MINNESOTA WORKERS' COMPENSATION MODERNIZATION PROGRAM

Quick reference guide: Filing a PPD follow up webform

Work Comp Campus will be used to electronically file the permanent partial disability (PPD) follow up webform when PPD benefits are being paid. This webform is required at the start of PPD periodic payments or at the time of a PPD lump-sum payment. This webform is filed in addition to the appropriate electronic data interchange (EDI) Maintenance Type Codes (MTCs).

 On your Campus dashboard, find the claim on the My Claims tab. Click on the Campus File Number (CFN, also the jurisdiction claim number or JCN) to link directly to the claim. You can also click on the filter button to filter by any of the column headers, then click on the CFN/JCN to link directly to the claim.



 On the Claim Details Page, click on the Submit Filing button.

- When the Submit a Filing box appears, choose PPD Follow Up Webform from the Filing Name drop-down menu and click Save.
- On the Permanent
 Partial Disability Benefit
 page enter the PPD
 Benefit Info including
 the Percentage,
 Applicable PPD
 Schedule Rule Number,
 and Total Benefits
 Amount.
- 5. Use the checkboxes to indicate if the **Rating Info** is based on a **Medical Report** or a **Preliminary Rating**. If based on a medical report, list the report along with the **Medical Report Date** and **Received by Insurer Date**.

 Under Payment Info, choose the Payment
 Type. If you choose
 Lump Sum you will also enter the Lump Sum

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Dashboard > Claim: C	L-02-3883-449						
Ashley Spin Claim: CL-02-3883-449	elli: Injury on 2/01/2	019 Open					+ Submit Filing
Campus File Number		Employee Ashley Spinelli		Date of Injury 2/1/2019	Pert of Body Injured 31: Upper Arm		
Employer Third Street Element	submit a Filing	Insurer MSP Insurer		Claim Administrator Claim Number 🖲 02012019E			
Claim Overvie Claim Involved in Disp Employee Receiving to Suspended 🖌	Please indicate the type of filing you Ashley Spinelli: Injury on 2/01/2019: C Please indicate the type of filing you Filing Name PPD Follow Up Webform Save Back	wish to make. Note that thes [L-02-3883-449 wish to make.	e Filling options are specific to Cla	ims, will use data from this transacti	ion, and will be associated to this transaction.	×	^

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Permanent Partial Dis	ability Benefit					
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Rating Info	Preliminary Rating					
Rating Based On Medical Report Rating Based On Medical Report		Medical Report Date (mm/ddlyyyy)	E	Received By Insurer Date		<u> </u>

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Percentage* % 3		Applicable PPD Schedule Rule Number * 5223.0450 Subp 2 C		Total Benefit Amount * \$	2364
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Medical Report	Preliminary Rational Prelim	ing			
Rating Based On Medical Report Official Surgical Report from Dr. D Octor		Medical Report Date 6/1/2020	Ē	Received By Insurer Date 6/4/2020	
Payment Info					
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Payment Date, Employee Approved Lump Sum on Date and Lump Sum Amount, and will have the opportunity to list a reason why the lump-sum payment was reduced, if applicable.

 If you choose Periodic Payments you will need to enter the Initial Periodic Payment Date, the Last Periodic Payment Date, the Periodic Payment Amount and the Frequency of Periodic Payment.

- 8. Under Contact Info of Person Making Determination list your First Name, Last Name and Phone Number.
- 9. Click **Upload Document** to attach a document to the webform.
- Either drag and drop your PDF document or click to do a search of your computer to find the document. Next, select the Document Type. The Description will automatically populate from the Document Type field,

Dashboard > Permanent Partial Disability Benefit					
Permanent Partial Disabi	ility Benefit				[
PPD Reposit Info	benent				l
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%	3	5223.0450 Subp 2 C		\$	2364
Rating Info					
Medical Report	Preliminary Ra	ting			
Rating Based On Medical Report		Medical Report Date		Received By Insurer Date	
Official Surgical Report from Dr. D Octor		6/1/2020		6/4/2020	
		(mm/dd/yyy)		(mm/dd/wwy)	
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Initial Periodic Payment Date * Immute Stream Strea	etermination	Last Periodic Payment Date * provide yypol Last Name Last Name	۵	Prove Feynman Ansonin" S Phone Number Phone Humber	Periodic Payment Amou

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Lump Sum Payment Reduced for the Following Reason		*	
Contact Info of Person Making Determine First Name First Name	Last Name Last Name		Place Number Phone Number
Supporting Attachments + Upload Document			
File Name	File Type	Description	Remove
Submit Form Cancel			
DEPARTMENT OF ILBOR AND INDUSTRY WORK COMP CAMPUS Work Comp Campus ^W 2019	Address 443 Lafayette Road N St. Paul, MN 55155	Contact Phone: 651-284-5005, option 3 Toll-free: 800-342-5354, option 3	About Us Help Terms and Conditions of Use and Privacy Policy
First Name	Last Name		Phone Number
Supporting Attachments			
File Name	File Type	Description	Remove
Submit Form Cancel			
DEPARTMENT OF LIGOR AND INDUSTRY WORK COMP CAMPUS Work Comp Campus ¹⁰ 2019	Address 443 Lafayette Road N St. Paul, MN 55155	Contact Phone: 651-284-5005, option 3 Toll-free: 800-342-5354, option 3	About Us Help Terms and Conditions of Use and Privacy Policy



but you can edit the information to be more specific. Then click **Upload**.

Supporting Attachments

DEPARTMENT OF LABOR AND INDUSTRY

Work Comp Campus³⁴ 2019

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11. Click **Submit Form** to submit your PPD follow up webform.

Helpful tips

• After the PPD follow up webform is successfully submitted, it will appear on the **My Forms History** tab of your Campus dashboard.

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Address

443 Lafayette Road N St. Paul, MN 55155 Contact

Phone: 651-284-5005, option 3 Toll-free: 800-342-5354, option 3 About Us Help Terms and Conditions of Use and Privacy Policy

• A confirmation email message will be sent to the email address registered to your Campus profile.