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Illinois HFS Sexual Assault Emergency Treatment Program (ISAETP)
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The ISAETP functions as a program of reimbursement for medical service providers in the case that they render medical services to uninsured or underinsured survivors of sexual assault. Claims submitted for payment to this program will be reimbursed based upon the maximum allowable rate(s) pre-determined by Illinois Medicaid. Claims can be submitted via mail or fax to the address/number listed above. **No electronic billing is available at this time for the ISAETP.**

The ISAETP functions as the **payer of last resort**. If the patient has any means of primary insurance coverage, these entities will need to be billed before ANY charges can be submitted to the ISAETP. A secondary claim *can* be submitted to the ISAETP, but **must include a copy of the patient's Explanation of Benefits (EOB)**.

An individual must initially report to the emergency room (ER) for treatment in order to qualify for coverage under the ISAETP. This initial claim from the facility must contain a charge for ER services.

ER staff is responsible for registering the patient's sexual assault case with the State of Illinois & subsequently generating an ISAETP Authorization for Payment Voucher during the patient's initial visit; this can be done using the MEDI System. A copy of the voucher should be stored electronically within the patient's file or medical record. An additional, physical copy should be given to the patient to present in the future for any required follow-up care. These vouchers can be used by the patient for follow-up care for 90 days following the initial ER date of service (DOS). Per the *Sexual Assault Survivors Emergency Treatment Act (SASETA)*, if the patient's case is not registered with the State of Illinois, the initial treating hospital becomes responsible for all necessary follow-up care.

All claims submitted to the ISAETP must contain a diagnosis code that includes either "sexual assault," "sexual abuse," or "rape" in its description in order for the Department to verify that the services rendered were related to the patient's sexual assault & therefore qualify for reimbursement through the ISAETP.

Claims submitted to the ISAETP **must** be printed upon a universal billing form (the UB-04, HFS 2360, or the CMS 1500). The *only* providers exempt from this restriction are pharmacies & counseling centers. While a universal billing form is still preferred for these providers, we *can* accept invoices **as long as they contain the patient's name & date of birth (DOB); the medications or services provided (as well as all applicable drug & procedure codes); the DOS, the provider's name, NPI, and payee information; and any information related to charges for services provided.**

For **all** claims other than the patient's initial ER claim, a copy of the patient's ISAETP Authorization for Payment Voucher must be submitted **with the claim**. If the case

All claims submitted to the ISAETP are subject to timely filing limits. HFS allows 180 days from the DOS (or date of discharge) for the provider to submit a claim. If a claim is first submitted to a patient's private insurance, HFS will allow 180 days from the private insurance company's remittance date for the claim to be submitted to the ISAETP. Please ensure that the private insurance company's payment date is included when submitting the EOB. **The 180-day timely filing limit applies to all claims, including corrected & resubmitted claims.**

Per the SASETA, inpatient charges are **not** covered by the ISAETP & do not qualify for reimbursement. Nothing in the SASETA prohibits providers from billing sexual assault survivors for inpatient services rendered.

Upon receipt of a patient's claims, the Department assigns each patient a unique ID in order to promote higher levels of confidentiality. The ID consists of the letters, "SA", the last two digits of the year in which the patient's initial ER visit took place, and a 4-digit identifier. This ID will be attached to all payments issued on behalf of a particular patient to allow medical service providers to easily post payments to the corresponding patient account. We encourage providers to make note of this ID number & utilize the ID for the submission of future claims and/or claim status inquiries.

We also encourage vendors to register for *Enhanced Vendor Remittance* through the ICO website, which will allow providers to access more information regarding payment details.

If a claim is rejected for any reason, the Department will return it to the medical service provider listed upon the claim with a letter explaining the reason for rejection. Do not resubmit rejected claims **without first rectifying the reason(s) for which it was rejected**. Do not resubmit claims to the ISAETP in order to make an inquiry as to the status of a particular claim; these submissions will be rejected as duplicate claims. Claim status inquiries can be made by phone or by fax using the numbers listed above.

If the claim is rejected by the ISAETP for any reason, but is still within the timely filing limits, the claim may be resubmitted to the ISAETP as long as the conditions for which it was initially rejected have been rectified or corrected.

UNDER NO CIRCUMSTANCES can sexual assault survivors be billed for services related to treatment of a sexual assault. To do so is a violation of Illinois State Law. If the claim is paid by the ISAETP, this constitutes **payment in full** and UNDER NO CIRCUMSTANCES can the medical service provider attempt to seek payment from the patient for a remaining balance. If the claim is rejected due to timely filing or improper billing practices, **the provider must write off these charges** and UNDER NO CIRCUMSTANCES can the patient be billed for an unpaid balance. Providers found to be in violation will be reported to the Illinois Office of the Attorney General, and may be subject to penalties under the Illinois SASETA.