



Virginia Birth-Related Neurological Injury Compensation Program

April 8, 2025

Dear Families:

As this letter reaches you, I begin with a sincere acknowledgement. We know this has been a year of transition with staff retiring, new team and Board members, the unexpected, as well as systems and a few process changes. This new team is committed to earning and keeping your trust and providing excellent customer service. In recent weeks, onboarding new financial team leadership, process clarification (i.e., 1099s, supply orders, etc.) and program administrator change delayed issuing this report. With that said, more frequent communication is forthcoming to ensure a better experience. This annual update and attachments include:

- Caregiver Documentation Changes
- Reimbursement Process Changes
- Ordering Supplies Clarification
- Trust Home Repair Support
- Communication and Feedback
- Team Member Contact List
- Program Reminders and Checklist

Annual Benefit Expenditure Report

Along with this letter, your 2024 *Annual Benefit Expenditure Report* shows the goods and services the Program paid for on behalf of the admitted claimant. For any discrepancies or questions, contact the Program's office via email finance@vabirthinjury.com with subject line "Annual Report" or via telephone at 804-330-2471. See the finance team listed on page 4.

Caregiver Documentation for 2024

For 2024 care reimbursements, the *Annual Report* is the source for money you received. Unlike prior years, parents/guardians will not receive a 1099 Form for services you provided for your child. The Program reimburses you for those expenses, but the Program is not the recipient of the service. Therefore, the Program is not the party responsible for issuing a 1099 Form. While the Program issued 1099s in the past, our auditors believe that to be an error and the Program must not issue a 1099 Form to admitted claimant families for services provided by families.

In short, the figures the Program reimbursed the admitted claimant family for the 2024 caregiver services are included in the *Annual Benefit Expenditure Report*, details the information you need to file your tax returns. Questions? Contact the finance team at finance@vabirthinjury.com.



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Reimbursement Process Changes - Utilizing the Portal and a Third-Party Administrator

Given that contractual agreement terms were not met and a decision by the Program's third-party administrator, Benefit Plan Administrators, Inc. (BPA), to no longer process the Program's claims, BPA claims processing will end by the first week of May of 2025.

1. Continue Claim Submissions - Admitted claimants' parents/guardians will continue submitting reimbursement requests via BPA and the Program's electronic Portal, by fax, or by U.S. mail until the Program's new third-party administrator is in place.
2. Claims Processing Changes - A new third-party administrator will replace both the BPA and the Program's electronic Portal for submitting reimbursement requests. Given family and agency feedback about delayed BPA claim reimbursement processing time and pursuant to directives from the Board for the Program team to standardize, the Program's Portal began on January 1, 2025, intended to facilitate a transition between largely antiquated manual claims submissions and collaborative third-party processing.
3. Historical consideration - As you may know, BPA was implemented, in part, apparently because of a 2017 due diligence determination, creating a bifurcated, burdensome claim submission process. As you know, families either submitted claims to BPA or faxed, mailed or emailed image-based attachments/documentation (i.e., .jpg and .pdf) for processing. We learned from our legal counsel that a single system is a consideration.
4. Notification forthcoming - In the coming week, families will be notified (via email/mail and on the Program's website) with step-by-step transition updates and virtual training for the new claims processing procedures as well as vetting for short- and long-term viable solutions for Board consideration and approval.

Ordering Supplies

Parents/guardians have autonomy to order as needed and, in turn, submit claim reimbursements to the Program for payment. As of January 1, 2025, Program staff no longer place orders for admitted claimants. The Program neither required families to make out-of-pocket purchases nor did the Program tell any vendor that the Program would not pay for admitted claimants' supplies. The Program continues to provide full reimbursement. Questions? Contact Danesa Foster at admasst@vabirthinjury.com.

1. Recently, we learned that a prior vendor and the third-party administrator no longer had the capacity to fill supply orders. Solutions? See #2-4 below.
2. A new collaboration with Home Care Delivered (HCD), was established in February 2025 allowing families to enroll, place orders, send reimbursement to the Program (i.e., address, condition and diagnosis, details, insurance, health provider information, etc.). For claimants who reside in separate homes, HCD allows orders to be made in alternating



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months. Questions? Go to <https://www.hcd.com/need-medical-supplies/faqs/> or call new customer: (866) 938-3906 or current Customers: (800) 565-5644.

3. While we learned that CheapChux, a former provider, and HCD have limited brand supplies, we are working to establish lists of vendors and Durable Medical Equipment (DME) suppliers available to you. Website and mail/email updates are forthcoming.
4. Need alternative options for ordering supplies? Contact the claimant's primary health care provider OR private primary health insurance case manager (or request one be assigned) for resources/referrals.

Trust Home Repairs

Effective March 31, 2025, for those who reside in a Program Trust Home, Chesapeake Wealth Management (CWM) will not provide property management support. Because CWM no longer wishes to serve in this capacity, the Program will immediately vet and hire a new property manager. For emergency repairs, residents may contact Mr. Alexander Smith at 803-330-2471 or asmith@vabirthinjury.com. For an emergency home-related issue outside of business hours (see business hours on page 4), families should address the emergency as needed and contact Mr. Smith on the next possible business day for assistance.

Communication, Input, and Feedback Opportunities

To improve communication and ensure sustainability, more frequent Program updates throughout the year and Program collateral improvements (including the Handbook), and community meetings are forthcoming. An updated team member roster is on page 4.

Community Meetings. Starting in April 2025 the Program will host virtual and in-person town halls meetings to receive your constructive feedback and recommendations to help us better serve your family and comply with governing law. Submit suggestions for agenda items and availability via e-mail to admasst@vabirthinjury.com with subject: Community Meetings by 5:00 p.m. on April 21, 2025. We look forward to hearing from you!

On Behalf of the Board and Staff,

Dawn McCoy

Dawn McCoy, MPP,
Executive Director

Attachment:
Program Reminders
Annual Benefit Expenditure Report



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Program Team Contact List

Contact the team via the Program's telephone number at 804-330-2471, extensions are below. Normal business hours are 8:00 a.m. - 5:00 p.m., Monday - Friday (except for state/federal holidays or emergency closures. Closures are posted on the Program's website). Team members check email and voice messages throughout the day and are expected to return calls within 72 hours (except Fridays at 5:00 p.m./weekends returned within 72 business hours).

Claims Support and Processing

Alexander R. Smith, Claims Manager, (housing, vans, etc.), asmith@vabirthinjury.com x3094
Razaz Ali, Sr. Claims Specialist (third-party support), rali@vabirthinjury.com x3098
Bri Tocci, Claimant Intake Coordinator (third-party support), btocci@vabirthinjury.com x3099
Colette Gordon, Claimant Outreach Coordinator), cgordon@vabirthinjury.com x3097

Case Management (Program Entry, Claimant Support, DME review) admin@vabirthinjury.com

Charmin Davis, DMEs, cdavis@vabirthinjury.com x3080
Danesa (Dani) Foster, Claimant Intake Coordinator/Admin (Entry/Onboarding)
dfoster@vabirthinjury.com x3093

Finance (Accounting, Caregiver Reimbursements, 1099 Inquiries) finance@vabirthinjury.com

Billy Johnston, Chief Financial Officer, bjohnston@vabirthinjury.com x3083
Leslie Rubio Senior Revenue Accountant (accounts receivable), lrubio@vabirthinjury.com x3089
Kan Cheung, Senior Financial Reporting Accountant (budget, reconciliation, investments) -
kcheung@vabirthinjury.com x3087
Paula Ward, Provider Relations Coordinator (Hospitals, Physicians, and Insurance carriers),
pward@vabirthinjury.com x3040
Laura Esch, Clerk, timesheet/health insurance processing, lesch@vabirthinjury.com x3091
Susan Connors, Clerk, timesheet processing, sconnors@vabirthinjury.com x3092

Program and Agency Support (Program Analysis, Agency Support)

Carla R. Collins, Chief Program Officer, ccollins@vabirthinjury.com x3095
Patricia Moody, Long-Term Care and Agencies Specialist, pmoody@vabirthinjury.com x3091

Operations and Administration

Margarita Pelaez-King, Chief, Human Resources, mpelaezking@vabirthinjury.com x3010
Ronda Holloway, Operations Manager/FOIA Officer, rholloway@vabirthinjury.com x3090
Hanna Bareford - Human Resources/Board Support, hbareford@vabirthinjury.com x3079
Dawn McCoy, MPP, Executive Director, dmccoy@vabirthinjury.com x3071



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Program Reminders and Checklist

Below is a list of Program reminders including:

- Health Insurance Policy Premium Changes
- Health Insurance Documents
- Family Care Direct Deposit
- Timesheet Submission/Signature
- Reimbursement Turnaround Time
- Requesting Check Re-Issue
- Family Contact List
- Wage Benefit May Impact SSI
- Van Insurance/Lien Holder and Loss-Payee on Policy
- Utilizing In-Network Providers
- Prior authorization For Travel Over 100 Miles
- Medical Equipment Reimbursement
- The Appeals Process and Public Comment Period

Admitted Claimant's Health Insurance Policy Premium 2025 Changes

If the Program submits payment for the admitted claimant's private primary health insurance premium directly to the insurer, check the amount due for the 2025 premiums. ***If the amount has changed, and the premium submission is not exactly the amount billed, the insurer will usually cancel the policy.*** Please submit the latest premium notice to the finance team via finance@vabirthinjury.com immediately any time there is no change in the premium amount to be paid. If you are unsure whether the premium has changed, please provide notice at least annually at the beginning of each policy year.

Health Insurance Documents

Please send updates regarding the admitted claimant's private primary health insurance policy so that medical bills can be processed appropriately and in a timely manner. If that health insurer changes or there are modifications to that coverage, please send copies of the new materials, including a copy of the admitted claimant's health insurance card, benefits summary, and plan description to Danesa (Dani) Foster at dfoster@vabirthinjury.com.

Family Care Direct Deposit & Reimbursement Timeline

If you have not but would like to receive reimbursement for family care via direct deposit, go to <https://www.vabirthinjury.com/claimantsfamilies/>. Likewise, if you wish to cancel direct deposit, please notify the team at finance@vabirthinjury.com. We anticipate a secure, encrypted portal, integrated payables, forthcoming from a proposed third-party administrator.



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Submitting 2025 Timesheets

Please submit five weeks of timesheets for January, April, July, September and December. Submit four weeks of timesheets for the remaining months. The calendar is on the Program's website "Claimants" page otherwise deviating from the schedule may delay reimbursements.

Timesheets Require Original Signature

Whether reporting Family Caregiver hours or Independent Care Provider hours, please use forms from the website or Portal. Please note that all timesheets submitted to the Program for family care, or an independent caregiver reimbursement must have an original signature. Specifically, the timesheets **must**:

- ✓ Be signed following completion of the time(s) worked
- ✓ Include start times, end times and AM/PM designations
- ✓ Be dated at the time of signature
- ✓ Signed by the appropriate person
- ✓ Not be a photocopy or reproduced in any manner
- ✓ Submitted monthly to avoid delayed processing

Reimbursement Turnaround Time

Please be assured that the Program will aim to issue reimbursement within the standard business practice time of 30 days. Also, please remember:

- ✓ Submit reimbursement forms monthly or quarterly for quicker turnaround.
- ✓ Items for reimbursement should be submitted in calendar service date order.
- ✓ Submit receipts with each reimbursement request.
- ✓ Please be sure you have already submitted the claim through private primary health insurance first or submitted proof of denial, non-coverage, or exclusion before submitting the claim to the Program.

Requesting Check Re-Issue

The Program requires a minimum of 10 business days after a reimbursement check has been mailed before issuing a replacement check. Current experience indicates that checks often require 10 - 15 business days to arrive. However, if after 10 business days a check still has not been received, the Program can review reissuing by contacting Laura Esch at lesch@vabirthinjury.com.



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Family Contact List

Annually, the Program provides an opportunity for families to have their name, email, location and phone number placed on a list for distribution to other Program families also desiring to be listed. A consent form is on the website at <https://www.vabirthinjury.com/claimantsfamilies/>

Wage Benefit May Impact SSI

Some of those receiving the wage benefit reported that it may impact Social Security, Supplemental Security Income (SSI) depending on your individual circumstances. Contact your legal advisors prior to requesting to receive the wage benefit.

Van Insurance Must List Program as Lien Holder and Loss-Payee on Policy

For your van, the Program must be listed as the lien holder and as a loss-payee on the van's insurance policy. Please call your insurance broker or company and then provide a copy of the declarations page to Mr. Alexander Smith at the Program at asmith@vabirthinjury.com.

Utilizing In-Network Providers

- Please remember that all medical services, including durable medical equipment, must first be billed through your private primary health insurance provider. If this does not occur the Program may be unable to provide reimbursement. Also, be sure to submit an Explanation of Benefits (EOB) form from the insurance company along with your receipt of payment.
- All medical services must be provided through clinicians and facilities within your private primary health insurance provider's network. Any exceptions must receive pre-authorization from the Program.

Prior authorization For Travel Over 100 Miles

If you need to travel more than 100 miles for medical care, please remember that prior authorization and a physician's letter of medical necessity must be obtained to receive reimbursements thereafter (including mileage and lodging/meals per diems), except in emergency circumstances requiring immediate emergency care.

Medical Equipment Reimbursement

The purchase of medical equipment paid for solely by the Program must be pre-authorized as described in the Program's Handbook (see most recent version, forthcoming updates). Equipment partially paid for by the Program may also need to be pre-authorized, so please contact the Program prior to making a purchase.



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The Appeals Process

The process for appealing any claim reimbursement claim made by the Program staff or the Program's Board is included in determination letters, below or on the Program's website at <https://www.vabirthinjury.com/claimantsfamilies/appeals>.

Within 30 days of receiving the Program's denial of a claim, you may appeal the decision of the Program to the Board of Directors of the Program. To appeal to the Board, you may submit a summary of your claim along with documentation supporting your request and advise the Executive Director in writing whether you want to have time on the agenda to make a presentation to the Board at its next regularly scheduled meeting.

Within 30 days of receiving the letter setting forth the Board's denial of a claim, you may appeal the decision of the Program's Board to the Virginia Workers' Compensation Commission. To appeal the decision of the Board of Directors of the Program, you may submit a summary of your claim along with documentation supporting your request and file a petition of appeal with the Clerk of the Virginia Workers' Compensation Commission at 333 East Franklin Street, Richmond, Virginia 23219. Mail copies to the Program to 7501 Boulders View Drive, Suite 600, Richmond, Virginia 23225.

Public Comment

Unlike many public bodies that meet only once per quarter, twice per year, or even only once per year, the Program's Board of Directors of the Program has scheduled public meetings once per month for 2025, unless a quorum of directors is not possible. Historically, the Board has not convened in the month of August. Meeting dates are posted on the Program's [website](#) and on the Commonwealth's Calendar.

The meeting agenda for each meeting states whether Public Comment will be received during the meeting and the approximate point at which that will occur. Parents or guardians of admitted claimants are welcome to attend public meetings and may offer comment during the Public Comment portion of public meetings.

- A member of the Public, if properly signed up to speak in advance, will be allotted a specific amount of time (usually 2 or 3 minutes) to present their comment to the Board. The Chair may ask individuals to leave the meeting room if either the rules for participation in the proceedings are violated or conduct is deemed disruptive.
- The Public Comment period is not a question-and-answer session with the Board, it is the opportunity for the presenter to provide the Board with their input and comment.



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- Recording of proceedings is permitted. The Executive Director should be contacted before the meeting to discuss the placement of equipment during the meeting and any Program rules governing recording.

For access to the Program's forms, please go to the Claimants section of the website at www.vabirthinjury.com.

- Family Contact List Information Form
- Time Sheet
- Monthly Care Summary
- Claim Reimbursement Form
- 2025 Timesheet Calendar
- Direct Deposit Form (Family Care)