# WebFile User Guide for Providers

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**Web**File

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### VIRGINIA VICTIMS FUND

Helping Innocent Victims of Crime Officially criminal injuries compensation fund



# 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.

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# About the Virginia Victims Fund

(Officially the Criminal Injuries Compensation Fund)

The mission of the Virginia Victims Fund (the Fund) is to administer the Compensating Victims of Crime Act in a compassionate, fair and efficient manner. In so doing, the Fund strives to treat every victim and survivor with dignity and respect, recognizing the tremendous impact that violent crime has upon the victim and our society.

The Virginia Compensating Victims of Crime Act was enacted to compensate victims who suffer injuries as a result of a crime. The program is administered by the Virginia Workers' Compensation Commission through the Virginia Victims Fund.

Benefits are payable for medical expenses, wage loss, moving expenses, crime scene clean-up, counseling costs and other expenses incurred by or on behalf of a victim. The Fund also administers the Sexual Assault Forensic Exam (SAFE) payment program for the Commonwealth.

The program is funded through fines levied against individuals convicted of felonies and misdemeanors in the Courts of the Commonwealth and through federal grants under the Victims of Crime Act (VOCA).

# **Eligibility and Compensation** Claim and Expense Eligibility and the 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 Virginia Victims Fund 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. The Fund is the payer of last resort. Only when the claim and expense are both deemed eligible can payment be approved. Payment is distributed by the Virginia Department of Treasury within thirty (30) days of award. Read more <u>here</u>.



# **WebFile Portal Overview**

The WebFile Portal is the Virginia Victims Fund's online portal system. The WebFile Portal is intended for hospital staff, mental health providers or counselors, funeral homes, patient billing representatives and forensic nurses to submit claim information. It is also intended to allow advocates to make claim submissions on behalf of crime victims.

Benefits of the WebFile Portal:

- Submit claims quickly and securely
- Monitor the ongoing status of a submitted claim in real time
- Communicate directly with the examiner handling the claim
- Upload necessary documentation to process payments
- View any outgoing correspondence related to the claim

For provider access to WebFile, please contact the Virginia Victims Fund at <u>vvfoutreach@virginiavictimsfund.org</u>.





# **WebFile Security**

The WebFile system uses a variety of security protocols to help ensure that case records remain confidential. Key components of this structure, which governs access rights, usernames and passwords.

### Usernames

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

### **Username Criteria**

Minimum of 6 characters Maximum length of 50 characters Cannot be an existing username May have any of the following: Letters, digits, allowed special characters (@,\_,+,.)

### Passwords

All users are required to use a password along with their unique username. The initial password will be set up by the Virginia Victims Fund. The user will then set up a new password at the time of activation/registration.

### **Password Criteria**

- ₩ Must be at least eight characters in length
- ₩ Must have at least one number
- ₩ Must have at least one letter
- ✓ Must contain one special character (e.g., \$#@!)

### 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 WebFile to continue.

### **IMPORTANT**



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



# **WebFile Registration**

### **Before You Get Started**

Receive WebFile access approval from the Virginia Victims Fund:

• WebFile access is granted to Providers who have been approved by the Virginia Victims Fund. For more information, please contact the Fund via email: <u>vvfoutreach@virginiavictimsfund.org</u>.

### Create an account:



After approval is granted, you will receive an email with a link and password for the first time you log in. Once you have received your temporary password, go to the <u>WebFile</u> <u>Portal website</u>. Your temporary password will expire in 5 days. Be sure to check your spam folder if you do not see the emailed temporary password in your inbox.

- The first time you log into the WebFile Portal:
  - 1.Enter the registered email address as your username and the provided temporary password.
  - 2. Create a new password using the password criteria found on page 5.
  - 3. Create a new username using the username criteria found on page 5.
  - 4. Complete the registration form by filling our your address.
  - 5. Review and accept the Terms and Conditions by clicking the link in the bottom left corner.
  - 6. Click "Save" to complete your registration.
  - 7. Click "OK" when you see the successful registration confirmation message.



### WebFile Portal Login Interface

# Change Password, Profile Information, Correspondence Preferences and Associated Service Providers

New Users: How to change a password, profile information, correspondence preferences and associated service providers after a profile has been created:

After logging into the WebFile Provider Portal Website,

1. Click the munu dropdown  $(\equiv)$  in the top right

Virginia An official	Workers' Compensation Commis website of the Commonwealth of Virginia	ssion tere's how you know 🗸					🚇 Find a Co	mmonwealth	
							2		
My Claims							My Claims	Manage Profile     Help / About	
Claim# +	Victim First Name	Victim Last Name	Date of Birth	Claim Status	Claim Type	Last Decision Date	Actions	은 Logout	
10-0004	0123456789012345678901234567	0123456789012345678901234567	01/01/1980	Rescinded	VVF	12/09/2009	1		
10-0014	Xaviera	Hollander	11/07/1902	Deemed Eligible/Awaiting Add1 Info	VVF	12/09/2009			

2. Select "Manage Profile"

3. From here, you can choose "Change My Password," "Correspondence Preference,"

"User Profile," or "Associated Service Providers" and change the information accordingly.

(Please note that to change associated service providers, you must contact VVF.)

	An official website of the Com	monwealth of Virginia Here's how you k					Find a Commonwealth Resource
	VIRGIN Manage Pr	OFFICIALLY OBMENAL INJURIES COMPONEN officially obmenial injuries component	IDVIRIND				cictmedoroxider1
3	Change Password Search is case sensitive, with be sensit i maraber, i letter did i spec	at least 8 characters long, contain lai character.	User Profile First Name * P	Middle Name	Last Name 🖈 V		
	New Password 🗙	60 60	Address Contact Type * * Primary address * aaa	Phone number			
	Update Password	0.80	्य <b>*</b> aaa	<sup>iltate</sup> * Virginia	<sup>Zp</sup> ★ • 22342	Country * United Stat	tes 👻
	Correspondence Fret     Dange your e-mail preferences     Daily Email Updates     Individual Claim Event Emails	erences	I accept the following Ten Submit	ms and Conditions			
	No Emails     Save Correspondence Preferences     Associated Service Preferences	rovidare					
	Company Name   FI Bob Keyboard Services	ince Providers, please contact VVF.					

4. Be sure to click "Update Password," "Submit" or "Save Correspondence Preferences."5. A confirmation message will appear.

Contact the Fund at status@virginiavictimsfund.org if you cannot remember your password or security question answers. Answers are case sensitive.

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



# **Reset Password**

### **Before You Get Started**

Remember the WebFile Password Criteria:

- V<sup>∞</sup> Must be at least 8 characters
- ₩ Must have at least one number
- V<sup>∞</sup> Must have at least one letter
- ✓ Must contain one special character (i.e. @, #, \$, %)

### How to reset a password:

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

1. Click the "Forgot Password" link.

by logging in you a	gree to the below			
VebFile is a Comm	ionwealth of Virginia i	nformation syste	m.	
VebFile usage may	/ be monitored, record	ed, and subject to		
se of WebFile is p	rohibited and subject	ations. Unauthori to criminal and ci	zea vil	
enalties. Use of W	ebFile indicates cons	ent to monitoring	and	
ecording and acce	ptance of WebFile Te	ms and Conditio	ns.	
Jsername*			0	
Jsername*			0	
Jsemame* Required Field			0	$\bigwedge$
Username* Required Field Password*			0	

2. A confirmation message will appear and an email will be sent. The email received will contain a "link to reset credentials" directing the user to enter a new password. (No temporary password is sent.)

3 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. Contact the Fund at <u>vvfoutreach@virginiavictimsfund.org</u> if you cannot remember your password or security question answers. Answers are case sensitive.



# Logging Into WebFile

₩ Visit <u>virginiavictimsfund.org</u>.

Click on "Webfile/Provider Portal Login" above the grey dropdown menu near the top of the screen.

Criminal Injuries Compensation Fund An efficial website of the Commonwealth of Virginia Here's know you know	Find a Commonwealth Resource
VINCINA VICTURE FUN Mega have a fame of the order of the	
About Us       For Victims       Description       E Payment Program < Legal < Restitution < Ontbuddsman	ills, reir and
About WF:   Contlact Us   Web Policy   WAi Level A Compliant   EEOP   Language Translation Policy	

✓ A new page will appear, prompting for your username and password. For technical assistance, please contact the Fund at <u>vvfoutreach@virginiavictimsfund.org</u>.





# **Accessing a Claim**

The "My Claims" screen is viewable after logging in.

- The "My Claims" screen will show a broad overview of all claims currently associated with your account.
- All new claims associated with your FEIN will be automatically added here.

Virginia An official	a Workers' Compensation Comm website of the Commonwealth of Virginia	ission Here's how you know 🗸					🚇 Find a Co	mmonwealth Resourc
	VIRGINIA VICT	IMS FUND				and the second		
								ciclmedprovide
My Claims Claims currently associate	ated with your account.						My Claims	Search Claims
Claim # 🕈	Victim First Name	Victim Last Name	Date of Birth	Claim Status	Claim Type	Last Decision Date	C Actions	active filters $\overline{\pm}$
10-0004	0123456789012345678901234567	0123456789012345678901234567	01/01/1960	Rescinded	WVF	12/09/2009	Î	
10-0014	Xaviera	Hollander	11/07/1902	Deemed Eligible/Awaiting Add1 Info	VVF	12/09/2009	Û	
10-0023	Bobby	на	01/01/1955	Deemed Eligible/Awaiting Add1 Info	VVF	11/29/2010	Î	
10-0027	Sally	Tano	02/01/1970	Denied/Pending Follow-up	VVF	11/14/2018		
10-0050	Brand	Victim	01/01/1970	Draft	VVF		<b>Î</b>	
10-0051	Brand	Victim	01/01/1970	Draft	VVF		<b>B</b>	
10-0056	June	O'Ninth	06/09/1969	New/Awaiting Required Info	VVF			
10 6002	Alice	Goodguy	01/01/1987	incomplete	SAFE		i i	
11-0044	David	Tuesday	12/20/1980	Draft	VVF		8	
	Cara	Victim	09/18/1970	Shelved/Pending Further Activity	VVF	12/21/2012		

- 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 ( ). It can be re-added through Claim Search, if needed.

### To access a claim, click on the claim number.





## **Search a Claim, View Recent VVF Notifications**

The "My Claims" screen is viewable after logging in. From there, click the "Search Claims" toggle on the top right.

An official website of the Commonwealth of Vinginia Here VIRGINIA VICTIM OFFICIALY COMMENT	on Uniter stockness ~ Ass FUND Associated Action 1920	Find a Commone	sealth Resource	
My Claims Claims currently associated with your account. Claims + Victim First Name Vict	Bin Las Name Date of Bin M Claim Status	Ny Gai Searc O actire Gain Type Last bester bate Arms	th Claims	
Virginia Workers' An official website of th	Compensation Commission	,		Find a Commonweal
VIRC	GINIA VICTIMS FUN Officially criminal injures compensation f			
Search Claims	urm. Use the filters to refine your search.			My Claims Search
				0 active fil
Claim #	Victim Last Name	Date o	of Birth	
Provider FEIN	* C	.MM/DD/	YYYYY	
				Apply
		cartanitario contrata contrata		
Claim #	Victim First Name	Victim Last Name Date of	Birth Last Decision D	Actions
Claim #	Victim First Name	Victim Last Name Date of	Birth Last Decision E	ltems per page: 10 ▼ 1 − 10 of 0 <
Claim # C Recent Notifu	Medm First Name	Victim Last Name Date of	Birth Last Decision E	Items per page: 10 ▼ 1 - 10 of 0 <
Claim # C Recent Notiff Displays images from the past 60 day	Vicitim First Name	victim Last Name Date of	Birth Last Decision C	ltems per page: 10 ▼ 1 − 10 of 0 <
Claim # C Recent Notiff Displays images from the past 60 der sign #	Vicitm First Name	victim Last Name Date of Immunity of the My Claims portlet below.	Birth Last Decision C	ate Actions Items per page: 10 ▼ 1 - 10 of 0 < 0 active fil Notification Type
Claim # C Recent Notiff Displays images from the past 60 de Claim #	Vicitin First Name	im using the My Claims portlet below. Victim Last Name No Recent Notifica	Birth Last Decision E Date Sent ↑ tions	ltems per page: 10 ▼ 1 - 10 of 0 < 0 active fil Notification Type

On this screen you can:

- Search for a particular claim and
- View Recent Notifications sent by VVF requesting medical records, detailed bills and Explanations of Benefits from insurance. Recent Notifications are displayed for the past <u>60 days only</u>. To view older notifications, you can access a detailed view of the claim using the "My Claims" portlet.
  - Notifications are in order of date sent, with the 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, view the detailed claim by clicking on the claim number on the "My Claims" screen.



## **Claim View**

Once you click on the claim number on your My Claims screen or after searching for a claim, a detailed view of the claim will be shown. This is the "Claim View" and is divided into four sections: Claim Header, Expenses, Notifications and Upload.

Virginia Workers' Compensation Commission An official website of the Commonwealth of Virginia <u>Here's how you know</u>	Find a Commonwealth Resource
	= 
TestFirstName TestLastName TestFirstName TestLastName Claim Type: VVF Date of Injury: Jan, 01 2005 Claim Status: Pending Date of Birth: Jan, 01 1980 Last Decision Date: Dec, 09 2009 Upload Documents 4	Expenses       Provider       Very provider       Provider       Very provider
Upload PDF	Date Sent The Provider Notification Type
Choose a non-encrypted PDF	NO NOTIFICATIONS
Document Description 🖈 0/50	C Items per page: 10    0 of 0 < >



# **Claim View: Claim Header**

TestFirs 10-0004 Claim Type:	tName TestLastName	
Date of Injury: Jan, 01 2005		
Claim Status: Pending		
Date of Birth: Jan, 01 1980		
Last Decision Date: Dec. 09 2009		

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

Terms:

1

- 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.
- Claim Status: Represents the status of the claim (not the expense).
  - **Denied**: If the claim status is denied, all expenses are denied as well and you may bill the patient for any unpaid charges.
    - Note: Please wait 45 days after the Last Decision Date to bill patient as they have 45 days to appeal.
  - **Pending**: Claim is awaiting documentation to determine the victim's eligibility to receive compensation.
  - **Approved**: The claim has been approved, and 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.



## **Claim View: Expenses**



The Expenses tab is located in the top right of the screen.

**List View -** lists all expenses for all FEINs that are associated with this patient that VVF has received to date.

\$	Expenses Please allow up to 30 da	ays from an expense's Paid Date	for payment to be received. Fo	r SAFE Claims, Medical Records	<i>Recieved</i> includes the Request for Pa	ayment Form.	
	Provider Name 🛧	Initial Date of Service	Expense Status	Billed Amount	Amount Paid by VVF	Paid Date	
~	Bob Keyboard Services		Pending				
(	C				Items per page: 15	▼ 1-1 of 1 <	>





## **Claim View: Expenses: Terms**



The Expenses tab is located in the top right of the screen.

Terms:

### **Expense Details:**

- Expense Status:
  - **"Pending**" status is for any Expense that is awaiting additional documentation, whether claim or expense information.
    - Note: An Expense will remain Pending (even if all documentation is received from the provider) until the claim is deemed eligible. If the provider has submitted all documentation and the Expense remains Pending, VVF is waiting for information from another source or the claim has been denied.
  - **"Not Payable"** status is for expenses that are ineligible, and the reason will be indicated in the Additional Info section under the Note from VVF.
  - **"Paid**" 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 30 days of this date.



## Claim View: Expenses: Terms, cont.



The Expenses tab is located in the top right of the screen.

#### Document Details:

- Itemized Billing Statement Received will only indicate Yes when VVF has received the *itemized, detailed* 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.
- **Medical Records Received** 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 *Request for Payment Form* 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.e., Medicaid, Medicare, Tricare, etc.*) 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 *Request for Payment Form.* 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.



## **Claim View: Notifications**



The Notifications tab is located in the bottom right of the screen.

Notifications are requests from VVF for specific information needed to determine expense eligibility and process expenses for payment.

### **Notifications Customization**

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

Notifications View notifications for this claim	Provider	D pe 0 active filters = C
03/14/2010	Bob Keyboard Services	Physician Report Form
04/06/2016	Bob Keyboard Services	Physician Request (EXP)
02/11/2020	Bob Keyboard Services	O Physician Request (EXP)
02/19/2020	Bob Keyboard Services	Physician Request (SXP)
02/20/20	Bob Keyboard Services	A Physician Reg
C		Items per page: 10 - 1 - 5 of 5 < >

- A. Sort by Ascending/Descending Toggle: Sorts in 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.

				0 active	filters \Xi
Provider			*		
Notificatio	on Type				
Date Sen	it (On)				
	On	=			
	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).



# **Claim View: Upload**

Upload PDF		
Choose a non-encrypted PDF		
Document Type ★	•	
Document Description <del>米</del>	0/50	

In the Upload section, you are able to upload PDF documents to a claim record.

### Guidelines for Uploading into WebFile:

- The document must be in PDF format.
- The document must be a non-encrypted PDF.
- The total size of the PDF upload cannot exceed 15MB.
- 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 one upload). It is also helpful if these documents are uploaded in chronological order.

### Terms:

### Document Type:

- Medical Bill/Invoice is the itemized, detailed billing statement. 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.
- **Medical Record** includes the patient's Treatment Chart, Discharge Summary, History & Physical, Radiology Reports, Lab Reports, Operative Notes, Consultation Notes, etc.
- **Collateral Resource** Info is the insurance explanation of benefits paid and/or denied, as well as the charity care decision (if applicable).
- **Other** should only be used for document types not already listed and may include documents such as negotiated agreements, SAFE Request for Payment Form, etc.

**Document Description**: It is not necessary to include a description, however, you can include notes about the document or expense in this box, limited to 50 characters.



## **Contact Us**

### Should problems arise



Email <u>vvfoutreach@virginiavictimsfund.org</u> should you have any troubles while working with WebFile.