



Minnesota workers' compensation insurers' self-evaluation assessment tool

The Minnesota workers' compensation insurers' self-evaluation assessment tool gives your office the opportunity to review its claims for compliance. We suggest reviewing a representative number (10 percent) of your Minnesota workers' compensation lost-time (indemnity) claims. These claims should be those that are more than six months old, but no older than 30 months. In the event your office has a high volume of Minnesota workers' compensation claims, we suggest you do no more than 10 percent or 100 files, whichever is less.

There are two Excel versions of the self-evaluation form for you to choose from. In either version, enter an "x" in the appropriate column: Y (yes), N (no), N/A (not applicable). There are 21 columns for information. Both versions are set up for 100 files to be reviewed.

The topics concentrate on whether your actions were done within the correct time frame as required by the statutes and rules. If these time lines were complied with, place an "x" in the Y column; if not, place an "x" in the N column.

Indemnity benefits are to be correctly calculated and the appropriate amount paid. The forms concerning these benefits need to be completed correctly. If these were done correctly, place an "x" in the Y column; if not, place an "x" in the N column.

If a topic does not apply, such as "Dependency benefits," place an "x" in the N/A column.

If you are unsure of what the law requires, use the "Reference" tab, which contains "Notes," "Statutes and rules" and "Additional reference material" for each topic.

Self Audit Topic	Notes	Statutes and Rules	Additional reference material
		https://www.revisor.mn.gov/statutes/?id=176	
		5220 Minnesota Rule	
1 First Report of Injury (FROI) was filed timely.	FROI to Insurer within 10 calendar days of either first date of lost time or date of notice to the employer, whichever is later. FROI to State of Minnesota with 14 days of same.	Minnesota Statute 176.231 Minnesota Rule 5220.2820	Sections 2, 5 and 7, Basic Adjusters' Training Guide: www.dli.mn.gov/WC/WcBatg.asp

Self-evaluation assessment option one has three tabs and the columns are in landscape layout with the files in a vertical format. Enter the claim information on the "TOP-LANDSCAPE" tab.



Minnesota Workers' Compensation Insurers' Self Evaluation Worksheet																								
Self Evaluation Topic:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Claim #:	Y	N	M	A	Y	N	M	A	Y	N	M	A	Y	N	M	A	Y	N	M	A	Y	N	M	A

Enter Claim #s in this column

Enter an "x" in either Y, N, or N/A for each column

The "Summary" tab will automatically calculate the information.

Self-evaluation assessment option two has 12 tabs. The claim information is entered in columns across the top. The topics are listed in a vertical format. Each of the first 10 tabs has room for 10 claims.

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Totals	References
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Minnesota Workers' Compensation Insurers' Self Evaluation Worksheet															
Claim #:	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A	Y	N	N/A
1	First Report of Injury (FROI) was filed timely.														
2	Claim was paid or denied timely.														
3	Denial reason was specific and not frivolous.														
4	Employee's average weekly wage and compensation rate were calculated correctly.														
5	Temporary Total Disability benefits were calculated correctly.														
6	Temporary Partial Disability benefits were calculated correctly.														
7	Permanent Total Disability benefits were calculated correctly.														
8	Dependency Benefits were calculated correctly.														
9	Ongoing indemnity benefits were paid timely.														
10	Disability Status Report (DSR) was filed timely.														

Enter the Claims # here

Enter an "X" under Y, N, or N/A for each of the topics

The "Totals" tab will automatically calculate the information from tabs one through 10.

		Totals			% of Total		
Self Evaluation Topic:	Y	N	N/A	Y	N	N/A	
1 First Report of Injury (FROI) was filed timely.	3	2	1	50%	33%	17%	

After completing the survey, do not return it to the Department of Labor and Industry, it is intended to be used to self-evaluate possible training needs for your company.

If you are interested in receiving training from the Department of Labor and Industry, contact DLI Training Coordinator Jim Vogel at (651) 284- 5265.