WCB eHealth Services

User Guide

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WCB
Workers Compensation
Board of Manitoba

eHealth Portal User Guide

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Introduction to eHealth Portal

The eHealth Services for Physiotherapists Portal (eHealth Portal or Portal) is a web-based application that is used by certain healthcare providers (physiotherapists and athletic therapists) to submit reports and invoices to the WCB.

Providers that decide to sign up for the eHealth Portal will be required to meet the following criteria:

- ✓ Operate a therapy clinic or private physiotherapy or athletic therapy practice.
- ✓ Have an active WCB Provider Account.
- ✓ Offer services provided by therapists that are registered and in good standing with their appropriate registering body (i.e., College of Physiotherapists of Manitoba or Manitoba Athletic Therapists Association).

Benefits of Using the eHealth Portal

Some of the benefits to the physiotherapy and athletic therapy providers that use the eHealth Portal are:

- ✓ Faster payment processing
- ✓ Automatic billing when reports are submitted
- ✓ Access to better and more timely payment information

eHealth Portal Access

The eHealth Portal is usually available 24 hours a day, seven days a week. Registered users can login at http://www.securewcb.mb.ca/. *(Bookmark this link for quick access).*

Enter the User ID provided by the WCB. Use the temporary password in your "Welcome to WCB Online Services" email (you can copy and paste it onto the login page).

The first time you log in you will be required to:

- ✓ Change your password
- ✓ Select and provide answers with hints to three (3) security questions
- ✓ Accept the WCB Terms and Conditions regarding the use of online services with the WCB.

Use the 'Forgot Your Password' to reset your password.
Use the 'Forgot your User ID' to receive information about your User ID.

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See table below for your password criteria

Your Password….	Your Password **Cannot**…
• Must be between 10 and 16 characters in length • Must be different from the previous 4 passwords you have used for WCB online services • Must contain a combination of at least two alphabetic, numeric, or special characters (i.e. 12345a,pswd#r, etc.) • Can be mixed case (i.e. A and a)	• Be equal to patterns consisting of 6 keys in a row on the keyboard (i.e. qwerty, asdfgh, etc.) or their capitalizations or shift representations • Contain more than 3 identical consecutive characters in any position from the previous password • Contain more than 2 consecutive identical characters. • Contain spaces

Security of Private Information

The eHealth Portal contains confidential personal and medical information protected by Manitoba's *Personal Health Information Act and Freedom of Information and Protection of Privacy Act.* The WCB protects this information through their WEB Security Policy.

Only authorized registered users for your organization will be able to view information created by your organization.

System Requirements

Although you may be able to access the eHealth Portal through any internet connection, we have verified it works the best with the following:

- A PC with Windows
- Browser Microsoft Internet Explorer or Google Chrome with:
  - JavaScript enabled
  - Cookies enabled (Note: The Portal only uses session cookies - no application information will be stored on your hard drive without your consent.)
  - Autofill features shut off in browser settings.
    If some fields within the Portal attempt to autofill, please refer to Appendix A - Disable Autofill Settings for instructions to disable your browser autofill settings.

While there is no minimum internet connection speed required, faster connection speeds will provide better performance.

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User Capabilities

To register for the eHealth Portal, each clinic must assign the role of Administrator to someone with the authority to determine user access for your clinic (ex. Owner or Office Manager). Only Administrators can request that the WCB add, change or remove user access or capabilities.

The Administrator will determine which capability each user will be assigned based on their job function within the organization. The capability allows/restricts access to specific Portal functions.

The table below describes each capability and the associated functions that can be performed.

Portal Capability Name	Description
Accounting / Invoicing	✓ Submit invoices for visits and sundry items ✓ Report overbilled items (overpayments) ✓ View clinic's current and past invoiced items and details of their payment status ✓ **Cannot view, create or submit reports**
Maintain Patient Reports	✓ Create, complete and view (not submit) patient reports and consultation requests ✓ View claim-level recorded visits and sundry submissions ✓ **Cannot view most invoice details** *** Treating therapists should submit their own reports. **
Maintain and Submit Patient Reports	✓ Same access as "Maintain Patient Reports", plus submit completed patient reports *** Treating therapists should submit their own reports. **
Clinic Owner/Manager	✓ Full access to all eHealth Portal views and functionalities

eHealth Portal Features

The following items can be created and submitted via the eHealth Portal, **provided a claim has already been reported**:

- Initial and Progress/Discharge Reports[1]
- Invoices for Visits/Treatments[2]
- Invoices for Acupuncture Treatments
- Requests for Additional Treatments or Multi-Site Visits
- Requests for Consultation with a WCB Physiotherapy Consultant
- Reports of Overpayments (invoice errors)
- Invoices for Narrative Reports, Phone Consultations and Sundry Items

The Portal also displays current and historical account payment information to those with appropriate access.

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[1] Narrative Reports cannot be submitted via the eHealth Portal at this time.
[2] Visits with a Northern Differential Fee cannot be submitted via the eHealth Portal at this time.

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eHealth Portal Application Map

This eHealth Portal Navigation Map provides an overview of the Portal's menus and functions.

(Access to these menus and functions will depend on the capabilities assigned to you at the time of registration.)
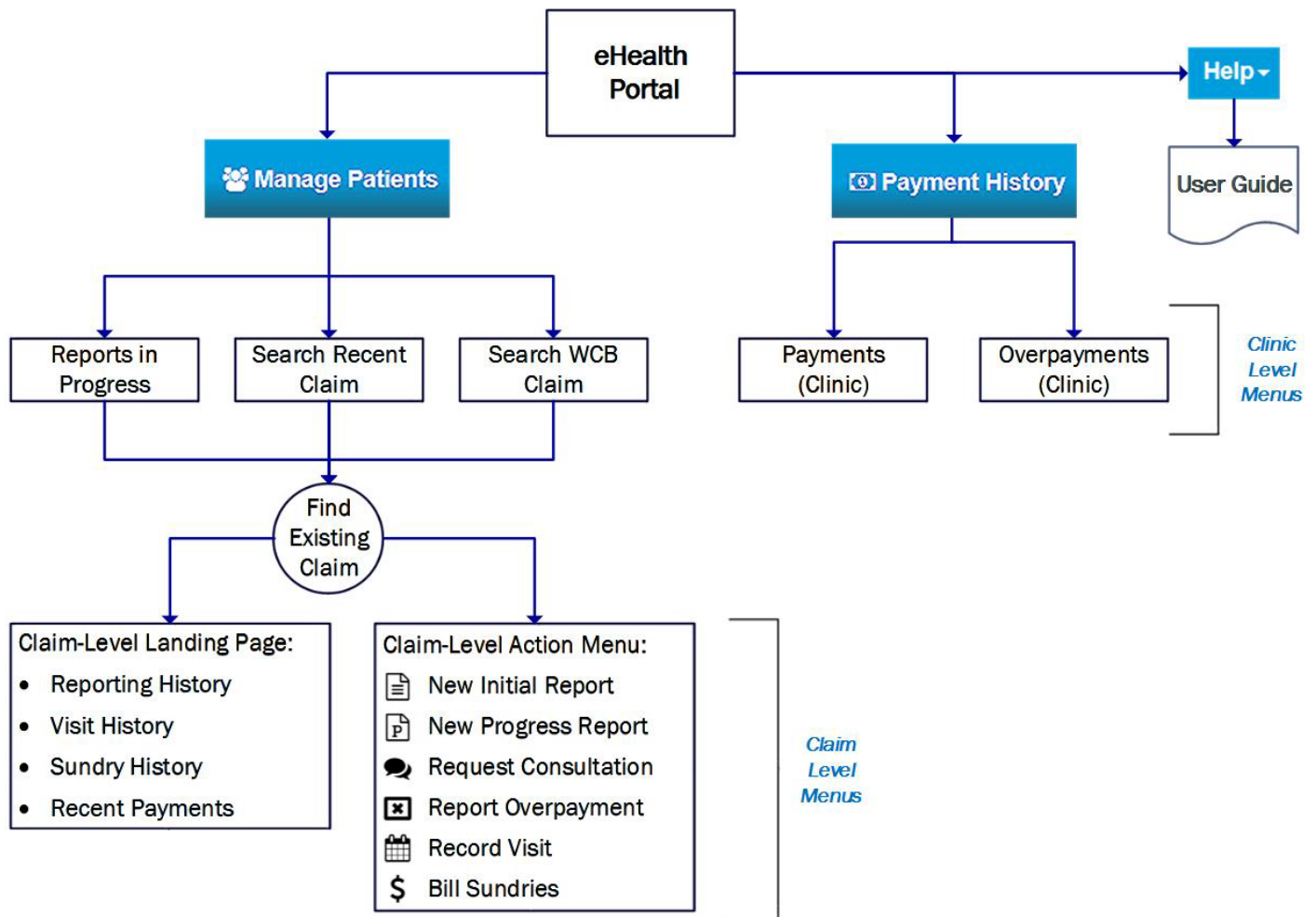
Note!
The eHealth Portal only accepts submissions on reported claims.

Submitting Reports and Invoices

To submit reports and invoices, you must first <u>find the worker's claim</u> using the Search Recent Claim or Search WCB Claim feature (the eHealth Portal only accepts submissions on reported claims). Click on the hyperlink which will take you to that claim's landing page.

From here, depending on your assigned capabilities, you may be presented with some or all of the following menu options:

📄 New Initial Report

📝 New Progress Report

💬 Request Consultation

✖ Report Overpayment

📅 Record Visit

$ Bill Sundries

The eHealth Portal takes into consideration most scenarios and automatically creates invoices based on your submissions:

A Portal Submission for …	Creates Invoices for …
Initial Report	☑ Initial Report Fee ☑ Initial Visit ☑ Acupuncture Tray Fee (If Applicable)
Progress/Discharge Report	☑ Progress/Discharge Report Fee
Progress Report with Request for Additional Treatment	☑ Request for Additional Treatment Report Fee
Subsequent Visit	☑ Follow Up Visit
Subsequent Visit with Acupuncture	☑ Follow Up Visit ☑ Acupuncture Tray Fee
Multi-Site Visit	☑ Follow Up Visit ☑ Multi-Site Treatment Fee
Multi-Site Visit with Acupuncture	☑ Follow Up Visit ☑ Multi-Site Treatment Fee ☑ Acupuncture Tray Fee
No Show or Cancellation	<Not Applicable>
Sundry Items	☑ Each sundry item

Request Workers to Report a WCB claim

The eHealth Portal will only allow you to submit reports and invoices on reported claims. It is suggested that you ask the worker have their WCB claim number prior to their appointment. Once the claim is started, submissions through the Portal can begin.

If a worker needs to report a claim, advise them to call the WCB at 204-954-4321, or toll free at 1-855-954-4321 (8:00 a.m. to 7:00 p.m., Monday to Friday), or report online here.

For additional information on reporting an injury, click here.

To report a claim,
call 204-954-4321
or toll free
1-855-954-4321.

Require Assistance?

For **eHealth Portal-related questions and technical support** contact the WCB Service Desk:

- By email at ServiceDesk@wcb.mb.ca
- By phone at 204-954-4321 ext. 4573 (toll free 1-855-954-4321 ext. 4573)
  Monday to Friday, 8:00 am to 7:00 pm.

For any **claim-related questions**, contact:

- The assigned WCB Claim Owner.
  Note: Current contact information is
  displayed on the eHealth Portal.

WCB Claim Contact:	Chris Test
WCB Contact Phone:	(204) 954-4321
Toll Free Phone:	1-855-954-4321

OR

- The Claims Service Centre by phone at 204-954-4321 (toll free 1-855-954-4321)
  Monday to Friday, 8:00 am to 7:00 pm

Important eHealth Portal Best Practices

Manage eHealth Portal Access

Follow these suggested business practices to maintain security within your organization:

- The designated Administrator(s) for your clinic are responsible for registering and maintaining eHealth Portal access for all users in relation to your WCB Provider Account. Therefore, ensure you assign the role of Administrator to someone with the authority to approve and oversee access for your clinic (ex. Owner or Office Manager).

- To register for the eHealth Portal, the Administrator will complete the eHealth Services Registration Form and email to ServiceDesk@wcb.mb.ca.

- Once registered, verify all of the users for your clinic received their login information, could successfully login to the eHealth Portal, and their capabilities are correct.

- Ensure the Administrator is diligent about requesting user access changes, as required. To authorize access for new users or modify/remove access for existing eHealth users, complete the eHealth Services Update User Access Form and email to ServiceDesk@wcb.mb.ca.

> **It is very important to have user access removed when an employee/therapist leaves a clinic.**

- Do not permit or endorse sharing User ID's between staff. The user who is signed in at the time of a submission is ultimately responsible for the contents of that submission.

> **Users should not share their login information with others, even those working at the same clinic.**

Transitioning from Paper to eHealth Portal

A few suggestions we can offer for helping you transition to submitting your reports and invoices on the eHealth Portal:

- If you have started any manually-written (paper) reports, complete them and submit via mail, fax or courier. Make sure you invoice for the associated report fee or initial visit using the same method.

- Paper invoices already submitted to the WCB will be processed in due time. Do not resend any invoices through the Portal. This will only lead to delays in processing and increased risk of overpayments.

- Within a relatively short period of time, your practice should move to using the Portal for submitting all of your reports and invoices. Using two methods for providing reports and invoices will cause confusion.

- Treating therapists should be submitting their own reports to the WCB via the Portal. The submitter needs to acknowledge they agree with the content in the report in lieu of a signature. The User ID of the person submitting appears on the report as well.

Check the eHealth Portal Regularly for WCB Report Requests

Once registered for the eHealth Portal, all WCB requests for reports will be sent via the eHealth Portal and displayed on the "Reports in Progress" page. No other notifications will be made. Therefore, it is important that the eHealth Portal be accessed regularly - we suggest daily.

Maintain the "Reports in Progress" by deleting any requested reports that will not be completed and submitted to the WCB. You will be prompted to select a reason for deleting the request.

Save Your Work

Please save your work before leaving your workstation or closing the application.

After 30 minutes of inactivity, the eHealth Portal will automatically log you out. If you were in the middle of completing a submission including Request Consultation, Report Overpayment, Record Visit, Bill Sundries, the information you entered will not have been saved.

Initial Reports and Progress Reports auto-save every time you navigate from one tab to another within the report. You can also click 💾 Save at any time to save the information you have entered on the report.

Once logged out, you will be redirected to the Online Services Home Page to enter your User ID and Password.

Avoid Bundling or Batching Invoices

In order to ensure you reap the benefits of getting paid quickly for eHealth Portal submissions, it is suggested that you submit invoices as close to the time of the visit as possible. Batching and submitting invoices on a bi-monthly, or monthly basis will impact the processing time of your payment request which could result in a delayed payment.

Retain and/or Print Copies of Submitted Reports

While the eHealth Portal attempts to retain copies of reports you create, there may be circumstances where reports submitted cannot be accessed through the Portal. That is why it is important that you establish a process to keep copies, paper and/or electronic, of all the eHealth reports you submit in your own file retention system.

Once the report is submitted successfully, the report preview appears. (To access reports you have already submitted, go to the Claim-Level Landing Page. In the Report Type column, click on the "submitting" or "submitted" report you want to print or save. A new tab will be created in your browser previewing the report.)

From the report preview, click [🖶 Print] at the top, right-hand corner of the window. The Print menu will open. From there you can save and/or print the report:

- To **save** an electronic copy of the report for your records (***recommended***):
  - Select PDF Printer (e.g. PDF Printer or PDF Printer) as the "Printer" or "Destination"
    - If the "PDF Printer" does not display as an option, you can download and install one from the internet, or you could print a hard copy of the report and scan it onto your computer.
  - Click Print.
  - A "PDF Printer" pop-up window will appear. Click "Browse" and:
    - Select the location where you want to store the report on your computer or network.
    - Modify the file name. Every saved report defaults to the same file name, so if you do not it, it may overwrite previously saved reports.
      We suggest including the name of the patient and the date of the report in the file name (e.g., *Ima Worker - WCB Initial Report 01-01-2019).*
- To **print** a paper copy of the report, ensure the correct printer is selected, then click "Print".

If you are printing or saving reports and they do not have the same format or look as the print preview, check your computer's print settings.

Historical Dates on the eHealth Portal

Initial Reports and Initial Visits with a service date of May 1, 2016 or later can be submitted on the eHealth Portal.

Progress/Discharge Reports and all other visit types can be submitted with service dates within one year of the current date.

If you have older submissions, please submit them through traditional methods (fax, mail or courier).

Up to three (3) calendar years of historical eHealth Portal submissions and payment information can be viewed on the Portal.

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Common Symbols and Icons

Common symbols and icons within the eHealth application and their purpose:

🔍	Search by the criteria specified.
⟳	Clear the search criteria specified.
⤡	Collapse (hide) the left side-bar menu.
⤢	Expand (view) the left side-bar menu.
↕	Sort the list based on the attribute in that column, either ascending or descending.
⬆	List is in ascending order based on the values of that column.
⬇	List is in descending order based on the values of that column.
←	Close the current window and go to the previous window.
→	Proceed to the next window (reports).
#	Enter a WCB Claim Number to find a specific claim (8 digits).
⌄	Drop down list to select from.
❶	Hover mouse over icon to display additional information.
AB, 12	Blue text denotes a hyperlink to the specific claim or submission.
📄	Create a new Initial Report.
P	Create a new Progress Report/Discharge Report/Application for Additional Treatment.
💬	Request to speak with a WCB Physiotherapy Consultant.
⊠	Report overpayment or invoice errors.
📅	Submit visit details.
$	Submit an invoice for phone consultations, narrative reports or approved equipment.

eHealth Portal User Guide

Common Symbols and Icons

Common symbols and icons within the eHealth application and their purpose:

🗑	Delete an item that has not been submitted to the WCB (i.e. "In Progress").
🔓	Unlock a report that is "in edit" by another user (Reports in Progress/Reporting History).
💾	Confirm, Save or Submit the information entered on the page.
✖	Cancel out of a new user-generated report; do not save any changes.
↗	Save and exit out of the report.
💬	Submitted report contains request to speak with a WCB Physiotherapy Consultant.
⊞	Submitted Progress Report contains application for additional treatment.
↪	Submitted Progress Report has indicated a discharge from treatment.
🗋	Reflects the reason provided for a visit "Cancellation" or "No Show" (Visit History).
▣	Hide Payment History search criteria.
⊟	Reveal Payment History search criteria.
⬇	Download Payment History search results.
✚	Reveal Overpayment recovery transactions.
➖	Hide Overpayment recovery transactions.
📄	Access resources including eHealth Services User Guide and FAQs (Help Menu).
❓	Access eHealth Services contact information (Help Menu).
👤	Access My Profile (User Name)
⏻	Log Off (User Name)

eHealth Services Home Page

Once you have registered for online access and have successfully logged into WCB Online Services, you can access the eHealth Portal "**eHealth Services for Physiotherapists**".
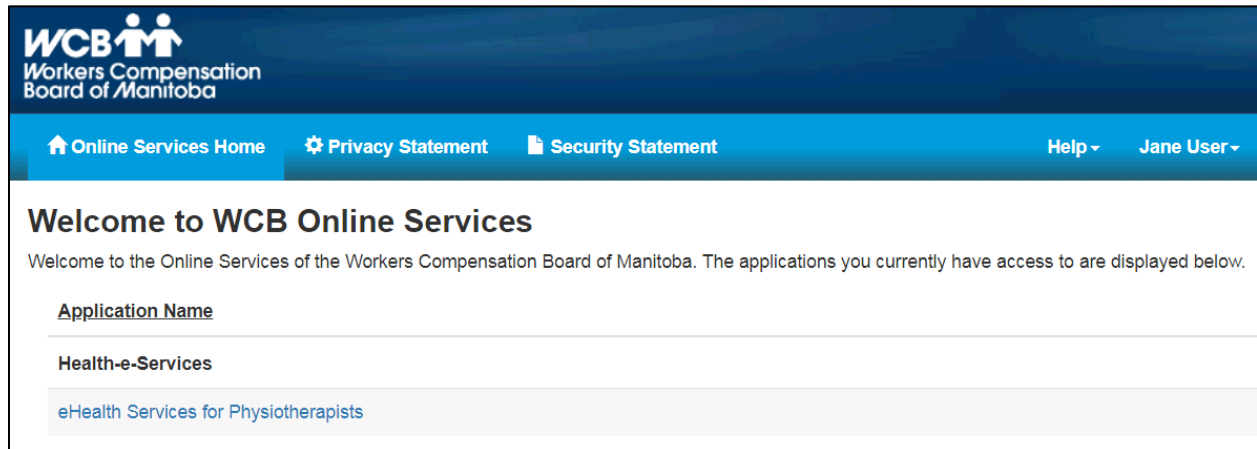
If you have access to multiple accounts (i.e. locations), there will be a list to choose from. Select the appropriate account by clicking on the "Access Point #" (or account number) link. If you only have access to one account, you will be automatically directed to the eHealth Services Home Page.

The name and location of the clinic you are representing is displayed in the header.
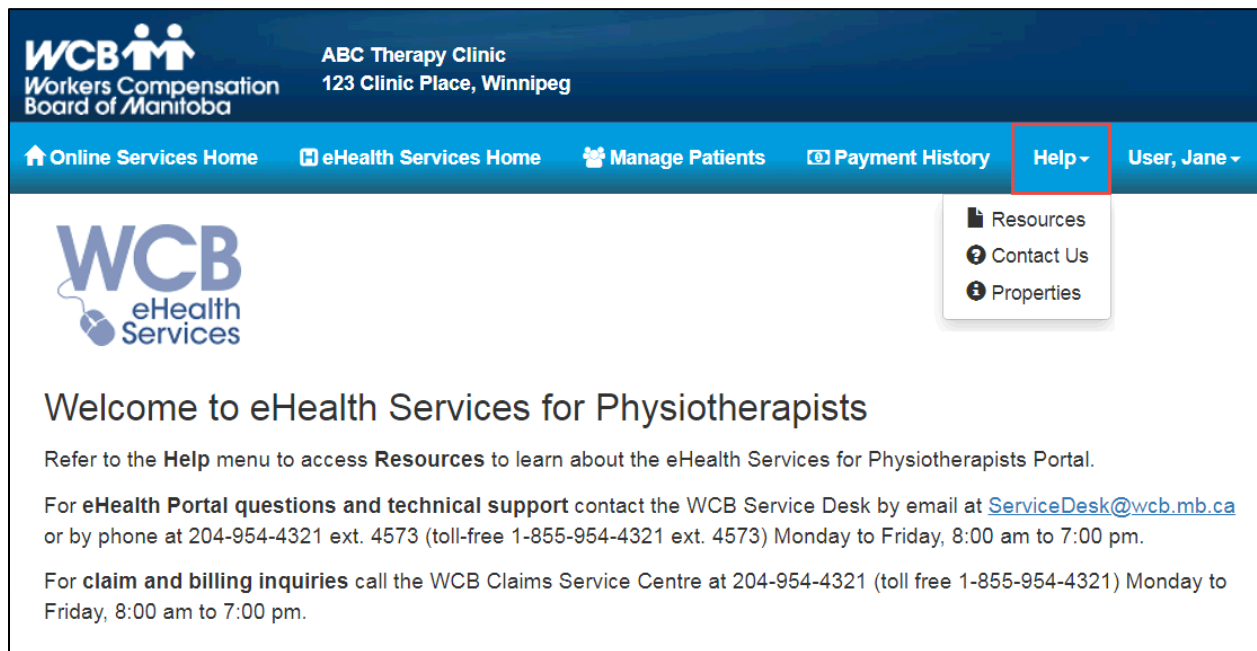
Click on your name on the right side of the menu bar to ⏻ Log Off or access 👤 My Profile to view your User Information, Security Questions and Application Access.
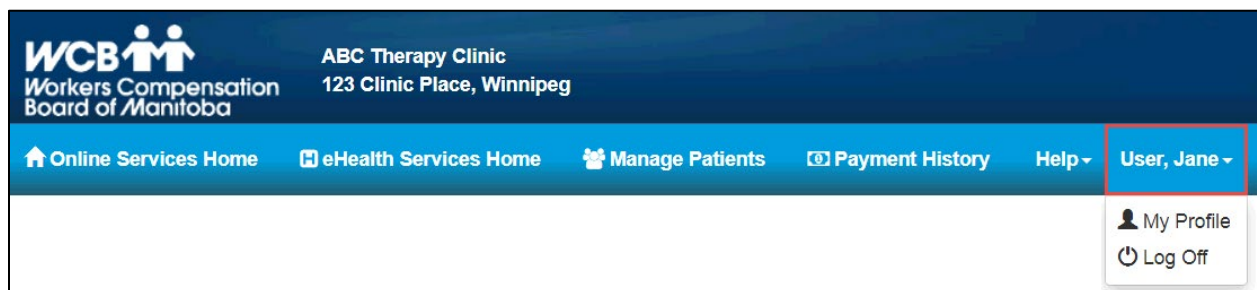
Click the Help menu to access ▤ Resources to learn about the eHealth Services for Physiotherapists Portal. A new tab will be created in your browser where you can view the eHealth Services User Guide and Frequently Asked Questions (FAQ) documents.

To locate eHealth Services contact information, refer to the eHealth Services Home page. You can also click the Help menu ❓ Contact Us option. A new tab will be created in your browser where you can view the eHealth Services contact information on the WCB website.

On the eHealth Services Home Page, you will see either one or two menu options for accessing the eHealth Portal, based on the type of access you have been assigned by your Administrator. These options are "*Manage Patients*" and "*Payment History*".
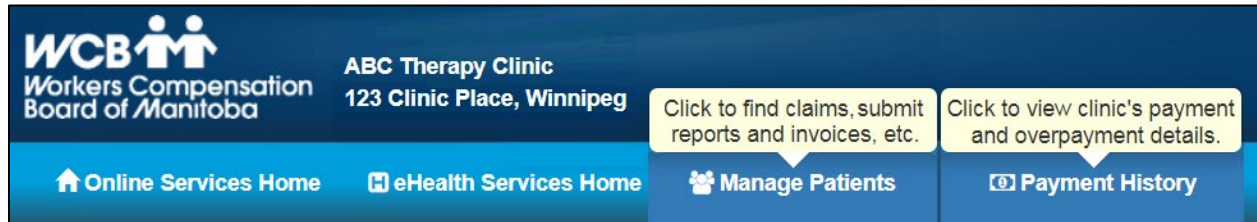
"*Manage Patients*" is where you can access information on specific claims.

The menu options available to you will depend on the security access you have been assigned:
- View Reports in Progress, including reports requested by the WCB
- Search Recent Claim and Search WCB Claim
- Create and submit reports
- Invoice for visits/treatments
- Request a consultation with a WCB Physiotherapy Consultant
- Report overpayments/invoice errors
- Invoice other items (i.e., phone consultations, narrative reports and home therapy equipment, etc.)

"*Payment History*" is where you can view payment information for the clinic.
- Search/view the status of invoices with the WCB.
- Search/view overpayments applied to your account and the status of any recoveries made.

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Manage Patients Menu
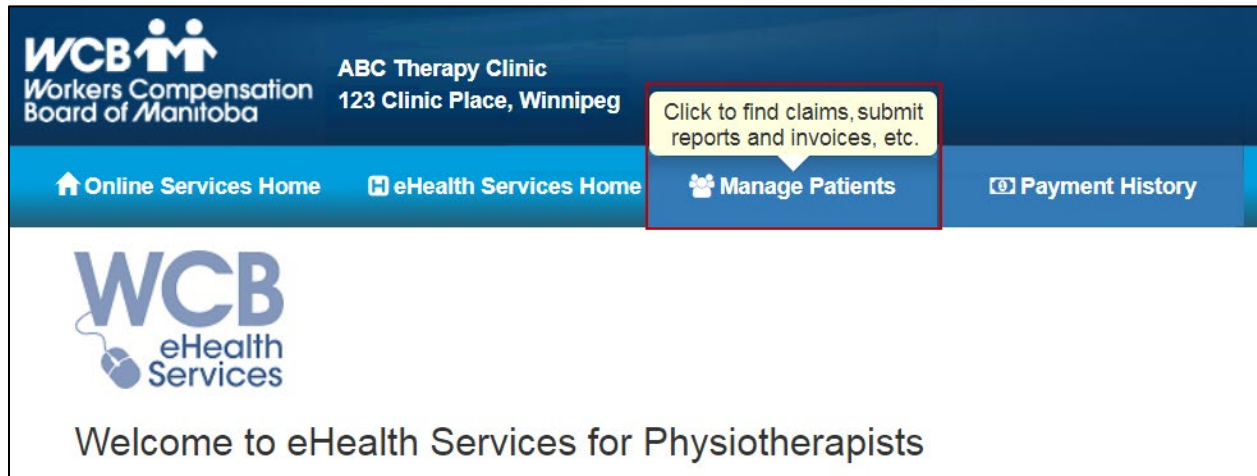
The *Manage Patients* menu (above) allows practitioners to access specific claims they need to work on, or claims they have worked on in the past.

There are three different tabs under the *Manage Patients* menu that will help you locate the claim you are looking for: Reports in Progress Tab, Search Recent Claim Tab and Search WCB Claim Tab.

The WCB takes the protection of personal and private information seriously.

eHealth Portal usage will be monitored to ensure it is appropriate.

Reports in Progress Tab

The Reports in Progress Tab displays Initial Reports and Progress/Discharge Reports that have been created at the clinic, or requested by the WCB, but have not yet been completed or submitted to the WCB.

- You can also search for a report by using the worker's WCB Claim Number, or by their last name, first name or "Last Saved By" option.
- The information that appears can also be alphabetically or numerically sorted by any one of the columns by clicking ⇅.
- The status of the report will reflect the stage of the report:

Draft	Created, not completed or submitted (option to delete).
In Edit	Currently open (locked) by another user.
Requested	The report has been requested by the WCB (option to delete).

A report remains "In Edit" as long as a user has not exited/saved the report. However, the following day it will be available for other users to unlock/reset the document and return the report to "draft" status by clicking 🔓.

Once registered for the eHealth Portal, any WCB requests for reports will be sent via the Portal and display on the Reports in Progress page. You will not receive any notification that a request has been made. Therefore, it is important that someone at the clinic reviews the Portal regularly (suggested daily) to see if any report requests have been made.

To access the worker's claim, click on the Claim Number hyperlink which will take you to that claim's landing page.

Search Recent Claim Tab

The Search Recent Claim Tab allows you to quickly search for claims with past activity at the specified clinic location:

- Search for claims with activity within the specified time period, from the past 15 days up to the past three (3) years.
- You can narrow down the search by adding the patient's first and/or last name.

The search results will include claims with eHealth Portal activity/submissions and payment/overpayment activity within the time period selected.

To access the worker's claim, click on the Claim Number hyperlink which will take you to that claim's landing page.

Search WCB Claim Tab

The Search WCB Claim Tab allows you to search the WCB's database for a reported claim:

- If the worker provides their claim number, it can be entered to quickly access their claim information. **No other search criteria is required when searching by claim number.**
- If the worker has reported a claim but does not have their claim number, search for it using the worker's last name, year of birth and date of incident. The results will be more specific if you add the worker's first name and gender.

Note: Claims within 14 days of the date of incident entered will be reflected in the search results. If your search returns more than one claim, verify the worker information to select the appropriate claim.

To access the worker's claim, click on the Date of Incident hyperlink which will take you to that claim's landing page.

The eHealth Portal will only allow you to submit reports and invoices on reported claims.
If the worker has not reported a claim, but was injured in the course of their employment, encourage them to contact the WCB. Please refer to the Request Workers to Report a WCB claim topic for additional information.

Claim-Level Landing Page

Once you have selected a worker's claim in the eHealth Portal, you have access to view past submissions and create new submissions on that claim, depending on your security access.

There are tabs on the landing page at the claim level, and each provides the history and status about submissions made by your clinic:

Reporting History	Visit History	Sundry History	Recent Payments

Reporting History Tab

The Reporting History tab will list any eHealth Portal-generated reports or consultation requests created for that claim. It will reveal the status of that report (i.e., Requested, Draft, In Edit, Submitted) and the user at the clinic who last saved it.

Reports are listed in descending order by the last saved date. This information can be sorted by any of the other columns by pressing the ⬍ button within the desired column heading.

A report remains "In Edit" when a user has not exited/saved the report. However, the following day it will be available for other users to unlock/reset the document and return the report to "draft" status by clicking 🔓.

Reports in Requested or Draft status can be deleted from the Portal by clicking 🗑. The report will display for your review.

If the report was originally requested by the WCB, you will be prompted to select a Reason from the drop-down menu:

Delete Confirmation

Reason for deleting request?	--Select-- ▾
	No updated medical information to report
	Not our patient
	Report previously submitted
	Other

> *When a Requested report is deleted, a notification is sent to the WCB claim.*

If you do not wish to proceed, click Cancel ⬅ to return to the Reporting History Tab. If you wish to proceed, click Delete 🗑 to permanently delete the report.

Visit History Tab

The Visit History tab lists all visits submitted via the eHealth Portal on your account, on that claim.

No Show or Cancellation visits are also listed here. Although the WCB does not pay for these missed appointments, this information is very valuable to the WCB claim management.

Each Portal-reported visit is listed in descending order of service date. This information can be sorted by any of the other columns by pressing the ⇅ button within the desired column heading.

Sundry History Tab

The Sundry History tab lists all sundry items submitted via the eHealth Portal on your account, on that claim.

Each Portal-reported sundry item is listed in descending order of service date. This information can be sorted by any of the other columns by pressing the ⇅ button within the desired column heading.

Recent Payments Tab

The Recent Payments tab lists all payment items created through your account, on that claim, including those submitted via the eHealth Portal or through traditional submission methods.

Note: If you do not see this tab, your Administrator has not provided you with security access to this information.

Payment items are listed in descending order of processed date, however, you can sort them by any of the other columns by pressing the ⇅ button within the desired column heading.

The status of the payments is considered "real time" in that updates happen regularly throughout the day. Here is what the different status types mean:

Pending	The payment request is in the process of being reviewed.
Approved	The payment request has been approved but payment has not yet been made. It will be paid out on the next scheduled bi-monthly pay run.
Paid	The payment request has been paid. Payment Number and Paid Amount are populated.
Denied	The payment request has been denied by the WCB.
Cancelled	The payment request has been cancelled by the WCB.

"Requested Amount" reflects the amount that was entered by the WCB, and may not reflect an amount you entered in a submission.

The "Paid Amount" is the amount that is actually been paid.

Any difference between "Requested" and "Paid" amounts are the result of the requested amount being reduced by an overpayment on your account.

Note that overpayments are not necessarily recovered from payments being made on the same claim - the recovery can be from any payment item on any claim being paid to your clinic.

Additional overpayment details can be viewed in the Overpayments Tab.

> **Please note that amounts submitted may differ from the amounts that are approved and/or paid**

✦ ✦ ✦ ✦ ✦

There are circumstances where the WCB may pay an invoice under a **different claim number** than the one you made your submission(s) on, including:

- The claim number you used to submit is subsequently merged into another claim number.
    - Other than the claim number, the details for the invoice items should be the same as entered (i.e., your invoice number, the patient's name (same or similar), the service date and type).
- The invoice was processed on an Administrative Claim instead of the original claim number:
    - The status of the submitted invoice will reflect "Cancelled".
    - The Paid Amount can be viewed in the Payments Tab within the clinic's Payment History window as follows:
        - Under the "Invoice Number" column, you should see the patient's name and/or the original claim number and/or your invoice number.
        - The patient's name will be "Admin Costs, Adjudication".
        - The Administrative Claim Number will display (i.e., 210#####).
        - The same service date and service type will display.

Claim-Level Action Menu

From the claim landing page, and depending on your assigned capabilities, you may be presented with some or all of the following menu options:
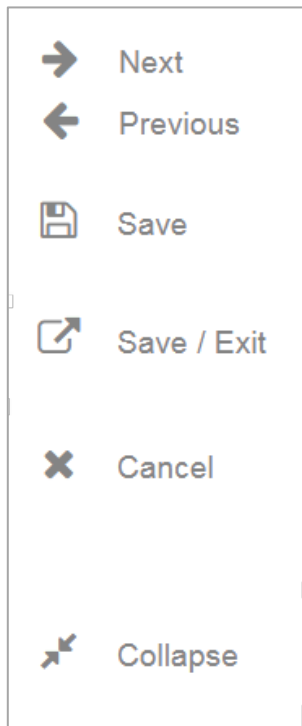
- 📄 New Initial Report
- 📄 New Progress Report
- 💬 Request Consultation
- ☒ Report Overpayment
- 📅 Record Visit
- $ Bill Sundries

New Initial Report

When you select "New Initial Report" from the *Action* menu, a new report is generated. Any information the WCB has already collected will be pre-populated on the report. You should try to obtain any missing information from the worker.

On the left-hand side of the window are navigation buttons.

→ Next
← Previous

Click ➜ Next to proceed through the tabs in sequence, ← Previous to go in reverse order, or simply select any of the tabs by clicking on it.

💾 Save

Clicking 💾 Save will save any information you entered.
The report will also auto-save every time you navigate to a new tab.

⤢ Save / Exit

Clicking ⤢ Save/Exit will take you out of the Initial Report altogether, and any information you entered will be saved.

✖ Cancel

The ✖ Cancel button will display when you initially create a new user-generated report. Clicking ✖ Cancel will take you out of the Initial Report altogether and the report record will not be saved.

↙ Collapse

The ↙ Collapse button will hide the navigation buttons, but they can be revealed again by clicking ↗.

Until the report is completed and submitted, it will remain in Draft status (or In Edit if someone is working on it), and will remain as such in your Reporting History tab. This is where you can access the report to work on it again, or if it was created in error, you can delete it by clicking 🗑.

Each tab contains different aspects of the report:

Worker Information	Employer Information	Incident Details	Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

👥 Manage Patients

The Worker Information tab is the first section (in sequence) of the Initial Report. The information already collected by the WCB will be populated. The required fields are denoted with an * and will need to be provided if they are not already populated. Please complete any other fields with missing information if it is available to you.

The next tab reflects the Employer Information on the claim. Again, the details already obtained from the WCB will be populated and any missing information should be completed if it is available to you.

The Incident Details tab (below) requires you enter a brief description of the workplace incident as described by the worker.

Worker Information	Employer Information	Incident Details	Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Date of Incident:* 01-Mar-2018

Area of Injury:* Lower back

Worker's description of incident or injury:*

2000 characters remaining (2000 maximum)

The top section of the Examination Findings tab (below) is where to include the details of your initial assessment of the worker. In addition to the date of the assessment, you will need to provide the worker's current subjective complaints. If possible, we would like you to complete at least two self-assessment tool scores. You should also indicate if you provided acupuncture as part of the treatment during the initial assessment visit.

Worker Information	Employer Information	Incident Details	Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Date of Initial Assessment:* dd/mm/yyyy

Was acupuncture performed at this visit?* --Select--

Current Subjective Complaints:*

2000 characters remaining (2000 maximum)

Self Assessment Tools Completed (Minimum of 2 preferred)

Numeric Pain Rating Scale: 0-10

Roland-Morris Disability Questionnaire: 0-24

Neck Disability Index: 0-50

Lower Extremity Functional Scale (LEFS): 0-80

Disabilities of the Arm, Shoulder and Hand (DASH): 0-100

Scroll down to the next section of Examination Findings (below) and enter information about the worker's impairments based on your observations and the worker's mobility range(s). Where you indicate "Yes", please provide sufficient details.

Impairments - Current Objective Findings

Observation (swelling, bruising, gait):*	--Select-- ▾	**Specify:** [text box] 512 characters remaining (512 maximum)
Mobility:*	--Select-- ▾	**Specify Values:** [text box] 800 characters remaining (800 maximum)

Further down the Examination Findings page (below) enter the Neurological examination results. For those you conducted, indicate "Yes" and provide all relevant detail around your assessment of those factors.

Neurological

Myotome:*	--Select-- ▾	**Specify:** [text box] 512 characters remaining (512 maximum)
Dermatome:*	--Select-- ▾	**Specify:** [text box] 512 characters remaining (512 maximum)
Reflexes:*	--Select-- ▾	**Specify:** [text box] 512 characters remaining (512 maximum)
Other:*	--Select-- ▾	**Specify:** [text box]

The bottom portion of the Examination Findings page (below) is where to indicate the results of any strength or other tests you performed and the results of those tests.

| Strength:* | --Select-- | Specify: (include functional strength and rating) |
| Special Tests:* | --Select-- | Specify: |

Other remarks:

The first part of the Diagnosis & Treatment Plan tab is where to provide details about your diagnosis and anticipated treatment schedule. An example of a treatment plan would be:

Entry #	Visits per week	Number of weeks
1	3	2
2	2	1
3	1	1

| Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit |

Diagnosis on completion of assessment:*

512 characters remaining (512 maximum)

Anticipated treatment schedule:	Entry #	Visits per week	Number of weeks	Delete
	1			🗑
	2			🗑
	3			🗑

Add Line
Total treatments: 0

The next section under the Diagnosis & Treatment Plan tab is for you to provide information about any home instruction you have provided to the worker.

The following fields are shown:

- **Provide details of home program:** (800 characters remaining (800 maximum))
- **Multi-site request:** --Select--
- **Request consultation with WCB Physiotherapy Consultant?** --Select--

This is also where you can request approval for Multi-site treatments…

- **Multi-site request:** Yes — *A request for Multi-site treatments will be created upon the submission of this report. If the request is approved, this will require scheduling double the normal allotted treatment time.*
- **Number of Multi-site treatments requested:**
- **Rationale for Multi-site request:** (512 characters remaining (512 maximum))

… or request a consultation with a WCB Physiotherapy Consultant.

- **Request consultation with WCB Physiotherapy Consultant?** Yes — *The therapist specified in this report will be contacted within 7 business days after the report is submitted to the WCB.*

Completing the Work Capabilities tab is important as it outlines the worker's restrictions, if any.

If you feel the worker is capable of regular work duties/hours, please indicate that and provide any relevant additional information.

Tabs: Worker Information | Employer Information | Incident Details | Examination Findings | Diagnosis & Treatment Plan | Work Capabilities | Therapist & Additional Info | Review & Submit

- **Current work capabilities as a result of the injury:** Capable of regular work duties/hours
- **Provide additional information/details if required:** (512 characters remaining (512 maximum))

If, in your opinion, the worker is capable of modified work duties/hours, please indicate the details of their work restrictions and how long you believe those restrictions are needed. You can also advise us if there are any extenuating factors influencing this worker's recovery.

If your assessment is that the worker is totally disabled from work, please provide rationale for this based on your findings. Also, indicate how long you believe the worker will be totally disabled from work, and if there are other factors contributing to the prolonging of this worker's recovery.

You will need to provide information about the treating therapist under the Therapist & Additional Info tab.

Treating therapists that submit reports or invoices via the eHealth Portal can be selected from the drop down list for the clinic.

If this is the first Portal submission for a therapist, or it has been some time since that therapist has submitted through the Portal, select "Other" and add all the necessary details.

In addition to the therapist's name, indicate whether they treated the worker as a Physiotherapist or an Athletic Therapist. Also indicate the therapist's Registration Number from their relevant professional organization (required in order to practice in Manitoba):

- Physiotherapists
  - College of Physiotherapists of Manitoba
  - 4 digit number (####)
- Athletic Therapists
  - Certification with the Canadian Athletic Therapists Association (CATA) and
  - Registration with Manitoba Athletic Therapists' Association (MATA)
  - 4 digit number preceded by '2' (2-####)

On the same Therapist & Additional Info tab, provide your invoice number (if available) that is unique to you to help you track your submission, or provide any other information you believe the WCB needs to know about this claim.

Once you believe you have completed the report, go to the Review & Submit tab.

If any required fields have not been completed, errors will appear (below) and will need to be resolved in order to complete and submit the report. Click on an error code to be taken to the page that needs to be completed.

Once all required fields have been completed, the report will display. Review the report contents to ensure they are correct and complete. Navigate back to the previous tabs if any changes are required. To proceed with the report submission, simply check off the Submission Acknowledgement at the bottom of the report and click Submit .

Important!!!

- ✓ Once submitted via the eHealth Portal, a report cannot be retracted or edited.
- ✓ When the Initial Report is submitted, an invoice is automatically generated. for the following items:
  Initial Report Fee, Initial Visit Fee and Acupuncture Tray Fee (if applicable).
  You do not need to invoice for these items.

Note: Please refer to Appendix B - Invoicing for Alternate Therapy for instructions to submit a Hand Therapy Initial Visit & Initial Report.

The submitted report will display on the Reporting History tab. Click on the Report Type hyperlink to view the submitted report. The text you entered is displayed in **bold** font, all other text was pre-populated.

🖶 Print

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333 Broadway, Winnipeg, MB R3C 4W3
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Fax 204-954-4999 | Toll Free 1-877-872-3804
www.wcb.mb.ca

Physiotherapy Initial Report
Claim No. 41020002

Patient Information

Name:	Worker, Ima	Telephone:	**(204) 555-5555**
Address:	555 Worker Blvd	Date of Birth:	**28-Aug-1985**
	Winnipeg, MB **R1A 1A1**	PHIN:	
Job Title:	**Carpenter**	Gender:	**Female**

Employer Information

Name:	XYZ Employer Ltd.
Address:	999 Employer Road
	Winnipeg, MB R1A 1A1

Incident Details

Date of Incident:	01-Mar-2018
Area of Injury:	Lower back

Worker's description of incident or injury:
I lifted a box that was about 25 lbs and felt a sharp pain in my back.

It is highly recommended you save your own copies of all submitted reports as the WCB is not responsible to store submissions created on the eHealth Portal indefinitely. Please refer to the ***Important eHealth Portal Best Practices*** topic for instructions on how to Retain and/or Print Copies of Submitted Reports.

👥 **Manage Patients**

New Progress Report 📄

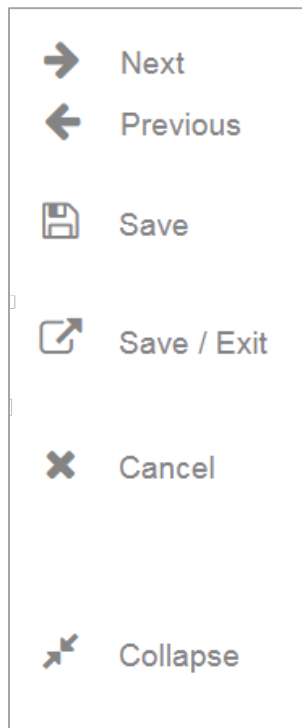When you select "New Progress Report" from the *Action* menu, a new report is generated.

> **Based upon the selected Treatment Plan options,**
> **the report will be submitted as either a**
> **Progress Report, Discharge Report or Application for Additional Treatment.**

On the left-hand side of the window are navigation buttons.

➡ Next	
⬅ Previous	
💾 Save	
↗ Save / Exit	
✖ Cancel	
⤡ Collapse	

Click ➡ Next to proceed through the tabs in sequence, ⬅ Previous to go in reverse order, or simply select any of the tabs by clicking on it.

Clicking 💾 Save will save any information you entered.
The report will also auto-save every time you navigate to a new tab.

Clicking ↗ Save/Exit will take you out of the Progress Report altogether, and any information you entered will be saved.

The ✖ Cancel button will display when you initially create a new user-generated report. Clicking ✖ Cancel will take you out of the Progress Report altogether and the report record will not be saved.

The ⤡ Collapse button will hide the navigation buttons, but they can be revealed again by clicking ⤢.

Until the report is completed and submitted, it will remain in Draft status (or In Edit if someone is working on it), and will remain as such in your Reporting History tab. This is where you can access the report to work on it again, or if it was created in error, you can delete it by clicking 🗑.

Each tab contains different aspects of the report:

Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

👥 Manage Patients
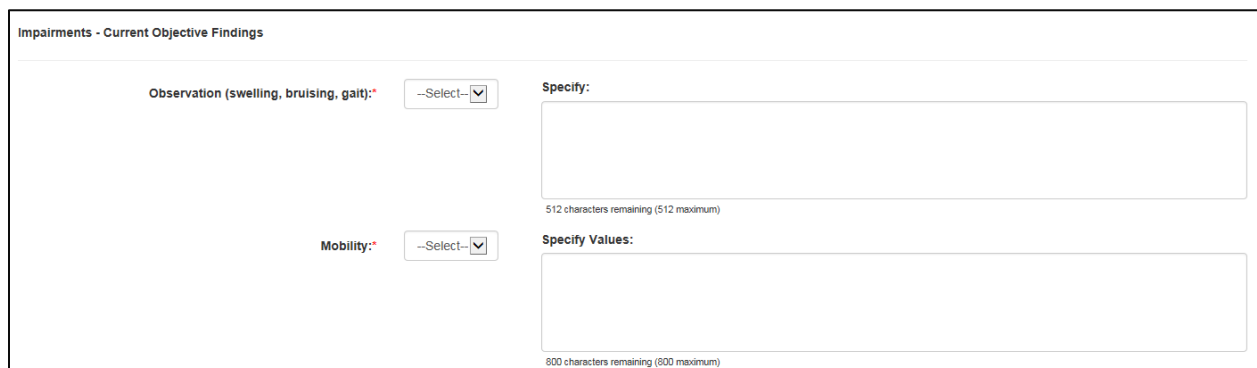
The top section of the Examination Findings tab (below) is where to outline the details of your examination of the worker. In addition to the date of the examination, provide the worker's current subjective complaints. Also, complete at least two self-assessment tool scores.

Scroll down to the next section of Examination Findings page (below) and enter information about the worker's impairments based on your observations and the worker's mobility range(s). Where you indicate "Yes", please provide sufficient details.

Further down the Examination Findings page (below) enter the Neurological examination results. For those you conducted, indicate "Yes" and provide all relevant detail around your assessment of those factors.

The bottom portion of the Examination Findings page (below) is where to indicate the results of any strength or other tests you performed and the results of those tests.

The top part of the Diagnosis & Treatment Plan tab (below) is where to provide any updated details about your diagnosis and treatment plan. The first section of the tab will reflect the last diagnosis you provided. You can either change that diagnosis or confirm it.
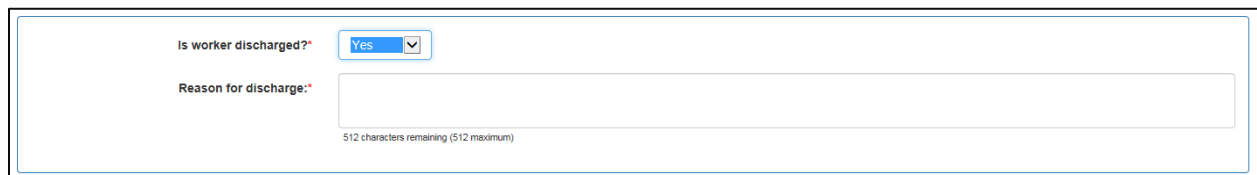
Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Previous diagnosis: Diagnosis

Is there a change in diagnosis?*   Yes

State new diagnosis:*

512 characters remaining (512 maximum)

The next section of the Diagnosis & Treatment Plan tab (below) requests you provide your opinion about whether the recovery progression is satisfactory. If you do not believe the worker is recovering as they should be, please indicate what contributing factors are impeding progress.

Is the recovery satisfactory?*   No

What are the complications/factors impeding progress?*

512 characters remaining (512 maximum)

Proceeding through the Diagnosis & Treatment Plan tab (below), please indicate whether the worker has been discharged from treatment. If they have been discharged, provide the reason(s).

Is worker discharged?*   Yes

Reason for discharge:*

512 characters remaining (512 maximum)

If 'Yes' is selected, the Progress Report automatically becomes a Discharge Report

The Discharge icon ⮕ will display beside the submitted report on the Reporting History tab.

If the worker has not been discharged, confirm whether more treatments will be required than those that have already been approved. For your reference, a list of the worker's most recent 21 (or less) visits will appear.

Note that only eHealth Portal-submitted visits will be reflected on the "Recent visit" list.

An example of additional anticipated treatment schedule might be:

Entry #	Visits per week	Number of weeks
1	1	3
2		
3		

Rationale for requesting additional treatments will also need to be provided.

If 'Yes' is selected, the Progress Report automatically becomes an Application for Additional Treatment.

The Extension Request icon ⊞ will display beside the submitted report on the **Reporting History** *tab.*

If a multi-site treatment is being requested, please indicate that in the applicable section of the Diagnosis & Treatment Plan tab (below). Indicate if this is the first request for approval to provide multi-site treatments or whether this is a request to extend previously approved treatments. Also indicate the anticipated number of treatments and rationale for the multi-site request.

Multi-site request:*	Initial Request ⌄ A request for Multi-site treatments will be created upon the submission of this report. If the request is approved, this will require scheduling double the normal allotted treatment time.
Number of Multi-site treatments requested:*	
Rationale for Multi-site request:*	
	512 characters remaining (512 maximum)

Note: Multi-site visits should not be performed until approval is provided by the WCB.

The last section under the Diagnosis & Treatment Plan tab is for you to provide information about any home instruction you have provided to the worker, or to request a consultation with a WCB Physiotherapy Consultant.

Provide details of home program:*	
	800 characters remaining (800 maximum)
Request consultation with WCB Physiotherapy Consultant?*	Yes ⌄ The therapist specified in this report will be contacted within 7 business days after the report is submitted to the WCB.

Completing the Work Capabilities tab is important as it outlines the worker's restrictions, if any.

If you feel the worker is capable of regular work duties/hours, please indicate that and provide any additional relevant information.

Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Current work capabilities as a result of the injury:*	Capable of regular work duties/hours ⌄
Provide additional information/details if required:	
	512 characters remaining (512 maximum)

If, in your opinion, the worker is capable of modified work duties/hours, please indicate the details of their work restrictions and how long you believe those restrictions are needed. You can also advise us if there are any extenuating factors influencing this worker's recovery.

Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Current work capabilities as a result of the injury:* [Capable of alternate or modified work duties/hours ▾]

Outline restrictions for work duties/hours:*
2000 characters remaining (2000 maximum)

Outline any recommended work schedule modifications:
2000 characters remaining (2000 maximum)

Duration of current restrictions:* [--Select-- ▾]

Are there factors unrelated to this injury prolonging recovery or ability to return to work?* [--Select-- ▾]

If your assessment is that the worker is totally disabled from work, please provide rationale for this based on your findings. Also, indicate how long you believe the worker will be totally disabled from work, and if there any extenuating factors influencing this worker's recovery.

Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Current work capabilities as a result of the injury:* [Total Disability ▾]
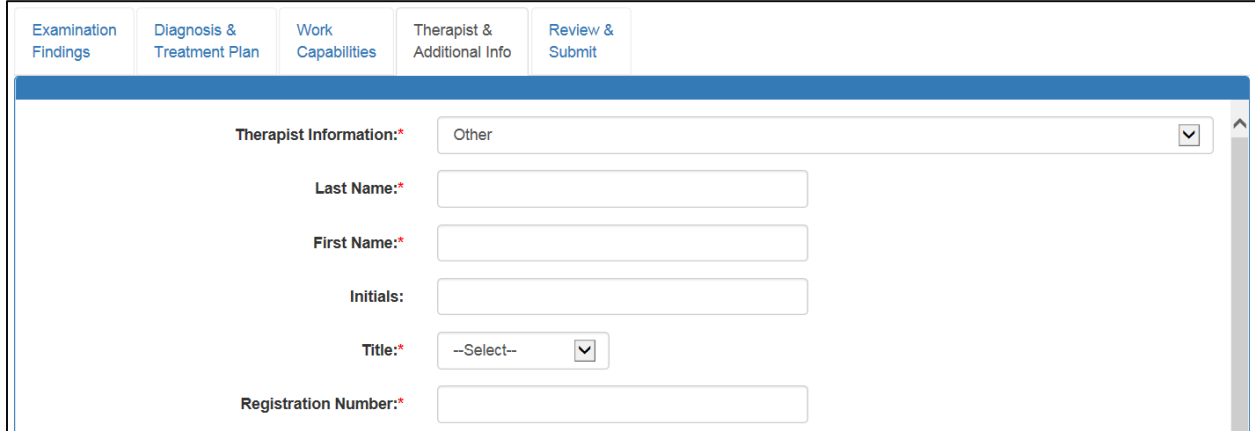
Outline findings that support total disability:*
2000 characters remaining (2000 maximum)

Duration of total disability:* [--Select-- ▾]

Are there factors unrelated to this injury prolonging recovery or ability to return to work?* [--Select-- ▾]

You will need to provide information about the treating therapist under the Therapist & Additional Info tab.

Treating therapists that have submitted reports or invoices via the eHealth Portal can be selected from the drop down list for the clinic.

If this is the first Portal submission for a therapist, or it has been some time since that therapist has submitted through the Portal, select "Other" and add all the necessary details.

Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Therapist Information:* Other

Last Name:*

First Name:*

Initials:

Title:* --Select--

Registration Number:*

In addition to the therapist's name, you will need to indicate whether they treated the worker as a Physiotherapist or an Athletic Therapist. You will also need to indicate the therapist's Registration Number from their relevant professional organization (required in order to practice in Manitoba):

- Physiotherapists
  - College of Physiotherapists of Manitoba
  - 4 digit number (####)
- Athletic Therapists
  - Certification with the Canadian Athletic Therapists Association (CATA) and
  - Registration with Manitoba Athletic Therapists' Association (MATA)
  - 4 digit number preceded by '2' (2-####)

On the same Therapist & Additional Info tab, you can provide an invoice number unique to you to track your submission, or provide any other information you believe the WCB needs to know about this claim.

If you have an invoice number available, enter it here:		*A payment request for a reporting fee will be created upon the submission of this report.*
Additional information that is relevant to this claim:		

2000 characters remaining (2000 maximum)

Manage Patients

Once you believe you have completed the report, go to the Review & Submit tab.

If any required fields have not been completed, errors will appear (below) and will need to be resolved in order to complete and submit the report. Click on an error code to be taken to the page that needs to be completed.

Examination Findings	Diagnosis & Treatment Plan	Work Capabilities	Therapist & Additional Info	Review & Submit

Diagnosis & Treatment Plan
- BLERR021: 'Is the recovery satisfactory?' is required.

Work Capabilities
- BLERR021: 'Current work capabilities as a result of the injury' is required.

Therapist & Additional Info
- BLERR021: 'Therapist Information' is required.

Once all required fields have been completed, the report will display. Review the report contents to ensure they are correct and complete. Navigate back to the previous tabs if any changes are required. To proceed with the report submission, simply check off the Submission Acknowledgement at the bottom of the report and click Submit .

Submission Acknowledgement

☑ *I, Jane User, hereby certify that to the best of my knowledge the content of this form is true, accurate, complete, not false or fraudulent, and is being submitted for payment of goods and/or services provided by myself or the treating healthcare provider.*

Submit

Important!!!

- ✓ Once submitted via the eHealth Portal, a report cannot be retracted or edited.
- ✓ When the report is submitted, an invoice is automatically generated for the applicable Report Fee. ***You do not need to invoice for this separately.***

The submitted report will display on the Reporting History tab. Click on the Report Type hyperlink to view the submitted report. The text you entered is displayed in **bold** font, all other text was pre-populated.

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Fax 204-954-4999 | Toll Free 1-877-872-3804
www.wcb.mb.ca

Physiotherapy Progress Report
Claim No. 41020002

Print

Patient Information

Name:	Worker, Ima		Telephone:	(204) 555-5555
Address:	555 Worker Blvd		Date of Birth:	28-Aug-1985
	Winnipeg, MB R1A 1A1		PHIN:	
Job Title:	Carpenter		Gender:	Female

Incident Details

| Date of Incident: | 01-Mar-2018 |
| Area of Injury: | Lower back |

Examination Findings

| Date of Examination: | **13-Jun-2018** |

It is highly recommended you save your own copies of all submitted reports as the WCB is not responsible to store submissions created on the eHealth Portal indefinitely. Please refer to the *Important eHealth Portal Best Practices* topic for instructions on how to Retain and/or Print Copies of Submitted Reports.

Manage Patients

Request Consultation 💬

Submit request to speak with a WCB Physiotherapy Consultant about this worker by selecting Request Consultation from the *Action* menu.

Request Consultation

> The Requesting Therapist will be contacted within the next 7 business days.
>
> **Requesting Therapist:***   --Select-- ▾

Select the treating therapist from the drop-down menu. If the therapist is not on the list, select "Other" and enter the required information.

To proceed with the consultation request submission click 💾 Submit.

The Claim Owner or WCB Physiotherapy Consultant will attempt to contact the requesting therapist specified within seven business days.

Note - Consultation requests can also be submitted on Initial and Progress/Discharge Reports. *An icon 💬 will appear beside submitted reports with Consultation Requests on the* Reporting History *tab.*

Report Overpayment ☒

Report overpayments or invoice errors to the WCB using this feature.

Entry Number	Overpaid Item / Service*	Reason*	Service Date*	Original Invoice Number	Amount*	Delete
1	[75 characters remaining (75 maximum)]	--Select-- ▾ Duplicate Payment Entered in Error Incorrect Claim	📅 dd/mm/yyyy			🗑

Describe the service or item that was overpaid or invoiced in error. Please complete one entry for each item/service.

Select the appropriate reason from the drop-down menu:

Duplicate Payment	The item/service was paid more than once.
Entered in Error	The item/service was submitted incorrectly.
Incorrect Claim	The item/service should have been submitted on a different claim.

Find the service date for the item/service on the Reporting History tab, Visit History tab, Sundry History tab or Recent Payments tab.

If an invoice number was indicated in your submission, provide that as well.

Lastly, enter the amount of the service or item that was overpaid or invoiced in error.

Once all required fields have been completed, click 💾 Confirm. The Confirmation page will display. Review the information entered to ensure it is correct and complete. Navigate back to the previous page if any changes are required. To proceed with the overpayment submission click 💾 Submit.

The WCB will review your submission within two business days of submission. If required, we may contact you to obtain additional information.

Based upon the status of the invoiced items, the WCB may cancel a payment (where the payment status was pending or approved) or enter an overpayment (where the payment status was paid).

Cancelled payments and new overpayments will be reflected in both the Recent Payments tab on the claim and the clinic's Payment History window. Additional information regarding the status of an overpayment, and the subsequent recovery of those funds, can be viewed in the Overpayment tab within the clinic's Payment History.

Record Visit 📅

Note: Initial visit invoices are automatically created when an initial report is submitted.

To submit invoices for subsequent (follow-up) and multi-site visits for payment go to the *Record Visit* menu item.

Record Visit				
Invoice Number:				
Select one visit type to record each patient visit. The applicable payment request(s) will be submitted based on the selection.				
Entry Number	**Visit Type ❶ ***	**Service Date***	**Therapist***	**Delete**
1	--Select-- ▼ Subsequent Visit Subsequent Visit with Acupuncture Multi-Site Visit Multi-Site Visit with Acupuncture No Show Cancellation	📅 dd/mm/yyyy	--Select-- ▼	🗑

Enter your unique invoice number you would like allocated to your submissions (if desired).

Select the type of visit/treatment performed and the date of the visit (service date).

Select the treating therapist from the drop-down menu. If the therapist is not on the list, select "Other" and enter the required information.

Once submitted, the appropriate payment item(s) will be created:

A Portal Submission for …	Creates Invoices for …
Subsequent Visit	☑ Follow Up Visit
Subsequent Visit with Acupuncture	☑ Follow Up Visit ☑ Acupuncture Tray Fee
Multi-Site Visit	☑ Follow Up Visit ☑ Multi-Site Treatment Fee
Multi-Site Visit with Acupuncture	☑ Follow Up Visit ☑ Multi-Site Treatment Fee ☑ Acupuncture Tray Fee
No Show or Cancellation	<Not Applicable>

👥 Manage Patients

Processing these payments will be based on pre-approval decisions made by the Claim Owner.

The amounts will be as outlined in the contracted prices outlined in the applicable agreement between the WCB and the Manitoba Physiotherapy Association.

Please record any visit "No Show" or "Cancellation". Although the WCB does not pay for these missed appointments, this information is very valuable to the WCB claim management

Note:

- *Please refer to Appendix B - Invoicing for Alternate Therapy for instructions to invoice for Alternate Therapy including Physical Reconditioning Program, Work Hardening Program and Hand Therapy.*
- *Invoices for visits with Northern Differential fees must be submitted through traditional means for now.*

Once all required fields have been completed, check off the Submission Acknowledgement at the bottom of the form and click 🖫 Confirm.

Submission Acknowledgement

☑ *I, Jane User, hereby certify that to the best of my knowledge the content of this form is true, accurate, complete, not false or fraudulent, and is being submitted for payment of goods and/or services provided by myself or the treating healthcare provider.*

The Confirmation page will display. Review the information entered to ensure it is correct and complete. Navigate back to the previous page if any changes are required. To proceed with the visit submission click 🖫 Submit.

Bill Sundries $

Sundries are miscellaneous expenses that cannot be billed elsewhere in the eHealth Portal.

Examples of "sundry" invoice items include:
- Narrative reports requested by the WCB
- Phone consultations with the WCB
- "Other" can include pre-approved expenses, such as:
  - Therapy supplies
  - Home therapy equipment

> **Please note that most sundry items require pre-approval by the Claim Owner.**

To submit an invoice for sundry items, provide your invoice number (if desired), and indicate the appropriate sundry Service Type. Enter one line per service or item.

Invoice Number:
ABC123

Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013).

Entry Number	Service Type*	Description / Therapist*	Quantity		Service Date*	Amount*	Delete
1	Narrative Report	Provider, Atherapy - Physiotherapist #9999	.5	Pages	06/06/2018	70.26	🗑
2	Phone Consultation	Therapist, Another - Athletic Therapist #2-9999	15	Minutes	30/05/2018	51.18	🗑
3	Other	Hot/Cold Pack	1	Units	06/06/2018	5.00	🗑

> **Please note that amounts submitted may differ from the amounts that are approved and/or paid by the WCB.**

If you are invoicing for a narrative report:

- Provide the name of the treating therapist.
- Indicate the number of pages contained in the report (in quarter (.25) page increments)
- Enter the date of the report as the Service Date
- Indicate the amount *

If you are invoicing for a phone consultation:

- Provide the name of the treating therapist.
- Indicate the number of minutes for the consultation (in increments of 5 minutes)
- Enter the date of the consultation as the Service Date
- Indicate the amount *

---

* Rates for narrative reports and phone consultations will be paid in accordance with the applicable agreement between the WCB and the Manitoba Physiotherapy Association. All other amounts submitted will be subject to the discretion of the WCB.

👥 **Manage Patients**

For all "Other" expenses:

- Provide a brief description of the item being invoiced
- Indicate the quantity
- Enter the date the services or item(s) were provided to the worker as the Service Date
- Indicate the amount *

Note:

- ***Do not include PST or GST as the WCB is exempt.***
- ***Please refer to Appendix B - Invoicing for Alternate Therapy for instructions to invoice for Alternate Therapy including Physical Reconditioning Program, Work Hardening Program and Hand Therapy.***

Once all required fields have been completed, check off the Submission Acknowledgement at the bottom of the form and click 💾 Confirm.

Submission Acknowledgement

☑ *I, Jane User, hereby certify that to the best of my knowledge the content of this form is true, accurate, complete, not false or fraudulent, and is being submitted for payment of goods and/or services provided by myself or the treating healthcare provider.*

The Confirmation page will display. Review the information entered to ensure it is correct and complete. Navigate back to the previous page if any changes are required. To proceed with the sundry submission click 💾 Submit.

Payment History (Clinic-Level)

There are two tabs under the *Payment History* menu: Payments and Overpayments.

Note: If you do not see this menu, your Administrator has not provided you with security access to this information.

Payments Tab

The Payments tab lists all payment items created through your account, on all claims, including those submitted via the eHealth Portal or through traditional submission methods.

On the left-hand side of the window are navigation buttons.
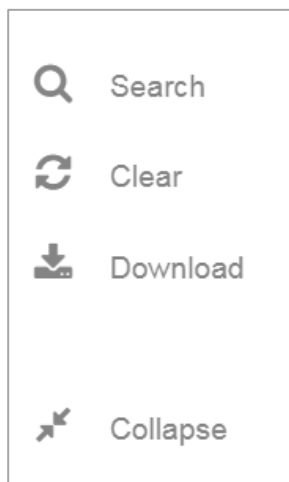
To view payment information, enter one or more search criteria then click 🔍 Search. If no search results are returned, modify your search criteria then click 🔍 Search.

Click ♺ Clear to clear all search criteria.

The ⬇ Download button is displayed when your search results contain a minimum of 1 and a maximum of 500 payment items.

The ⤢ Collapse button will hide the navigation buttons, but they can be revealed again by clicking ⤡.

Your search will display a maximum 500 payment items. You can utilize the search functions to refine the results.

The payment items will be listed in descending order of service date, however, you can sort by any of the other columns by pressing the ⬍ button within the desired column heading.

To hide the search criteria, press ⬜ on the top right-hand corner of the list of payments, and to reveal the search criteria press ➖ .

The status of the payments is considered "real time" in that updates happen regularly throughout the day. Here is what the different status types mean:

Pending	The payment request is in the process of being reviewed.
Approved	The payment request has been approved but payment has not yet been made. It will be paid out on the next scheduled bi-monthly pay run.
Paid	The payment request has been paid. Payment Number and Paid Amount are populated.
Denied	The payment request has been denied by the WCB.
Cancelled	The payment request has been cancelled by the WCB.

Invoices submitted through traditional methods (fax, mail or courier) will not appear on the list of pending payment items until they are entered by the WCB.

"Requested Amount" reflects the amount that was entered by the WCB, and may not reflect an amount you entered in a submission.

The "Paid Amount" is the amount that was actually paid.
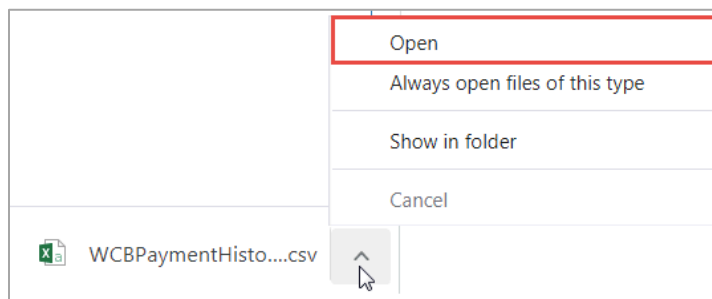
📷 Payment History

Any difference between "Requested" and "Paid" amounts are the result of the requested amount being reduced by an overpayment on your account.

Note that overpayments are not necessarily recovered from payments being made on the same claim - the recovery can be from any payment item on any claim being paid to your clinic.

Additional overpayment details can be viewed in the [Overpayments Tab](Overpayments-Tab).

You have the option to download your search results when they contain a minimum of 1 and a maximum of 500 payment items. If the ⬇ Download button is not displayed, conduct a new search or utilize the search functions to refine the results.

Click the ⬇ Download button to generate a Comma Separated Value (CSV) file that contains your search criteria and search results.

Open
Always open files of this type
Show in folder
Cancel

The CSV file will be displayed in the bottom left corner of the Payments tab.

To **view** the file, click the drop down menu and select Open.

A spreadsheet application such as Excel or QuickBooks is recommended to view and save the Payment History Download.

To **save** an electronic copy for your records

- Select the location where you want to store the report on your computer or network.

- Modify the file name.
  The default file name is generated using the following properties:
   'WCBPaymentHistory - <User Name> - <Download Date> - <Numeric Identifier>'.
  You can modify the file name if desired.

- Select your preferred file type.
  The default file type is CSV. You can select an alternate file type that is compatible with your preferred spreadsheet application.

Invoices paid on a WCB Administrative claim:

There are circumstances where the WCB may pay an invoice under a **different claim number** than the one you made your submission(s) on, including:

- The claim number you used to submit is subsequently merged into another claim number.
  - Other than the claim number, the details for the invoice items should be the same as entered (i.e., your invoice number, the patient's name (same or similar), the service date and type).
- The invoice was processed on an Administrative Claim instead of the original claim number:
  - The status of the submitted invoice will reflect "Cancelled".
  - The Paid Amount will display as follows:
    - Under the "Invoice Number" column, you should see the patient's name and/or the original claim number and/or your invoice number.
    - The patient's name will be "Admin Costs, Adjudication".
    - The Administrative Claim Number will display (i.e., 210#####).
    - The same service date and service type will display.
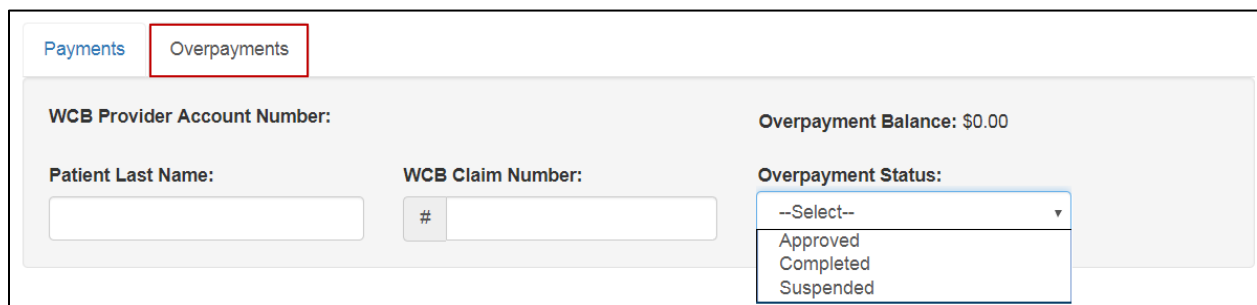

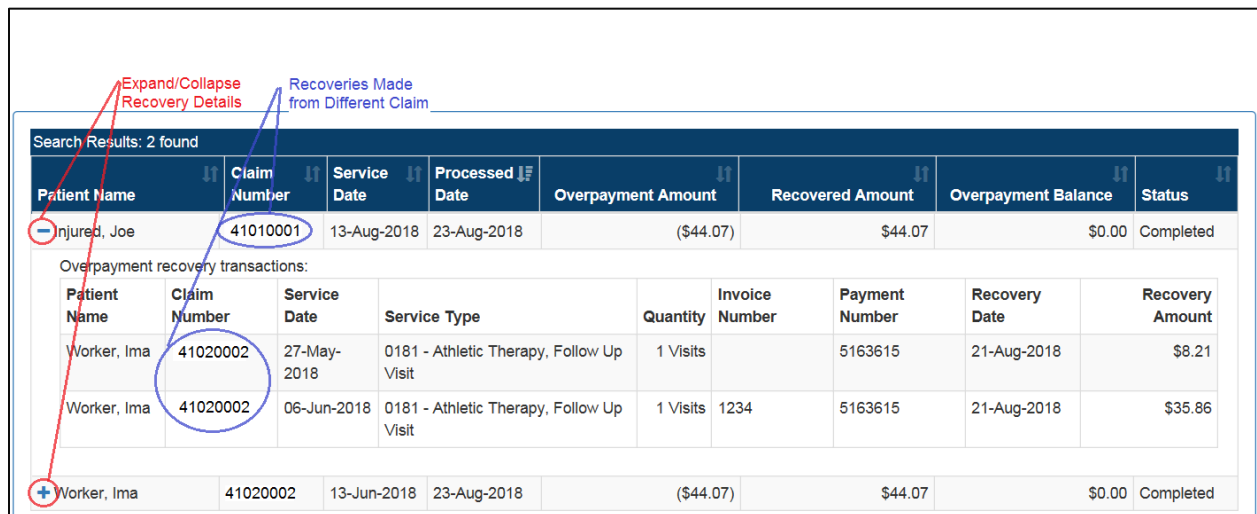| Invoice Number	Patient Name	Claim Number	Service Date	Service Type	Quantity	Status	Processed Date	Payment Number	Requested Amount	Paid Amount
112112 - Injured, Joe	Admin Costs, Adjudication	21010055	01-May-2018	0177 - Physiotherapy - Follow Up Visit	1 Treatments	Paid	15-May-2018	3023222	$52.28	$52.28
112112	Injured, Joe	41010001	01-May-2018	0177 - Physiotherapy - Follow Up Visit	1 Treatments	Cancelled	15-May-2018		$52.28	$0.00

Overpayments Tab

The WCB may find you have been overpaid, or you may advise us you have been overpaid. Once an overpayment has been created for your facility, the overpaid amount will be recovered from future payments, and not necessarily for the same claim.

The Overpayments tab lists all the details of the overpaid items on your account, including the claim(s) the overpaid amount has been recovered from, for the past 3 years. Or, search for specific overpayment records using the worker's last name or claim number, or filter by overpayment status (Approved, Completed or Suspended[3]).

Details on the recovery of an individual overpayment can be accessed by pressing **+** beside the overpayment record. Recoveries are often applied from different claims than the one that was overpaid. Overpayments are settled at the account level; not the claim level.

To expand/view the recovery details for an overpayment, press **+**, and to collapse/hide the recovery details for an overpayment, press **–**.

[3] Suspended overpayments are under review and are not actively being collected.

Appendix A - Disable Autofill Settings

If you notice that some fields within the eHealth Portal are attempting to autofill, it is recommended you shut off the autofill features in your browser.
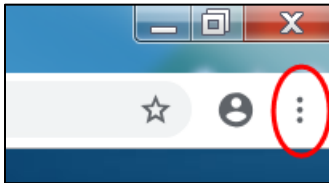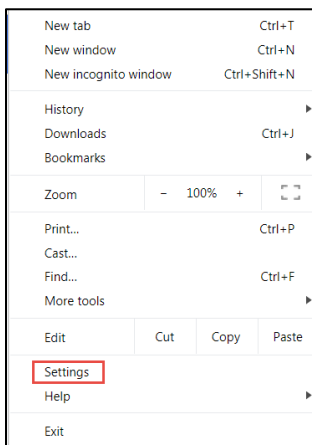
Google Chrome Users:

1. Click ⋮ on the top, right corner of the browser window.

2. Click on "Settings":

3. Click on "Addresses and more" under the "Autofill" box:
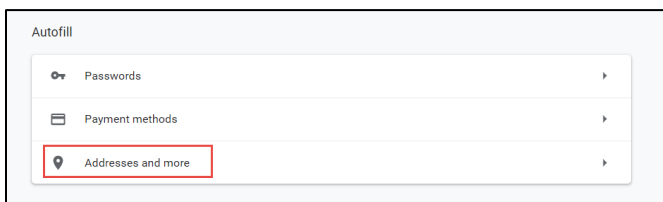
4. Ensure the Save and fill addresses indicator is set to "off" (i.e., greyed out):
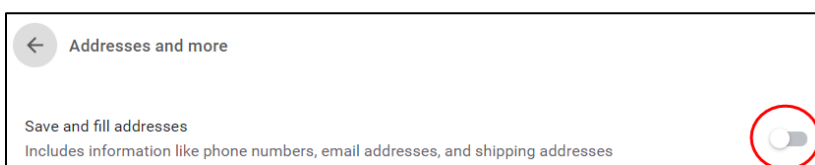
![WCB eHealth Services logo] **eHealth Portal User Guide**

![Internet Explorer icon] Internet Explorer (IE) Users:

1. Click ![gear icon] on the top, right corner of the browser window.
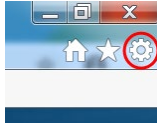
2. Click on "Internet Options":

3. Click on "Settings":

4. Ensure the Forms box is empty (i.e., not checked), and click "Okay".

Appendix B - Invoicing for Alternate Therapy

Process to submit invoices for alternate therapy via the eHealth Portal.

Physical Reconditioning Program

Use the Bill Sundries feature to invoice for a Physical Reconditioning Program expense:
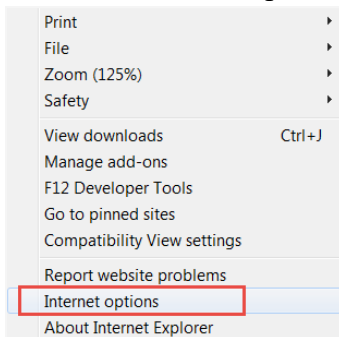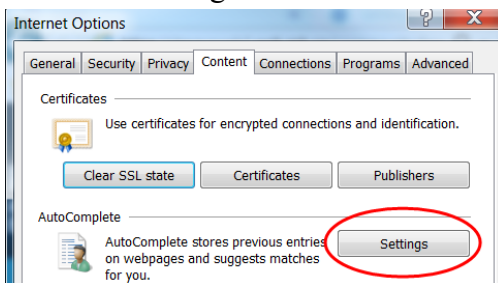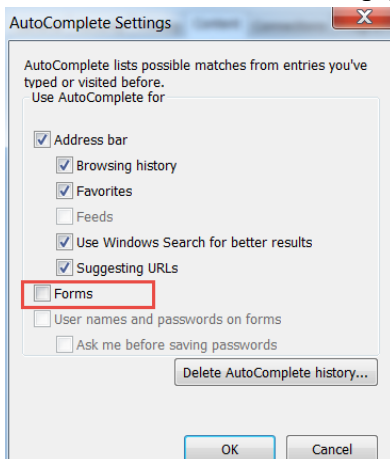
- Provide your invoice number (optional)
- Select Service Type "Other"
- Enter the Expense Description
  Physical Reconditioning Program / Therapist Name
- Indicate the Quantity
- Select the Service Date
- Enter the Amount

Bill Sundries

Invoice Number:

Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013).

Entry Number	Service Type*	Description / Therapist*	Quantity	Service Date*	Amount*	Delete
1	Other	Physical Reconditioning Program / Jane User	1 Units	🗓 dd/mm/yyyy		🗑

Work Hardening Program

Use the Bill Sundries feature to invoice for a Work Hardening Program expense:

- Provide your invoice number (optional)
- Select Service Type "Other"
- Enter the Expense Description
  Work Hardening Program / Therapist Name
- Indicate the Quantity
- Select the Service Date
- Enter the Amount

Bill Sundries

Invoice Number:

Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013).

Entry Number	Service Type*	Description / Therapist*	Quantity	Service Date*	Amount*	Delete
1	Other	Work Hardening Program / Jane User	1 Units	🗓 dd/mm/yyyy		🗑

Hand Therapy

Hand Therapy - Initial Visit & Initial Report

The eHealth Initial Report feature does not include the option to invoice for the Hand Therapy tariff. Complete & submit a paper Initial Report and corresponding paper invoice to request payment for the following tariffs:

- 0123 - Hand Therapy Physiotherapy - Initial Visit
- 3029 - Physiotherapy - Initial Report Fee
- 0165 - Acupuncture Tray Fee (If Applicable)

Note: A paper submission is only required for the Hand Therapy Initial Visit & Initial Report.

Hand Therapy - Follow Up Visit

Use the Bill Sundries feature to invoice for a Hand Therapy - Follow Up Visit:

- Provide your invoice number (optional)
- Select Service Type "Other"
- Enter the Expense Description
  0137 - Hand Therapy, Follow Up Visit / Therapist Name
- Indicate the Quantity
- Select the Service Date
- Enter the Amount

Note: If acupuncture is performed during a Hand Therapy visit include the acupuncture tray fee on the same Sundry invoice submission.

Bill Sundries

Invoice Number:

Select one service type for each sundry item being submitted. The invoice amount(s) should not include GST/HST (exemption #107863847 RT0013).

Entry Number	Service Type*	Description / Therapist*	Quantity		Service Date*	Amount*	Delete
1	Other	0137 - Hand Therapy, Follow Up Visit / Jane User	1	Units	📅 dd/mm/yyyy		🗑
2	Other	0165 - Acupuncture Tray Fee	1	Units	📅 dd/mm/yyyy		🗑