

How to Report a New Claim in WCRA Portal



1 Log into the Portal.

2 Click "Claims"

The screenshot shows the WCRA Portal interface. At the top left, the logo and text "WCRA Portal" are visible. On the right side of the top bar, there are links for "Calculators" and "PowerUser" with a dropdown arrow. Below this is a dark green navigation bar with several menu items: "Home", "Claims" (highlighted with an orange box and a dropdown arrow), "Policy Data Reporting" (with a dropdown arrow), "Reports" (with a dropdown arrow), and "User Management" (with a dropdown arrow). Below the navigation bar, the main content area starts with a greeting: "Hello, PowerUser!". This is followed by a welcome message: "Welcome to the WCRA Portal. Your trusted site for claim management and WCRA data reporting. This portal allows you to submit and manage claims, run reports, and complete required data requests." Below the text are three white cards with green headers and icons. The first card is titled "Training" with a graduation cap icon and contains the text "Resources are available to help guide you through using the portal." and a link "View Training Materials". The second card is titled "User Management" with a person icon and contains the text "You can request new user access or changes for existing users." and a link "View User Management". The third card is titled "Contact Us" with a question mark icon and contains the text "If you need assistance, please contact us." and a link "Contact Us".

3 Click "Claim Reporting"

WCRA Portal Calculators PowerUser

Home Claims Policy Data Reporting Reports User Management

Claim Reporting

Loss Detection

Send Secure Message

Resources

Hello, [Name]!

Welcome to the portal.

Your trust in our management and WCRA data reporting.

This portal allows you to submit and manage claims, run reports, and complete required data requests.

Training

Resources are available to help guide you through using the portal.

[View Training Materials](#)

User Management

You can request new user access or changes for existing users.

[View User Management](#)

Contact Us

If you need assistance, please contact us.

[Contact Us](#)

4 Click "Report New Claim"

WCRA Portal Calculators PowerUser

Home Claims Policy Data Reporting Reports User Management

Claims

[Report New Claim](#)

Claims Assigned to Me | All Claims

3 Past Due Updates

1 Claim Updates

1 Reportable Files

1 Unread Correspondence

1 Unread Reimbursements

41 Draft

28643 All Claims

Member: All | TPA: All

Accident Date: mm/dd/yyyy | Assigned To: All | Search Claim # or Name: [Filter](#) [Reset](#)

[Export to Excel](#)

<input type="checkbox"/>	Member Claim #	WCRA Claim #	Due Date	Injured Worker Name	Date of Injury	Member Name	TPA	Assigned To	
<input type="checkbox"/>		5153			02/11/1986			Power User Reassign	Resume Update
<input type="checkbox"/>		21416	05/01/2016		09/26/2012		N/A	Power User Reassign	Resume Update

5

In the pop-up, select the WCRA Member Name, enter the Member Claim #, and Date of Injury. Then click "Continue"

The image shows a 'New Claim' pop-up window. At the top left is the title 'New Claim' and a close button (X) at the top right. Below the title is the instruction: 'Please enter the following claim information.' There are three required fields, each marked with an asterisk (*):
1. 'WCRA Member Name *': A dropdown menu with a search bar and a close button (X) on the right.
2. 'Member Claim # *': A text input field containing the value 'WC-564242'.
3. 'Date of Injury *': A date picker field showing '06/01/2022' and a calendar icon on the right.
At the bottom right of the form are two buttons: a 'Cancel' button and a 'Continue' button. The 'Continue' button is highlighted with an orange border.

6

Complete the Injured Worker Details. Add Member Information

Injured Worker	Benefits	Payments & Reserves	Current Status	Supporting Documents & Comments	Review & Submit
-----------------------	----------	---------------------	----------------	---------------------------------	-----------------

Injured Worker Details

- DOI: 06/01/2022

Member Information

WCRA Member Name *	TPA Name		
<input type="text"/>	<input type="text" value="Select..."/>		
Member Claim # *	Date of Injury *	Did the injury occur on the employer's premises? *	Claim Status *
<input type="text" value="WC-564242"/>	<input type="text" value="06/01/2022"/>	<input type="text" value="-"/>	<input type="button" value="Open"/> <input type="button" value="Closed"/>

Personal Information

First Name *	Middle Name	Last Name *	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender *	Date of Birth *	Marital Status *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

7

Add Personal Information

WCRA Member Name *	TPA Name		
<input type="text" value=""/>	<input type="text" value="Select..."/>		
Member Claim # *	Date of Injury *	Did the injury occur on the employer's premises? *	Claim Status *
<input type="text" value="WC-564242"/>	<input type="text" value="06/01/2022"/>	<input type="text" value="Yes"/>	<input type="button" value="Open"/> <input type="button" value="Closed"/>

Personal Information

First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Joe"/>	<input type="text" value=""/>	<input type="text" value="Smith"/>	<input type="text" value=""/>
Gender *	Date of Birth *	Marital Status *	
<input type="text" value="-"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="-"/>	
City *	State *	Zip *	
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	
Date Of Death	Is the death the result of the injury?		
<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="-"/>		

Dependents

Dependent information shown is based on previously provided data. Where data was not given, our best estimate is being used. Please review and update to ensure this information is accurate.

No results

8

To add a dependent, click on Add Dependent

Gender *	Date of Birth *	Marital Status *
Male	01/01/1976	Married
City *	State *	Zip *
St. Paul	MN	55101
Date Of Death	Is the death the result of the injury?	
mm/dd/yyyy	-	

Dependents

Dependent information shown is based on previously provided data. Where data was not given, our best estimate is being used. Please review and update to ensure this information is accurate.

No results

[Add Dependent](#)

Employment Information

Employer Name *	Hired Date *	
	mm/dd/yyyy	
Address		
City *	State *	Zip *

9

Add the dependent information to the pop-up, then click save.

The image shows a screenshot of a web application's 'Add Dependent' form. The form is titled 'Add Dependent' and has a close button (X) in the top right corner. The form contains several input fields: 'Relationship' (a dropdown menu with 'Spouse' selected), 'Suffix' (a text input field), 'First Name', 'Middle Name', and 'Last Name' (text input fields), 'Gender' (a dropdown menu with '-' selected), 'Date of Birth' (a date picker with 'mm/dd/yyyy' format), and 'Date of Death' (a date picker with 'mm/dd/yyyy' format). At the bottom right of the form, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with an orange border. Below the form, the text 'Hired Date *' is visible.

10 Add Employment Information

Dependent Name	Relationship	Gender	Suffix	Date of Birth	Date of Death
	Spouse	N/A	N/A	N/A	N/A  

Add Dependent

Employment Information

Employer Name *

This field is required.

Hired Date *

This field is required.

Address

City *

This field is required.

State *

This field is required.

Zip *

This field is required.

Occupation *

This field is required.

Job Class Code *

This field is required.

11 After all the required fields have been completed, click "Save and Continue"

Dependent Name	Relationship	Gender	Suffix	Date of Birth	Date of Death
	Spouse	N/A	N/A	N/A	N/A  

Add Dependent

Employment Information

Employer Name *

Hired Date *

Address

City *

State *

Zip *

Occupation *

Job Class Code *

This field is required.

This field is required.

Save and Exit Cancel and Delete

Save and Continue

12 Enter Indemnity Benefits, beginning with Compensation & Current Benefits.

Home Claims Policy Data Reporting Reports User Management

Claim Reporting > Past Due Updates > New Claim

Injured Worker ✓ Benefits Payments & Reserves Current Status Supporting Documents & Comments Review & Submit

Indemnity Benefits Joe Smith - DOI: 06/01/2022

Compensation & Current Benefits

Average Weekly Wage * \$ Initial Weekly Indemnity * Return To Work Date

Current Benefit Type

Is PPD currently being paid?

Permanency Rating Calculate Total Rated Permanency

13 Enter and offsets currently being recieved, then click "Save and Continue"

Offsets currently being received

Social Security?

Other Government Benefits?

← Back to Previous Step Save and Exit Cancel and Delete Save and Continue

© WCRA 2023 | All Rights Reserved | Legal Disclaimer | Privacy | Terms of Use | FAQs | Contact Us

14 Enter Payment and Reserves, beginning with Indemnity Paid-to-Date.

Claim Reporting > Past Due Updates > New Claim

Injured Worker ✓	Benefits ✓	Payments & Reserves	Current Status	Supporting Documents & Comments	Review & Submit
------------------	------------	--------------------------------	----------------	---------------------------------	-----------------

Payments and Reserves

Joe Smith - DOI: 06/01/2022

Indemnity Paid-to-Date

Permanent Total Disability <input type="text" value="\$0"/>	Temporary Total Disability <input type="text"/>	Permanent Partial Disability <input type="text"/>	Temporary Partial Disability <input type="text"/>
Dependent Benefits <input type="text"/>	ERC/IC <input type="text"/>	Other Indemnity <input type="text"/>	Indemnity Paid Through Date <input type="text" value="mm/dd/yyyy"/>

Total Indemnity Paid-to-Date

15 Enter Medical / Rehab Paid-to-Date.

Medical / Rehab Paid-to-Date

Medical <input type="text" value="\$0"/>	Vocational Rehabilitation <input type="text"/>	Medical Paid Through Date <input type="text" value="mm/dd/yyyy"/>	Total Medical / Rehab Paid-to-Date <input type="text"/>
---	---	--	--

16 Enter Recoveries Received-to-Date

Recoveries Received-to-Date

Medical <input type="text"/>	Indemnity <input type="text"/>	Recoveries Received Through Date <input type="text" value="mm/dd/yyyy"/>	Total Recoveries Received-to-Date <input type="text"/>
---------------------------------	-----------------------------------	---	---

17 Enter Outstanding / Unpaid Reserves

Outstanding / Unpaid Reserves

Medical	Indemnity	Reserve Valuation Date	Total Outstanding / Unpaid Reserves
<input type="text" value="sq"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

18 When all the required fields have been completed, click "Save and Continue"

Medical / Rehab Paid-to-Date

Medical	Vocational Rehabilitation	Medical Paid Through Date *	Total Medical / Rehab Paid-to-Date
<input type="text" value="\$50,000"/>	<input type="text"/>	<input type="text" value="12/01/2023"/>	<input type="text" value="\$50,000"/>

Recoveries Received-to-Date

Medical	Indemnity	Recoveries Received Through Date	Total Recoveries Received-to-Date
<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

Outstanding / Unpaid Reserves

Medical	Indemnity	Reserve Valuation Date	Total Outstanding / Unpaid Reserves
<input type="text" value="\$100,000"/>	<input type="text" value="\$100,000"/>	<input type="text" value="12/01/2023"/>	<input type="text" value="\$200,000"/>

[← Back to Previous Step](#) [Save and Exit](#) [Cancel and Delete](#)

[Save and Continue](#)

19

Enter the Current Status of the claim, beginning with Detail description of the accident and/or injury.

Claim Reporting > Past Due Updates > New Claim

Injured Worker ✓	Benefits ✓	Payments & Reserves ✓	Current Status	Supporting Documents & Comments	Review & Submit
------------------	------------	-----------------------	-----------------------	---------------------------------	-----------------

Current Status

Joe Smith - DOI: 06/01/2022

Detailed description of the accident and/or injury

Accepted/Denied body parts and conditions

Current Claim Status

← Back to Previous Step Save and Exit Cancel and Delete

Save and Continue

20

When all required fields have been completed, click "Save and Continue".

Claim Reporting > Past Due Updates > New Claim

Injured Worker ✓	Benefits ✓	Payments & Reserves ✓	Current Status	Supporting Documents & Comments	Review & Submit
------------------	------------	-----------------------	-----------------------	---------------------------------	-----------------

Current Status

Joe Smith - DOI: 06/01/2022

Detailed description of the accident and/or injury

Accepted/Denied body parts and conditions

Current Claim Status

← Back to Previous Step Save and Exit Cancel and Delete

Save and Continue

21

Enter Comments and attach supporting documents. If there is an additional/alternate contact for this claim, their contact information can be added here.

& Comments

Supporting Documents & Comments Joe Smith - DOI: 06/01/2022

Comments

Do you want to attach supporting documents? ⓘ

Attach additional Supporting Documents

📎 Drop a file here or browse to upload

For Claims Questions, contact

Submitted By

Power User
Email: PowerUser@wcra.biz
Phone: N/A

Is there an additional/alternate contact for this claim?

←

22 After all required information has been entered, click "Save and Continue"

Supporting Documents & Comments

Joe Smith - DOI: 06/01/2022

Comments

Do you want to attach supporting documents? ⓘ

Yes **No**

For Claims Questions, contact

Submitted By

Power User
 Email: PowerUser@wcra.biz
 Phone: N/A

Is there an additional/alternate contact for this claim?

← Back to Previous Step Save and Exit Cancel and Delete

Save and Continue

23 Review the claim information you are about to submit. If any of the information is incorrect, use the "Change Responses" link to make corrections. If the information is accurate, click "Submit".

\$100,000.00	\$100,000.00	12/01/2023	\$200,000.00
Total Paid-To-Date			
Indemnity	\$10,000.00		
Medical	\$50,000.00		
Recoveries	\$0.00		
Net Paid-To-Date	\$60,000.00		
Retention Amount	\$0.00		
<hr/>			
Current Status			Change Responses
<u>Detailed description of the accident and/or injury</u>			
Slipped on ice.			
<u>Accepted/Denied body parts and conditions</u>			
Back			
<u>Current Claim Status</u>			
Open			
<u>Supporting Documents & Comments</u>			
Comments			
N/A			
No supporting documents uploaded			
<u>For Claims Questions, contact:</u>			
Submitted by	Additional/Alternate Contact	Date / Time Submitted	
Power User	N/A	Not Submitted	
PowerUser@wcra.biz		Claim Quick Response	
N/A		N/A	

← Back to Previous Step Save and Exit Cancel and Delete

Submit

24

After clicking submit, you will see a pop-up to confirm your new claim submission. Click "Continue" to return to Claim Reporting.

