

# SI Annual claims for reimbursement of second injury

## (0:00 - 0:23)

This video will provide an overview of the process for submitting annual claims for reimbursement from the Second Injury Fund. There are two types of reimbursements that can be requested from the Special Compensation Fund: supplementary benefits and reimbursement from the Second Injury Fund. This video will focus on the reimbursement process from the Second Injury Fund.

## (0:24 - 2:34)

The video Annual Claims for Reimbursement of Supplementary Benefits focuses on the process for reimbursement of supplementary benefits. An annual claim is submitted by an insurer or self-insurer, a third-party administrator on behalf of the insurer, or an attorney may submit an annual claim if they currently represent or have represented the insurer or self-insured employer and have a notice of representation on file in Campus. Please note that all reimbursement requests must be submitted under the name of the insurer or self-insurer.

The Special Compensation Fund is required to pay the insurer or self-insurer on record for the date of injury. Doing some prep work before starting a reimbursement request will save time. Review the prior claim to ensure the date range and benefit rates for the current claim are accurate.

As you begin this process, keep in mind that you can save your work as a draft and complete the process at a later time. Start by determining the start and end dates for each benefit period. If you're not claiming medical benefits, verification that the injured worker is alive is required.

To show proof of life and that the injured worker is eligible for continued benefits during the requested dates of reimbursement, have one of the following documents saved for easy upload during the annual claim submission. A medical report, a letter from the insurer's representative stating they spoke with the injured worker on a date within the date range being requested, or an authorization form signed and dated by the employee. If the injured worker is deceased, please provide proof of death.

Examples of proof of death are a death certificate, obituary, or the Minnesota Department of Human Services death search. A personal representative may speak on the injured worker's behalf if they're not able. A power of attorney must be submitted or already in the special compensation funds file.

## (2:35 - 3:49)

Also requested is a copy of the insured worker's social security benefit adjustment letter, if applicable. Please request this from the injured worker or their attorney. Show your calculations for the benefits claimed.

You may attach a copy from a benefit calculator if it shows each benefit period and all applicable rates. Now that you have gathered all the required documentation, it's time to log into Campus. Log into Campus as the insurer and open the claim transaction for which you are requesting reimbursement.

When searching for the claim, be sure to check the inactive box to see all the claims you have access to. If the claim still cannot be found, please contact the Work Comp help desk. The contact information is provided at the end of this video.

Once the claim is open, click on the submit filing button. From the drop-down menu, select annual claim reimbursement and save. Next, provide the insurer details and mailing address.

Choose benefit type to be reimbursed. Benefit type is either Supplementary Benefit SB or Second Injury Fund SI. For this example, select SI and then select next.

### **(3:50 - 5:08)**

The claim status will either be a final claim or an ongoing claim. The most common options for final claims are the death of an employee or a lump sum settlement. If you choose the death of an employee, it will request the employee's date of death and will require that you upload proof of death.

If a lump sum settlement is chosen, it is required that you check the closed by settlement box. Copies of executed Stipulation for Settlement and Award for Settlement are also required. You may upload them in the supporting attachments portion of the submission.

Select ongoing for this example. Campus requires evidence of contact with the employee. Locate your evidence, then click on the upload document button.

Click drag and drop to open the files window. Select the file you prepared proving the employee was alive during the benefit period, or proof of death if the employee has died. Click open to select the file.

For document type, select the appropriate action from the drop-down menu. The description may be edited to fit the document. Click upload to complete the process.

You will see the file has been added. Click next to continue. On the benefits details page, a request can be made for medical expenses and or indemnity benefits.

### **(5:08 - 6:07)**

For medical expenses, enter the first date and last date of services to be reimbursed. Enter total costs paid for medical and rehab services plus prescriptions. If there are no medical expenses, enter the same dates as the indemnity benefits in the section below and zeros in the remaining fields.

If the medical deductible has not been met, put a check in the box and call the Work Comp Help Desk for assistance. This situation is very rare. If there are multiple employers, insurers and or dates of injury, the special compensation fund may only have to pay a portion of medical expenses paid.

To verify apportionment, check for stipulation for settlement, findings and orders, and check to see if the Kaiser Shot decision applies. Enter the applicable percentage. If apportionment information cannot be found or it was determined that the special compensation fund is to reimburse the entire amount, enter 100%.

## **(6:08 - 7:45)**

For indemnity expenses, enter start and end dates for the benefit period. If there are no indemnity expenses, enter the same dates as the medical section above and zeros in the remaining fields. Enter amounts paid for TPD benefits, retraining benefits, TTD benefits and PTD benefits.

If none, enter zero. If you have any questions, please contact the special compensation fund. Click next to continue.

Lump sum settlements are the result of settlements between the injured worker, employer, insurer, and the special compensation fund. They are memorialized in a stipulation for settlement with an accompanying award on the stipulation. There is no lump sum for this example.

If there is a lump sum owed, do not check this box. Instead, enter the lump sum amount and date of award on the stipulation. Click next to continue.

Under employer details, select the employer from the drop-down list. Take the time to verify that all the information is correct. If not, contact the work comp help desk.

Select next to continue. If requesting reimbursement for medical expenses, the submission must include an explanation of reimbursement or explanation of benefits with corresponding medical records, including prescription scripts, receipts with the national drug code number, dosage and prescribing physician. Was a request for reimbursement of supplementary benefits also submitted for the same benefit period? If yes, no additional supporting documentation is needed to request the indemnity benefits.

## **(7:46 - 9:58)**

If no, submit your calculations, payment ledgers and or interim status report showing all benefit rates paid, including social security amounts. If TPD is requested, provide a ledger of employees' wages for each benefit period. Please keep documents together for each service date.

Place records by provider and in chronological order from oldest to newest and be sure to delete any duplicates. Combining PDF documents before uploading will make it easier for both parties. The document size limit for campus is 30 megabytes.

Repeat the upload steps until all documents have been uploaded. If you need to pause the annual claim data entry for any reason, your work can be saved as a draft and be completed at a later time. This is how it works.

Save as draft is an option at the bottom of each page of the process. After selecting save as draft, select save to save your information to this point. A confirmation screen will confirm the save.

When you're ready to continue, go to the campus dashboard, select the my forms tab and then select the annual claim for reimbursement draft. The input screens start at the beginning of your annual claim. Select the next button at the bottom of the screen until you arrive at the place you left off.

The final step is to electronically sign the document. Check the box confirming that the information is true, accurate and complete and then select submit. A successfully submitted screen gives a confirmation number and lets the filer know the special compensation fund has received the request.

Record the confirmation number as a reference for any future questions. A special compensation fund team member will review the submission to be sure it's complete. They will approve, reject or send an email requesting more information on the annual claim.

Once the submission is approved, a confirmation email is sent to the submitter. The submitted annual claim document can be seen within the claim under the documents tab. At this point, the approved submission is assigned to a team member.

### **(9:58 - 10:56)**

All annual claims are reviewed in the date order they are received. The reviewer's decision will be emailed directly to the person who submitted the request.

For questions specific to your annual claim, reach out to the special compensation fund unit. They can be reached at 651-284-5097 or send an email to [dli.specialcomp@state.mn.us](mailto:dli.specialcomp@state.mn.us).

For further information about workers' compensation in Minnesota or Campus, contact the Work Comp Help Desk. They are available Monday through Friday from 8 to 430. They can be reached at 651-284-5005 and press 3 or 800-342-5354 and press 3 or send an email to

[helpdesk.dli@state.mn.us](mailto:helpdesk.dli@state.mn.us).