

**COMMONWEALTH OF VIRGINIA
WORKERS' COMPENSATION COMMISSION**



***WebFile* Guide For
Claimants**

Instructional Guide for WebFile System

SEPTEMBER 2009 EDITION

PREFACE

This Guide is designed to assist Claimants with using **WebFile**, the Virginia Workers' Compensation Commission's self-service claims management system. The Commission implemented this web-based system so that customers would have a fast, efficient, and easy-to-use resource to view and manage their claim records. Questions about any of the information provided in this guide should be directed to the Commission at 1-877-664-2566. Please use this same number to report any technical problems you may experience.

Should you find errors in the information in your claim, please contact the Claim Administrator listed in your file (a Claim Administrator is also known as a "Claim Adjuster" or a "Claim Manager"). Your **WebFile** record reflects what the Commission has received from your Claim Administrator.

WELCOME

Welcome to the Virginia Workers' Compensation Commission's **WebFile** system.

If you are reading this reference document, it means you (or someone you know) has been injured in a workplace accident. The Commission created the **WebFile** system to assist its customers in easily accessing, viewing, and managing their claim record.

This **WebFile Guide for Claimants** document provides the information and instructions necessary for navigating this web-based claim management tool. It has been designed to be used in two different ways –

- the printed document may be used as a hard-copy comprehensive reference manual or,
- the electronic file may be used as a quick reference guide by clicking the questions in the Table of Contents section

Please note that content contained in this **WebFile** Guide is also available from the “Help & Support” link, accessible after you have logged in to the system. Contact the Claim Administrator listed on your claim record if you have questions about the information contained in your file. A Claim Administrator is also known as a “Claim Adjuster” or a “Claim Manager.”

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General

- [What is **WebFile** and who is eligible to use it?](#)
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INTRODUCTION *WebFile for Claimants*

Background

In Virginia an employer with more than two employees must provide workers' compensation insurance coverage for its employees. This coverage is either traditional coverage through an insurance policy or through a self-insurance policy. Benefits available under the insurance policy in question are outlined in the Virginia Workers' Compensation Act.

The Virginia Workers' Compensation Commission administers the Act. The Virginia State Corporation Commission, Bureau of Insurance, on the other hand, certifies insurers to offer workers' compensation coverage, and sets premium rates for this coverage. The two agencies—the Workers' Compensation Commission and the State Corporation Commission—are governed independently from each other.

Under the Workers' Compensation Act, employers are required to file accident reports with the Commission. The Act also charges the Commission with oversight of compensation payments made under the Act, as well as adjudicating disputes with respect to compensation and other benefits.

WebFile – A Web-Based Electronic Claims Management System

In late 2007, the Commission launched the Technology Alignment Program (TAP) to migrate its manual, paper-based processes, as well as those of its customers, to a series of electronic filing systems. Insurance carriers reporting accidents with the Commission are required by mandate to submit all First and Subsequent Reports of Injury to the Commission electronically as of July 1, 2009.

Recently, the Commission unveiled **WebFile**, which is a comprehensive Claims Management system accessible to all of the Commission's stakeholders – Claim Administrators, Claim Managers, and Claimants. The system has been built so that each of these customers can, based on their roles, view claims records and manage key claims transactions online. One of the key transactions available to Claimants is filing a claim, which is required to protect a Claimant's rights under the Act.

Prior to this new system, it was a difficult and time-consuming process for Claimants to access their claim records. The launch of **WebFile** is intended to improve customer service and the level of access for Claimants. With the release of **WebFile**, Claimants can now

- View claim information and transaction history on a claim
- Verify which Claim Administrator is handling their claim
- File a Claim for Benefits and a Request for Hearing online (vs. on paper)

This Guide provides details on each of these new functions, as well as all of the instructions necessary for a Claimant to log in and view claim records online. The Table of Contents is a good place to start.

REGISTER AS A CLAIMANT

This module covers the online registration within *WebFile* as the claimant. As a claimant you can view claim details and documentation as well as submit Claim for Benefits/Request for Hearing for through the VWC *WebFile* system.

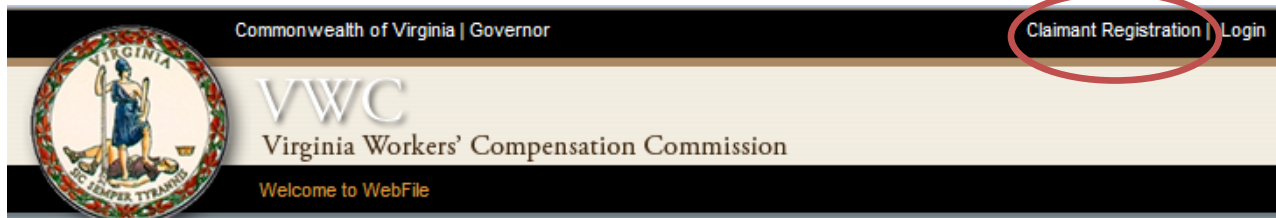


Registering as a claimant will allow access to submit a Claim for Benefits and Request for Hearing through **WebFile**. In order to access claim information you will need to follow the steps defined in [ACCESSING YOUR CLAIM IN WEBFILE](#).

Prerequisite Actions: There are no prerequisite conditions.

Business Scenario: Claimant needs to gain access to **WebFile**

1. Access the WebFile website at <https://webfile.workcomp.virginia.gov/>



2. Select Claimant Registration

My WebFile Account Create New Claimant Account

ONLY complete registration here if you are an Injured Worker/Claimant. By creating an account you will not have access to any claim information until a PIN is entered. Upon completing this page, you will be e-mailed a temporary password. Return to this page and log in using the Username/E-Mail Address provided and temporary password to complete registration. Once registration is complete, you will be able to View your claim(s) using the PIN mailed to you.

Username/E-mail address:

First Name:

Middle Name:

Last Name:

n t m v g j k

Please input the characters displayed above:

Note: The words are sometimes difficult to read so you may want to hit the 'refresh' button until you find an image that you can decipher.

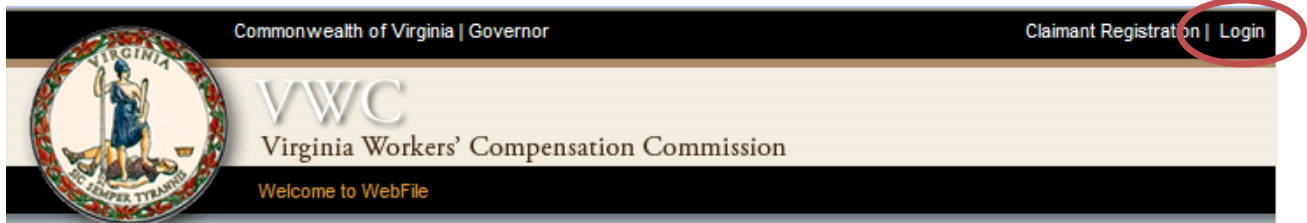
By clicking register, you are verifying you are an Injured Worker/Claimant



Your Username must be a valid email address.

3. Enter the necessary information and select

4. An email with a temporary password will be generated to the email address entered as the UserName.
5. With the temporary password return to the **WebFile** site.



6. Login using your email address and the temporary password received in the email.
7. Because this is your first time logging in, you will need to complete the registration page.



This symbol  next to a field indicates a required field.






Make sure to create a password that is at least 8 characters in length, has at least; one number, one letter, one special character, and no spaces. The password is not re-usable for 12 months.



Passwords will expire after 90 days. If you have not reset your password before it expires you will need to contact VWC via an e-mail to WebFileSupport@vwc.state.va.us

8. The next three fields capture responses to questions that will assist you in case you are ever locked out of the system or forget your password.

Security Question: 

What is your mother's maiden name  

Please select Security Question

- What is your mother's maiden name
- What high school did you attend
- What was the make of your first car
- What was your childhood best friend's last name
- What is your favorite sports team

9. Pick a question and then supply response in answer field
10. Repeat for next two questions.
11. Enter your information
 - Enter first name
 - Enter last name
 - Enter address




The address is validated against the US Postal Service database. A valid address is required for registration.

12. Review the Terms and Conditions by clicking on the words “**Terms and Conditions**” at the bottom left hand corner.

Check this box to accept **Terms and Conditions**

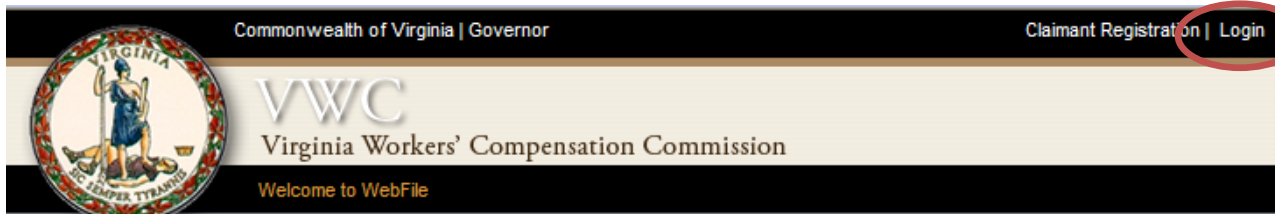
13. After reviewing, check the box to accept the terms and conditions.
14. You are asked to choose a method for receiving correspondence.
 - If you select electronic correspondence, a waiver is presented certifying that only electronic communications will be sent.

15. Click the  button to complete your registration.

16. You will receive a confirmation message verifying your successful registration.

17. You will be logged out of the system.

18. From the **WebFile** Welcome page select Login to proceed to **WebFile**.



ACCESSING YOUR CLAIM IN WEBFILE

This module covers the procedure for gaining access to your claim information through **WebFile**.

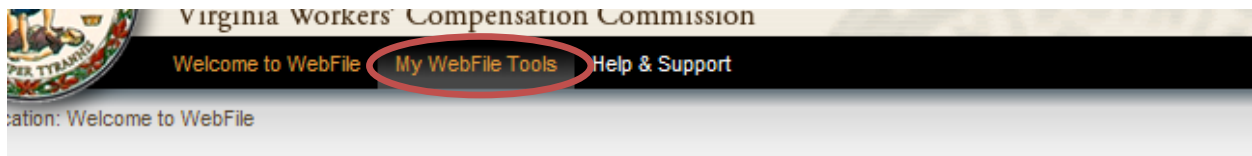


An Injured Worker receives two letters from the Commission after a claim is established. The first letter contains the Jurisdiction Claim Number (JCN) assigned to the claim and also lists the Injury Date. The second letter contains a Personal Identification Number (PIN) a claimant will use to access the claim record within **WebFile**.

Prerequisite Actions: A claim has been established within **WebFile** for the claimant. As the Claimant you have received a letter from the VWC with your Jurisdiction Claim Number (JCN). You will have also received a second letter with a unique PIN which will be used to validate your access.

Business Scenario: Claimant has received JCN and PIN letters and needs to access claim information in **WebFile**.

1. Go to website at: <https://webfile.workcomp.virginia.gov>
2. Log into WebFile and select My WebFile Tools



3. You will be presented with your primary workspace within **WebFile**.

A screenshot of the "My Claims" window in the WebFile application. The window title is "My Web File Tools Claim Dashboard". The main content area is titled "My Claims" and contains the text "You currently have no associated claims. Please use the fields below to add one." Below this is a section titled "Associate A New Claim" which is expanded. It contains four input fields: "PIN:" (with an information icon), "Jurisdiction Claim Number:" (with an information icon), "Last Name:" (with an information icon, containing the text "Smith"), and "Injury Date:" (with an information icon, containing a date picker set to "MM/DD/YYYY"). At the bottom of this section is an "Add" button.

The first time you enter the site, the My Claims window will be empty and the Associate A New Claim window is expanded.

4. Enter The required information and select 

The **Jurisdiction Claim Number** and **Injury Date** are in your **Notification of Claim** letter. The **PIN** is in the **Follow Up-Claimant PIN for WebFile** letter.

5. If the submission was successful your JCN will appear in the top panel.

JCN#	Injury Date	Rights Asserted?
VA00000008963	2009-03-23	ClaimListItem:boolean

▶ Associate A New Claim

6. If there was an issue an error message will appear in the upper section of the panel.

7. Selecting the JCN will take you to the Claim Details Screen

■ You have not filed your Claim for Benefits. Please click [here](#) to do so.

Claimant: Joe Employee Employee Social Security Number: *** - ** - 4567
Jurisdiction Claim Number: VA00000008963 Claim Administration Claim Number: 234543332
Date of Injury: 3/23/2009 Claim Type: Medical Only
Employer: _TEST_LOGICAL CLAIMS Insurer: BIG BOYS INSURANCE

Claim Status Overview

<input type="checkbox"/> Claim for Benefits Filed	<input type="checkbox"/> Payments Reported
<input type="checkbox"/> Claim Denied by Insurer	<input type="checkbox"/> Award Entered by Commission

Claim Details | Documents & Filings | Submit Claim Form/Request for Hearing

Instructions

Please contact the Claim Adjuster if there is any incorrect information in the claim

▶ Incident Details

▶ Adjuster Details

▶ Claimant Details

▶ Employer Details



You will receive a reminder to file your Claim for Benefits form each time you access the claim until the form is completed.

■ You have not filed your Claim for Benefits. Please click [here](#) to do so.

Completing this form assures that you have asserted your rights as a claimant.

8. Under the Claim Details Tab you may view categorized claim details.

Claim Details | Documents & Filings | Submit Claim Form/Request for Hearing

Instructions

Please contact the Claim Adjuster if there is any incorrect information in the claim

▶ Incident Details

▶ Adjuster Details

▶ Claimant Details

▶ Employer Details


9. Under the Documents and Filings Tab you may view and bundle documents associated with your claim.

Claim Details Documents & Filings **Submit Claim Form/Request for Hearing**





All imaged documents associated with this claim are displayed below. Click the Work Event link to display the image.

▼ Instructions

- To combine multiple documents as one, check two or more documents from the list below and then click on the 'Create Doc Bundle' button below.
- Imaged documents require a compatible Adobe PDF viewer to view and print. If you do not have compatible Adobe PDF software you may download and install it at no charge by visiting the Adobe website.

 Get Adobe Reader

Imaged Documents: All imaged documents associated with this claim are displayed below. Click the Work Event link to display the image.

Document Type	Sealed	Description	Document Date	Date Filed
 Notification of Injury All Parties	No	To Employer		03/24/2009
 WebFile Claimant PIN Notification	No	To Claimant		03/24/2009
 Notification of Injury All Parties	No	To Claimant		03/24/2009
 Notification of Injury All Parties	No	To Claim Administrator		03/24/2009

Page 1 of 1 | Create Doc Bundle | Displaying Documents 1 - 4 of 4

10. Under the Submit Claim Form/Request for Hearing tab you can submit a Claim for Benefits and Request for Hearing forms. Details are covered under [SUBMITTING CLAIM FOR BENEFITS AND REQUEST FOR HEARING THROUGH WebFile.](#)

SUBMITTING CLAIM FORM AND REQUEST FOR HEARING

This module covers the online submission of the Claim Form and Request for Hearing. The user must submit a Claim Form to the Commission as soon as possible.

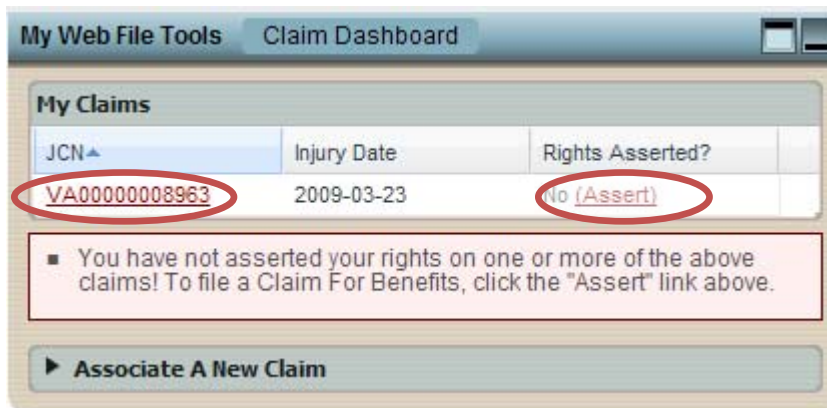


Even if you have been paid by your employer or claim administrator for time missed from work because of your injury or for medical treatment for your injury, you must file a claim with the VWC to protect your right to benefits under Virginia Law. If you are requesting a hearing, you must file medical reports supporting your request with the Commission.

Prerequisite Actions: The claimant has access to **WebFile**.

Business Scenario: Claim has been filed and Claimant needs to submit a Claim for Benefits or Request for Hearing form.

1. Login to WebFile
2. You are taken to My WebFile Tools



3. From the My Webfile Tools screen there are three ways to access the Claim for Benefits/Request for Hearing form
 - a. Select the JCN for your claim to access the Claim Detail screen
 - b. Select the Assert link under Rights Asserted
 - c. If your Employer has not submitted a claim use the **Claim for Benefits page** link under Welcome to **Webfile** Tools



For this example we will access the form through the Claim Detail Screen

4. Access the Claim Summary screen by clicking on the JCN for the desired claim

Welcome to WebFile My WebFile Tools Help & Support

Your location: My WebFile Tools » Claim Summary

Claim Summary

You have not filed your Claim for Benefits. Please click [here](#) to do so.

Claimant: Joe Employee Emp
 Jurisdiction Claim Number: VA00000008963 Claim
 Date of Injury: 3/23/2009
 Employer: _TEST_LOGICAL CLAIMS


Claim Status Overview


Claim for Benefits Filed Payments Reported
 Claim Denied by Insurer Award Entered by Commission

Claim Details Documents & Filings Submit Claim Form/Request for Hearing

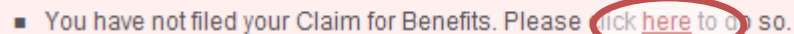
Instructions

Please contact the Claim Adjuster if there is any incorrect information in the claim


 The “You have not filed your Claim for Benefits” message will appear each time you access your Claim Information until you have submitted your Claim for Benefits.

 The “You have not filed your Claim for Benefits” message will still display until the form has been submitted and reviewed by the VWC. To verify it has been received, check the Documents and Filings tab in Claim Detail.

5. There are two ways to access your Claim Form/Request a Hearing from the Claim Detail Screen
 - a. Click the link in the message bar

 You have not filed your Claim for Benefits. Please [click here](#) to do so.

- b. Select the Submit Claim Form/Request for Hearing Tab

 If your employer has submitted your claim, some fields will be pre-filled with information. All fields, even those which are pre-filled, are editable.

Claim Details Documents & Filings **Submit Claim Form/Request for Hearing**

Injured Worker

Injured Worker Name

First Name i Middle Name Last Name i Suffix (Sr, Jr, III)

Joe [] Employee []

Injured Worker Address

Street Address i State i Zip Code i

623 E Main St VA - Virginia 23219-2405

[]

City i

Richmond

Injured Worker Phone

Home Phone Work Phone (if any)

[] []

Employer

Employer Name

Employer's Name i



This symbol i next to a field indicates a required field.

6. If you are submitting a Request for Hearing, complete both sections of the form.
7. Medical records or bills are required to receive a hearing if any of the first 5 options are checked. You can attach these as PDF documents on the next page or mail them separately.

Request for Hearing

You are not required to complete this section. Do so only if you are requesting a hearing.

An award for medical benefits for my injury (including any treatment already received & paid for)

I missed work because of my injury on (dates) []

I earned less pay because of my injury on (dates) []

I have a loss of or loss of use of a body part or have disfigurement.

I have unpaid medical bills relating to my injury.

Other []

Final Review Cancel Submission

Final Review Cancel Submission

8. Complete All required fields and select

9. You are presented with the Medical Record / Bill Attachment form

Medical Record / Bill Attachments.
You can attach any documents that support your request for hearing here. Your request will be processed more quickly if you attach them now. If you are unable to attach them now, please go ahead and file your claim and mail the supporting documents to the Commission at 1000 DMV Drive, Richmond, VA 23220, and write your Jurisdiction Claim Number, or JCN, on the top of the first page. Please contact the Commission at 877-664-2566 if you need help getting these records.

Supporting documents include medical treatment records, work excuse slips, and job search lists if you are partially disabled. Please do not submit billing records or doctors invoices.

File(s) must be Non-Encrypted PDFs

Disclosure & Agreement Form

By clicking "submit" I am indicating that the information is correct to the best of my knowledge and that I wish to file the record with the Commission.

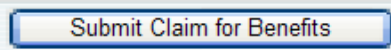
10. Attach all necessary documents

11. In order to precede you must place a check in the Disclosure and Agreement form.

Disclosure & Agreement Form

By clicking "submit" I am indicating that the information is correct to the best of my knowledge and that I wish to file the record with the Commission.

12. After completing the Disclosure and Agreement form select



13. Upon successful submission you will receive the message below:

This transaction has been submitted to the commission for review.



WebFile will continue to display the reminder to submit the Claim Form until after VWC has completed its review.

WebFile SECURITY

The **WebFile** system has security protocols to help ensure that claimant information remains confidential. Currently only users who will be submitting claims will have permissions to view or update claims.

LOGON USERNAME

The logon username is the user's e-mail address. The e-mail address is also the data used to identify who created and has rights to update claim information.

The logon username cannot be changed to be anything other than another e-mail address. If your e-mail address changes and you wish to update your profile, have you Site Administrator contact the Commission through webfilesupport@vwc.state.va.us.

PASSWORDS

All users are required to use a password along with the logon username. The initial password will be set up by VWC. The user will then set up a new password at the time of registration.

Password Criteria

- **Must contain one special character (i.e. @, #)**
- **Must be at least 8 characters in length**
- **Must have at least one number**
- **Must have at least one letter**
- **Must not have been used within the previous 12 months**

****Passwords expire every 90 days***

TIMEOUT FEATURE

The system has been set up with a 30 minute timeout feature. If there is no activity within 30 minutes, the user will receive a message notifying them that they need to log back in.



Entering data is still viewed by the system as being idle – users who take longer than 30 minutes to enter data will be automatically logged off of the system, and all information not saved will be lost.

RESET YOUR PASSWORD

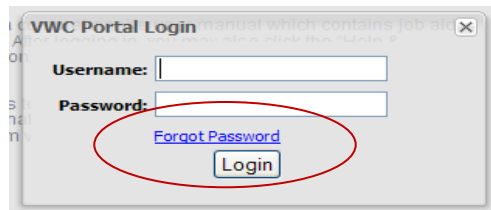
This module covers how to reset your password. The directions differ based on your scenario. Scenario 1 is for forgotten or expired passwords. Scenario 2 is for voluntarily resetting your password.

Prerequisite Actions: User has been set up and has registered in *WebFile*.

Business Scenario 1: User forgot his password or it has been 90 days and password has expired.

When the log in screen displays, you have the option to request a new password yourself.

1. Click on FORGOT PASSWORD



2. You will be asked to enter your Logon Username. Click SUBMIT

A screenshot of a web browser window showing the "Forgot Password" page. The page title is "Your location: Forgotten Password". The browser's address bar shows "My VWC Account" and "Forgotten Password Retrieval". The main content area has a heading "Forgot Password" and a sub-heading "Enter your username to display your security questions". Below this is a "Username:" input field and a "Submit" button.

3. You will need to answer the three security questions you completed when you first registered.

A screenshot of a web browser window showing the security questions page. The page title is "Your location: Forgotten Password". The browser's address bar shows "My VWC Account" and "Forgotten Password Retrieval". The main content area lists three security questions, each with an "Answer:" input field: "What high school did you attend?", "What is the name of your favorite pet?", and "What is your favorite color?". A "Submit" button is located at the bottom of the form.

4. Once you have entered your answers. Click SUBMIT

5. A confirmation message will appear.



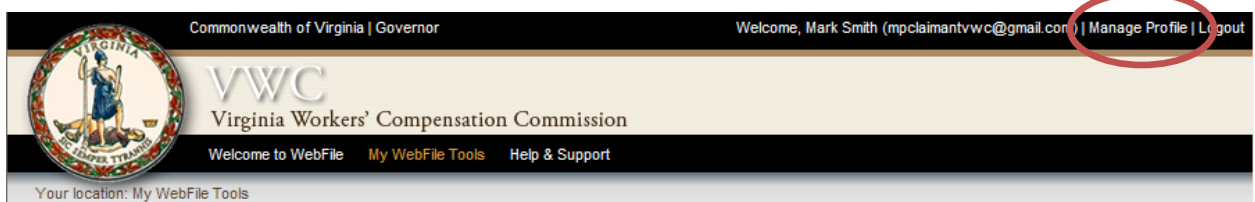
6. You will receive an e-mail with a temporary password.
7. When you login you will be required to re-register.



If you cannot remember the answers to your security questions then contact the Commission at Webfilesupport@vwc.state.va.us.

Business Scenario 2: User logs in with current password which has not expired but wishes to reset it.

1. From the main *WebFile* menu, click on Manage Profile



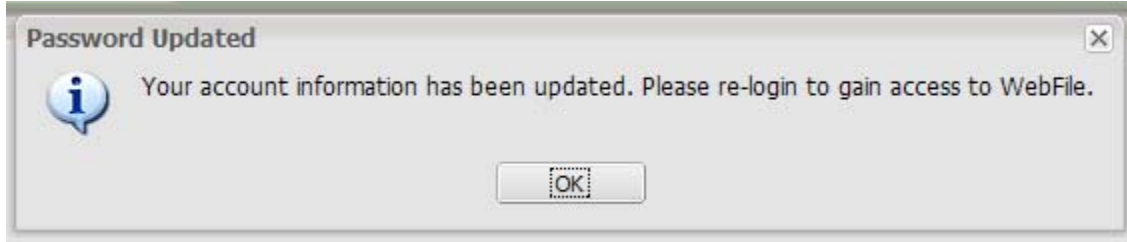
2. Manage Account Profile screen will display

3. Scroll down to the “Manage Account Password” section
4. Enter current password, then new password twice.



Makes sure to create a password that is at least 8 characters in length, has at least one number, has at least one letter, has at least one special character, and has no spaces. The password is not re-usable for 12 months.

5. Click RESET.



6. Click OK to return to main *WebFile* page.
7. You will need to log back in with the new password.