No.	Petition to Vacate for Rory Gilmon Please indicate the type of filing y				
Reasons for Basis	Filing Name Other Filing Save	C			
Case Dates					
Request Oral Argument Due 6/25/2020	Date	Appellant Brief Due Date	Appellant Brief Received Date	Response Brief Due Date 7/30/2020	
Response Brief Received Dat	e	Reply Brief Due Date	Reply Brief Received Date	Voting Memo Due Date	
Decision Due Date					

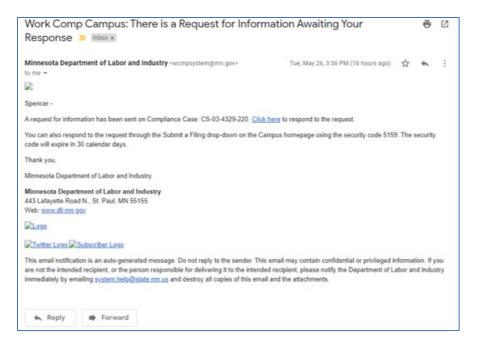
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18.	Enter your full name as	Please prepare your film	g offline, and save as a PDF. When you complete this for	m, your filing will be added to the record for all parties to see. If yo	u do not see your Filing Type in the list, contact (Place	holder Phone Number] for filing process.
	your Electronic Signature	File Name	-	File Type	Description	Remove
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19.	Click the Submit button to	File Name Attorney Inf	ormation	File Type	Description	Remove
	finalize.	Attorney Name Erin Brockovich				
		Full Name of Sign	and Last Name as they appear on your CAMPU: nal Rehabilitation unit (VRU). atory *	Sprofile. By signing and dating this form. I certify copies a contract of the sprofile of the		o the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the
20.	On the dashboard, you can					
	also open the webform by	DEPARTMEN LABOR AND WORK CONP CAME		Submit a Filing V 20		🚺 Erin Brockovich 🗸
	selecting Submit a Filing at	My Overview		Initiate a Dispute		Notifications
	the top of the screen and		0	Open Appeal/Petition	0	No notifications.
	choosing Open		Open Claims	Request for Guidance with an Unreported Injury	New Documents	
	Appeal/petition from the		View details associated to your	Respond to Request For Information Submit Election To Exclude	Review documents in the	
	drop-down menu.		claims in the My Queue portal.	Trading Partner Profile Registration	Notifications panel to ensure accuracy.	

Request for information

"Request for information" covers a broad number of topics, but is used by DLI to formalize the process when it requires information or documentation from any individual or entity who is a part of the workers' compensation ecosystem.

Requesting information by email or webform

When an internal user sends a request for information to an external user, they will receive an email message with instructions about how to respond, as well as the number of days they are expected to respond within.



Navigation to the response is possible in two ways:

- 1. do not navigate from the email link and use the PIN, which was sent in the email message; or
- 2. navigate via the Submit a Filing drop-down menu in the dashboard (see screenshot below).

DEPARTMENT OF LABOR AND INDU	STRY	Submit a Filing 🗸			Spen	icer Wilson	~
My Overview		Access a Case or Claim					
		VRU Rehabilitation Consul	ltation Request		Notifications	i .	
Open Claims View details associated to your claims in the My Queue portal.	Up View ev		n an Unreported Injury e	Documents v documents in the ptions panel to ensure accuracy.	No notifications.		
My Queues My Claims My Disputes	My Forms				My Events	:=	
				Include Inactive	May 2020	<	>
	100-200-000-0				Su Mo Tu We	Th Fr	Sa
Campus File Employee No data found	Employer	Claim Admin	Date of Injury	Status T		30.1	2

This will prompt you to enter a PIN, which will link responses to the correct request for information.

DEPART LABOR WORK COM	MENT OF AND INDUSTRY Submit a Filing V	٩	Spencer Wilson 🗸
Dashboard > Reques	t For Information		
Request Fo	r Information		
0			2
PIN Validation			Response Details
A one time PIN has bee	n provided via email or US Mail. Enter the PIN below to respond to the Request for Information.		
Enter Cancel			

Clicking the link in the email message, will not require you to enter a PIN. The login page will display and, from there, the user will go directly to the webform submission. (If you are already logged into Campus, the webform will display.)

There are two buttons on the next page: **Download** and **View Document**. The **Download** button allows the download of the actual request for information; the **View Document** button allows you to view the document in the browser. To respond to the request for information, click **Upload Document**.

0			2
IN Validation	1	Res	ponse Detai
ead the details of	the request in the document below and attach all requested informatio	n and supporting documents.	
RFI Test			
Dowr	Iload (1) View Document		
_	tachments		
Supporting A	tachments	Description	Remove

The response cannot be submitted without an uploaded document. After a document or multiple documents have been uploaded, click **Submit** to complete the response.

File Name	File Type	Description	Remove
RFI Response.docx	Supporting Attachment for Response to Request for Information	Supporting Attachment for Response to Request for Information	

After a response has been submitted, the process is complete. The user who submitted the response can view it on the **My Forms** queue on their dashboard.

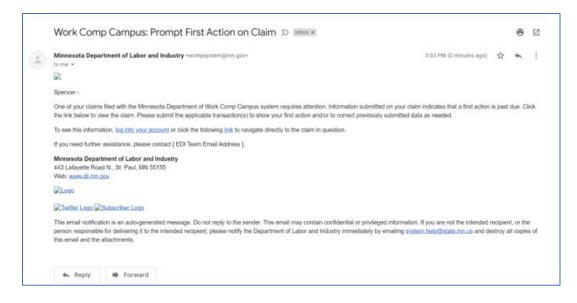
My Overview						A N	lotif	ficat	ions			
0		0		0		No no	tifica	ations	5.			
Open Claims View details associated to your claims in the My Queue portal.	View and ed	the details of you the Events portal.	ur R	ew Documents eview documents in the ifications panel to ensur accuracy.								
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Request for Info Complaint Inve	CS-03-4329-220	5/27/2020	Submitted	1936			Мо	Tu	We	Th	Fr 1	Sa 2
Showing (1-1) of 1 1 2			ltems per page	2 10	-	3	4	5	6	7	8	9

Specific requests

DLI may also request specific information, which may follow a different process than the standard requests for information. Several examples are laid-out below.

Prompt action

DLI can send alerts to claim administrators when their first action is past due. The claim administrator will receive an email message indicating what is needed and with a link that will take them to the associated claim. In the claim, the claim administrator can view the details of the request and take the necessary action. Any filing can be done by using the **Submit a Filing** button and choosing the appropriate submission.



Missing benefits webform

Campus can be used by external parties to submit missing benefits. To file, go to the **External Claim Details** page and click the **Submit a Filing** button.

Craig Robinson: Injury Claim: CL-05-9191-531	y on 6/01/2020 Default Status	Placeholder	+ Submit Filing
Campus File Number Ø 059191531	Employee Craig Robinson	Date of Injury 6/1/2020	Part of Body Injured 10: Multiple Head Injury
Employer Taylor Tools	Insurer New Brighton Insurace	Claim Administrator 🖲 New Brighton Insurace	
Claim Overview			^
Claim Involved in Dispute Employee Receiving Indemnity Benefits	Claim Denied by Insurer	Employee Returned To Work	Employee Consulted for Vocational Rehab
Claim Details			^
Campus File Number O59191531	Claim Type 🔍		
Date of Injury 6/1/2020	Time of Injury 12:00 am		
Employee *		Employer *	
EE-02-5696-957: Robinson, Craig		ER-02-5696-950: Tavlor Tools	

In the Filing Name drop-down menu, select Missing Benefits. Click Save when complete.

Submit a Filing
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.
Craig Robinson: Injury on 6/01/2020: CL-05-9191-531
Please indicate the type of filing you wish to make.
Ming Name Missing Benefits
Save Back

Select the **Benefit Period** for where to file missing benefits. Click **Next**.

0	0	0
enefit Period Selection	Benefit Addendum	Additional Deta
ssociated Claim	enefit information upon request by the Department. The information submitted will not overri	an pennen monimulari parenatera menopi di surch.
	nann annan ainm a gan r sglacar a'r nis a sglaeananar rra maernaean raennaega na nac o serr	on pending movemention advertised and Epiton (Epiton)
sociated Claim L-05-9191-531: Robinson, Craig	the selected claim that you would like to submit this benefit addendum for.	ve venenis montaison pouristeur na sor or earch.

After the benefits and benefits period are selected, input the changes that should be made by editing existing benefits or adding new benefits, and click **Next**.

Benefits Addendum		
0	0	0
Benefit Period Selection	Benefit Addendum	Additional Details
Benefits		
Next Back Cancel Save as Draft		

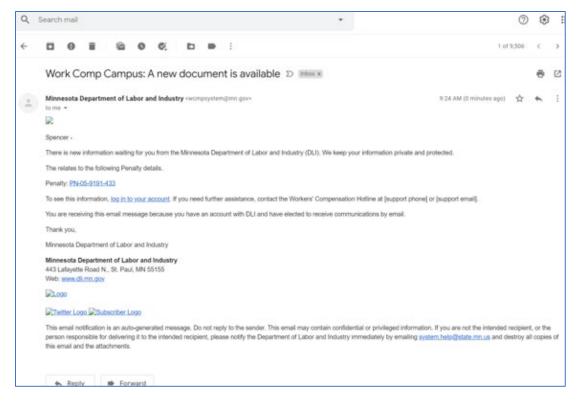
Provide any attachments or additional details and click **Submit Form**.

0		0		3
Benefit Period Selection		Benefit Addendum	Additi	onal Detail
ovide any additional explanation for	the reason behind submitting this Benefit Addendum.			
Explanation				
Supporting Attachment	s			
	 that you believe will assist in the review of this submission. 			
+ Upload Document				
File Name	File Type	Description	Remove	

Penalties

In some ways penalties are similar to requests for information because users are able to object to penalties and can provide information to DLI to support why they believe they should not be penalized.

When a penalty is issued on a user with an email address in Campus, they will be sent an email message.



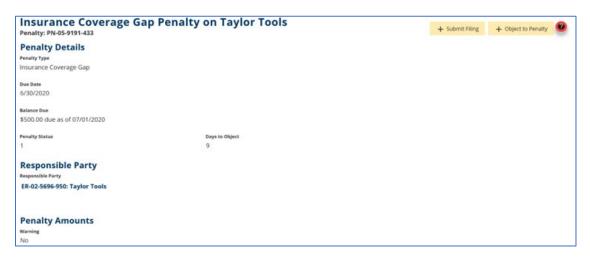
In the email message, clicking the penalty number hyperlink (PN-##-####) will open the **Penalty Details** page.

Insurance Coverage Ga Penalty: PN-05-9191-433	ap Penalty on Taylor Tools	+ Submit Filing	+ Object to Penalty
Penalty Details			
Penalty Type			
Insurance Coverage Gap			
Due Date			
6/30/2020			
Balance Due			
\$500.00 due as of 07/01/2020			
Penalty Status	Days to Object		
1	9		
Responsible Party			
Responsible Party			
ER-02-5696-950: Taylor Tools			
Penalty Amounts			
Warning			
No			
Total Amount			
\$1,100.00			
Additional Details			

The actual document, which serves as the official penalty notice, will be in the **Documents** tab at the bottom of the page.

				Download All Doc	umer
Document ID	Document Type	Created By - Party	Created By - User	Created On	
DO-06-9888-104	Default Demand Letter		Spencer Wilson	7/1/2020 9:22 AM	
DO-05-9930-088	Objection to Penalty Assess	ment	Spencer Wilson	6/22/2020 11:26 AM	
DO-05-9929-894	Objection to Penalty Assess	ment	Spencer Wilson	6/22/2020 8:31 AM	
DO-05-9191-608	Placeholder Doc for Penalty		Parth AAA	6/15/2020 3:37 PM	
DO-05-9191-439	Placeholder Doc for Penalty		Spencer Wilson	6/15/2020 1:49 PM	

From the details page, you can either object to the penalty or submit an "other" filing. Depending on the penalty type, you must file the penalty objection within either 10 or 30 calendar days of being issued the penalty notice. If you hover over the **?** next to **Object to Penalty**, you will see how many more days you are able to object to the penalty. After this period passes, you are unable to object and the penalty becomes final.



When objecting to the penalty, the first part of the form will populate with information from the penalty page you navigated from.

0	0
Objection Information	Filing Party Inform
Penalty Type Name Insurance Coverage Gap	
	Objection Information Penalty Type Name

Filing penalty objections from the **Submit a Filing** drop-down menu on the dashboard is also available. When navigating from the dashboard, the penalty information will not populate, so you will have to know the penalty number.

DEPARTMENT OF LABOR AND INDUSTRY NORK COMP CAMPS	Submit a Filing 🗸			0)	Tom		~
My Overview	Access a Case or Claim							
	Initiate a Dispute		🜲 N	lotificat	tions			
1	Object to Penalty	0	No no	otification	15.			
	Open Appeal/Petition	V						
Open Claims	Request for Guidance with an Unreported Injury	w Documents						
View details associated to your claims in the My Queue portal.	Respond to Request For Information	view documents in the fications panel to ensure accuracy.						
	Submit Election To Exclude	accuracy.						
	Trading Partner Profile Registration							
My Queues	VRU Rehabilitation Consultation Request			vents			-	
My Claims My Disputes My Forms	My SCF Assessment Reports	_	My E	vents				U
		Include Inactive	July 2	2020			<	>
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Campus File Nu Employee Emp	loyer Claim Admin Date of	Injury Status T	1.0		29 . 13	2	3	4
CL-05-9191-531 Craig Robinson Minn	esota Fried C New Brighton Insu 6/1/2020	Default Status Plac						
Showing			5	6	7	, ,	10	11
(1-1) of 1 1 1 10		•						

The next step of the penalty objection webform is to provide the reason for why you are objecting. If you choose **Other** as the objection reason, you must enter an explanation. To submit the objection, you also must either attach documents or provide additional information in the narrative section and click **Next**.

	0		0	0
	Penalty Information		Objection Information	Filing Party Information
If chosen, must enter an explanation.	Objection Information	I may object to the pensity assessme I basis for the objection and including of the Notice of Assessment of Pensit Ching Documents	nt by filing an objection within 10 bu g any documentation supporting the yr filed in this matter and requests th	usiness days after the date the notice of penalty assessment was served. The objection e objection. hat this matter be set for hearing:
	Next Back Cancel Save as Draft			

After entering the required information, click **Submit Form**.

Object to Penalty				
0		0		0
Penalty Information	Obje	ction Information		Filing Party Information
Party Information				
First Name * First Name	Last Name * Last Name			Kalena in a tale
Company Name * Company Name		Filing Party Type *		If there is a *, the information must be provided to continue.
Address 1 * Address 1	Address 2 Address 2			
city * City	State *		Zip Code * ▼ Zip Code	
Phone Number * Phone Number				
Submit Form Back Cancel Save as Draft				

Claim reporting eForms

Navigating to claim reporting eForms

Login to Campus with the appropriate external user account, such as a trading partner account that is configured for eForm submission. You will see the **Submit eForm or Webform** button in the top right corner of the screen. You can choose to use this button for submitting an eForm or you can choose a specific claim from your **My Queues** tab and submit an eForm from the **Claim Details** page.

ading Partn	er								_	
ns Cycle 15 Trader				-					Submit eFC	ORM or We
ading Partner D	etails									
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count Overview						View: Last 30 de	iys •	A Notifications		X Clear A
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	Average Claim Sub	mission Time 🛛		Claims with	n Paid Benefits		0			
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Total Reportable Claims Timely Claims Untimely Claims Reporting Year 2020		0 Dote of injury	6 0 Claim Admin C	laim Ø Emp Nati	oloyee Name	JCN	-	МТ	¢	T

Submitting eForms

After clicking the Submit eForm or Webform button the eForm Submission modal opens.	
 Choose an action from the drop-down menu. Click Next to open the 	eFORM Submission What would you like to de? Submit New Claim
webform. *The eFROI webform will display.	2 <u></u>

3. Populate all required fields before clicking **Submit**.

*The FROI form has now been filed electronically, generating a new workers' compensation claim.

Key Dates Date Employer Had Knowledge of the injury	Ð	Date Claim Administrator Had Knowledge of Inju	Ð		there is a *, the rmation is required
initial Period of Disability Details		2-margage/MMD		Querre shalebayant	to proceed.
Initial Date Disability Began		Initial Date Last Day Worked	Ð	Initial Date Employer Had Knowledge of Date of	
unnot oppose Current Period of Disability Details		3mm/cd/9999		Omen synthysiol	
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Return to Work					
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(mm.465)0000		(mm/cdyyyy)			
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Benefits & Payments Details				Maintenance Trape Code Date	
Full Wages Paid for Date of Injury?	*	Employer Paid Salary In Lieu of Compensation?	-	Mentanance type Cold Date 6/18/2020	3 Submit Sovial as Draft Com

How to submit to an existing claim

Returning to the dashboard, click Submit an eForm or Webform.

Using a discontinuance webform to submit an existing claim

- 5. Select **Submit to Existing Claim** for the action item.
- Select the claim to associate with this webform submission.
- Choose the Discontinue webform from the action list.
- 8. Click Next.
- Fill in all required fields within the Notice of Intention to Discontinue Benefits webform.
- 10. Click Submit.



eFORM Submission	
What would you like to do? Submit to Existing Claim	
My Claims CL-05-9705-971 - Peter Parker	
Next Action Discontinuance Webform	
	- 8 Next - Car

Englisper Pask Kanes Peter		Dopleyee Last Name Parker	Enginyer Neme Averagers		Initi Califs Number 1000000000
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Using a PPD follow-up webform to submit an existing claim

- 11. Choose PPD Follow Up Webform from the action list.
- 12. Click Next.

*The **Permanent Partial Disability Benefit** webform will display.

- 13. Populate all required fields.
- 14. Click Submit Form.

Using a dependency information webform to submit an existing claim

- 15. Choose the **Dependency Info** webform from the action list.
- 16. Click Next.
- 17. Enter information regarding the employee's dependent(s).
- Click Add Dependent to add another dependent to the form.
- 19. Click **Submit Form** when complete.

Submit to Existing Claim					
CL-05-9705-971 - Peter Parker					-
Next Action PPD Follow Up Webform					
11)					Next Cancel
				12	Nexe Cancel
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Contact Info of Person Making			proceed.		
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Supporting Attachments					
+ Upload Document					
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Submit Form Cancel					
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Submitting a webform via the external claim details page

 On the trading partner dashboard, in the My Queues section, click on one specific claim from the list to view the Claim Details page (this example uses employee Natasha Romanoff).

*By clicking the hashtage (#) in the **JCN** column, the user will be hyperlinked to the **Claim Details** page.

*The **Claim Details** page for Natasha Romanoff will display.

 Click the Submit eFROI/Webform button in the top right corner of the screen to submit an eFROI or webform to this specific claim.

Submitting an eSROI webform to an existing claim

- Select the initial payment (IP) action from the drop-down menu.
- 4. Click Next.

*The **eSROI** webform will display.

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2020	6/18/2020	6/1/2020	3482304	Natasha Romanoff	59706013		PD	
2020	6/18/2020	6/3/2020	34234444444444	Peter Parker	59705971		PD	
2020	6/17/2020	6/1/2020	FifteenCycle8283049	CycleFifteen Guy	59193417			

				2
Campus File Number 🖲	Employee	Date of Injury	Part of Body Injured	
059706013	Natasha Romanoff	6/1/2020	53: Knee	
Employer	Insurer	Claim Administrator Claim Number 🖲		
Avengers	Great Insurance	3482304		
Claim Overview				^
Claim Involved in Dispute	Claim Denied by Insurer 🖌	Employee Returned To Work	Employee Consulted for Vocational Rehab	
Employee Receiving Indemnity Benefits \checkmark				
Claim Details				^
Campus File Number 0	Claim Type 0			
eFORM Submission				
What would you like to do?				
Submit to Existing Claim				
My Claims CL-05-9706-013 - Natasha Romanol	n			
Next Action				
P - Initial Payment				
3			The	d Cancel

5. Populate all required fields.

6. Click the **Submit** button this specific claim.

Submit a disability status report

- Returning to the Claim Details page for Natasha Romanoff, click Submit Filing to see a different list of webforms to submit.
- Choose the filing name
 Disability Status Report from the drop-down menu.
- 9. Click Save.

*The **Disability Status Report** webform will display.

Employee Details Index: Inclose 1	Employee Middle Memo Toldal	Constitutes Gran Margine 1		
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- 10. Populate all required fields.
- 11. Click Submit Form.

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Affidavit of service and serving documents

Some of the webforms in Campus allow you to serve documents to all parties on the claim through the affidavit of service. Using the **Initiate Dispute** webform, you can see the **Affidavit of Service** webform page.

From the claim details	Natasha Romanoff: In Claim: CL-05-9706-013	Cost Cost		+ Submit Filing + Submit eFROI eSROI / Web
page, select Submit	Campus File Number	Employee Natasha Romanoff	Date of injury 6/1/2020	Part of Body Injured 53: Knee
Filing.	Employer	Insurer	Claim Administrator Claim Number	33. Milee
	Avengers	Great Insurance	3482304	

- In the Filing Name dropdown menu, select Initiate Dispute.
- 3. Click Save.

Affidavit of service via the initiate dispute webform

*The Initiate Dispute webform will display, showing the last step of the webform is the affidavit of service page.

- The Affidavit of Service screen and the required information needed to serve parties on the claim are shown.
- Choose one or more parties to serve or use the + Add Service Recipient button.
- 3. Click **Submit form** for the parties to be served.



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Annual claim submissions

External users can submit requests for reimbursement for either supplementary or second-injury benefits.

My Overview 1. Click on any claim from the A Notifications My Claims queue on your No notifications. 0 0 dashboard. Upcoming Events New Documents **Open Claims** View details associated to your claims in the My Queue portal. View and edit the details of your events in the Events portal. Review documents in the Notifications panel to ensure accuracy. My Queues = 🗂 My Events My Claims My Disputes My Forms My SCF Assessment Reports < > June 2020 Include Inactive Sa Su Mo Fr fmp Im Claim Admin Stat . CL-05-9191-531 Items per page 10 Showing (1-1) of 1 Craig Robinson: Injury on 6/01/2020 Default Status Placeholder 2. Click the Submit a Filing button in the top right. Date of Injury 6/1/2020 Part of Body Injured 10: Multiple Head Injury Employee Craig Robinson trepleyer Taylor Tools Insurer New Brighton Insurace New Brighton In **Claim Overview** Claim Involved in Dispute Claim Denied by Insurer Employee Returned To Work e Consulted for Vocati we Receiving Indemnity Benefits **Claim Details** Cempus File Number Ø 059191531 Claim Type 🛛 3. In the drop-down menu, select Annual Claim Submit a Filing Tools Reimbursement. 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. Craig Robinson: Injury on 6/01/2020; CL-05-9191-531 ease indicate the type of filing you wish to make. 3 Annual Claim Reimbursement Dependency Info Disability Status Report Initiate Dispute im Deta Missing Benefits 91531

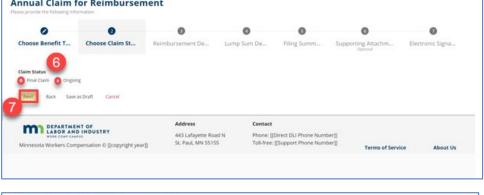
- 4. Select a **Preparer** and **Preparer Address**.
- Choose whether you would like reimbursements for SI, SB or both.

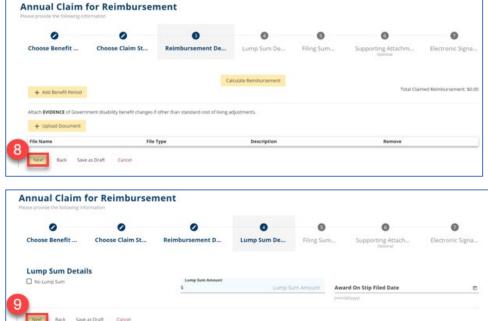
*The webform sections will be different depending on what is selected here.

- Select a Claim Status. By choosing Final Claim, you must choose a reason. If you select Ongoing, you can upload attachments to support the eligibility of the benefits claimed.
- 7. Click Next.
- 8. Fill out the reimbursement details and click **Next**.

 Indicate whether there was a lump sum and, if there was, the amount, and click Next.

	0	0	0	0	0
oose Benefit Type	Choose Claim Status	Lump Sum Details	Filing Summary	Supporting Attachments Optional	Electronic Signature
eparer Details					
parer * w Brighton Insurace			Preparer Address *		
			Repairer Address is required		
noose Benefit Type					

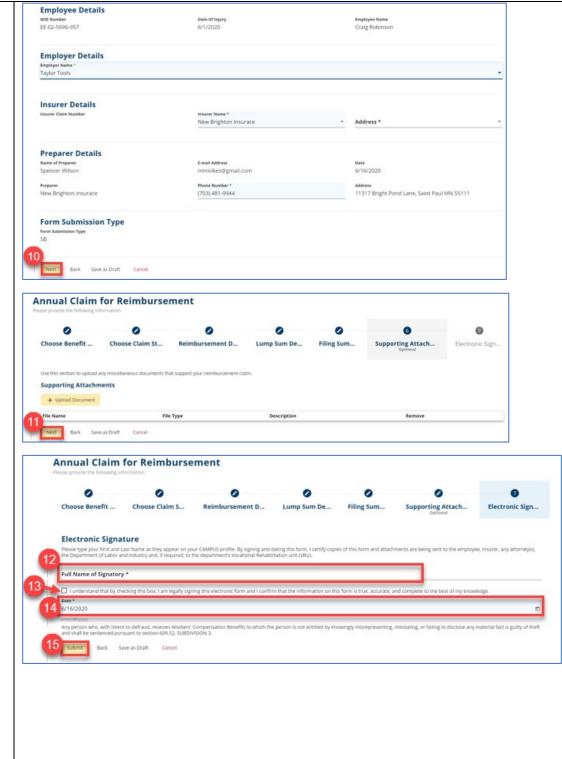




10. Fill in the filing summary and click **Next**.

11. Add any supporting attachments and click **Next**.

- 12. Electronically sign the webform.
- 13. Check the box.
- 14. Add the date.
- 15. Click Submit.



- 1. If second-injury is selected, choose the **Claim Status**.
- 2. Upload documents, as needed.
- 3. Click Next.
- Annual Claim for Reimbursement 0 0 0 0 0 0 0 Filing Summ... Choose Benefit T Choose Claim St Benefit Det. Lump Sum Det... Supporting Attachm... Electronic Signat... 1 Claim Status Final Claim Ongoing Evidence of Contact with Employee Attach EVIDENCE of contact with employee during the SUPPORTS ELIGIBILITY for be File Type Description Award on Stipulation Award on Stipulation . Test pdf.pdf Back Save as Draft Cancel Medical and Rehabilitation Expense Details Include the dates of service, dates paid, amou Medical expenses exceed permissible limits Start date for reimbursement * E End date for reimbursement * Ħ (Less) Deductible to this date of injury * If there is a *, the ess) Deductible to this date of injury information is required \$0.00 to proceed. Medical nt Appo 96 Lump sur int to be reimbursed \$0.00 Indemnity Expense Details Start date for reimbursement * End date for reimbursement * E) Ð ial Benefits Paid rary Partial Benefits Paid Calculate Benefits ing Repetits Paid * Retraining Benefits Paid **Annual Claim for Reimbursement** 0 0 0 0 0 0 0 Choose Benefit T.... Choose Claim St... Benefit Det... Lump Sum Det... Filing Sun orting Attachm Electronic Signat... Supp Lump Sum Details No Lump Sum Lump Sum Amount Award On Stip Filed Date s Back Save as Draft Cancel 6
- 4. Fill in the medical and indemnity benefits.

Enter the Lump-sum Details.

5.

6.

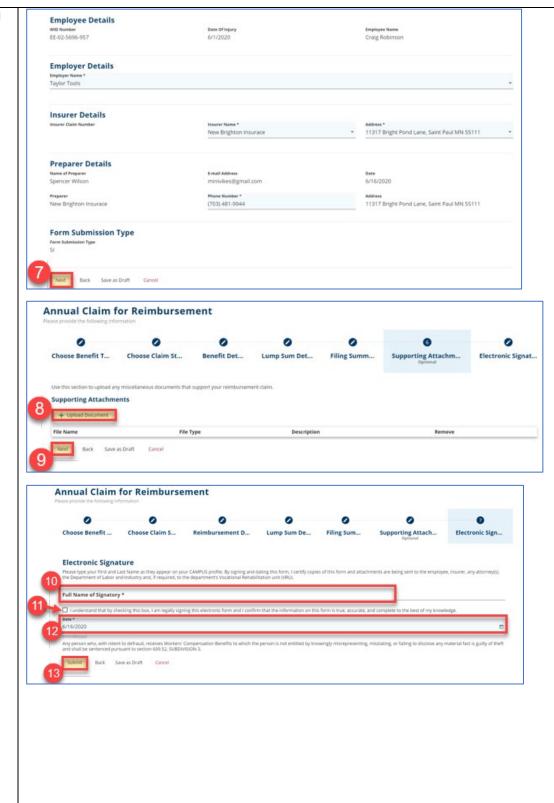
Click Next.

121

7. Fill in the filing summary and click **Next**.

- Upload supporting attachments, as needed.
- 9. Click Next.

- 10. Electronically sign the webform.
- 11. Check the box.
- 12. Add the date.
- 13. Click Submit.



*If SI/SB is selected, both steps DEPARTMENT OF will appear and are the same as detailed above. Ø *It then goes to DLI for approval. Annual Claim for Reimbursement Successfully Submitted! Confirmation Number: 1371 on email has been sent to minivikes@gm ail.com for your records. You may view your forms in My Form History Address Contact DEPARTMENT OF 443 Lafayette Road N Phone: [[Direct DLI Phone Number]] St. Paul, MN 55155 Toll-free: [[Support Phone Number]] Minnesota Workers Compensation © [[copyright year]] Terms of Service About Us DEPARTMENT OF Submit a Filing 🗸 ۵ Spencer William . *When the webform has been My Overview Notifications X Clear Al approved or denied, you will get a notification in Campus. ind Injury Fund and Upcoming Events **Open Claims** New Documents on 1371 View and edit the details of your as been approved w details associated to y v documents in th otifications panel to en accuracy. claims in the My Queue portal nts in the Events port arsement from My Queues **My Events** = My Claims My Disputes My Forms My SCF Assessment Reports < > June 2020 Include Inactive Su Mo Tu We Th Fr Sa Campus File Num... Employee Employer Claim Admin Date of Injury Status 1 2 3 4 5 .

Assessments

The annual Special Compensation Fund assessment is for all insurers with reported benefits in the previous year. The Special Compensation Fund receives money from insurers each year, which goes toward funding supplementary and second-injury benefit programs. Each year, insurers and self-insured employers are required to report indemnity benefits paid in the previous year and are invoiced according to the reported benefits and the rate of that year's Special Compensation Fund assessment. Each insurer and self-insured employer has a group administrator and the ability to designate a contact for assessments. Each Feb. 14, these individuals are contacted via email to inform them they are now able to report benefits from the previous year, which must be done by April 1.

On each Feb. 14, Campus will automatically generate the insurer report details page for all insurers and self-insured employers that paid indemnity benefits in the previous year. This Campus page is accessible only to the insurer's group administrator and designated contact for assessments. Users will navigate to the page in two primary ways.

 Users will have a My SCF Assessments tab in their My Queues dashboard that shows all assessments for insurers if they are either the group administrator or designated contact for assessments. In the queue, will be a hyperlink to the details page and some summary information about the assessment.

My Over	view												
							A N	lotific	ation	IS		X Clear	All
	3 Open Cla /iew details associa	ated to your	Upcoming View and edit the events in the Ex	details of your	O New Documents Review documents in the Notifications panel to ensure			Reimb Secon Supple submi appro Form	urseme d Injury ementai ssion hi ved submi	Claim fo Fund a ry Bene as been ission 1 prove	n the and efits 1	×	
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My Queue			h B h h C	11.005			My E	vent	s			=	
My Claims	My Disputes				sment Reports	т	June	2020				<	>
Insurer Name	'	Assessment ID	Asso	essment Year	Until Due	1	Su	Мо	Tu	We	Th	Fr	Sa
New Brighton	Insurance	AS-05-9705-787	2020	0	Submitted	:	31	1	2	3	4	5	6
Showing (1-1) of 1 1 < <	1 → >1			Items per page 10	-	7	8	9	10	11	12	13

2. Users can also navigate to the insurer report details page from the **Insurer Details** page. The **Insurer Details** page has a **SCF Assessment History** tab that will show past and present assessments for that insurer. There will be a hyperlink to the details page and some summary information about the assessment.

Insurer: IR-02-5696-958	Insurance				Submit Insurer	Report
Insurer Details Insurer Name New Brighton Insurance NCCI	✓ Edit Insurer Type Insurer		NAJC	FEIN 86-7530909		
Insurer Status Status Active Bankrupt No						
Addresses Contacts	Insurer's Transaction History	Insurer's Relationships	SCF Assessment History	First Action Related	d Claims & Cases	
Assessment Id	Assessment Year	Total Amount Due	Assessment Status	Penalty Sta	tus	۲
A5-05-9705-787	2020	\$3,750.00	Report Received	No Penalty /	Assessed	
Showing (1-1) of 1	1 > >1			ltems per pa	age 10	

The insurer report details page starts out sparsely populated outside of the insurer's information, which is pulled in from the **Insurer Details** page. The only action an external user can take from this page is to click the **Submit Insurer's Report** button in the top right, which allows them to report benefits from the previous year.

Insurer: IR-02-577	1. The Real Property lies and the Property lies of	urance					Submit Insur	er's Report
Insurer Deta Insurer Name Capital City Insuran NCCI		🖍 Edit	Insurer Type Insurer	N	мс	FEI 86-	7530999	
Insurer Statu Status Active Bankrupt No	us							
Addresses Co	ontacts	Insurer's Tra	nsaction History	Insurer's Relationships	SCF Assessment History	First Action	Related Claims & Cases	
Address Type	e		Address 1	Cit	v	Effectiv	+ Add	Address
o data found								

The webform is used to report benefits and replacement policies, which are then used to populate the insurer report details page. **Indemnity Benefits** is a required field, but **Replacement Policy** is not. All insurers are required to file this form by each March 31, even if they are reporting zero benefits.

Submit Ins	urer Report
	unt paid by 21ST CENTURY ADVANTAGE INSURANCE CO during the 12-month reporting period 1/1/2019 - 12/31/2019
Report the moening and	uncpaid by 2131 Centrolst Advantiage insolvence Colduring are 12-inorian reporting period in 72019 - 1251/2019
0	
Report Dotails	
Report Details	
tice the fields helds the	
	report benefits paid by 21ST CENTURY ADVANTAGE INSURANCE CO. A report must be submitted even if no benefits were paid during the reporting period.
Indemnity Benefi	
\$	Indemnity Benefits
-	
Replacement Pol	cy Cy
\$	Replacement Policy
Submit Cancel	
	The Submit button will
	highlight after the required
	information is provided.

An insurer can only have one webform submitted each year. After the webform is submitted, the insurer will not be able to make any edits to the page in Campus. The rest of the information on the details page is handled within the Special Compensation Fund or by the application itself. For insurers, the Special Compensation Fund enters a designated statistical reporting (DSR) value and DSR upload date. For self-insurers, these fields will not show and neither will the fields **True-up Total** or **True-up Rate**. The current year rate is maintained by the Special Compensation Fund in the database and will have one value for all insurers and one value for all self-insured employers.

Based on the results of the assessment, most insurers will be required to pay two different invoices of equal amounts. The first invoice is due by Aug. 1 of the year the assessment was started; the second invoice is due by Feb. 1 of the following year. The amounts, once calculated, can be found on the insurer report details page.

Insurer's Report for Insurer's Report: AS-05-9705-818	Insurance			Submit insurer's Report
Assessment Details				
Total Benefits Reported	Report Submission Date	2020 Rate	Assessment Result	
\$12,000.00	6/17/2020	25%	\$3,000.00	
DSR Value	DSR Upload Date	True Up Rate	True Up Total	
\$12,750.00	6/17/2020	30%	\$3,825.00	
Amount Due 8/1/20	Amount Due 2/1/21	Amount Paid	Payment Date	
\$1,912.50	\$1,912.50			
Assessment Year				
2020				
Insurer Information				
Insurer Name	FEIN	Туре		
IR-02-5776-418: Capital City Insurance	86-7530999	Insurer		
Address Line 1	City	State	Zip Code	
Insurer Contacts				
Name	Phone Number	Email Address		
Spencer	(703) 481-	@gmail.com		

Elections

Employers, including corporations and limited liability companies (LLCs), are required to provide workers' compensation coverage for their employees, unless there is a specific exception in the law. The workers' compensation law states certain categories of workers are excluded from coverage or can be excluded from coverage. Minnesota workers' compensation law dictates employers are able to submit elections to exclude coverage for employees with certain relationships to executive officers of a corporation's or LLC's managers.

Election to exclude coverage webform

The **Election to Exclude Coverage** webform in Campus is used to enter the required information for exclusion and submit for approval.

- From the dashboard, click on the Submit a Filing dropdown menu and select Submit Election To Exclude.
- 2. The first step of the webform is to **Identify the Employer** you are submitting the election for. The drop-down menu shows all employers to which the user is associated. You must select an employer that is an incorporated entity or an LLC.
- Click Next to continue. (The Next button will highlight after the required information is provided.)

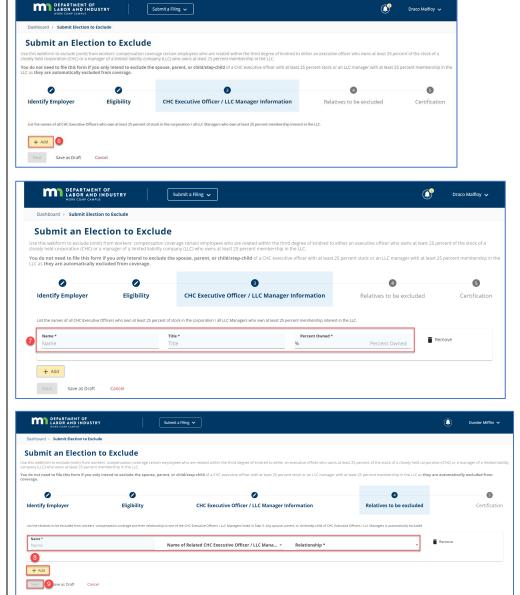
*The **Eligibility** screen will display.

- Answer the series of questions to identify if the employer is able to exclude coverage for certain employees.
- "Yes" must be answered for all questions or the ineligibility message will appear. Click Next to continue.

DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Submit a Filing	₿	Dunder Mifflin 🗸
My Overview	Access a case or Claim		
	VRU Rehabilitation Consultation Request	🌲 Notificatio	ns
	Trading Partner Profile Registration	No notifications.	
U q	Initiate a Dispute	U	
Open Claims	Request for Guidance with an Unreported Injury	Documents	
View details associated to your		documents in the	
claims in the My Queue portal.	Submit Election To Exclude	ons panel to ensure accuracy.	
	Respond to Request For Information		
DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Submit a Filing 🗸	C [®]	Dunder Mifflin 🗸
Dashboard > Submit Election to Exclude			
Submit an Election to Exclu	ıde		
	ion coverage certain employees who are related within the thin ity company (LLC) who owns at least 25 percent membership in	d degree of kindred to either an executive officer who owns at least 2 n the LLC.	5 percent of the stock of a
You do not need to file this form if you only intend to exc LLC as they are automatically excluded from coverage.	ude the spouse, parent, or child/step-child of a CHC execut	ive officer with at least 25 percent stock or an LLC manager with at lea	st 25 percent membership in the
0 0	0	0	5
Identify Employer Eligibility	CHC Executive Officer / LLC Manager	Information Relatives to be excluded	Certification
Identify the employer for which you are submitting an election to e	iciude.		
Select an Employer *			
An employer must be a closely held corporation or a limit Next Save as Draft Cancel	ed liability company in order to submit an election to exclude.		

Dashboard > Submit Election	to Exclude			
ubmit an Elect	tion to Exclud	le		
		coverage certain employees who are related within the third degree of kindred to eil ompany (LLC) who owns at least 25 percent membership in the LLC.	ther an executive officer who owns at least 25 pe	rcent of the stock of a
do not need to file this form it as they are automatically excl		e the spouse, parent, or child/step-child of a CHC executive officer with at least 25	percent stock or an LLC manager with at least 2	5 percent membership in the
0	2	8	4	6
dentify Employer	Eligibility	CHC Executive Officer / LLC Manager Information	Relatives to be excluded	Certification
Yes No		r members?		
No No Yes No	e less than 22,880 hours of p			

- Click the + Add button to add executive officers and managers who own at least 25% of stock in the corporation or membership in the LLC.
- Enter information for the required fields (Name, Title, Percent Owned). They are to identify the executive officer or manager who is related to the employee identified in the following step. You can add multiple executive officers or managers.
- Next, add the employees you wish to exclude from coverage. You can add one or multiple employees to a single election to exclude coverage form.
- Click Next to continue. (The Next button will highlight after required information is provided.)



- 10. Add your Electronic Signature by entering your full name, clicking the checkbox to confirm and entering your Executive Title and Phone Number.
- 11. Add Supporting Attachments.
- 12. Click **Submit** for final approval.

*The **Submit** button will highlight after required information is provided.

Dashboard > Submit Election to Ex	ciude				
Submit an Electio	n to Exclude				
Use this webform to exclude (omit) from company (LLC) who owns at least 25 perc	vorkers' compensation coverage certain em	ployees who are related within the third degree of kindred to either an e	xecutive officer who owns at least 25 perce	ent of the stock of a closely held corporation (CHC) or a manager of a limited
		at, or child/step-child of a CHC executive officer with at least 25 percent	stock or an LLC manager with at least 25 p	ercent membership in the LLC as they are au	tomatically excluded from
Identify Employer	Eligibility	CHC Executive Officer / LLC Manager Info	unation 1	Relatives to be excluded	5 Certificat
identity Employer	Englointy	CHC Executive Officer / LLC Manager into	rmation	telatives to be excluded	Certificati
department's Vocational Rehabilitatio	as they appear on your CAMPUS profile. By s n unit (VRU).	signing and dating this form, I certify copies of this form and attachments	are being sent to the employee, insurer, a	iny attorney(s), the Department of Labor and l	ndustry and, if required, to the
Plase type your Freit and Lata Name department's Vocational Rehabilitation Full Name of Signatory *	boor van legen y signing two each one form		nplete to the best of my knowledge.	ny attorney(s). The Department of Labor and I	ndustry and, if required, to the
Please type your First and List Name department's Vocational Rehabilition Full Name of Signatory *	une (VRU).	Desclude them from workers' compensation coverage is bei	nplete to the best of my knowledge.	ny attorney(s). The Department of Labor and I	ndustry and, if required, to the
Plassa pue your First and Last Name dearnment's vocational Rahabilization Full Name of Signatory * Constraints of the state of the state Constraints of the state of the state Constraints of the state of the state Plane Number * Plane Number * Have the relatives listed in Sec Submit a copy of this form to your wo	unt (VRU). box ram reguly aging ins user and form clon 4 been notified that this form to rkers' compensation insurance company. If a		nplete to the best of my knowledge.		ndustry and, if required, to the
Please pue your First and Last Name department's vocation Rehabilitory Full Name of Signatory * defense of the state of the state County File Please Number * Please Number * Have the relatives listed in Sec Submit a copy of this form to your wo Refle this form with the Depart of Lat Nacio	unit (VRU). toor rain reguly signing this sections form tion 4 been notified that this form to rkers' compensation insurance company, if a or and Industry (DL) and your worker's corr	exclude them from workers' compensation coverage is beil any. If you change insurance companies, submit a copy of bis form to the persection insure if any information in Sections 2.3 or 4 changes and yo	nplete to the best of my knowledge.	er' compensation coverage.	
Plass the your First and Lash Name department's Vocational Resultations Full Name of Signatory *	unit (VRU).	e exclude them from workers' compensation coverage is beil any. If you change insurance companies, submit a copy of this firm is the prevandant insurer if any information in Section 2.3, or 4 change and yo or effective unless the information rounded on this form is accurate and copies of the information coverage is legally effective. The C+ mit defects if they are assured have a coverage in legally mit and the coverage of the information coverage is legally deficient. The C+	nplete to the best of my knowledge.	er's compensation coverage.	assed on the date DU receives
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