

# Crime Victims' Compensation Portal Tutorial for Providers

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Crime Victims' Compensation (CVC) assists eligible patients who are victims of crime to pay for crime-related medical and counseling treatment.

This document provides **guidance for providers** on how to use the Crime Victims' Compensation Portal to view claim and payment information and upload related documents.



Oregon Department of Justice  
Crime Victim and Survivor Services Division  
*Every victim, every crime, every right, every time.*



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## Portal Functions

The portal gives providers limited access to Crime Victims' Compensation (CVC) claims to securely upload bills, explanations of benefits (EOBs), and medical chart notes.

You can use the portal for:

- 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, EOBs, chart notes, and treatment plans
- Email for assistance on a claim.

## Portal Access

To register to use the portal:



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

After you register, it will take 1 to 3 business days for the Crime Victim and Survivor Services Division (CVSSD) to review and approve your access. Make sure you register using a business email 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](mailto:CVSSDportal@doj.state.or.us).

*Example of a confirmation request email*





## Searching for Claims

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 in the information.

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

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

### Search Claims

Search:

If you experience any issues with uploading documents or submitting applications, please send a screen shot of the error that includes the time and date of the upload or submission to [cvssdportal@doj.state.or.us](mailto:cvssdportal@doj.state.or.us).

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

*The Search Claims section with Claim Number selected*

### Search Claims

Search:  CV:

**\*NOTE: To make searching simple please enter only the number in a CV number (example 01234-01)**

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

*An example of claim search results*

### Search Results

Filter:  Display

	Claim Number	Victim	Claim Determination Status	Date Received	Claim Expiration Date	Assigned Examiner	Assigned Specialist	Status	
<a href="#">Select Claim</a>	CV 04079-15	Doe - ADULT, Jane	Claim accepted	08/12/2019	03/28/2022	Christy Simon	Christy	z-Test Claim	

Showing 1 to 1 of 1 entries



## Search Claims Fields

The results from your search will include the following information:

**Claim Number:** The number CVC assigned to the victim’s application.

**Victim:** The name of the victim or patient.

**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.

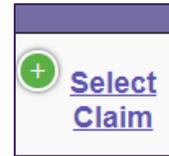
**Assigned Examiner:** The person who determines eligibility.

**Status:** Status of the application, which can be:

- a. **Pre-Determined:** This status means CVC is reviewing the claim and they have not yet made a decision.
- b. **Inactive:** CVC accepted the claim but have moved it to inactive status due to lack of activity, such as CVC not processing any bills.
- c. **Open-Accepted:** CVC is actively processing bills or requesting information.
- d. **Counseling Only:** CVC accepted the claim for a counseling only benefit.

## Claim Information

To see more claim information, click **Select Claim** from the left-hand column of a 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.



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.

Insurance				
Filter: <input type="text"/>				Show 10 ▾
Organization Name	Insured Name	Type	Effective Date	Policy Number
OHP	testing app	Current Health Insurance	2/1/2019 12:00:00 AM	XTY890

*The Claim Detail page for a selected claim*

CV 04079-15		Claim Detail	Payments	Forms	Claims Search
<b>Claim Detail</b>					
Victim:	Doe - ADULT, Jane				
Claim Number:	CV 04079-15				
Date Received:	08/12/2019				
Status:	z-Test Claim				
Claim Expiration Date:	03/28/2022				
Date Of Crime:	04/04/2000				
Referred By:	Victim Assist Program				
Examiner Assigned:	Christy Simon				

From this page, you can tab to the **Payments** and **Forms** sections. 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.

You will see the following items listed:

3. **Detail:** A link to additional information for a specific payment.
4. **Pay To:** The person or provider who CVSSD paid.
5. **Transaction Type:** The type of service the victim received.
6. **Provider Name:** The provider who provided the service to the victim.
7. **Amount Paid:** The amount CVSSD paid for the claim.

*The Payments page for a selected claim*

CV 04079-15				
Claim Detail		Payments		Forms
Claims Search				
<b>Payments</b>				
Filter:				Display 25 ▾
	Pay To	Transaction Type	Provider Name	Amount Paid
<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
<a href="#">Detail</a>	St Charles Medical Center	Hospital	St Charles Medical Center	\$178.44
<a href="#">Detail</a>	Asante Physician Partners	Physician	Asante Physician Partners	\$204.82
<a href="#">Detail</a>	Western Psychological & Counseling - Corporate	Counseling	Western Psychological & Counseling - Corporate	\$425.00
<a href="#">Detail</a>	Western Psychological & Counseling - Corporate	Counseling	Western Psychological & Counseling - Corporate	\$30.00

## Payment Detail

Click on **Detail** for the payment you want to learn more about. You'll 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 must be taken if the provider accepts payment from CVC. (per [Oregon Revised Statute 141.035 12\(b\)](#))
- **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 it for processing.
- **Check Comments:** Additional comments, which may note specific dates of service etc.
- **Amount Paid:** The amount CVSSD paid for the claim.

## *An example Payment Detail*

Payment Detail	
<b>Pay To:</b>	Providence St Vincent Medical Center-payments
<b>Date Service Started:</b>	08/28/2016
<b>Date Service Ended:</b>	08/28/2016
<b>Provider Name:</b>	Providence St Vincent Medical Center-payments
<b>Transaction Type:</b>	Hospital
<b>Account Number:</b>	53000226958903
<b>Date Bill Received:</b>	01/03/2017
<b>Amount Billed:</b>	\$3,641.79
<b>Amount Allowed:</b>	
<b>Paid By Prior:</b>	(\$3,441.79)
<b>Fee Schedule:</b>	(\$0.00)
<b>Other:</b>	(\$0.00)
<b>Deductions:</b>	
<b>Amount Of Payment:</b>	\$200.00
<b>Authorized By:</b>	Cecilia Lucero
<b>Date Authored:</b>	02/13/2018



## Forms

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

*The Forms page for a selected claim*

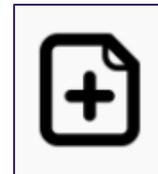
<b>CV 04079-15</b>	Claim Detail	Payments	Forms
<a href="#">Getting Started with Crime Victims (English)</a> <a href="#">Getting Started with Crime Victims (Spanish)</a> <a href="#">W9 PDF</a>			

## Document Upload

You can upload bills, chart notes, EOBs, or any other documentation you would like CVSSD 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 a 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.
  - You may combine documents that fall under the same category and correspond to the same claim into one document for easier upload.
  - You may upload bills, EOBs, and chart notes for the same date of service together (select **Bill** as the document type).
4. Click **Submit Document**.

*The fields for uploading a claim document*

**Add Claim Document** ✕

The bill, eob, and chart notes are required for CVC to process payment

If possible, please consolidate your documents to one upload. EOB's, chart notes, and bills can all be combined to one document and select bill as the category.

Category:

Document File:  
 No file chosen

Documents associated with Claim



## Contact Us

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:

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

*The message icon*



*The fields for requesting assistance*

**Get Assistance on Claim** ✕

Select Question Type ▼

**Request Assistance**

## Billing Crime Victims' Compensation

CVC assists patients who have an accepted claim to pay for crime-related medical and counseling treatment. Below is information on how to bill for services provided to these patients. 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 dates of service.
- **Copy of EOB:** If the patient has insurance (including OHP), you must bill the insurance as primary.
- **Chart Notes:** Submit all notes for all dates of service.
- 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.

### New Providers

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, contact us at 503-378-5348 or [providerinquiries@doj.state.or.us](mailto:providerinquiries@doj.state.or.us).



## Insurance

If the patient has insurance (including OHP), you must bill the insurance as primary and submit the EOB to CVC. If the insurance provider denied any services, submit the EOB with the denial reason codes. To obtain a breakdown of a payment please refer to the insurance EOBs (CVC pays patient responsibility).

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

## Fee Schedule/Write-Off

If the patient does not have insurance, CVC applies a Workers' Compensation fee. 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>

## Sending a Patient to Collections

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

## Counseling

- Unless we request them, CVC does not require chart notes for counseling sessions. We require chart notes for meds management sessions.
- CVC requires a treatment plan after 30 counseling sessions or 15 sessions if CVC approved the victim for a limited counseling benefit.
- CVC approves payment for licensed therapists only.
- CVC will pay patient responsibility after you bill insurance.
- If the victim does not have insurance, then CVC reimburses for therapy 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

If the patient has health insurance, you should bill it first, then CVC may assist with the patient's responsibility.

## Vision Services

- CVC will reimburse the provider for the exam and office visit using the Workers' Compensation fee schedule.
- The patient must pay upfront for eyeglasses, and CVC will reimburse them for this expense. CVC cannot pre-pay for vision services.
- If the patient has health insurance, you should bill it first, then CVC may assist with the patient's responsibility.



## Dental Services

- Dental work must be pre-authorized. Submit a treatment plan and chart notes to CVC.
- CVC will pay patient responsibility after you bill insurance. CVC will reimburse the provider using the dental fee schedule when the patient does not have dental insurance coverage.
- If the patient has health insurance, you should bill it first, then CVC may assist with patient responsibility.

### Alternative Therapy (massage, acupuncture, chiropractic)

- We require treatment notes for each date of service.
- If you provide services more than 6 months after the crime occurred, we may require additional verification. Please respond to all forms sent by CVC.

For additional information, please refer to the CVC website for providers:

<https://www.doj.state.or.us/crime-victims/crime-victim-compensation/for-medical-providers/crime-victims-compensation-information/> or email [providerinquires@doj.state.or.us](mailto:providerinquires@doj.state.or.us).

**If you have questions about using the portal, contact us at [CVSSDportal@doj.state.or.us](mailto:CVSSDportal@doj.state.or.us)**