“THIS IS HOW WE DO IT”

Three state compensation programs (small, medium, and large) present their process for moving a claim through their system. This session focuses on what happens to a claim once it arrives, where it goes from there, who handles what, how work is reviewed and quality maintained, and how decisions are made in the most accurate and fair way possible.
Wyoming’s Crime Victims Compensation Program

A “Small” State’s Process
Wyoming Statute
W.S. 1-40-101 through 1-40-119

"Crime Victims Compensation Act"
WY’s Crime Victim Compensation

▪ Mission: To assist crime victims with out-of-pocket expenses incurred due to crime

▪ Program was established in 1985 for victims who have sustained actual physical harm or actual mental harm because of the criminal act perpetrated against them
Victim Service Providers in Wyoming

- 24 DV/SA providers - 1 in each county and 1 on the WRIR
  - 6 of the programs are “Dual DV/SA - VW Programs”
- 12 V/W programs in Prosecuting Attorney's Offices
- 11 V/W Programs in Law Enforcement Agencies
- 2 Independent V/W Programs (Teton & Goshen County)
- 1 DOC and 1 BOP
- 5 CASA Programs
- 3 Child Advocacy Centers
- 3 SANE Programs
- 1 Family Justice Center
Compensation Statistics

• During SFY 2019, 947 claims were received in our office
• 884 claims approved (93 % approved)
• $1,457,817.48 was paid out to crime victims injured in Wyoming
• Largest categories:
  • Medical = $979,428.24
  • Mental Health = 314,476.79
Wyoming’s Process In A Nutshell

Claim received in office via mail or fax
(Typically compiled by advocates working directly with the victim/claimant)

(No online submission process yet)

Admin Staff Reviews Application for Completeness
Enters data into CCVC system (Genoa Group)

Completed Claims forwarded to Claims Analyst for review of eligibility
Denials or Reductions forwarded to Director for final review
Wyoming’s Process In A Nutshell

Approved Claims sent Letter of Approval and Eligible Expenses (Copy of letter to Advocate who submitted)

Denied or Reduced Claims sent letter explaining reason and appeal process
Hearing by phone on appeals

As bills come in they are analyzed by the Claims Analyst and processed for payment by Fiscal. EFT or Check
Receive, Intake, & Data Entry
- Date stamped
- Placed in queue
- Sorted
- Assigned for data entry
- Data entered
- (New Applications) Assigned a claim number and claims analyst

Review
- Documents received were complete
- Requests for additional documentation are sent
- Qualifications pursuant to statutes and rules are met
- Cooperation is verified with proper authorities
- Judicial update is completed for restitution purposes

Determination
- Notice of Eligibility
- Denial recommendation forwarded to management for approval
- Notice of Ineligibility with Notice of Rights
- (Bills) Payable or Not Payable

In FFY 2017-18, Florida processed 17,351 applications and paid $15,791,396. The Bureau has two offices; one in Tallahassee and one in Tampa. There are 68 employees when fully staffed which consists of 7 managers, 30 claims analysts, 18 administrative support, 7 call center analysts, 3 program specialists, 2 government analysts, and 1 developer.