ILLINOIS DEPARTMENT OF Healthcare and Family Services

Rod R. Blagojevich, Governor
Barry S. Maram, Director

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: (217) 782-3303
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# INFORMATIONAL NOTICE

**DATE:** March 4, 2008

**TO:** Participating Pharmacies, Physicians, Advanced Practice Nurses, FQHCs, RHCs, ERCs, Laboratories, Local Health Departments and Community Mental Health Providers

**RE:** Sexual Assault Emergency Treatment Program Changes

This notice advises providers of changes to the department's Sexual Assault Emergency Treatment Program. These changes are a result of amendments to the Illinois Sexual Assault Survivors Emergency Treatment Act (410 ILCS 70/), effective January 1, 2008.

The Department of Healthcare and Family Services (HFS) is pleased to announce that beginning January 1, 2008, HFS implemented an improved process that will allow sexual assault survivors in the department's Sexual Assault Emergency Treatment Program to more easily access follow-up medical services related to the sexual assault. Prior to January 1, 2008, follow-up services were limited to two visits in the hospital's emergency room within six weeks from the initial emergency hospital visit. Effective January 1, 2008, sexual assault survivors have the option to receive their follow-up services from any community provider of their choice for 90 days following the initial hospital visit.

Effective January 1, 2008, hospitals initially treating the patient will be able to register the sexual assault survivor with the department in order to provide the patient with the attached form, HFS 3870, entitled "Illinois HFS Sexual Assault Emergency Treatment Program AUTHORIZATION FOR PAYMENT VOUCHER." This voucher will allow the patient to receive follow-up services related to their sexual assault from any community provider of their choice for 90 days following the initial hospital visit. Patients will use the voucher to obtain any follow-up service related to the sexual assault, with the exception of in-patient hospital services. The voucher contains a unique number assigned to the survivor and also contains the survivor's name, the hospital's name and the date of the initial emergency room visit. The voucher is valid for a period of 90 days from the date of the initial emergency room visit, and contains an expiration date. Services provided after the voucher's expiration date cannot be billed to the Sexual Assault Survivors Program. A facsimile of the voucher and voucher instruction sheet for patients accompanies this notice.

Providers rendering follow-up services related to a sexual assault do not need to be enrolled as an HFS provider in order to bill the department for reimbursement under the Sexual Assault Emergency Treatment Program.

Illinois law requires that healthcare services rendered to a sexual assault survivor covered by the Illinois Sexual Assault Emergency Treatment Program be provided at no charge to the sexual assault survivor.

**Verification of Eligibility**
Because a sexual assault survivor registered in the Sexual Assault Emergency Treatment Program is not Medicaid eligible, providers will not be able to check patient eligibility electronically. If a patient presents with a voucher, and the provider wishes to verify eligibility, they may do so by contacting the department's Sexual Assault Emergency Treatment Program at 217-782-3303. Request to speak to a representative in the Sexual Assault Emergency Treatment Program.

**Services Covered Under the Program**
The Sexual Assault Emergency Treatment Program covers medical services related to the sexual assault. The department will allow the provider to use their judgment to determine whether the services being provided are related to the sexual assault.

**Billing Process**
Claims must be billed on paper and cannot be billed electronically. Providers should submit their charges on the appropriate paper claim form (e.g., Form HFS 215, Drug Invoice, for pharmacies, Form HFS 2360 for physician services, etc.). The claim should contain the patient's name and authorization number, which can be found on the voucher. The claim, along with a copy of the Authorization For Payment Voucher, must be sent to the following address:

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

**Copayments**
Copayments do not apply to services being reimbursed under the Sexual Assault Emergency Treatment Program.

**Reimbursement**
The provider should bill their usual and customary charges for services provided to patients covered under the Sexual Assault Emergency Treatment Program. The department will pay pharmacies for charges up to the HFS allowable amount. All other providers will be reimbursed for their billed charges.

**Other Insurance**
If a patient has other insurance coverage the provider must bill that payer first. The provider may bill the Sexual Assault Emergency Treatment Program for any charges not paid by the primary payer, including copayments and cost sharing. The department will pay the balance not covered by the primary payer up to the department's allowable rates for pharmacies and up to billed charges for all other providers.

Questions regarding the Sexual Assault Survivor Program may be directed to:

Attn: Program Coordinator
Sexual Assault Survivor Program
Healthcare and Family services
P.O. Box 19129
Springfield, Illinois 62794-9129

Telephone: 217-782-3303
E-Mail: hfs.webmaster@illinois.gov

Theresa A. Eagleson, Administrator
Division of Medical Programs

# How to Use the Attached Authorization for Payment Voucher

The attached form is very important to you for your follow-up care. It is an **Authorization for Payment Voucher** that you can take to the doctor, pharmacy, or healthcare clinic of your choice for important follow-up treatment. It is valid for 90 days from the date of your initial sexual assault examination at the hospital. For your ease of mind, all charges for physician examinations, laboratory services, and prescribed medications for follow-up healthcare related to the sexual assault will be paid by the Illinois Department of Healthcare and Family Services' Sexual Assault Emergency Treatment Program.

**Why is this so important?**
Follow-up healthcare services are very important to ensure your physical health and well being following a sexual assault. In order to be sure that you have not contracted a sexually transmitted disease, it is important to follow-up with a doctor or healthcare clinic to request laboratory exams within 2 to 6 weeks following the initial examination at the hospital. These providers may also prescribe additional medication that can be obtained from a pharmacy in your community. **You will not be charged for these services or medications!**

***Please Note: Each healthcare provider, laboratory, or pharmacy will make a photocopy of the attached form so that you may retain the original "Authorization for Payment Voucher" for additional follow-up services during the 90-day period.***

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# Cómo Usar "La Autorización de Pago" Adjunta

El documento adjunto es muy importante ya que es para el seguimiento de su cuidado médico. Ésta es una **"Autorización de Pago"** que puede presentar a su médico, farmacia, o clínica de salud que usted escoja para el seguimiento de su tratamiento. Éste documento es válido por 90 días desde la fecha de su examen médico inicial en el hospital debido a la agresión sexual. Para su tranquilidad mental, todos los gastos médicos con relación a la agresión sexual (ejemplo, las facturas del médico o clínica, laboratorio, farmacia, u otros servicios de salud) serán pagados por el Programa de Tratamiento de Emergencia Para Agresión Sexual – Departamento de Cuidado de Salud y Servicios Para Familias.

**¿Por qué esto es tan importante?**
El seguimiento de los servicios del cuidado médico es muy importante para asegurar su buena salud física y bienestar después de una agresión sexual. Para asegurarse de que usted no haya contraído una enfermedad trasmitida sexualmente, es importante el seguimiento, vaya a un médico o clínica y pida que le hagan pruebas de laboratorio entre 2 y 6 semanas después del examen inicial en el hospital. Estos proveedores posiblemente le recetarán medicinas adicionales que usted puede obtener en una farmacia de su comunidad. **¡No le cobrarán a Usted por estos servicios o medicinas!**

***Por favor tenga en cuenta: Cada médico, laboratorio, o farmacia debe hacer una fotocopia del documento adjunto para que usted pueda retener el original "Authorization for Payment Voucher" para cualquier servicio médico adicional que necesite durante el período de 90 días.***

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# Illinois HFS Sexual Assault Emergency Treatment Program
## AUTHORIZATION FOR PAYMENT VOUCHER

**Authorization #:** **Date of Hospital Service:**

**Patient's Name:** **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 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 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. If you directly order laboratory services, please make an additional copy of this Voucher to accompany your request to the laboratory. The patient will keep the original Voucher in case additional 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. The expiration date for this voucher is: **MM/DD/YYYYY**

**Do not bill the sexual assault survivor presenting this Voucher** for follow-up healthcare services you render related to the sexual assault. 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 send its bill ***(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**