



# WebFile Provider Portal Guide for

# Virginia Victims Fund Medical Providers

How to Navigate through WebFile

## WELCOME



Welcome to the Virginia Workers' Compensation Commission's WebFile Provider Portal application.

The Commission created the WebFile Provider Portal to allow medical providers quick, easy access to obtain status of claims on file with the Fund and allow providers to easily and securely upload needed documentation directly to the claim

This guide provides the information and instructions necessary for navigating this webbased claim management tool.

While the guide may be printed, it is recommended that the guide be utilized electronically due to updates and revisions.

#### For questions or technical support:

If you would like access to the WebFile Provider Portal, please contact Virginia Victims Fund at 1-800-552-4007 and ask to speak with the Medical Provider Liaison.

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# WebFile PROVIDER PORTAL OVERVIEW

The WebFile Provider Portal is Virginia Victims Fund's online portal system for Providers to access claims information.

The WebFile Provider Portal is intended for Hospital, Physicians, Emergency Management Service Groups, Mental Health Providers or Counselors, Funeral Homes, or patient billing representatives.

Benefits of the WebFile Provider Portal:

- Ability to immediately check the status of claims (denied, approved or pending)
- Upload necessary documentation to process payments

For access to the WebFile Provider Portal, please contact Virginia Victims Fund at 1-800-552-4007 and ask to speak with the Medical Provider Liaison.

# CLAIM AND EXPENSE ELIGIBILITY/PAYMENT PROCESS

When administering the Fund and making claims determinations, the policy manual, the SAFE payment policy manual, the Act, and the grant rules of the Victims' of Crime Act [Victims of Crime Act of 1984, Pub. L. No. 104-235, codified at 42 U.S.C. §§ 10601-10605, 18 U.S.C. § 3050], must all be considered.

For both VVF and SAFE claims, a three-step process is utilized to determine eligibility. First, claim eligibility must be determined by comparing the facts of the case to laws and policy. Second, each expense submitted for consideration must be determined to be related to the crime and eligible under law and policy. Third, each expense submitted must be reduced by all collateral resources, and a signed Memorandum of Agreement (MOA) from the service provider must be on file. Only when the claim and expense are both deemed eligible can payment be approved. Payment is then entered into our finance system and should be received by the recipient within thirty (30) days.

# WebFile PROVIDER PORTAL SECURITY

The WebFile Provider Portal system uses a variety of security protocols to help ensure that case records remain confidential. A key component of this structure (which governs access rights) is username and password.

#### USERNAME

All WebFile Provider Portal users will have individual usernames. The username cannot be changed after the registration and activation process is complete.

#### PASSWORD

All users are required to use a password along with the username. The initial password will be set up by the Commission. The user will then set up a new password at the time of registration.

**Password Criteria** 

- ✓ Must be at least 8 characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- $\checkmark$  Must contain one special character (i.e., @, #)
- ✓ Password will expire every 90 days and will not be re-usable for 12 months

#### TIMEOUT FEATURE

The system has been set up with a 45-minute timeout feature. If there is no activity within 45 minutes, the user will receive a message notifying them that they will need to extend the session in the WebFile Provider Portal to continue their session.

#### **IMPORTANT**

Entering data is still viewed by the system as being idle—users who take longer than 45 minutes to submit data or to conduct other transactions will be automatically logged off of the system, and all information not saved or submitted will be lost.

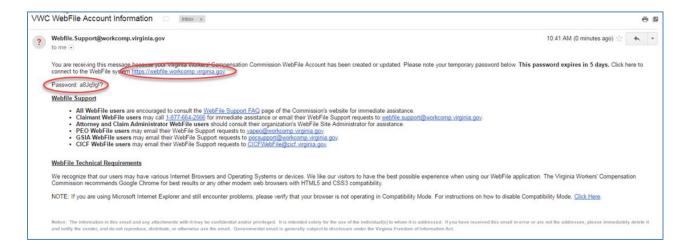
# WebFile PROVIDER PORTAL REGISTRATION

This section covers accessing the WebFile Provider Portal as the medical provider.



For access to the WebFile Provider Portal, please contact Virginia Victims Fund at 1-800-552-4007 and ask to speak with the Medical Provider Liaison.

You will receive an email with a link and password for the first time you log in.





#### **STEPS TO COMPLETE**

1. Go to the WebFile Provider Portal website by clicking the login link on the VVF homepage at <u>www.virginiavictimsfund.org/</u>.



#### WebFile Provider Portal Login Interface

- Once you have received your temporary password email after contacting the VVF Medical Liaison, go to the WebFile Provider Portal website. This password will expire in 5 days. The email could also be in a spam or junk folder.
- 3. Since this is the first time logging into the WebFile Provider Portal, enter the registered email. address (as your username) and the temporary password.
- 4. Click the "Login" button.

WebFile Logir	n
<sup>semame</sup> /peyouremailaddresshere@gmail.c	com 🕜
assword	
Login	
+ Create Claimant Account ▲ Forgot Username	
Forgot Password/Unlock Accou	int
Supported Browsers	
Help / About	

- 5. Create a new username.
- 6. The current password on this screen is the temporary password that was just sent. Create a new password based on the following criteria:
  - ✓ Must be at least 8 characters in length
  - ✓ Must have at least one number
  - ✓ Must have at least one letter
  - $\checkmark$  Must contain one special character (i.e., @, #)

Register emaila * required field	dress@gmail.com	
Pick a username A username must be between 6 and Username *	) characters. It may contain letters, numbers, $\oplus$ , +, _ , .	
katepeotwo@gmail.com		
Create a password		
	mber, one digit and one special character. No spaces.	
Minimum 8 characters. At least one	mber, one digit and one special character. No spaces.	
Minimum 8 characters. At least one Current Password *	mber, one digit and one special character. No spaces.	

- 7. Select and answer three security questions. These questions will assist you in case you are ever locked out of the system or forget your password.
- 8. Review the Terms and Conditions by clicking on the "Terms and Conditions" link in the bottom left hand corner.
- 9. After reviewing, check the box to accept the Terms and Conditions.
- 10. Click "Save" to complete your registration.

Security Question #1 🛠		-
Your answer 🛠		
Security Question #2 🗙		-
Your answer *		
Security Question #3 🛠		-
Your answer 🛠		
I accept the following Terms and Conditions		
Save		

- 11. Confirmation message verifying your successful registration is displayed.
- 12. Click the "OK" button.

# CHANGE PASSWORD

This section covers changing a password after a profile has been created.



#### **BEFORE YOU GET STARTED**

Remember the WebFile Provider Portal Password Criteria:

- ✓ Must be at least 8 characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (i.e., @, #)
- ✓ Passwords will expire every 90 days and will not be re-usable for 12 months



#### **STEPS TO COMPLETE**

- 1. Go to the WebFile Provider Portal website.
- 2. Enter username and password.
- 3. Click the "Login" button.

#### WebFile Provider Portal Home Interface

	A Commonwealth of V	irginia Website					<u>Virginia.gov</u> Find ar
		VICTIMS FU					
							cicfmed
M. Olalara							
My Claims						IVI	y Claims Search Claims
Claims currently ass	sociated with your account.						
							0 active filters
llaim # 🕇	Victim First Name	Victim Last Name	Date of Birth	Claim Status	Claim Type	Last Decision Date	Actions
9-0007	Theodore	Stevens	01/01/1950	Decision Made/Pending Director Approval	VVF	08/04/2009	Î
9-0028	NIKKI	HOLT	11/23/1972	Deactivated/Duplicate	VVF	06/08/2009	Î
0-0014	Xaviera	Hollander	11/07/1902	Shelved/Pending Further Activity	VVF	12/09/2009	<b>i</b>
0-0018	Hank	Hall	01/01/1952	Deactivated/Duplicate	VVF		1
-0029	Alice	Goodguy	01/01/1987	Awarded/Pending Payment	VVF	04/07/2011	Î
0-0033	Alice	Goodguy	01/01/1978	Shelved/Pending Further Activity	VVF	03/16/2016	i i
0-0069	Rich	Moore	04/14/1956	Decision Made/Pending Director Approval	VVF		Î
0-6001	Hank	на	01/01/1952	Decision Made/Pending Director Approval	SAFE	03/27/2013	Î
-0017	June	O'Ninth	06/09/1969	Awarded/Pending Payment	VVF	07/26/2016	Î
1-0025	Kevin	Sullivan	02/02/1960	Awarded/Pending Payment	VVF	11/04/2010	ii ii
G						Items per page: 10	✓ 1 - 10 of 700 < >
Recent Noti		idar polifications plages view #	e claim using the My Claims portlet	below			
siehiete sugăce ilo	in the pain of says only. To view o	war normaanond, predoe view u	ie eanin along the My Oldinis ponter	USION.			
							0 active filters
laim # 3-0022		n First Name TirstName	Victim Last Name TestLastName		te Sent 个 13/2020	Notification	vpe nacy Request (EXP)
		irstName	TestLastName	017	13/2020		tal Request (EXP)

4. Click the menu dropdown ( $\equiv$ ) in the top right and select "Manage Profile."

<u>Virginia.gov</u> Find an Agency
cicfmedprovider
My Claims Search Claims
Virginia.gov Find an Agency

						<u></u>	<u>inna gov</u> <u>rind an Agene</u>
	VIR		CRIMINAL INJURIES COM				
							Manage Profile
My Clain	ns					My Claims	Help / About
Claims current	tly associated with yo	ur account.					😤 Logout
Claim # 🕇	Victim First Name	Victim Last Name	Date of Birth	Claim Status	Claim Type	Last Decision Date	Actions
09-0007	Theodore	Stevens	01/01/1950	Decision Made/Pending Director Approval	VVF	08/04/2009	Î
09-0028	NIKKI	HOLT	11/23/1972	Deactivated/Duplicat	VVF	06/08/2009	Î
10-0014	Xaviera	Hollander	11/07/1902	Shelved/Pending Further Activity	VVF	12/09/2009	Î

#### Manage Profile Interface

A Commonwealth of Virginia Websi 🖌	te			<u>Virgin</u>	ia.gov   Find an Agency
	IMS FUND				cicfmedprovider
Change Password Password is case sensitive, must be at least 8 characters characters character.      Current Password *      New Password *      Confirm New Password	User Profile First Name * peteneee Address Contact Type * Home Phone Pinnary address * tttttdopdophor	Middle Name 1 Phone number 555555555	Last Name * Vfsfsf5		
Update Password	City * gdgd	<sub>State</sub> * Virginia	Zip <b>*</b> ▼ 23320	Country * United States	<b>*</b>
Correspondence Preferences     Change your e-mail preferences     Daily Email Updates     Individual Claim Event Emails     No Emails	I accept the following Submit	Terms and Conditions			
Save Correspondence Preferences					
Associated Service Providers If you need access to additional Service Providers, please contact VVF.					
Company Name  FEIN ALEXANDRIA HOSPITAL					
ALEXANDRIA HOSPITAL LANASS33					

- 5. Go to the "Change Password" section.
- 6. Enter the profile's current password.
- 7. Enter and confirm the new password.
- 8. Click the "Update Password" button.

Change Password     Password is case sensitive, must     number, 1 letter and 1 special cha	be at least 8 characters long, contain at least racter.
Current Password *	Ø
New Password *	ø
Confirm New Password *	Ø

9. A confirmation message will appear.

Your password has been changed.

For questions regarding WebFile Provider Portal processes, please contact Virginia Victims Fund at 1-800-552-4007 and ask to speak with the Medical Provider Liaison.

# PASSWORD RESET

This section covers how to reset a password.



#### **BEFORE YOU GET STARTED**

Remember the WebFile Provider Portal Password Criteria:

- ✓ Must be at least 8 characters in length
- ✓ Must have at least one number
- ✓ Must have at least one letter
- ✓ Must contain one special character (i.e., @, #)
- ✓ Passwords will expire every 90 days and will not be re-usable for 12 months

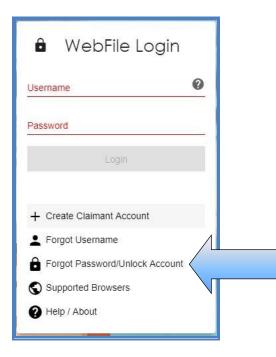
#### **RESET A FORGOTTEN PASSWORD**



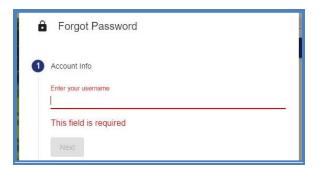
#### **STEPS TO COMPLETE**

On the log in screen, you have the option to request a new password.

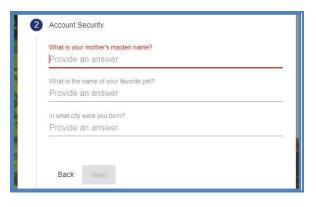
1. Click on the "Forgot Password/Unlock Account" link.



2. Enter your username and click the "Next" button.



3. Answer the three security questions from initial registration and click the "Next" button. Answers are case sensitive.



4. A confirmation message will appear and an email will be sent.



- 5. Retrieve the email from <u>noreply@workcomp.virginia.gov</u> containing the new, temporary password. This password will expire in 5 days. The email could also be in a spam or junk folder.
- 6. After logging in with your username and temporary password, you will be required to create a new permanent password and set up three new security questions.

If you cannot remember the answers to your security questions, please contact Virginia Victims Fund at 1-800-552-4007 and ask to speak with the Medical Provider Liaison.

# CHANGE USER PROFILE

This section covers changing or updating your address and user profile.



#### **STEPS TO COMPLETE**

- 1. Click the menu dropdown in the top right and select "Manage Profile."
- 2. Go to the "User Profile" section.
- 3. Update all necessary fields and make sure all required fields marked with an asterisk (\*) are complete.
- 4. Click the "Submit" button.

User Profi	ile	Middle Name		Last Name * vfsfsfs	
Address					
Contact Type *		Phone number			
Home Phone	•	555555555			
Primary address *					
tttttfdghdfghdf					
City 🛪		State *		Zip ★	
gdgd		Virginia	•	23320	
Country *					
United States	-				
I accept the followir	ng Term	is and Conditions			
	0.192				
Submit					

# CHANGE EMAIL PREFERENCES

This section covers changing an email address preference after a profile has been created.



#### **STEPS TO COMPLETE**

- 1. Click the menu dropdown in the top right and select "Manage Profile."
- 2. Go to the "Correspondence Preferences" section.
- 3. Select your email preference.
- 4. Click the "Save Correspondence Preferences" button.

	Correspondence Preferences Change your e-mail preferences
<ul> <li>Indi</li> </ul>	ly Email Updates vidual Claim Event Emails Emails
Save	Correspondence Preferences

# VIEW ASSOCIATED SERVICE PROVIDERS

# This section displays all Service Providers you are associated within the WebFlle Provider Portal.

All associated Service Providers are displayed in the bottom left corner of the screen.

Company Name 🛧	FEIN
ALEXANDRIA HOSPITAL	
ALEXANDRIA HOSPITAL	t-0008533
BON SECOURS MEMORIAL REGIONAL MEDICAI CENTER	L t-0008541
Best Dentist Associates	t-0014849
Bob Keyboard Services	387538753
Bright Molars	t-0009996
MCV HOSPITALS	t-0008617
Test 041309 company name	t-0009702
Test Expense Payee	t-0009690
VCU HEALTH SYSTEM	t-0008692
testPro	t-0014915



#### IMPORTANT

If you need access to additional Service Providers, please contact Virginia Victims Fund at 1-800-552-4007 and ask to speak with the Medical Provider Liaison.

# ACCESSING A CLAIM

This section covers the procedure for gaining access to your claim information through the WebFile Provider Portal.



#### **STEPS TO COMPLETE**

- 1. Go to the WebFile Provider Portal website.
- 2. Enter username and password.
- 3. Click the "Login" button.
- 4. Navigate to the "My Claims" section.

	A						cicfmedpr
My Claim	5					My Claims	Search Claims
Claims currently	associated with your accou	int.					
Claim # 🛧	Victim First Name	Victim Last Name	Date of Birth	Claim Status	Claim Type	Last Decision Date	0 active filters
9-0007	Theodore	Stevens	01/01/1950	Decision Made/Pending Director Approval	VVF	08/04/2009	
9-0028	NIKKI	HOLT	11/23/1972	Deactivated/Duplicate	VVF	06/08/2009	Î
10-0014	Xaviera	Hollander	11/07/1902	Shelved/Pending Further Activity	VVF	12/09/2009	1
10-0018	Hank	Hill	01/01/1952	Deactivated/Duplicate	VVF		Î
10-0029	Alice	Goodguy	01/01/1987	Awarded/Pending Payment	VVF	04/07/2011	Î
10-0033	Alice	Goodguy	01/01/1978	Shelved/Pending Further Activity	VVF	03/16/2016	Î
10-0069	Rich	Moore	04/14/1956	Decision Made/Pending Director Approval	VVF		Î
10-6001	Hank	Hill	01/01/1952	Decision Made/Pending Director Approval	SAFE	03/27/2013	Î
11-0017	June	O'Ninth	06/09/1969	Awarded/Pending Payment	VVF	07/26/2016	Î
11-0025	Kevin	Sullivan	02/02/1960	Awarded/Pending Payment	VVF	11/04/2010	Î

5. Click the desired "Claim #."



#### QUICK TIPS

All new claims associated with your FEIN will be automatically added here. Additionally, any claim you "search and add" will appear here. SAFE claims are easily identifiable by the claim number. If the last 4 digits of the claim number start with the number 6 or above it is a SAFE claim

To remove a claim from your list, click on the Remove Claim icon ( 🔳 ). You can add it back later through Claim Search, if needed.

### SEARCHING A CLAIM

This section allows you to see if a patient has a claim on file with VVF or to locate a claim that is not listed under "My Claims", you can search by Claim Number, Last Name, Date of Birth, or Provider FEIN.

#### info BEFORE YOU GET STARTED

Please be aware that if you search by FEIN only, you will return a large number of results, which may take longer and return old claims that may not be relevant.



#### **STEPS TO COMPLETE**

- 1. Log in to the WebFile Provider Portal.
- 2. Navigate to the "My Claims" section.
- 3. Click the "Search Claims" toggle.

A Commonwealth o	of Virginia Website			Virginia.gov Find an Agency
	VICTIMS FUND			
	선물 기가 물 것의 물 선물에	P. P. Land		cicfmedprovider
Search Claims Add claims to your account to view them. Use the f	liters to refine your search.			My Claims Search Claims
				0 active filters \Xi
Claim #	Victim Last Name			
Date of Birth	Provider FEIN		•	
MM/DD/YYYY				
				Apply Clear
Claim # Victim First Name	Victim Last Name	Date of Birth	Last Decision Date	Actions
00-0001 Test	Victim	01/01/1970	06/19/2012	Ð
09-0007 Theodore	Stevens	01/01/1950	08/04/2009	Ŧ
09-0008 Test 041309 Victim	First Test 041309 Victim Last	01/01/1950		Ð
09-0009 Test 04-15-09 Victin	n First Test 04-15-09 Victim Last	01/01/1950		Ð
09-0010 042309 Victim First	Name 042309 Victim Last Name	09/04/2001	09/27/2012	Đ
09-0013 WebFileFirstName	WebFileLastNameQWUWAZEB	06/17/1967		<b>A</b>



#### QUICK TIPS

Search Results default in order by claim number and do not currently allow you to sort. When you click the View and Add action ( 🖿 ), claims are automatically added to your "My Claims" list.

# **RECENT NOTIFICATIONS**

This section covers letters sent by VVF requesting medical records, detailed bills, and Explanations of Benefits from insurance. Recent Notifications are displayed from the past <u>60</u> <u>days only</u>. To view older notifications, please view the claim using the "My Claims" portlet (see <u>Accessing a Claim</u>).

				0 active filters \Xi
Claim #	Victim First Name	Victim Last Name	Date Sent 🛧	Notification Type
0-0361	Becky	Wallace	02/11/2020	Physician Request (EXP)
3-1611	TestFirstName	TestLastName	02/11/2020	Physician Request (EXP)
0-0365	TestFirstName	TestLastNameOZHZ	02/12/2020	<ul> <li>Hospital Records Request (EXP)</li> </ul>
0-0365	TestFirstName	TestLastNameOZHZ	02/12/2020	<ul> <li>Hospital Billing Request (EXP)</li> </ul>
3-1611	TestFirstName	TestLastName	02/19/2020	Physician Request (EXP)
3-1611	TestFirstName	TestLastName	02/20/2020	O Physician Request (EXP)



#### QUICK TIPS

Notifications are in order of date sent, most recent first. Click on the blue hyperlink under Notification Type to open the document. To see the claimant's authorization for release of information, you will need to view the claim. Please refer to the <u>Claim View</u> section.



#### **IMPORTANT**

At this time, notifications (request or denial letters) for SAFE claims do not appear in the WebFile Provider Portal.

# CLAIM VIEW

Claim View is divided into four sections: Claim Header, Expenses, Notifications, and Upload.

#### **CLAIM HEADER**

Claim Header is located in the top left of the screen. The claim number is located below the claimant name.

TestFirstName TestLastName	
Claim Type: VVF	
Date of Injury: Sep, 18 2011	
Claim Status: Approved	
Date of Birth: Feb, 15 1974	
Last Decision Date: Oct, 01 2012	
VVF Authorization	

#### **Claim Header Terms**

Claim Type	VVF or SAFE
Date of Injury	For VVF claims, this is the date reported by the claimant as the date of crime, and only dates of service on or after this date may be considered for payment. For SAFE claims, this date may be an estimate as provided by the forensic nurse conducting the exam and may not always accurately reflect the actual date of crime.
	Represents the status of the claim (not the expense).
	<b>Denied</b> : If the claim status is denied, all expenses are denied as well and you may bill the patient for any unpaid charges.
Claim Status	<b>Note:</b> Please wait 45 days after the <u>Last Decision Date</u> to bill patient as they have 45 days to appeal.
Claim Status	<b>Pending</b> : Claim is awaiting documentation to determine the victim's eligibility to receive compensation.
	<b>Approved:</b> The claim has been approved, meaning the victim has been deemed eligible for compensation of crime-related expenses. Expense eligibility is a separate process and eligibility of each expense is indicated under the Expenses section.
Last Decision Date	Indicates the date the claim was Approved or Denied. For Approved claims, the Paid date for the expense may be different. Please check the Expense to determine when payment will be received.
VVF	Click on this link to view the Notarized Agreement that the claimant signed to allow for release of information to the Fund.
Authorization	<b>Note:</b> There is no authorization for SAFE claims as these claims should be direct billed by the healthcare provider.

#### **EXPENSES**

**List View** – Lists all expenses for all FEINs that are associated with this patient that we have received to date.

F	Provider Name 🕇	Initial Date of Service	Expense Status	Billed Amount	Amount Paid by VVF	Paid Date
	Bob Keyboard Services	mild out of ophild	Pending	\$800.00	\$800.00	i the bate

**Expanded View** – To expand the expense, click the plus sign beside the expense you want to review.

Provider Name 🕇	Initial Date of Service	Expense Status	Billed Amount	Amount Paid by VVF	Paid Date
Bob Keyboard Services		Pending	\$800.00	\$800.00	
Expense Details	Documentati	on Details	Account Details	Additional	Info
nitial Date of Service:	Itemized Billing No	Statement Received:	Provider FEIN: 387538753	Note from V	/F:
Through Service Date: Expense Status:	Medical Record No	ds Received:	Account Number:		
Pending Paid Date:	Insurance / Ch No	arity Care Decision Recei	ved:		
Billed Amount: \$800.00	Documentation YES	Awaiting Review:			
Negotiated Discount:					
neligible Amount:					
Amount Paid by Collateral Re	esource:				
Amount Paid by VVF: \$800.00					

#### Expenses Terms

	Expense Status
	" <b>Pending</b> " status is for any Expense that is awaiting additional documentation, whether <i>claim or expense</i> information.
	<b>Note:</b> An Expense will remain Pending (even if all documentation is received from the provider) until such time as the claim is deemed eligible. If this is the case, we are waiting for information from another source or the claim has been denied.
Expense Details	" <b>Not Payable</b> " status is for expenses that are ineligible, and the reason will be indicated in the Additional Info section under the Note from VVF.
	" <b>Paid</b> " status indicates that the amount shown under Amount Paid by VVF has been approved for payment.
	Paid Date This is the date the payment is entered into our finance system. Payment should be received within thirty (30) days of this date.
	<u>Itemized Billing Statement Received</u> will only indicate Yes when we have received the <i>itemized, detailed</i> billing statement. If you have only mailed or uploaded a Health Insurance Claim Form (HICF), that document alone may not be sufficient for us to determine eligibility and None will still be listed.
Documentation Details	<u>Medical Records Received</u> has a different meaning for each claim type. For VVF claims, it indicates that we have the actual medical records needed to determine expense eligibility. For SAFE claims, it indicates that we have received the <i>Request for Payment form</i> that is completed by the forensic nurse.
	Insurance/Charity Care Decision Received indicates whether we have received the insurance explanation of benefits paid and/or denied. For VVF claims, if an expense is not covered by a

	patient's insurance plan, we still need the denial. Denial reasons should be clearly stated. Patient responsibility as assigned by the insurance plan should be clearly identified. All uninsured patients are required to apply for charity care and payment of an expense cannot proceed without the charity care decision. For SAFE claims, all federally-funded insurances <i>(i.e., Medicaid, Medicare, Tricare, etc.)</i> must be billed first. Private insurance is only required if the patient elects to bill his/her insurance and this will be indicated on the <i>Request for Payment form</i> . Charity care is not required for SAFE claims.
	Documentation Awaiting Review indicates whether the examiner has a task to review new documents. If yes, there may be no need to send additional information at that time. If you have submitted documentation, but Medical Record Received still indicates NONE, refer to the Additional Info field.
Additional Info	The "Note from VVF" may include more specific information about what is needed to process the expense or further explanation regarding the amounts paid and/or denied.

#### **NOTIFICATIONS**

Notifications are requests for specific information in order to determine expense eligibility and process the expense for payment.

**Note**: At this time, notifications for SAFE claims will not appear in the WebFile Provider Portal. Additionally, you may receive non-system-generated VVF correspondence that will not appear in this list.

		0 active filters
Date Sent 个	Provider	Notification Type
03/14/2016	Bob Keyboard Services	O Physician Report Form
04/06/2016	Bob Keyboard Services	Physician Request (EXP)
02/11/2020	Bob Keyboard Services	Physician Request (EXP)
02/19/2020	Bob Keyboard Services	A Physician Request (EXP)
02/20/2020	Bob Keyboard Services	A Physician Request (EXP)

#### **NOTIFICATIONS CUSTOMIZATION**

Here are some options that may make it easier to view notifications.

Date Sent 🕇	Provider	Noti	0 active filters 📑
03/14/2016	Bob Keyboard Services		Physician Report Form
04/06/2016	Bob Keyboard Services	0	Physician Request (EXP)
02/11/2020	Bob Keyboard Services	0	Physician Request (EXP)
02/19/2020	Bob Keyboard Services	0	Physician Request (EXP)
02/20/2020	Bob Keyboard Services	0	Physician Request (EXP)

- A. Sort By Ascending/Descending Toggle: sorts ascending/descending order.
- B. **Refresh Button:** updates display for any new notifications.

C. Filter Button (=): displays fields that can be used to narrow view details.

	Filter Interface	
		0 active filters \Xi
Provider	•	
Notification Type	79	
Date Sent (On)		
Dn 🗇		
MM/DD/YYYY		
		Apply Clear

- D. Notification PDF: opens notification letter.
- E. Items Per Page Display: changes number of documents on a page (10, 25, 100).

#### **UPLOAD**

This section covers the steps for uploading PDF documents to a claim record. The WebFile Provider Portal can only accept documents in PDF format.



Remember the WebFile Provider Portal Password Criteria:

- ✓ Document to be saved in PDF format
- ✓ Document must be non-encrypted PDF
- ✓ The total size of PDF attachments cannot exceed 15 MB

Upload Documents	
Upload PDF 🗙	
Choose a non-encrypted PDF	
Document Type 🛠	
Document Description 🛠	0/50
Upload Document	



#### IMPORTANT

Please upload all documents of the same type together (i.e., all bills together in one upload, all records together in one upload, all insurance/charity-related documents together in on upload. It is also helpful if these documents are uploaded in chronological order.

## Upload Terms

Documentation Type	<ul> <li><u>Medical Bill/Invoice</u> is the itemized, detailed billing statement.</li> <li>While you can include Health Insurance Claim Forms (HICF), we may not be able to determine expense eligibility without a detailed statement that includes the date of service, description of treatment, amount charged, any amounts paid, and the patient liability.</li> <li><u>Medical Record</u> includes the patient's treatment chart, Discharge Summary, History &amp; Physical, radiology reports, lab reports, Operative Notes, Consultation Notes, etc.</li> <li><u>Collateral Resource Info</u> is the insurance explanation of benefits paid and/or denied, as well as the charity care decision (if applicable).</li> <li><u>Other</u> should only be used for document types not already listed and may include documents such as negotiated agreements, SAFE Request for Payment Form, etc.</li> </ul>	
Document Description	It is not necessary to include a description, however, you can include notes about the document or expense in this box, though you are limited to 50 characters.	

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