Crime Victims' Compensation Portal Tutorial for Child Advocacy Centers

Crime Victim and Survivor Services Division

This document provides **guidance for child advocacy centers** on how to use the Crime Victims' Compensation Portal when assisting victims and their families.

Updated 11/2023

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Portal Functions

The portal gives child advocacy centers (CACs) access to help individuals apply for Crime Victims' Compensation (CVC) benefits and securely upload bills and medical chart notes.

You can use the portal for:

- Submitting an application.
- Searching for claims using a claim number or the victim's name and date of birth
- Viewing claim status and payment information
- Viewing insurance information
- Uploading bills, Explanation of Benefits (EOBs), and chart notes
- Emailing CVC for assistance on a claim

We will only process applications that include the electronic or uploaded signature of the victim/applicant.

Portal Access

If multiple people from your center assist will with applications and upload documents, we recommend your group uses a common email and log in.

To register to use the portal:

1. Visit https://justice.oregon.gov/victims/compensation/Account/Login.
2. Click **Register**.
3. Select **CAC** as your role.
4. Enter your information and create a password. Passwords must be at least 14 characters, with at least one lowercase and one uppercase letter.
5. Click **Register**.

After you register, it will take 1 to 3 business days for the CVC program to review and approve your access. Wait for an email stating CVC approved your registration, then confirm your email address. Make sure you register using a business address or CVC may deny your access.

Once you receive access, you will receive an email with a link to confirm your email address. Be sure to follow this link to confirm your email address. If you have any questions during this process, contact us at cvssdportal@doj.state.or.us.

Submitting an Application

CAC representatives may help the victim (or, if a victim is under the age of 14 or deceased, the guardian) fill out an application.

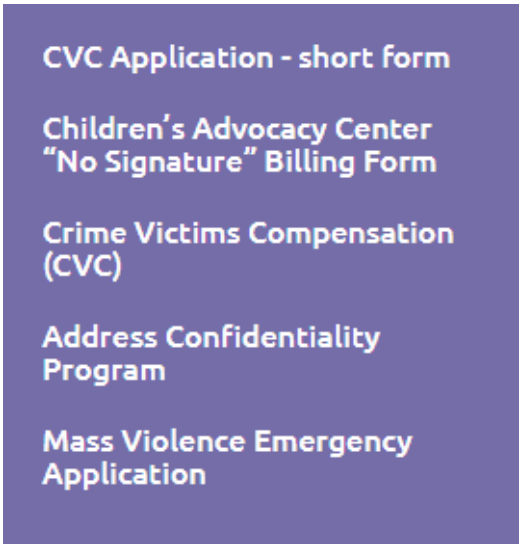
Application Options

- Use the **CAC Application Short Form** when your center serves a child.
- Use the **Children's Advocacy Center "No Signature" Billing Form** when your center provided services but was not able to obtain a signed release of information from the patient or guardian for a specific reason.
- Use the **CVC Application** when helping an adult victim of domestic violence apply.

Application Access

1. Visit https://justice.oregon.gov/victims/compensation/Account/Login and enter your login and password.
2. Select **File an Application**.

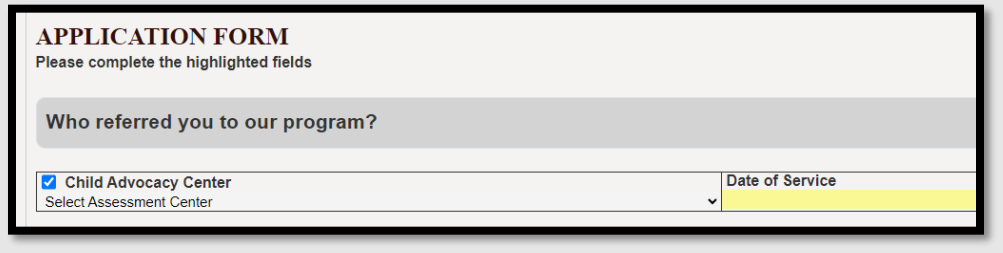
3. Select **CVC Application - Short Form**, **Crime Victims' Compensation** or **Child Advocacy Center "No Signature" Billing Form**.



CVC Application – short form

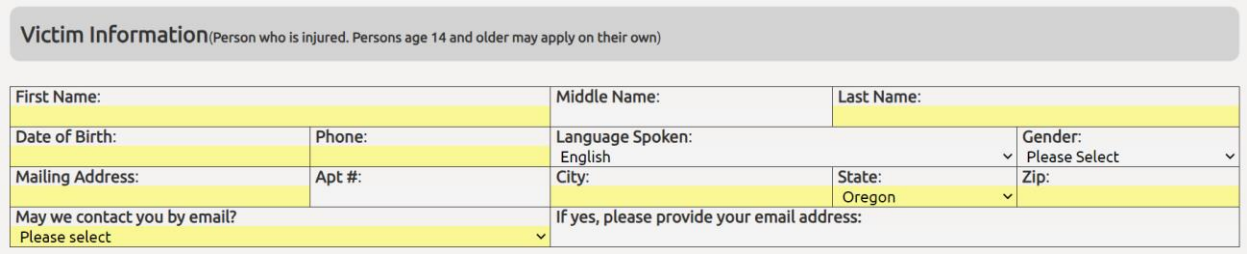
Throughout this application, you must complete any highlighted (yellow) field.

Who referred you to our program?



Select **Children's Advocacy Center** and the name of your organization from the dropdown list. CVC requires you to list the date of service.

Victim Information

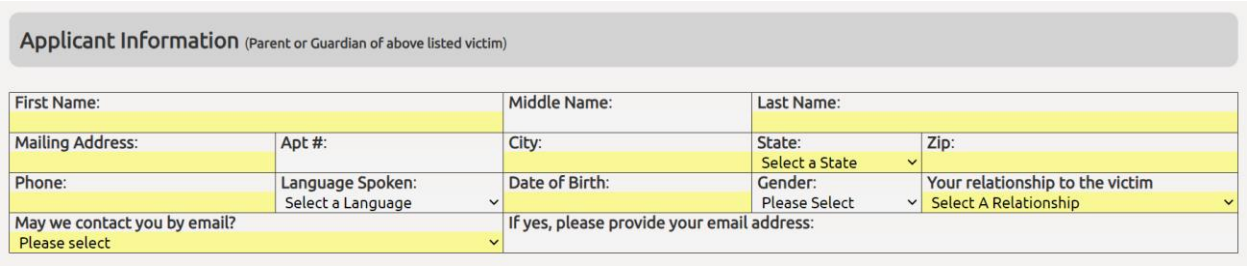


Victim Information (Person who is injured. Persons age 14 and older may apply on their own)

First Name:		Middle Name:	Last Name:	
Date of Birth:	Phone:	Language Spoken: English		Gender: Please Select
Mailing Address:	Apt #:	City:	State: Oregon	Zip:
May we contact you by email? Please select		If yes, please provide your email address:		

You must complete this section. If the victim is under the age of 14, we only require you to add their name and date of birth.

Applicant Information (Legal Guardian)

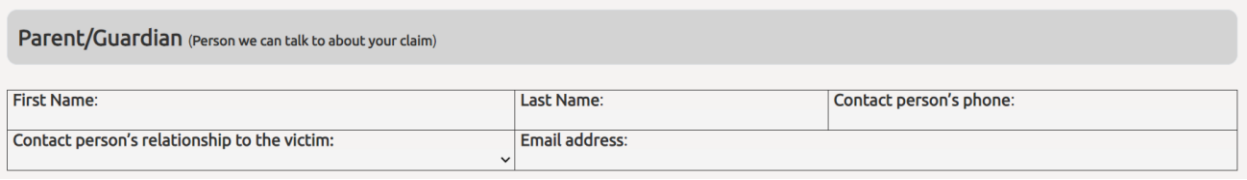


Applicant Information (Parent or Guardian of above listed victim)

First Name:		Middle Name:	Last Name:	
Mailing Address:	Apt #:	City:	State: Select a State	Zip:
Phone:	Language Spoken: Select a Language	Date of Birth:	Gender: Please Select	Your relationship to the victim Select A Relationship
May we contact you by email? Please select		If yes, please provide your email address:		

You must complete this section when the child is under the age of 14.

Parent/Guardian (Person we can talk to about the claim)

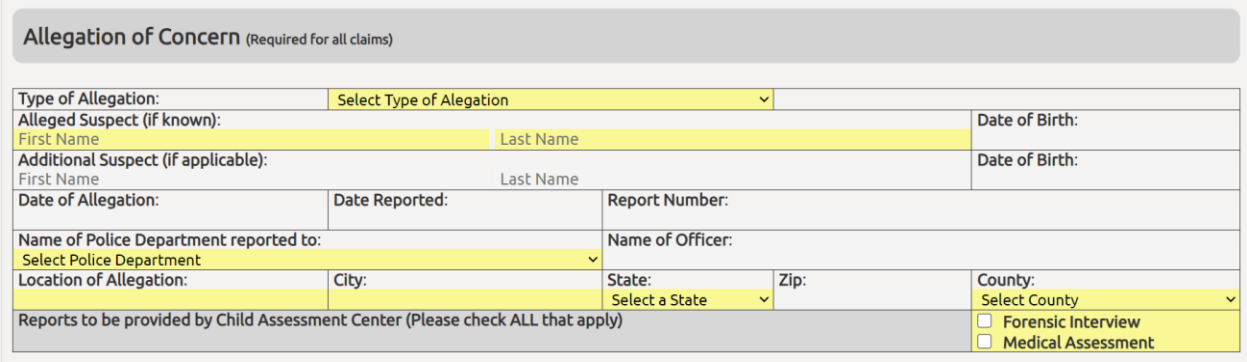


Parent/Guardian (Person we can talk to about your claim)

First Name:	Last Name:	Contact person's phone:
Contact person's relationship to the victim:	Email address:	

You can list an additional parent or guardian (if there is one) so that we can speak with them about the claim.

Allegation of Concern (Required for all claims)



Allegation of Concern (Required for all claims)

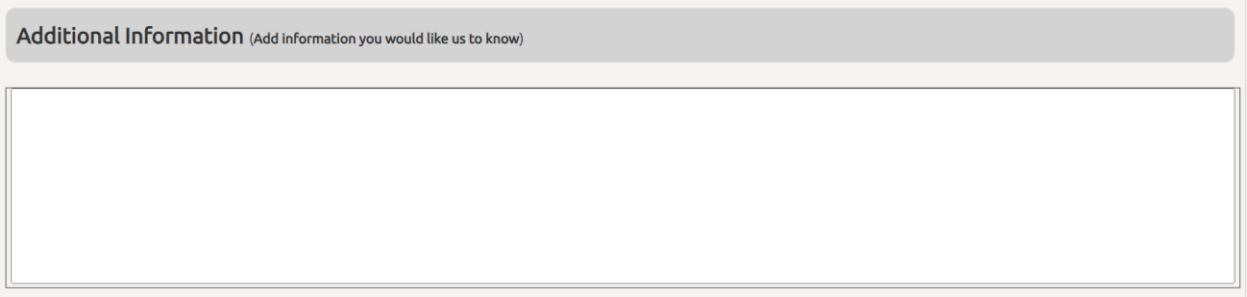
Type of Allegation:	Select Type of Alegation			
Alleged Suspect (if known): First Name / Last Name				Date of Birth:
Additional Suspect (if applicable): First Name / Last Name				Date of Birth:
Date of Allegation:	Date Reported:	Report Number:		
Name of Police Department reported to: Select Police Department		Name of Officer:		
Location of Allegation:	City:	State: Select a State	Zip:	County: Select County
Reports to be provided by Child Assessment Center (Please check ALL that apply)				☐ Forensic Interview ☐ Medical Assessment

Please enter as much information as possible.

Crime Information

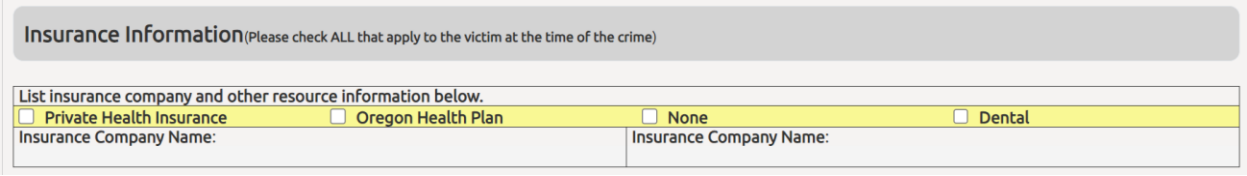
- **Type of Allegation**: Select the type of crime that best describes the incident.
- **Alleged Suspect**: If the suspect is unknown, type "unknown" in the first and last name fields.
- **Date of Allegation**: Add the date if known. While we do not require this information, it is helpful for us to have it when processing the claim.
- **Name of Police Department**: Select the law enforcement agency that received the report of the crime. If someone reported the crime to the Department of Human Services, select **DHS**.
- **Location of Allegation**: This can be an address, intersection, or business name. Be as specific as possible.
- **Reports provided by CAC:** Please select **Forensic Interview** or/and **Medical Assessment**. We need to know what type of report your center will provide.

Additional Information (Add information you would like us to know)



You can add any information that you would like us to know (i.e., the insurance subscriber is the offender or names of family members who want access to counseling benefits).

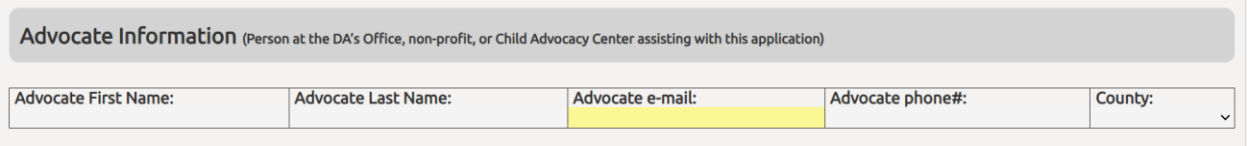
Insurance Information



Check the boxes for any of the insurance coverage the victim has including the Oregon Health Plan, private health insurance (such as Blue Cross, MODA, Cigna, Keizer) and/or dental.

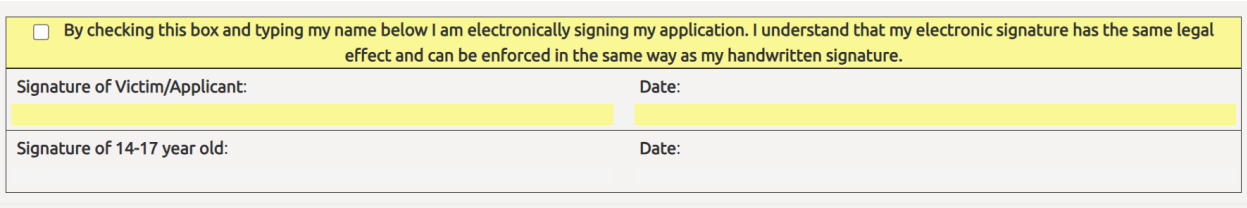
If the victim has private insurance, we require the name of the insurance company.

Advocate Contact Information



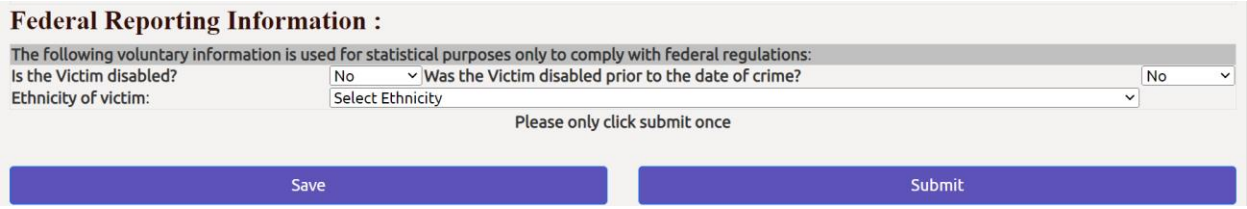
The contact information you provided in your portal profile will auto-populate in this section.

Signature



If the victim or applicant signs the application electronically, we do not require a signature page. If they do not sign electronically, you must submit the signature page to CVC before further processing.

Submit



Once you complete all the required fields, select **Submit**.

Possible Errors

If you miss a required field, the portal will redirect you to that section.

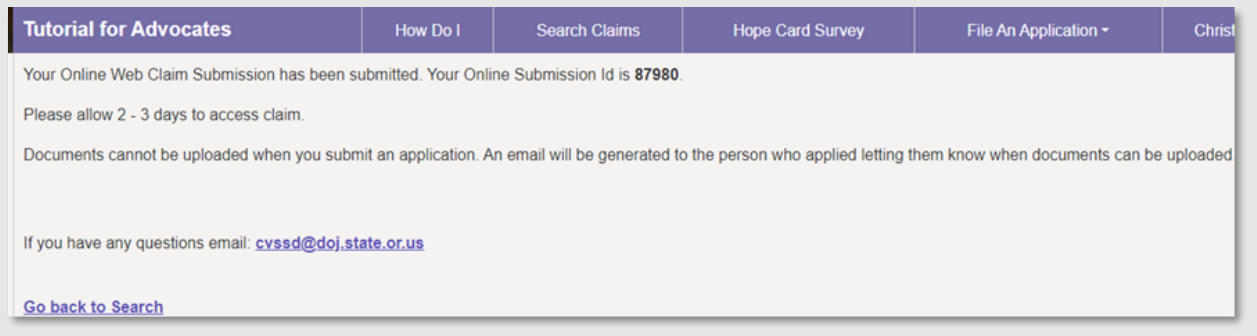
Signature Error

The signature must match the name of the victim or applicant exactly.

Extra spaces in the name fields in the victim and applicant sections create the most errors. Make sure to remove any extra spaces.

If you list a middle name on the form, you must also include it in the signature.

Application Submitted

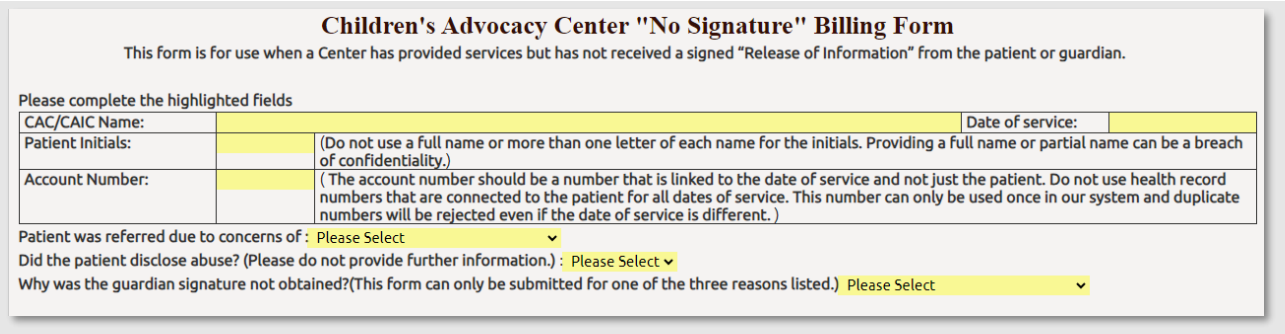


Immediately after submitting the application, the portal displays a confirmation message that you submitted the claim (application) and lists an online submission ID number.

- You have access to claims (applications) you submit under the **Claims Submissions** section.
- We will send an email that includes the assigned claim number once we receive the application and import it into the system.

Children's Advocacy Center "No Signature" Billing Form

Opening Section



The portal auto populates your center's name from your portal profile. Enter the date you served the victim.

Enter the initials of the patient. Do not use a full name or more than one letter of each name for the initials. Providing a full name or partial name can be a breach of confidentiality.

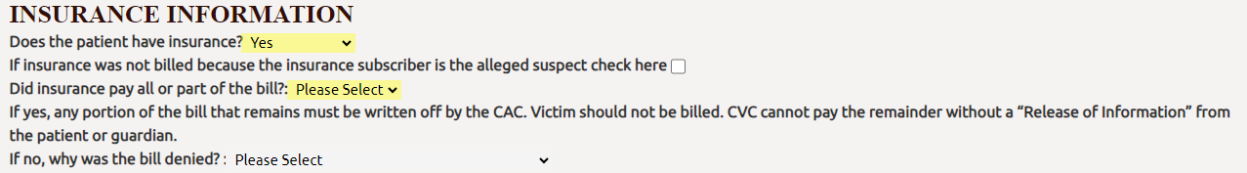
Use an account number linked to the date of service, not the patient. You may only use this number once in our system. CVC will send a payment denial even if the date of service is different.

Answer the questions using the drop-down menus.

- **Patient was referred due to concerns of…** Select Sexual Assault, Physical Abuse, or Karly's Law.
- **Did the patient disclose abuse?** Select Yes or No.
- **Why was the guardian signature not obtained?** Select Applicant is the Offender, Guardian Refused Services, or DHS has Temporary Custody.

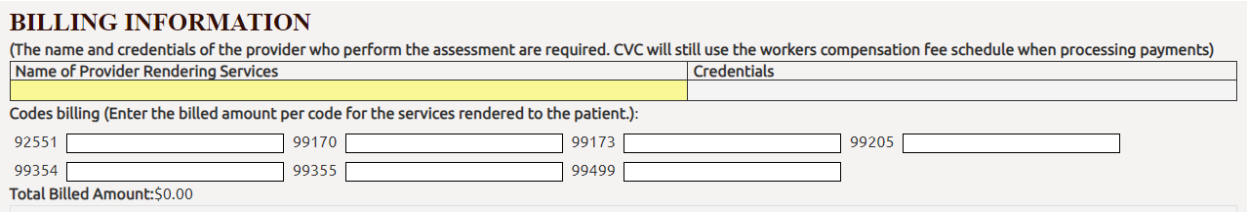
Unless requested by CVC, do not provide additional details or information for these questions.

Insurance Information



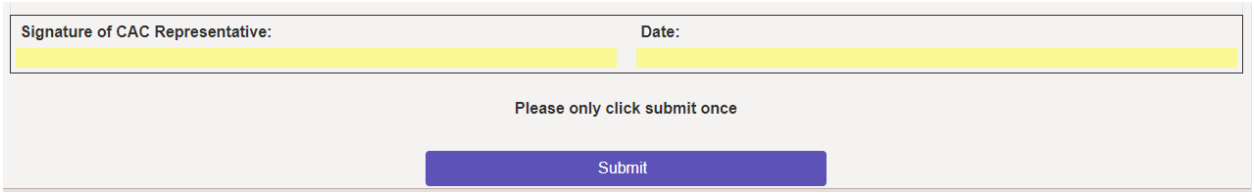
Use the drop-down menu to indicate if the patient has insurance. If you select yes, the portal will display additional questions for you to complete. Check the box if applicable and use the drop-down menus to answer the questions.

Billing Information



List the name and credentials of the provider who performed the assessment. Use only the codes listed on the form for billing.

Signature



A CAC representative signs the application and clicks **Submit**.

Exploring the Portal

Searching for Claims

There are three ways you can find a claim in the portal.

In the **Claim Submissions** section, you can view the claims submitted under the center's portal profile.

1. Under **Claim Submissions**.
   Use the filter to search to reduce the number of claims in your view.

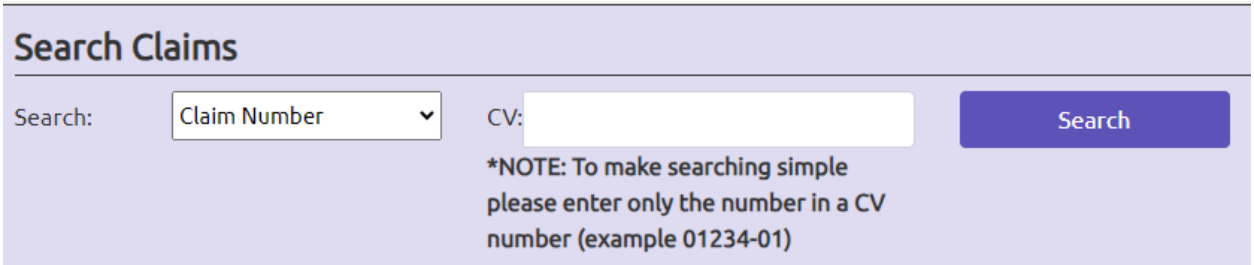
Claim Submission Fields

- **Claim Number**: The number CVC assigns to a victim's application.
- **Online Submission Id**: The number the portal assigns for a submitted application until CVC generates a claim number.
- **Submission Date**: The date you or the applicant submitted the application.
- **Victim**: The name of victim.
- **Application Status**: The status of the application.
    - **Submitted**: The center or applicant submitted the application to CVC, but we have not yet imported into the system.
    - **Received**: CVC received the application and assigned it a claim number.
    - **Rejected**: CVC rejected the application.
    - **Duplicate:** CVC has already received an application for this incident. Search the portal for the claim number or contact CVC.

There are two ways you can search for a claim in the **Search Claims** section. Select **Claim Number** or **Name & Date of Birth** from the drop-down menu and type the information.

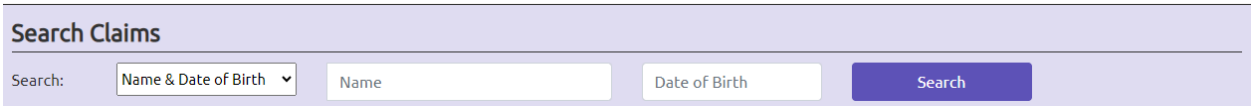
2. Search by the claim number (enter the digits only).

The Search Claims section with Claim Number selected.



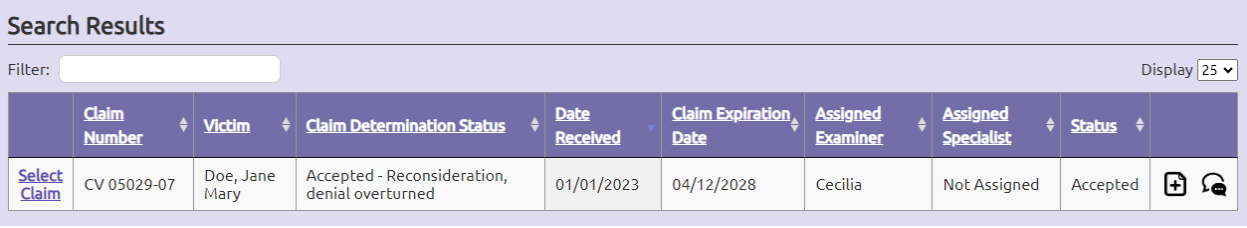
3. Search by the patient's name and date of birth (you must have both).

The Search Claims section with Name & Date of Birth selected.



The search results will populate once you click **Search**.

An example of claim search results



Search Claim Fields

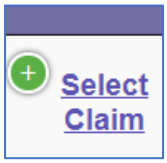
- **Claim Number**: The number CVC assigned to a victim's application.
- **Victim**: The name of victim.
- **Claim Determination Status**: The status indicating if CVC accepted or denied the claim.
- **Date Received**: When CVC received the application.
- **Claim Expiration Date**: When the claim will expire.
- **Assigned Examiner**: The person who determines eligibility.
- **Status**: The status of the application, which can be:
    - **Pre-Determined**: This status means CVC is reviewing the claim and they have not yet made a decision.
    - **Inactive**: CVC accepted the claim, but moved it to inactive status due to lack of activity on the claim, such as no bills being processed.
    - **Open-Accepted**: CVC is actively processing bills or requesting information.
    - **Closed Med Assess Only:** CVC accepted the claim to pay for the medical assessment only.
    - **CAC no Signature**: CVC did not receive the signature page so we cannot continue processing the application.
    - **Suspended-no signature:** CVC did not receive the signature page and suspended the claim until we receive it.

Claim Information

Claim Detail

To see more claim information, click on **Select Claim** from the left-hand column of the search result. The Claim Detail page opens, which shows information about the claim, including the date of the crime, the victim's insurance information, and the determination status.

Example of search results page



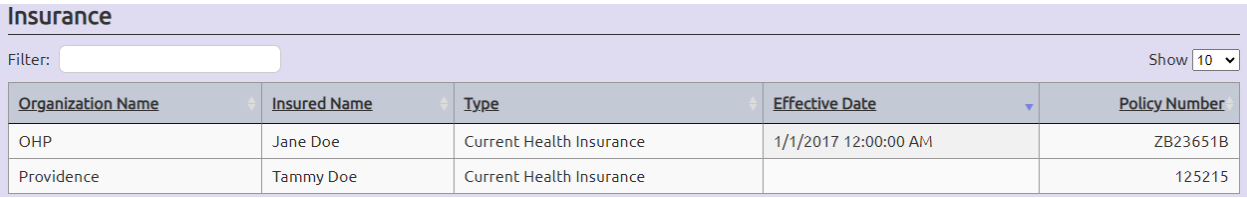
The Claim Detail page for a selected claim

Claim Detail

Victim:	Doe, Jane Mary
Claim Number:	CV 05029-07
Date Received:	01/01/2023
Status:	Accepted
Claim Expiration Date:	04/12/2028
Date Of Crime:	12/12/1996
Referred By:	Victim Assist Program
Examiner Assigned:	Cecilia
Specialist Assigned:	Not Assigned
Reported To:	Albany Police Department
Date Reported:	02/18/2021
Crime County:	Baker
Determination Status:	Accepted - Reconsideration, denial overturned
Determination Date:	04/12/2023

The Claim Detail section also includes an Insurance Information subsection that lists the name of the current insurance company, the effective date, and their policy number or Oregon Health Plan (OHP) ID number.

The Insurance section of the Claim Detail page for a selected claim



Insurance

Filter: Show 10

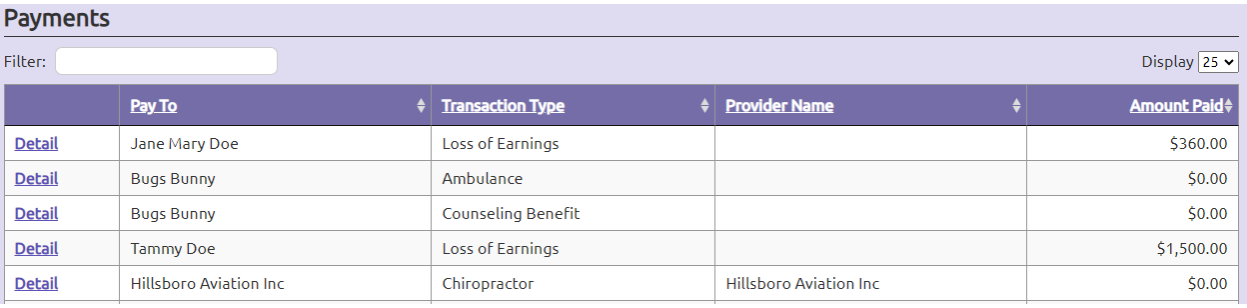
Organization Name	Insured Name	Type	Effective Date	Policy Number
OHP	Jane Doe	Current Health Insurance	1/1/2017 12:00:00 AM	ZB23651B
Providence	Tammy Doe	Current Health Insurance		125215

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 can see the payments made under the claim.

The Payments page for a selected claim



Payments

Filter: Display 25

	Pay To	Transaction Type	Provider Name	Amount Paid
Detail	Jane Mary Doe	Loss of Earnings		$360.00
Detail	Bugs Bunny	Ambulance		$0.00
Detail	Bugs Bunny	Counseling Benefit		$0.00
Detail	Tammy Doe	Loss of Earnings		$1,500.00
Detail	Hillsboro Aviation Inc	Chiropractor	Hillsboro Aviation Inc	$0.00

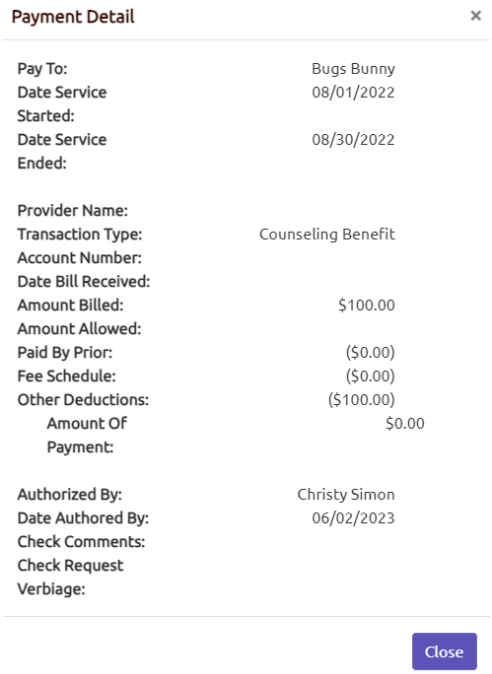
You will see the following information listed there.

- **Pay To**: The person or provider who CVC paid.
- **Transaction Type**: The type of service the victim received.
- **Provider Name**: The provider who provided the service to the victim.
- **Amount Paid**: The amount CVC paid for the claim.

Payment Detail

Click on **Detail** for the payment you want to learn more about. You will see the following items:

- **Amount Billed**: The amount the provider charged, which may include several dates of service.
- **Paid by Prior**: The amount of payment or write-off from the insurance company.
- **Fee Schedule**: A provider write-off that they must take if they accept payment from CVC.
- **Other Deductions**: Out-of-pocket payments or restitution paid to the provider or victim that reduced the amount owed.
- **Date Authorized**: The date CVC authorized the payment and submitted for processing.
- **Check Comments**: Additional comments, which may note specific dates of service etc.
- **Amount of Payment**: The amount CVC paid for the claim.



Forms

This section contains forms associated with the claim. One of the forms you will see is **Getting Started with Crime Victims**, the initial letter CVC sends to victims who receive services.

The Forms page for a selected claim

Document Upload

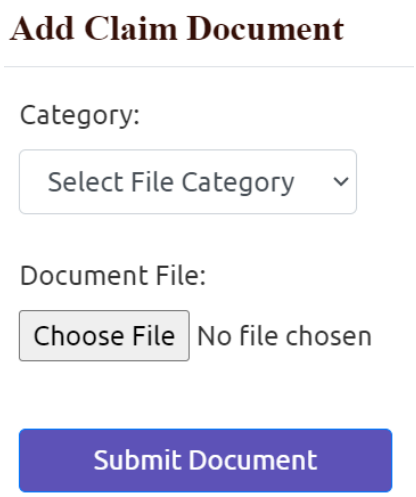
You can upload bills, reports, signature pages, chart notes, EOBs, or any other documentation you would like CVC to review.

You will find the upload icon throughout the portal, including in the right-hand column of search results for any claim.

The upload icon

Follow these steps to upload documents:

1. Choose the upload icon next to the claim your document pertains to.
2. Select **Category** from the drop-down menu to identify the type of document you are uploading.
3. Click on **Choose File** to browse your computer for the document to upload.
4. Select **Submit Document**.

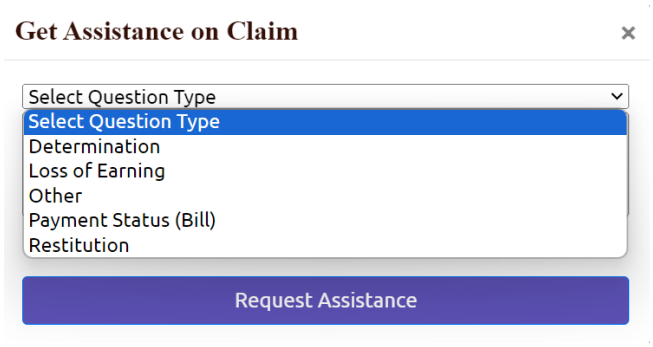


Contacting Our Staff

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

You will find the message icon throughout the portal, such as in the right-hand column of the claim search results. Follow these steps to message us:

1. Choose the message icon next to the claim you are messaging about.
2. From the drop-down menu, select the type of question you have to help our system identify where your message should be sent.
3. Enter your message and click **Request Assistance**.
4. Please allow 1 to 2 business days for a staff member to respond.



Billing Crime Victims' Compensation

CVC assists victims with an accepted claim to pay for crime-related medical and counseling treatment. Below is information on how to bill for services provided to these victims. All services must be directly related to the crime.

Required Information

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

- **Billing Statement, HCFA, UB92**: Include the procedure codes, charge amounts, and date of service.
- **Copy of EOB**: If the patient has insurance (including OHP), you must bill the insurance as primary.
- **Medical Assessment**: You must submit reports for the dates you provided services.
- If information is missing or if we need additional details, CVC will send a request. Please respond to our request in a timely manner to avoid us denying your payment.

Insurance

If the victim has insurance (including OHP), you must bill the insurance as primary and submit the EOB to CVC. The victim will need to provide all necessary medical and auto (if appropriate) information to you.

You must bill insurance in a timely fashion. CVC can only cover payments that are the victim's responsibility. If primary insurance denies the claim for delayed billing and there is no patient responsibility, CVC may also deny payment.

If your center is experiencing issues billing insurance and receiving payment, please reach out to the Compensation Manager.

Fee Schedule/Write-Off

If the victim 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). To obtain a breakdown of the payment please visit the Workers' Compensation website: https://wcd.oregon.gov/medical/Pages/fee-schedules-forms.aspx

Counseling

- CVC does not require chart notes for counseling sessions unless requested by CVC.
- CVC requires a treatment plan after 30 sessions.
- CVC approves payment for licensed therapists only.
- If the victim does not have insurance, then CVC reimburses using the CVC fee schedule, which is:
    - QMHP—$75 per hour
    - LPC, LCSW, LMFT—$105 per hour
    - PsyD, PhD, PMHNP—$130 per hour
    - MD, DO—$160 per hour
- Provide CVC with the name and address of the therapist so that we can send the provider a packet authorizing sessions.

Vision

- CVC will reimburse the provider for the exam and office visit using the Workers' Compensation fee schedule.
- The victim must pay upfront for eyeglasses, and CVC will reimburse them for this expense. CVC cannot pre-pay for vision services.

Dental

- Dental work must be pre-authorized. Submit a treatment plan and chart notes to CVC.
- CVC will pay patient responsibility after the provider bills insurance. CVC will reimburse the provider using the dental fee schedule when the patient does not have dental insurance coverage.

For additional information, please refer to the CVC website for Child Advocacy Centers: https://www.doj.state.or.us/crime-victims/crime-victim-compensation/for-child-advocacy-centers/ or email cvssd@doj.state.or.us.