



Virginia Birth-Related Neurological Injury Compensation Program

Program Contact Us Portal Frequently Asked Questions (FAQs)

www.vabirthinjury.com/claimantportal

Regarding the recent [November 2024 memo](#) about the Program's new portal for processing claim reimbursements and submitting inquiries, here is a list of answers to recent and potential questions that you may have.

Through a 24/7, login-free and HIPAA compliant portal, your claim submission and inquiry process will be streamline for your inquiries (i.e., how to submit, what is required, deadlines, etc.) and simplify your overall process.

Q: How do we access the Program's portal to file claim reimbursements?

A: Go to www.vabirthinjury.com/claimantportal From the page you can submit a request for assistance or file a claim. There is no login required.

Q: How will I get training on how to access the new portal?

A: Brief video tutorials has been posted on the Program's website and can be viewed as follows: Portal Access → <https://bit.ly/vbifclaimantportal> Caregiver Timesheet → <https://bit.ly/vbifcare> Claim Reimbursement → <https://bit.ly/vbifclaim>

Q: Do I require specific system requirements or browser capability to access the portal?

A: You require a standard web browser and Internet access. You may access the portal from your desktop, table, or mobile device. On your portal device, download the JotForm app via Google Playstore or Apple store for iOS devices.

Q: Can we still submit PDF files for claim reimbursements?

A: Yes, your PDF file submission will remain a viable option for your reimbursements and paperwork through the Program's portal launching on the website on 1/1/25. In short, you will drag and drop or upload the PDF files from your desktop or mobile device into a screen on the Program's website.

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Q: For what purpose can legal fees reimbursements be requested?

A: By statute, only legal fees related to the filing of a claim under the Act can be reimbursed by the Program.

Q: How will I know that my submission has been received?

A: You will receive an emailed confirmation for your submission upon completing each claim reimbursement request or inquiry.

Q: Why is there a 40-hour caregiver limit?

A: To clarify, as has always been, and as remains, the case, the total number of hours of care per week for which the Program provides reimbursement is determined by the treating physician's Order for the medically necessary care required for the admitted claimant. Pursuant to the Program's Guidelines and 14VAC10-10-50(E), the Program does not reimburse for more than 40 hours total during a single work week for the same individual caregiver unless it has been preauthorized by the Program.

Q: Why do I need to make sure that my agency submits its timesheets in a timely manner?

The Program wants to process all reimbursement/payment requests in an efficient and timely manner on behalf of admitted claimants and their families. It also has a fiduciary duty vis'á'vis the Fund to ensure that it maximizes the funding available to meet all admitted claimants' future medical expenses by doing such things as making sure that duplicate payments are not made by comparing time sheets for overlapping or conflicting entries. To accomplish this, the Program must receive time sheets from all sources of care for the same time periods for which payment/reimbursement is being requested of the Program. Reimbursements or payments may be delayed if this cannot be accomplished in a timely manner because the Program has not received all the necessary time sheets for review.

Q: What if I get stuck and need help with getting into or maneuvering through the portal?

A: Our team is committed to processing your claim reimbursement and addressing your questions in a timely manner.

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