

# Work Comp Campus FAQs – Insurers, self-insurers, third-party administrators and trading partners

## March 26, 2021

**1: Why am I not seeing all of my assigned claims on the Work Comp Campus dashboard "My Queues" section, under the "My Claims" tab?**

Remember to manually check the "Include Inactive" box option offered on the upper right side, because that will increase your results by also including your inactive claims. If that box is not selected, the system will default to displaying only the open active claims under the "My Claims" tab.

## March 12, 2021

**1: What is DLI's current position on assessing penalties?**

Penalties will continue to **not be** a high priority for an insurer's failure to timely file a report with the Department of Labor and Industry (DLI) due to a technical issue related to Work Comp Campus, as long as the insurer is working in good faith with DLI and its trading partner to resolve the technical issue. DLI will re-evaluate this as known issues are resolved and will communicate any changes.

**2: When do we need to file a final report (FN) form on a claim?**

An FN is required within 180 days after an insurer has ceased payment of all indemnity and rehabilitation benefits (where no litigation is pending) and upon request from the Department of Labor and Industry. In cases where no indemnity or rehabilitation has been paid, but the claim was filed with the department, an FN is not required but will be accepted.

## Jan. 29, 2021

On Dec. 16, 2020, Gov. Tim Walz signed new legislation adopting recommendations made by the Workers' Compensation Advisory Council in 2020, which became effective Nov. 2, the Campus go-live date.

This new legislation included an update related to insurers being required to file first reports of injury within 14 days of the Rehabilitation Consultation Report being filed. **See Minnesota Statutes § 176.231, Subdivision 1.(a)(2), to review this specific portion of the new law.**

The following provides only a summary of a portion of the new law; refer to the actual law for complete language and details.

## 176.231 Report of death or injury to commissioner of Department of Labor and Industry

<https://www.revisor.mn.gov/statutes/cite/176.231>

### Subdivision 1. **Time limitation.**

- (a) Where death or serious injury occurs to an employee during the course of employment, the employer shall report the injury or death to the commissioner and insurer within 48 hours after its occurrence. Where any other injury occurs which wholly or partly incapacitates the employee from performing labor or service for more than three calendar days, the employer shall report the injury to the insurer on a form prescribed by the commissioner within ten days from its occurrence.
- (b) An insurer and self-insured employer shall report the injury to the commissioner no later than 14 days from its occurrence. If an injury has not previously been required to be reported, the insurer or self-insured employer must report the injury to the commissioner, in the manner and format prescribed by the commissioner, no later than 14 days after the date that:
  - (1) any document initiating a dispute is filed under this chapter;
  - (2) a rehabilitation consultation report or a rehabilitation plan is filed under this chapter; or
  - (3) permanent partial disability is ascertainable under section 176.101, subdivision 2a.
- (c) Where an injury has once been reported but subsequently death ensues, the employer shall report the death to the commissioner and insurer within 48 hours after the employer receives notice of this fact.

## Jan. 15, 2021

### 1: **When do we need to file a final report (FN) form on a claim?**

An FN is required within 180 days after an insurer has ceased payment of all indemnity and rehabilitation benefits (where no litigation is pending) and upon request from the Department of Labor and Industry. In cases where no indemnity or rehabilitation has been paid but the claim was filed with the department, an FN is not required but will be accepted.

### 2: **What is DLI's current position on assessing penalties?**

Regarding penalties, issuing a penalty for an insurer's failure to timely file a report with DLI due to a technical issue related to Work Comp Campus will continue to not be a high priority, as long as the insurer is working in good faith with DLI and its trading partner to resolve the technical issue. DLI will re-evaluate this as known issues are resolved and will communicate any changes at that time.

## Dec. 10, 2020

### 1: **What is a JCN?**

The jurisdiction claim number is abbreviated to "JCN." This is an electronic data interchange (EDI) data element, DN0005, which is sent on the acknowledgement when a FROI 00 is successfully submitted. The JCN is the unique identifier of the claim; it is sometimes called the Campus file number and is shown as CL-12-3456-789 in Campus.

**2: When documents are created by EDI submissions and sent with the acknowledgement, who is responsible for sending those to the employee?**

It is the responsibility of the trading partner and claim administrator to send those forms to the employee as required by law. A list of EDI submissions that create forms can be found starting on page 7 of the [R3.1 Minnesota implementation guide](#).

**3: Where can we find a list of EDI-related documents that need to be sent to the employee?**

You can find a list of EDI-related documents starting on page 7 of the [R3.1 Minnesota implementation guide](#).

**4: What do I do if I need to file a claim for an employee who does not have a Social Security number (SSN)?**

Contact the DLI EDI team at [dli.edi@state.mn.us](mailto:dli.edi@state.mn.us) to receive a personal identification number (PIN) that can be used in place of the SSN. The PIN is used in DN0154, the Employee ID Assigned by Jurisdiction (PIN) field, when filing the EDI FROI; and DN0270, the Employee ID Type Qualifier, would be set to "A."

**5: Do we need to complete webforms in addition to the EDI filings?**

Yes, the discontinuance, benefit addendum, permanent partial disability (PPD) follow up and dependency webforms are supplemental webforms and are filed in addition to the appropriate EDI submissions.

**6: What EDI transactions have replaced previous paper forms?**

See the [Form to maintenance type code \(MTC\) guide](#).

**7: Serving the maximum medical improvement (MMI) is another form we generally have to file on every claim. How would we do that? Would it be under "Other Filing"?**

Access the claim in Campus and upload the document by clicking on "Submit Filing," "Other Filing" and "Save," and then uploading your PDF documents. When uploading the document, you can select the "Document Type" as "Medical Record" and then type in a specific description, stating the document is a service of MMI document, then complete the remaining steps. After you put in your electronic signature and submit, this will show up in the "My Forms" history.

If you are filing a discontinuance webform and the reason for discontinuance is that the employee is 90 days post-service of MMI, you would include your service document as a supporting document for your discontinuance.

**8: Is the discontinuance webform sent instead of the EDI suspension (SX)?**

No, the discontinuance webform is sent in addition to the EDI filing, either the Suspension (SX), Partial Suspension (PX) or Change in Benefit Type (CB), but only in cases when the benefits are being discontinued for reasons other than return to work.

**9: Is the maintenance type code (MTC) FROI 04 going to be accepted in Campus or will it remain as a FROI 00 and then the SROI 04?**

Campus will not accept the Denial FROI 04. To deny a claim, you will file the Original FROI 00 and then the Denial SROI 04.

**10: Do we need to file the PPD webform at the start and end of periodic PPD payments?**

No, you only need to file the PPD webform at the start of the periodic PPD payments. The PPD webform might need to be filed again, such as if PPD ratings change or if more PPD becomes payable on the claim.