

Illinois Sexual Assault Survivor Registration System: Registration Instructions

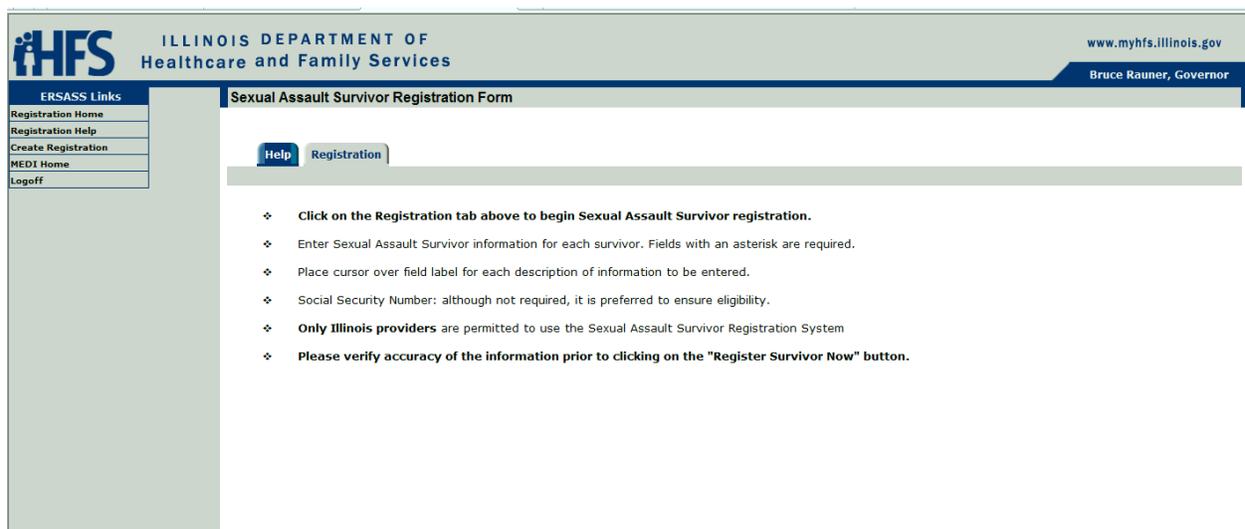
1. ERSASS Home Page



The screenshot shows the ERSASS Home Page. At the top left is the iHFS logo and the text "ILLINOIS DEPARTMENT OF Healthcare and Family Services". At the top right is the URL "www.myhfs.illinois.gov" and the name "Bruce Rauner, Governor". Below the header is a navigation menu with "ERSASS Links" and a list of links: "Registration Home", "Registration Help", "Create Registration", "MEDI Home", and "Logoff". The main content area is titled "Sexual Assault Survivor Registration Site" and contains three bullet points: "Welcome to the Sexual Assault Survivor Registration System for **EXCLUSIVE USE** by Illinois Hospitals (SEE NOTE BELOW).", "Providers - Enter information for the sexual assault survivor, verify accuracy of the information entered, and print the registration.", and "Survivors - Give the printed registration to the Survivor and instruct them to bring it to their follow-up visit with the provider of their choice." Below the bullet points is a note: "NOTE: ONLY HOSPITALS LOCATED IN ILLINOIS THAT ARE APPROVED BY THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH TO PROVIDE FORENSIC AND EMERGENCY MEDICAL SERVICES FOR SEXUAL ASSAULT SURVIVORS ARE ELIGIBLE TO REGISTER. HOSPITALS LOCATED OUTSIDE OF ILLINOIS SHOULD BILL THE SEXUAL ASSAULT PROGRAM IN THE STATE WHERE THEY ARE LOCATED." At the bottom left of the page is the text "Copyright © 2005".

- Select "Create Registration" on left

2. ERSASS Registration Tab



The screenshot shows the ERSASS Registration Tab. At the top left is the iHFS logo and the text "ILLINOIS DEPARTMENT OF Healthcare and Family Services". At the top right is the URL "www.myhfs.illinois.gov" and the name "Bruce Rauner, Governor". Below the header is a navigation menu with "ERSASS Links" and a list of links: "Registration Home", "Registration Help", "Create Registration", "MEDI Home", and "Logoff". The main content area is titled "Sexual Assault Survivor Registration Form" and contains two tabs: "Help" and "Registration". Below the tabs is a list of instructions: "Click on the Registration tab above to begin Sexual Assault Survivor registration.", "Enter Sexual Assault Survivor information for each survivor. Fields with an asterisk are required.", "Place cursor over field label for each description of information to be entered.", "Social Security Number: although not required, it is preferred to ensure eligibility.", "Only Illinois providers are permitted to use the Sexual Assault Survivor Registration System", and "Please verify accuracy of the information prior to clicking on the 'Register Survivor Now' button."

- Select the "Registration" tab in middle screen

3. ERSASS Registration

The screenshot shows the 'Sexual Assault Survivor Registration Form' on the iHFS website. The header includes the iHFS logo, 'ILLINOIS DEPARTMENT OF Healthcare and Family Services', the website URL 'www.myhfs.illinois.gov', and the name 'Bruce Rauner, Governor'. A left sidebar contains 'ERSASS Links' with options: Registration Home, Registration Help, Create Registration, MEDI Home, and Logoff. The main content area has 'Help' and 'Registration' buttons. Below these, a note states 'Fields with an asterisk are required.' The form fields are: '* Select Provider:' with a dropdown menu showing '030030030001 - MEDI TEST HOSPITAL PROVIDER'; '* Social Security Number (Preferred):' with three input boxes; '* First Name:', '* Middle Initial:', and '* Last Name:' each with one input box; '* Date of Birth (MM/DD/CCYY):' and '* Date Of Service (MM/DD/CCYY):' each with three input boxes; and '* Does the diagnosis contain a finding of "sexual assault" or "rape" or is there an Illinois State Police Report?:' with 'Yes' and 'No' radio buttons. A 'Register Survivor Now' button is at the bottom. A footer contains two small disclaimer notes.

- Select the hospital you are working under (if registered at more than one)
- Complete all fields with an asterisk (*) and answer the yes/no question
- Click "Register Survivor Now" button at bottom

4. Completed ERSASS Registration

The screenshot shows the Illinois Department of Healthcare and Family Services (IHFS) website. The page title is "Sexual Assault Survivor Registration Form". The IHFS logo is in the top left, and the website URL "www.myhfs.illinois.gov" and "Bruce Rauner, Governor" are in the top right. A navigation menu on the left includes "ERSASS Links" with sub-links for "Registration Home", "Registration Help", "Create Registration", "MEDI Home", and "Logoff". The main content area has a "Help" button and a "Registration" button. Below these, a note states "Fields with an asterisk are required." The form fields include: "Select Provider:" with a dropdown menu showing "030030030001 - MEDI TEST HOSPITAL PROVIDER"; "Social Security Number (Preferred):" with three input boxes; "First Name:" with "jane" entered; "Middle Initial:" with an empty box; "Last Name:" with "doe" entered; "Date of Birth (MM/DD/CCYY):" with "01 / 13 / 2000" entered; "Date Of Service (MM/DD/CCYY):" with "08 / 31 / 2015" entered; and a question "Does the diagnosis contain a finding of 'sexual assault' or 'rape' or is there an Illinois State Police Report?:" with "Yes" selected. Below the form are two small notes: "Social Security Number: although not required, it is preferred to ensure eligibility." and "Please verify accuracy of the information prior to clicking on the 'Register Survivor Now' button." and "Only Illinois providers are permitted to use the Sexual Assault Survivor Registration System." A "Register Survivor Now" button is at the bottom.

- a. Answer the yes/no question again.

Please note: The patient must have been seen/examined for sexual abuse and a physician diagnosis indicating that the patient was seen/treated for sexual abuse must be documented. Without the physician diagnosis to confirm, the patient's visit and related care CANNOT be covered by this program.

- b. Click "Register Survivor Now"
 - Registration information will come up.
- c. Click "View Payment Voucher"
 - Then print. Three pages will print.

Please note: It is recommended that you print the voucher twice. Give one copy of pages 1-2 to the patient. Keep the second copy on file at the hospital. *An approved voucher cannot be accessed after the patient registration screen is cleared.*

5. Authorization for Payment Voucher



Bruce Rauner, Governor
Julie Hamos, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217)782-3303
TTY: (800)526-5812

Illinois HFS Sexual Assault Emergency Treatment Program AUTHORIZATION FOR PAYMENT VOUCHER

Authorization #:
2015783438846

Date of Hospital Service:
03/19/2015

Patient's Name:
[REDACTED]

Hospital:
MACNEAL HOSPITAL

Dear Provider:

This patient has recently received hospital emergency services through the Illinois HFS Sexual Assault Emergency Treatment Program and has been advised to seek follow-up healthcare services. This Authorization for Payment Voucher (Voucher) allows you to provide appropriate outpatient follow-up healthcare related to the sexual assault to ensure the patient's well being and to be reimbursed directly by the Illinois HFS Sexual Assault Emergency Treatment Program at the State of Illinois rate for those healthcare services.

If additional follow-up healthcare services are required (e.g. exam, laboratory, pharmacy), please make a copy of this Voucher for your billing purposes and allow the patient to retain the original Voucher. The patient will keep the original Voucher in case additional outpatient follow-up healthcare services related to the sexual assault are needed. This Voucher is valid for 90 days, with the date of hospital service above counted as day one. There are no extensions available for this covered period. The expiration date for this voucher is: **06/17/2015**

Do not bill the sexual assault survivor presenting this Voucher for the related follow-up healthcare services you render. Illinois law requires that healthcare services to a sexual assault survivor covered by the Illinois HFS Sexual Assault Emergency Treatment Program be provided at **no charge** to the sexual assault survivor. 89 Ill.Admin. Code §148.510. Each provider of follow-up healthcare services must bill all patient insurances as primary and then send its bill for any remaining balance (**electronic billing is not available**) along with a copy of this **Authorization For Payment Voucher** to the following address:

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SEXUAL ASSAULT PROGRAM
P.O. BOX 19129
SPRINGFIELD, ILLINOIS 62794-9129

HFS 3870 (N-7-07) □ □ □

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