

IPFCF - Provider Portal - Login Instructions

The instructions in this document outline the steps to take to log onto the IPFCF Provider Portal. From the IPFCF Provider Portal, Wisconsin licensed physicians, CRNAs, and eligible entities can monitor their IPFCF compliance, file exemptions, verify reported primary liability coverage, pay bills, update their contact information, and view all IPFCF correspondence.

Employers, staffing agencies, and other types of group management organizations may also use the IPFCF Provider Portal to monitor their group's IPFCF compliance, link and unlink employees, verify reported primary liability coverage, pay bills, update the account contact information, and view all IPFCF correspondence for the group members.

Accessing the IPFCF System for New Users

- To begin you need your IPFCF account number and the email address associated with your account. If you do not know your IPFCF account number or email address, you will need to contact the IPFCF staff to obtain this information at <u>OCIIPFCF@wisconsin.gov</u> or (608) 707-5481.
 *Please note that you will be asked to provide your personal email address if we do not have one on file currently.
- 2. Go to the IPFCF Provider Portal here: <u>https://ipfcfsecure.oci.wi.gov/</u>
- 3. Enter your IPFCF account number in the Account Number field.

Injured Patients & Families Compensation Fund
ATTN: Please use Account Number as your User Name!
Account Number
Account Number
Password
Password
Sign In
Need help signing in? Click here
Or sign in with
IPFCF Employee
REMINDER: Use your Account Number to login

4. To set your password select the "Click here" button.



The "**Click here**" button will take you to the screen below. From there you enter your **Account Number** and select the "**Next**" button. By selecting the "**Next**" button, instructions on how to set your password will be sent to your email address.



ATTN: Please use Account Number as your User Name!

Forgot Your Password?

Having trouble with your password? Reset it here.



Cancel

5. Go to your assigned email inbox to retrieve the link for resetting your password and select the "**Password Reset**" button.

×	
Hello	Account holder name
On Thurs bassword Passv	aday, December 22, 2022, at 12:41:33 PM CST, you requested to reset your password. You must reset your d on the Password Reset page.
Detail	S
If the f	Password Reset page link doesn't work, please copy and paste the following URL into the address bar of your er.
<u>https:/</u>	id <u>cs-</u>
Impor messa	tant: This link will expire on Friday, December 23, 2022 12:41:35 PM CST. Also, if you don't recognize this ge, contact your system administrator at <u>bonnied tiedt@wisconsin.gov</u>
	About Oracle Cloud Legal Notices and Terms of Use Privacy Statement
his is a sy: loud. Gen	stem generated message. Do not repty to this message. You are receiving this e-mail as a result of your current relationship with Oracle eral marketing opt-out preferences have been over-ridden to ensure that you receive this e-mail.

6. Create your new password and enter it in both password fields. Then select the "**Reset Password**" button.

The password must have at least 12 characters.	
The password cannot exceed 40 characters.	
The password cannot contain the First Name of the user.	
The password cannot contain the Last Name of the user.	
The password cannot contain the user name.	
The password must have at least 1 lowercase characters.	
The password must have at least 1 uppercase characters.	
The password must have at least 1 numeric characters.	
The password must have at least 1 alphabetic characters.	
The password must have at least 1 special characters.	
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nfirm New Password	
The password must have at least 1 numeric characters. The password must have at least 1 alphabetic characters. The password must have at least 1 special characters. Cannot repeat last 5 passwords firm New Password	

Once you have set your password you will receive a pop-up notification and a confirmation email.

7. Return to the IPFCF Provider Portal login screen and enter your **Account Number** (IPFCF account number) and the password you established. Then select the "**Sign In**" button to be taken to the IPFCF Provider Portal home page.

	Provider Access Portal Accourt	nt Name 🛛 🛷
Injured Patients & Families Compensation Fund	🗈 Affiliations 💲 Billing 🚇 Cover	age 🛛 Correspondence
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Welcome, ACCOUN	nt holder name	
Quick Links	News and Announcements	
Affiliations Add/View Provider Affiliat	Information	11:17 AM 🗙



IPFCF - Provider Portal - Linking and Unlinking

These instructions provide the steps for linking (adding) and unlinking (removing) individual providers to a group/employer account.

Important Notes:

- Linking a provider to your group account allows you to see the linked providers' billing invoices, coverage filings, and correspondences (including non-compliance correspondence).
- A provider cannot be linked to your group if they are currently linked to another group. You will need to contact IPFCF staff to proceed with linking a provider that is currently linked to another group.
- Providers are not able to process a link or unlink request. The group must process the linking and unlinking.
- Even when providers are linked to a group, they are responsible for their own compliance with the IPFCF. Please make sure linked providers are using a personal email address for access to the Provider Portal.
- Individual providers are encouraged to review their IPFCF account via the Provider Portal to manage their compliance. Providers are not responsible for maintaining their linking to a group, but they are responsible for maintaining their compliance.

Navigating Affiliations

- 1. Pull up your group account on the Provider Portal: <u>https://ipfcfsecure.oci.wi.gov/</u>
- 2. Click one of the Affiliations tabs (located top-right and also under the Quick Links on the left):



- 3. There are two (2) sections under the Affiliations tab: Affiliated Entities and Affiliates (individual providers).
- 4. The Affiliates section defaults to showing only the providers that are currently linked to your group.
- 5. Move the "Show Historical Data" toggle to the right if you wish to see all the providers that were previously or currently linked to your group.

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Account Holder Name	Phone	Email	Account Number	License Type 26 - NON STOCK CORP OR LLC
Affiliations				Add Affiliation
Affiliated Entities				
Account Holder Name				
Affiliates Show Historical Data				🛃 Export
X Search employee by name, license number, or account ID				٩

6. Click "**Export**" if you wish to download an Excel file of your linked providers. Make sure the **Historical Data** toggle is in the correct position for the file you wish to produce.

7. The "+Add Affiliation" button is used for linking/adding providers to your group account

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Affiliated Entities				
Account Holder Name Effective: 07/01/1991				
Affiliates how Historical Data				上 Export
× Search employee by name, license number, or account ID				٩

8. The pencil icon under the "**Unlink**" column is used for unlinking providers from your group account.

	Provider Access Portal					- 4
4 Patients & Pamilies Compensation Pu				Affiliations \$ Bil	ling 🗟 Coverage 🖾	Correspondence
 Search employee b 	ry name, license number, or account ID					٩
First Name 🛛 🖨	Last Name/Company Name 🛛 🌣	Account ID 💠	License # 💠	Linked Date	Unlinked Date 🖨	Unlink
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				06/01/1995	06/01/1995	
				12/02/2010	06/22/2012	
				03/19/2018	10/17/2018	_
				01/08/2018	Ongoing	1
				10/30/2017	Ongoing	1
			10.0	08/01/2022	Ongoing	Ø
		-		12/07/2020	Ongoing	Ø

Linking

- 1. Pull up your group account on the Provider Portal: <u>https://ipfcfsecure.oci.wi.gov/</u>
- 2. Click one of the Affiliations tabs



3. Click the "+Add Affiliation" button



4. You will see an "Affiliation Linking" box pop up

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	Name Account ID 🗘	
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Affiliated Entities		
Effective: 07/01/1991	Link Date (Required)	
	Date	
Affiliates	Unlink Date	
how Historical Data		🛃 Export

- 5. Enter the provider's information in the Search box. You can search by first name, last name, license number, or IPFCF account number. Click the provider's name when shown under the search box. The provider's name should be highlighted in a blue box.
- 6. Enter the link date which is generally the start of employment.

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Affiliations Affiliated Entities	Name	Account ID O		Add Affiliation
Effective: 07/01/1991	Link Date (Required) Date Unlink Date	t		
Affiliates Show Historical Data	Date	Add Cancel		ی Export

7. Click Add

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-	Search for Affiliated Provider			
		٩	account Number	License Type 26 - NON STOCK CORP OR LLC
	Name	Account ID 0		
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- 8. If processed successfully, you will receive a confirmation message at the top of the screen that will automatically clear.
- 9. The provider should now show under the Affiliates section with "ongoing" under the "Unlinked Date" column.

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	Search for Affiliated Provider	Q Account ID	.ccount Number	License Type 26 - NON STOCK CORP OR LLC
Affiliations	-			Add Affiliation
Effective: 07/01/1991	Link Date (Required) Date 01/16/2023	iii		
Affiliates Show Historical Data	Unlink Date	Ë		🛃 Export

Unlinking

- 1. Pull up your group account on the Provider Portal: <u>https://ipfcfsecure.oci.wi.gov/</u>
- 2. Click one of the Affiliations tabs



3. Scroll down to your Affiliates list. You can pull up the provider you wish to unlink by locating in the Affiliates list or using the search feature.

	Provider Access Portal						- 4
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Effective: 07/01/1991							
Affiliates Show Historical Data							🛓 Export
X Search employee by	name, license number, or account ID						٩
First Name 💠	Last Name/Company Name 🛛 🌣	Account ID 💠	License # 💠	Linked Date	¢	Unlinked Date 🗘	Unlink
				08/25/2000		04/02/2001	
				06/01/1995		06/01/1995	
				12/02/2010		06/22/2012	
				03/19/2018		10/17/2018	

4. Click the pencil icon under the "Unlink" column.

Effective: 07/01/1991	Provider Access Portal			B Affiliations	S Billing 🕒 Coverage	
Affiliates Show Historical Data						L Export
First Name 👙	Last Name/Company Name 🛛 🌲	Account ID 💠	License # 💠	Linked Date	Unlinked Date	¢ Unlink
_				12/07/2020	Ongoing	1

5. An Employee Information box will pop up.

Provider Access Portal		<u>B.</u>	Affiliations 5	Billing 🕲 Coverage	Correspondence
Affiliates	Full Name Link Date	Employee Information			ع Export
First Name 💠 Last Name/Company Name 💠		Save	d Date 1/2020	Unlinked Date 🗢	Unlink

6. Enter the unlink date which is generally the date employment ended.

7. Click Save

Provider Access Portal Provider Access Portal Effective: 07/01/1991		E Affiliations	\$ Billing 🗟 Coverage	Correspondence
Affiliates Understand Date	Employee Information Full Name Link Date 01/01/2012 Unlink Date 03/31/2023 Save	Cancel /2012	Unlinked Date	L Export

8. If processed successfully, you will receive a confirmation message at the top of the screen that will automatically clear.

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First Name 💠 Last Name/Company Name 💠				d Date 💠	Unlinked Date 👙	Unlink
189 B		U		/2012	Ongoing	1

9. The provider should no longer show under your Affiliates list when "Show Historical Data" is NOT selected. They should show under your Affiliates list when "Show Historical Data" is selected. They should have a date in the "Unlinked Date" column.

IPFCF - Provider Portal - Filing Exemptions

The instructions in this document outline the procedure for a provider to enter an exemption for IPFCF coverage. You must first complete the New User Registration before you can enter any exemptions. Please reach out to the IPFCF staff if you need assistance with New User Registration.

Please keep the following information in mind when filing an exemption:

- If you claim an exemption, you are waiving coverage and you will not have the protection of the Injured Patients and Families Compensation Fund for the exempt period(s).
- Your exempt status with the IPFCF will remain as reported until you, or an insurance carrier on your behalf, notifies the IPFCF in writing, or through electronic filing, of a change in your status.
- > You can file an exemption for multiple gap periods.
- > You do not have to clear all coverage gaps to submit exemptions.
- Exemptions should ONLY be entered by the provider waiving coverage. You should not file an exemption for anyone other than yourself.

Coverage gaps that are displayed with the same effective date and expiration date have been **resolved**.

Entering an Exemption

- 1. Go to the IPFCF Provider Portal here: <u>https://ipfcfsecure.oci.wi.gov/</u>.
- 2. On the Home Screen, click "Exemption Forms".

Home		
Welcome		
Quick Links	News and Announcements	
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B. Longitud Loop		

3. If you have existing coverage gaps, they will be reflected in this screen, listed by Effective Date. If you do not have existing coverage gaps and are entering a NEW exemption, skip to step #15.

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le New Exempti	ions or File Exemptions for Existing Cov	evage Gaps		
+ Add New De	emption			
Actions	Type	Effective Date	Espiration Date	Exemption Reason
/ Edit	Coverage Gap	12/23/2022		
/ Edit	Coverage Gap	12/17/2022	12/19/2022	
/ Edit	Coverage Gap	12/10/2022	12/12/2023	
/ Edit	Coverage Gap	12/03/2022	12/05/2022	
≠ Edit	Coverage Gap	11/23/2022	31/28/2022	
/ fdt	Coverage Gap	11/19/2022	11/31/2022	

4. Click **Edit** for the coverage gap period you wish to address.

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e New Exempti	ions or File Exemptions for Existing Coverage	e Gape		
- Add New De	mptimp			
Actions	Туре	Effective Date	Expiration Date	Exemption Reason
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/ Edit	Coverage Gap	12/17/2022	12/19/2022	
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/ Edit	Coverage Gap	12/03/2022	12/05/2022	
🖊 Edit	Coverage Gap	11/23/2022	11/28/2022	
100	C	44 100 10000	11.01.0403	

5. This brings up the "**Exemption Editor**" box.

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1 ESt	Coverage Gap	No.	
2 Edit	Coverage Gap	Cancel Done Editing	
1.000	Citiverage Gop	11/16/2022 11/23/2022	

- 6. In the "**Exemption Editor**" box, revise the dates if needed, and select an exemption reason from the drop-down box. If you choose reason number 7 (not yet practicing), you will need to select an expiration date.
- 7. Once the correct date(s) are entered, and you have selected an exemption reason, click "**Done Editing**".

File New Exemption	ions or File Examptions for Existi	ng Coverage Gaps						
Actions	Type		Exe	mption Editor			Description R	xuion :
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/ E.61	Coverage Gap	12/23/2022		Organing		Ongoing		
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/ Edit	Coverage Gap				1			
/ Edit	Coverage Gap	Cancal				Done Editing		
1160	Coverage Gap		19/2022	_		1/21/2022		

8. The coverage gap should now show as an exemption but will still need to be submitted for processing.

ile New Exemptions of	r File Exemptions for Existing Cov	W Gaps		
+ Add New Exemption				
Actions	Type:	Effective Date	Expiration Date	Exemption Reason
🖌 Edit 🗠 Unde	Exemption	12/23/2022	Ongoing	06: Retired
/ Edit	Coverage Gap	12/17/2022	12/19/2022	
/ fidt	Coverage Gap	12/10/2022	12/12/2022	
/ Edit	Coverage Gap	12/03/2022	12/05/2022	
/ Edit	Coverage Gap	11/23/2022	11/28/2022	
1141	Coverage Gate	11/18/2022	11/21/2022	

- 9. Repeat steps #5 through #8 for each additional coverage gap period you wish to address.
- 10. If you need to make any changes to the exemptions you have entered, click "**Undo**" before you submit the form. Contact IPFCF staff to make any changes to the submitted exemptions.

Actions	100	Effective Date	Experision Date	Exemption vessor
/Edit Oundo	Exemption	12/23/2022	Ongoing	01: Practice < 240 Hourt Per Wai
/ Life	Coverage Gap	12/17/2022	12/19/2022	
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/ Edit	Coverage Gap	11/23/2022	11/28/2022	
/ Edit	Coverage Gap	11/19/2022	11/21/2022	
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11. Once you have verified that the exemption information is entered accurately, click "**Submit Exemptions**".

Actions	Type	Effective Date	Espiration Date	Exemption Reason
🖌 Edit 🔊 Undo	Evenption	12/21/2022	Origoing	06 Retired
/ Edit	Coverage Gap	12/17/2022	12/19/2022	
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/ Edit	Coverage G	12/01/2022	12/05/2022	
/ Edit	Coverage up	11/23/2022	11/28/2022	
/ Edit	Coverage Gap	11/19/2022	11/21/2022	

- 12. You should then see a message stating "**Confirmation! Submission Successful!**" which should clear automatically.
- 13. This will now bring you to the "**Coverage History**" screen where you can verify the exemptions have been added. **Please keep in mind that coverage gaps that are displayed with the same effective date and expiration date have been **resolved**.

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Type © Policy © Exemption Exemption Coverage Gap	Carrier 0	Effective Date Effective Date	Expiration Date	Policy Type 0

14. To add a NEW exemption, click "Add New Exemption" on the Request for Exemption screen.

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Providence fails the execution with an effective data for think each fully in the first barriers chains panels for effective data, and unit 2 second. Old Submit Exemption to use Prevaler Name Assempt Number Submit Second Sec	Pryce-character 3 file exemptions with an effective data profit line with puttion in the file benefition culoury public tier effective data, and with a weak of Crick Scherher Every point in several effective data, and with a weak of Crick Scherher Every point in the file benefition culoury public tier effective data, and with a weak of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefition of Crick Scherher Every point in the file benefitive of Crick Scherh	Note to locien tenens providers: over panedo strino practica in Weconon	gliun number #7 allows for provinces of an end-liant to an exempt	particle. This guargetion type allows for known lanants providers fo	avic de Anamittant
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15. In the "**Exemption Editor**" box, enter the effective date and select the exemption reason from the drop-down box. If you choose reason number 7 (not yet practicing), you will need to select an expiration date.

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16. Click "Done Editing".

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17. Click "Submit Exemptions".

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18. You should then see a message stating "**Confirmation! Submission Successful!**" which should clear automatically.

19. This will now bring you to the "**Coverage History**" screen where you can verify the exemptions have been added. ******Please keep in mind that coverage gaps that are displayed with the same effective date and expiration date have been **resolved**.

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Resolved Coverage Gap

Coverage gaps that are displayed with the same effective date and expiration date have been **resolved**:

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IPFCF – Provider Portal – Billing Instructions (Groups)

The instructions in this document outline the procedure for employers or groups to access and pay IPFCF invoices.

- 1. Login to the Provider Portal using your group account number.
- 2. Click "Billing"



3. You will be brought to the "Billing Statements" screen where all invoices for your group and linked providers will be listed.

MAILING ADDRESS FOR LOCKBOX PAYMENTS: IPFCF: DRAWER 478, MILWAUKEE, WI 53293-0001						
Statements Parameters Transactions						
Billing Statements Select a Statement to View Invoices						
Billing Date	Number of Invoices	Minimum Due	Total Due			
04/01/2025	4	\$976.00	\$976.00			

4. To proceed with payment, click the current billing date.

Statements	Parameters	Parameters				
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Billing Date	Number of Invoices	Minimum Due	Total Due			
04/01/2025	4	\$976.00	\$976.00			
01/01/2025	28	\$8,991.17	\$13,058.67			
10/01/2024	4	\$360.66	\$1,084.41			
07/01/2024	532	\$99,749.47	\$390,142.52			

- 5. You will be brought to the "Billing Summary" screen where you can select all unpaid invoices, or manually select each individual invoice you would like to pay.
- 6. The invoices screen should show all invoices for your linked providers as well as the entity invoice, if applicable.

7. Click "Select All Unpaid Invoices" or manually select the checkbox in front of each invoice you wish to download.



8. After you have selected all unpaid or manually selected the accounts you wish to pay, click "\$ Pay Selected Invoices" to pay online.

Billing Summary - 10/01/2023		Return To Statements
E Total Invoices	Minimum Due	Total Due
↓ Export Current	Page of Invoices	\$ Pay Selected Invoices
Show Paid Minimum on Current Page		Show Paid Total on Current Page

- 9. If you have additional providers to pay for that are not listed in this screen because they were not linked to your group at the time the invoices were generated, please see the instructions that start on page 24 for "Paying for Providers Not Linked".
- 10. When paying the total due for all invoices, move the toggle next to "Pay Total For All Invoices". If paying the minimum for all invoices, leave the toggle as is Defaults to paying the minimum amount.

Review Inv	oices to Pay				Select Payment
Pay Total For All Ir	nvoices				
Date 🌲	Name 🌲	Account Number 🌲	Minimum Due 🌲	Total Due 🌲	Pay Total?

11. Please note: You can only pay the minimum or the total amount due via online payments.



12. When ready to move forward with payment, click "Continue Payment".

- 13. This will bring up the payment information window. You will need to enter your email address (for receipt), select payment method (New Card Account or New Bank Account), the credit card or banking information, and the billing address.
- 14. Select "I agree to the Terms and Conditions".
- 15. Review payment information and click the orange "Pay \$AMOUNT PAID" box.
- 16. If the payment is successful, you will receive a receipt at the email address provided. If unsuccessful, you will receive an error message right away.
- 17. Payments will be recorded on the portal within 3-5 business days.
- 18. If paying via the lockbox: Include a copy of the balance spreadsheet referenced above with your check or money order.
- 19. Lockbox address: IPFCF, Drawer 478, Milwaukee, WI 53293-0001.
- 20. Lockbox payments should show on the portal within 3-5 business days after receipt in the lockbox.
- 21. Please contact our support team at 608-707-5481 or <u>OCIIPFCF@wisconsin.gov</u> for further assistance.



IPFCF – Provider Portal – Paying for Providers Not Linked or Linked After Invoices Generated

The instructions in this document outline the steps to take to make payments in the Provider Portal for providers not linked to your group account, or providers who were linked to the group account after the invoices were generated.

The system previously only allowed payment in the portal for providers that were linked to the group prior to the invoices being generated. External users may now pay for any provider in the portal, regardless of if or when they were linked to the group account.

Adding Invoices for Unlinked Providers

- 1. Go to the IPFCF Provider Portal here: <u>https://ipfcfsecure.oci.wi.gov/</u>.
- 2. On the Home screen, click "**\$Billing**".

IPFCF Injured Patients & Families Compensation Fund	Provider Access Portal	區 Affiliations	\$ Billing	Coverage	Correspondence
Home Welcome,					
Quick Links	News and Announcements				

3. You will be brought to the "Billing Statements" screen where all invoices for your group and linked providers will be listed.

S2000000	MAILING ADDRESS FOR LOCKBOX PAYMENTS: IPFCF	DRAWER 478, MILWAUKEE, WI 53293-000	21				
Statements Parameters Transactions							
Billing Statements Select a Statement to View Invoices							
Billing Date	Number of Invoices	Minimum Due	Total Due				
04/01/2025	4	\$976.00	\$976.00				

4. Click the current billing date:

	MAILING ADDRESS FOR LOCKBOX PAYMENTS: IPFCF	: DRAWER 478, MILWAUKEE, WI 53	3293-0001
Balance	Statements	Parameters	Transactions
	Billing State Select a Statement to V	ments /iew Invoices	
Billing Date	Number of Invoices	Minimu	um Due Total Due
10/01/2024	4		
07/01/2024	532		

5. This will bring you to the "Billing Summary" screen. Click "Add Invoices for Unlinked Providers":

Billing Summary - 10/01/2024					
D Total Invoices	Invoice Minimum Due	Invoice Total Due			
L Export Invoices	↓ Export Invoice Spreadsheet	\$ Pay Selected Invoices			
Select All Unpaid Invoices Add Invoices For Unlinked Providers	Show Paid Minimum Show Paid Total K Enter name or account nu	mber Q			

6. Enter the provider's name or IPFCF account number in the search box and click the blue search box.

			Add Ad	Iditional Pro	oviders		
× Enter last	name, company	y name, or account nu	ımber				۹
First Name	Last Name	Invoice Number	Account #	Check Digit	Current Balance	Invoice Min Due	Invoice Total Due
No data to dis	play.						
							Cancel

7. After the provider's account populates in the search box, select the provider's name and click "**Add**".

A A A A A A A A A A A A A A A A A A A			Add Ad	lditional Pro	viders	n an an a' bhann an
× Enter last	name, company	name, or account nu	mber			٩
First Name	Last Name	Invoice Number	Account #	Check Digit	Current Balance Invoice Min Due	Invoice Total Due
No data to dis	play.					
						Cancel Add

8. After you click "Add" the provider's invoice will show with the other linked providers' invoices in the Billing Summary screen. You can then select the provider's invoice as you would with the other providers who were already linked to your group.



IPFCF – Provider Portal – Billing Instructions (Individual Providers)

The instructions in this document outline the procedure for individual providers to access and pay IPFCF invoices. These are generally for providers who are NOT linked to a group or employer. If you are linked to a group or employer, please check with your employer prior to submitting any payments.

- 1. Login to the Provider Portal using your IPFCF account number.
- 2. Click "Billing"

	Provider Access Portal		
Injured Patients & Families Compensation Fund		E Affiliation \$ Billin	ng 🕒 Coverage 🛛 Correspondence

- 3. You will be brought to the "Invoices" screen.
- 4. To view the invoice, click the blue hyperlink for the invoice under the current billing date.

	MAIL	ING ADDRESS FOR LOCKP	DX PAYMENTS: IPFCF: DRAW	/ER 478, MILWAUKEE, WI 53	293-0001	
	Invoi	ces		Tra	nsactions	
			Invoices			
Show Pai	d Minimum		Pay Latest Invoice	Shov	v Paid Total	
Invoice Date	Invoice Number	Current Balance	Unapplied Payments	Invoice Minimum Due	Invoice Total Due	Payment Status
04/01/2025	PCF73306					New

- 5. This will bring up a document viewer box where you can download and/or print the invoice for your records. This is not a required step for payment.
- 6. If paying via the lockbox (paper check or money order), print a copy of your invoice to submit with payment. Online payments start at step 9.
- 7. Submit a copy of this invoice with your payment to the lockbox.
- 8. Lockbox address: IPFCF, Drawer 478, Milwaukee, WI 53293-0001.
- 9. Lockbox payments should show on the portal within 3-5 business days after receipt in the lockbox.
- 10. If paying online (ACH or credit card), click "Pay Latest Invoice".

11. If paying the total due, move the toggle under "Pay Total?". If paying the minimum, leave the toggle as is. Defaults to paying the minimum amount.

Review Invo	ices to Pay				Select Payment
Date 🌲	Name 🌲	Account Number 🌩	Minimum Due 🌲	Total Due 🌲	Pay Total?
2023-10-01					
Payment Amount					
					Continue Payment

- 12. Please note: You can only pay the minimum or the total amount due via online payments.
- 13. When ready to move forward with payment, click "Continue Payment".

Review Invoid	es to Pay			· · · · · · · · · · · · · · · · · · ·	Select Payment
Date 🌲	Name 🌲	Account Number 🌩	Minimum Due 🌲	Total Due	Pay Total?
2023-10-01					
Payment Amount					Continue Payment
					Continue Payment

- 14. This will bring up the payment information window. You will need to enter your email address (for receipt), select payment method (New Card Account or New Bank Account), the credit card or banking information, and the billing address.
- 15. Select "I agree to the Terms and Conditions".
- 16. Review payment information and click the orange "Pay \$AMOUNT PAID" box.
- 17. If the payment is successful, you will receive a receipt at the email address provided. If unsuccessful, you will receive an error message right away.
- 18. Online payments should be shown on the portal within 3-5 business days after receipt.
- 19. Please contact our support team at 608-707-5481 or <u>OCIIPFCF@wisconsin.gov</u> for further assistance.



IPFCF - Resolving a Financial Gap in Coverage History

Do you have a line in your Coverage History that states "Financial Gap"? This indicates that a period was not paid for by the due date. You have two (2) options to resolve the financial noncompliance.

Exemption:

If you were not practicing at that time, or otherwise qualify for exemption, you will need to file an exemption to address the period of financial noncompliance. Please use the instructions starting on page 14 of the Provider Portal guide to file an exemption: <u>https://oci.wi.gov/Documents/Funds/IPFCFProviderPortalGuide.pdf</u>.

<u>Retroactive Coverage Request – Filing:</u>

If you were practicing and need to reinstate coverage for the time, you will need to file a Retroactive Coverage Request. Please follow these step-by-step instructions to complete a Retroactive Coverage Request.

- Go to the Provider Portal and login to your account.
- Click Coverage.
- If you are an individual provider, the history screen displays immediately.
- If you are a group/employer account, click "View Entity Coverage" to display the history screen.
- Click "File Retroactive Coverage".
- Read the instructions that start under "Request for Retroactive Coverage".
- Enter all required information under "Enter Retroactive Coverage Information".
- Enter the dates of the financial gap in the Noncompliant Periods and click "+ Add New".
- Enter your explanation in the box available and then click "Review and Print".
- You will now need to print the form, have the form notarized, and return the completed and notarized form to the Financial Specialist, Trina Schwartz:
 - Email: trina.schwartz@wisconsin.gov
 - Mail: Injured Patients and Families Compensation Fund P.O. Box 7873 Madison, WI 53707-7873

<u>Retroactive Coverage Request – Review and Approval:</u>

The request will be reviewed by the Financial Specialist. If your form is complete, DSPS will be notified that you have taken the steps necessary to address the noncompliance. The request will be reviewed by the Legal Committee at their next quarterly meeting. The Legal Committee meets in February, May, August, and November. The provider will be notified by the Financial Specialist of the decision following the Fund Director's review or the Legal Committee's meeting. If approved, a retroactive billing statement will be sent that must be paid by the due date listed to obtain the retroactive coverage.