

# CRIME VICTIMS' COMPENSATION PORTAL TUTORIAL FOR PROVIDERS



CRIME VICTIM  
& SURVIVOR  
SERVICES  
DIVISION

The purpose of this document is to provide guidance on how providers can best use the Crime Victims' Compensation Portal.

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# Crime Victims' Compensation Portal Tutorial for Providers

## PORTAL USE

The portal was designed to give providers limited access to Crime Victims' Compensation (CVC) claims in order to securely upload bills, explanation of benefits, and medical chart notes. Additional functions of the portal are shown below.

### Portal Features

- Searching for claims using a claim number or a patient's name and date of birth
- Viewing claim status and payment information
- Viewing insurance information
- Uploading bills, EOB's, chart notes and treatment plans
- E-mailing the claim specialist

## PORTAL ACCESS

1. Begin by registering for a portal account at:  
<https://justice.oregon.gov/victims/compensation/Account/Login>.
2. Click on "Register".
3. Select "Provider" as your role.
4. Enter your information and create a password.
5. Click "Register".

Once you have registered, it will take one to three business days for CVSSD to review and approve your access. If you are not using a business e-mail, your access may be denied.

Please make sure once you finish registering and have been granted access that you confirm your e-mail. You will receive an e-mail (see example below) with a link to confirm your email. If you have any questions during this process please contact us at [cvssdportal@doj.state.or.us](mailto:cvssdportal@doj.state.or.us).



*This email was sent in response to your registration for an account with the Oregon Crime Victims' Compensation Program - Claims Management Website. Your registration will not be completed until you click on this link, thereby confirming your email address.*

# EXPLORING THE PORTAL

## CLAIM SEARCH

You have two ways to search for claims.

1. By the patient's name and date of birth (you must have both).

The screenshot shows a search form titled "Search Claims". It has a dropdown menu set to "Name & Date of Birth". There are two input fields: "Name" and "Date of Birth". A blue "Search" button is located to the right of the "Date of Birth" field.

2. By the claim number (only enter the digit part of the claim number)

The screenshot shows a search form titled "Search Claims". It has a dropdown menu set to "Claim Number". There is an input field labeled "CV" with a red border and a "Search" button. A note below the form reads: "\*NOTE: To make searching simple please enter only the number in a CV number (example 01234-01)".

The Search Results will populate below "Search Claims".

The screenshot shows a table titled "Search Results". It has a filter input field and a "Display 25" dropdown. The table has the following columns: Claim Number, Victim, Claim Determination Status, Date Received, Claim Expiration Date, Assigned Examiner, Assigned Specialist, Status, and icons for adding and deleting. One entry is shown:

Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Specialist	Status	Icons
CV 04079-15	Doe - ADULT, Jane	Claim accepted	10/14/2015	03/28/2022	Christy	Sara	z-Test Claim	+ -

Showing 1 to 1 of 1 entries

### Search – Field Explanation

1. **Claim Number:** The number CVC assigns to a victim's application.
2. **Victim:** The name of victim/patient.
3. **Claim Determination Status:** The status of the claim (accepted or denied).
4. **Date Received:** The date when the application was received.
5. **Claim Expiration Date:** This date when the claim will expire.
6. **Assigned Examiner:** The person who determines eligibility.
7. **Assigned Specialist:** The person assisting in processing bills and requesting information.
8. **Status:** Status of the application
  - a. **Pre-Determined:** CVC is reviewing the claim. A decision has not yet been made.
  - b. **Inactive:** CVC accepted the claim, but it has been moved to inactive status due to lack of activity (e.g. no bills).
  - c. **Open-Accepted:** CVC is actively processing bills or requesting information.

# CLAIM INFORMATION

## Claim Detail

To see claim information, click on “Select Claim”.



This section shows information about the claim, including the date of the crime, the victim’s insurance information, and the determination status.

CV 05029-07    Claim Detail    Payments    Forms    Claims Search

### Claim Detail

Victim: Doe, Jane  
Claim Number: CV 05029-07  
Date Received: 07/11/2017  
Status: Predetermined  
Claim Expiration Date: 06/06/2021  
Date Of Crime: 12/17/2007  
Referred By: Child Assessment Center  
Examiner Assigned: Christy  
Specialist Assigned: Christy  
Reported To: Marion County Sheriff's office  
Date Reported:  
Crime County: Marion  
Determination Status: Claim accepted  
Determination Date: 06/06/2018

### Insurance

Filter:

Organization Name	Type	Effective Date	Policy Number
OHP	Current Health Insurance	1/1/2017 12:00:00 AM	ZB23651B
Blue Cross Blue Shield of Idaho	Current Health Insurance	1/1/2017 12:00:00 AM	

Showing 1 to 2 of 2 entries

### Claim Info – Field Explanation

- Insurance Information Section: The name of the current insurance company, the effective date, and the policy number (or OHP ID) is shown here.

From this page you can tab to “Payments” and “Forms”. Return to the main page by clicking on “Claims Search”.

# Payment

By selecting the “Payment” tab, you will see the payments made under the claim.

	Pay To	Transaction Type	Provider Name	Amount Paid
<a href="#">Detail</a>	Western Psychological & Counseling - Corporate	Counseling	Western Psychological & Counseling - Corporate	\$30.00
<a href="#">Detail</a>	Western Psychological & Counseling - Corporate	Counseling	Western Psychological & Counseling - Corporate	\$425.00
<a href="#">Detail</a>	Providence St Vincent Medical Center-payments	Hospital	Providence St Vincent Medical Center-payments	\$200.00
<a href="#">Detail</a>	Providence St Vincent Medical Center-payments	Hospital	Providence St Vincent Medical Center-payments	\$19,424.20
<a href="#">Detail</a>	West Valley Fire District	Ambulance	West Valley Fire District	\$777.00

## Payment – Field Explanation

1. **Detail:** Additional information for a specific payment.
2. **Pay To:** The person or provider who was paid.
3. **Transaction Type:** The type of service the victim received.
4. **Provider Name:** The provider who provided the service the victim.
5. **Amount Paid:** The amount CVSSD paid.

# Payment Detail

Click on “detail” of the payment you would like more information on.

**Payment Detail**

Pay To: Western Psychological & Counseling - Corporate

Date Service Started: 02/15/2017  
Date Service Ended: 03/09/2017

Provider Name: Western Psychological & Counseling - Corporate  
Transaction Type: Counseling

Account Number:  
Date Bill Received:  
Amount Billed: \$700.00  
Amount Allowed:  
Paid By Prior: (\$0.00)  
Fee Schedule: (\$275.00)  
Other Deductions: (\$0.00)  
Amount Of Payment: \$425.00

Authorized By: Cecillia Lucero  
Date Authorized By: 02/13/2018  
Check Comments: Dates of service 2/15/17 (Intake), 2/22/17, 3/2/17, & 3/9/17. 12 Counseling hours.  
Check Request Verbiage: Fee Schedule Reduction LCSW, LPC, LMFT

Close

1. **Amount Billed:** May include one or more dates of service.
2. **Paid by Prior:** This is the amount of payment and/or write-off of the insurance
3. **Fee Schedule:** This is provider write-off that must be taken if the provider accepts payment from CVCP.
4. **Other Deductions:** May include out-of-pocket payments or restitution paid to the provider or victim.
5. **Date Authorized:** The date the payment was authorized and sent to fiscal for payment processing.
6. **Check Comments:** May include specific dates of service, counseling hours remaining, etc.
7. **Amount Paid:** This is the amount CVSSD paid.

## Forms

CVC will be adding more forms in the future. The “Getting Started with Crime Victims” is the initial letter we send to our participants.



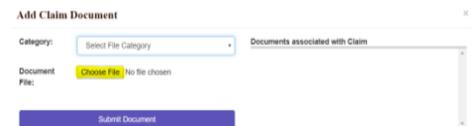
## DOCUMENT UPLOAD

You can upload bills, chart notes, EOB's, or any other documentation you would like CVSSD to review.

You will find the upload icon throughout the portal.



1. Choose the upload icon pertaining to the claim which you are uploading a document.
2. Select a category to identify the type of document you are uploading.
3. Click on “Choose File” to browse your computer for the document to upload.
  - Same document types (for the same claim) can be combined into one document instead of uploading them one at a time, for easier upload.
  - Bills, EOB's, and chart notes for the same date of service can also be uploaded together (when uploading, please select “Bill” as document type).
4. Click on “Submit” once you have chosen the document.



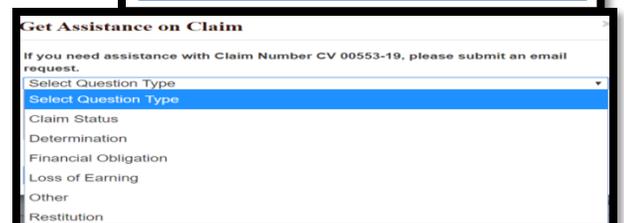
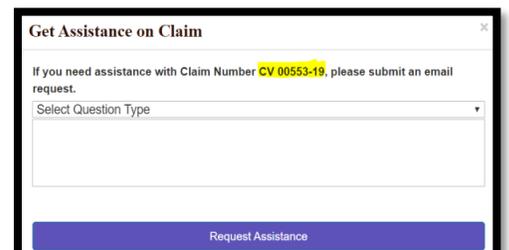
## CONTACTING OUR STAFF

If you have questions regarding a specific claim, contact our staff through the portal.

You will find the message icon throughout the portal



1. Choose the message icon that pertains to the claim in question.
2. Select the type of question you have in order to help our system identify the best way to route your message.
3. Enter your message then click “Request Assistance”.
4. Please allow one to two business days for a staff member to respond.



## BILLING CRIME VICTIMS' COMPENSATION

Crime Victims' Compensation (CVC) assists patients with an accepted claim in paying for crime-related medical and counseling treatment. If you are new to CVC, please contact us, send a W-9, and register for the portal. If you have questions after reviewing the information below please feel free to contact us at 503-378-5348 or [cvssd@doj.state.or.us](mailto:cvssd@doj.state.or.us).

### Required Information

For CVC to process a submitted bill, we will need the following information for review:

- **Billing Statement, HCFA, UB92:** The procedure codes, charge amounts and date of service must be included.
- **Copy of Explanation of Benefit:** If the patient has insurance (including OHP), the insurance must be billed as primary.
- **Chart Notes:** All notes for the dates of services must be submitted.
- **Referrals:** Referrals are required for any alternative therapy after 5 sessions (massage, chiropractor, acupuncture)

If information is missing or additional information is required, CVC will send a request. Please respond to our request in a timely manner to avoid payment being denied.

### Insurance

If the patient has insurance (including OHP), you must bill the insurance as primary. The explanation of benefits (EOB) must be submitted to CVC. If a denial for services was received, please submit the EOB with the denial reason codes. Insurance must be billed in a timely fashion as CVC can only pay patient responsibility. If primary insurance denies the claim for untimely billing and there is no patient responsibility, CVC may deny payment as well.

### Fee Schedule/Write-off

If the patient does not have insurance, a Workers' Compensation Fee Schedule will be applied. By law, you cannot bill the patient for the fee schedule (write-off).

### Sending Patient to Collections

Before sending patients (who were victims of a crime) to collections, please check the portal or contact our office to see if we have a claim or if our office has received the bill.

## Counseling

- Chart notes are not required for counseling sessions unless requested by CVC.
- A treatment plan is required after 15 sessions.
- Therapist must be licensed.
- Therapy is reimbursed using the CVC fee schedule.
  - ❖ QMHP - \$55.00 per hour
  - ❖ LPC, LCSW, LMFT - \$80.00 per hour
  - ❖ PSY'D, PH'D, PMHNP - \$110.00 per hour
  - ❖ MD, DO - \$140.00 per hour

## Vision

- CVC will reimburse the provider for the exam and office visit using the Workers' Comp fee schedule.
- The victim/patient will need to pay upfront for the glasses, then be reimbursed by CVC for their out-of-pocket expense. CVC cannot pre-pay for services.

## Dental

- Dental work must be pre-authorized. Submit a treatment plan and chart notes.
- CVC will reimburse the provider using the dental fee schedule when there is not dental insurance coverage.

If you have any questions in regards on how to use the portal please e-mail us at  
[CVSSDPortal@doj.state.or.us](mailto:CVSSDPortal@doj.state.or.us)