

IMPORTANT NOTIFICATION

VIRGINIA BIRTH-RELATED NEUROLOGICAL INJURY COMPENSATION PROGRAM

May 5, 2025

Dear Admitted Claimant Family,

The Virginia Birth-Related Injury Compensation Program (Virginia Birth Injury Fund) (VBIF) has retained MC Innovations (MCI) and Rising Medical Solutions (Rising) to assist VBIF in collecting documentation and processing payments for services related to your claim. As previously notified by VBIF, effective May 8, 2025, Benefit Plan Administrators, Inc. (BPA) will no longer provide services. We are in the process of working with VBIF and transitioning the Program from BPA.

For the status of specific claim payment requests, please contact VBIF directly at (804) 330-2471 or via email at <u>admasst@vabirthinjury.com</u>. For reference, see attached document titled "Who do I contact regarding reimbursement requests? Rising Medical Services or Program?".

As a reminder, claim payment requests for all claim payment types can be submitted through the VBIF Portal at the following link: <u>https://www.vabirthinjury.com/claimantportal/</u>. If you previously sent a request by mail to BPA, effective immediately, please send requests, along with all supporting documentation, to MCI-Rising at 5540 Falmouth Street, Suite 203, Richmond VA 23230.

To provide immediate assistance, please find attached/enclosed:

- Instructions and form for re-enrolling in direct deposit with Rising Medical Solutions
- Quick Start Guide to help you get started in the new system, which provides secure access 24/7/365 to your benefits administration information

As we finalize this new partnership in the coming days and weeks, please be on the lookout for the following communications:

- An email containing instructions for setting up your secure login to Rising's VISION[™] claimant portal; if you haven't received this email by May 13, 2025, please contact Rising at 888-763-2455 or send an email to us at vbif@risingms.com. BPA has advised that you will continue to have access to MediConnX, while we transition your payment history to our system. The payment history is expected to be transitioned by the end of May.
- Correspondence regarding **pharmacy benefits management**; includes a welcome letter/text message and pharmacy card. As a reminder, this pharmacy benefit is a secondary program, and only covers medications related to your claim that are not covered by your primary health insurance.
- An **invitation to join one of our video training calls** (multiple date/time options will be available for your convenience); recordings will also be distributed for those who are unavailable to attend and/or to keep as on-demand refresher training.

DIRECT DEPOSIT INFORMATION: If you are signed up for Direct Deposit through BPA, you will need to submit a new direct deposit authorization form. Effective May 8, 2025, BPA will discontinue direct deposit on behalf of VBIF. You can sign up for direct deposit services through Rising at the following secured site: <u>https://www.risingms.com/enroll/</u>, or by completing the attached form and returning it to <u>vbif@risingms.com</u> or at the address on the form.

If you need assistance with your direct deposit enrollment or access to the VISION[™] claimant portal, please call us at 888-763-2455 or email our customer support team at <u>vbif@risingms.com</u>. Customer support hours are 9am – 5pm ET Monday through Friday.

We look forward to serving you and your family.

Respectfully,

MC Innovations 5540 Falmouth St., STE 203 Richmond, VA 23230 Rising Medical Solutions 325 North LaSalle Street, Suite 600 Chicago, IL 60654 Si necesitas ver esta comunicación en español, utilice las herramientas de traducción disponibles en su navegador de Internet (es decir, configuración de preferencia de idioma y/o herramientas de traducción en vivo), en su teléfono móvil (es decir, Google Translate en dispositivos Android o Apple Translate en iPhone) u otros recursos de accesibilidad.

Who do I contact regarding reimbursement requests? Rising Medical Solutions or Program?

	Rising Medical Solutions	VA Birth Injury (Program)
Medical Expenses not covered by primary insurance	Х	
Doctor Co-Pays	Х	
Therapy Co-Pays	Х	
Hospital Bills	Х	
Prescriptions	Х	
Diapers, Formulas, Wipes, Gloves, Pads, etc.	Х	
Reimbursements for Agency/Attendant Care		Х
Health Insurance Premium for Claimant Policy or		X
Claimant portion of the Family or Parents' employee		
policy reimbursements		
Over the Counter Supplies (Formula, Probiotics,	Х	
Supplements)		
Augmentative Communication		X
Durable Medical Equipment (DME) (must be pre- authorized by Program)	X	X
Cell Phone Reimbursement		X
Postage Reimbursement		X
Mileage Reimbursement		X
Therapy	Х	
Dental Care	Х	
Van Insurance		X
Authorized Medically Necessary Travel over 100 miles		X
from admitted claimant's home		
Health Insurance Premium for Claimant Policy or		X
Claimant portion of the Family or Parents' employee		
policy – to pay directly		N
Reimbursements for Family Care/Independent Care		X
Requests for housing benefits (Modifications)		X
Requests for housing benefits (Rent)		X
Requests for van benefits		X
Requests for Reimbursements for certain taxes and		X
attorney's fees		V
Therapeutic toy reimbursement (up to \$300 each calendar year)		X
Grief/Funeral expense reimbursement		X
Any requests not specifically described here		X
Personal Property Tax		X
Self-Employee Tax		X
Long term Care		X
Family Counseling (matters related to caring for		X
admitted claimants)		
Wage benefit for admitted claimants		X
		May 2025





Direct Deposit/ACH Enrollment Instructions

The Virginia Birth-Related Neurological Injury Compensation Program has enlisted plan administrator, MC Innovations, and benefits manager, Rising Medical Solutions, to provide payment oversight and payment disbursements to Parties accepted into the Program (e.g., claimants, family members, authorized caregivers). In an effort to provide more timely and efficient disbursements to accepted Parties with regard to eligible benefit payments, please complete a secure direct deposit/ACH authorization form. If payments for accepted Parties should go to different bank accounts, a separate Direct Deposit/ACH Authorization Agreement needs to be completed for each unique bank account.

You may either use the form provided below

or complete the secure, online enrollment form at https://www.risingms.com/enroll/.

Direct Deposit/ACH Authorization Agreement

I (we) hereby request and authorize Rising Medical Solutions, LLC and its affiliates (the "**Company**") to deposit payments by electronic funds transfer into the Financial Institution account specified below and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. I recognize that if this authorization agreement contains incomplete or inaccurate information, electronic payment processing may be delayed, or payments may be incorrectly transferred. This authorization agreement will remain in effect until the Company has received written notice to terminate ACH/Direct Deposit transactions to the specified account. By entering my electronic signature below, I (we) also acknowledge and agree to this Direct Deposit/ACH Authorization Agreement and the additional Terms and Conditions found online at https://www.risingms.com/vbif-ach-terms-conditions/.

Name of Financial Institution				
Street Address/PO Box of Financial Institution	City		State	Zip Code
Routing Number (9 digits) See below for an example of routing and chec		ecking/Savings Account Nur	ıber	
see below for an example of routing and cree				
Payee (must be same as name on bank accou	Int) Fec	Federal Tax ID (FEIN) / Social Security Number (SSN)		
Authorized Signature / Check Signer	Dat			
Signator's Printed Name	Pho	one Number		
Email Address	Mai	iling Address (City, State, Zip))	
MEMO O + 2 3 4 5 6 7 8 9 E O + 2 3 4 5 6 7 8 9 E Routing number Account numb	traducció de pref teléfono	itas ver esta comunicación en esp ón disponibles en su navegador de rerencia de idioma y/o herramient o móvil (es decir, Google Translate Translate en iPhone) u otros reco	e Internet (e as de traduc e en disposit	es decir, configuración cción en vivo), en su tivos Android o Apple
Please send the completed form as	directed below.			
Mail Printed Form to:Rising Medical Solutions <or>c/o MC Innovations5540 Falmouth St, Ste 203Richmond, VA 23230Attn: VBIF</or>	will be sent to confirm re please check your spam	tal Form to: tification from Rising Medical Solu cceipt of your form submission. If yjunk folder and be sure to add vb of future communications.	you do not s	see the email shortly,





Quick Start Guide | Claimant/Member Portal

After receiving your welcome email from Rising, sign into Rising's VISION[™] portal at the login link at the top right corner of Rising's website (https://www.risingms.com) with the username and temporary password provided in your welcome email, a sample of which is shown below.

Welcome to Vision	
CC CRM CDU <crmcdu@risingms.com></crmcdu@risingms.com>	
то:	
Greetings from Rising,	CALCENTING A BETTER WAY.
Your account has been created. You can now log into Vision using the information below.	Secure Sign In
Username: jdoe@test.com Temporary password: !Bs_2=U	User Name
To access Vision, go to www.risingms.com and click on the Login link in the upper right corner.	
If you have any questions or require assistance, please email us at help@risingms.com or call 1-866-274-7464.	Forgot your username? Password
Thank you,	≙
Rising Medical Solutions www.risingms.com	Forgot your password?
This message was sent to	Sign In
If you would like to update your email address, you may do so after logging in by accessing your Profile information.	Need Help? Contact Us
Please add <u>CRMCDU@risingms.com</u> to your address book to ensure delivery of our emails to your Inbox.	

When you log in with the temporary password provided in the welcome email, you will be prompted to update your password 2 and to select a security question/answer. To change your password at any time, go to the User Profile page, select the "Manage Password" option and follow the on-screen prompts.

		My Vision	
Refer Case EasyDoc Help Recent Profile Log Out	Q	Search >	
To view a list of payments that have been made or are pending, navigate to the "Account Ledger" tab on the "My Case" page of your claim in VISION™.		Services >	
		NPPES NPI Registry	
To submit expenses for processing by the Program, we also have provided direct access within the VISION [™] portal (main menu on the left sidebar as shown here) to the following VBIF resources:		Caregiver Timesheet	
Caregiver Timesheet		Claim Reimbursement Form (2025)	
<u>Claim Reimbursement Form (2025)</u>	→	Claimant Portal	
<u>Claimant Portal</u>		Vision Tools	
If you have questions about logging in, navigating the site, or how something works, please review the training videos, email <u>vbif@risingms.com</u> , call 888-763-2455, or click the Help button in VISION [™] . Help is always just a click away!			
		Support	

Our Privacy Promise

2 RISK-BASED 2-YEAR

CERTIFIED

Rising takes proactive and stringent care to safeguard your privacy and to ensure we are utilizing the most rigorous information security standards. As a result:

- We are fully compliant with all relevant HIPAA guidelines.
- We keep your information confidential at all times. ٠
- We maintain multiple security certifications and conduct extensive security audits. ۲

To learn more, select "Terms of Use" at the bottom of any page within our portal.