
201 South Grand Avenue East
Springfield, Illinois 62763-0002

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

INFORMATIONAL NOTICE

DATE: March 4, 2008

TO: Participating Illinois Hospitals

RE: Changes to the Sexual Assault Emergency Treatment Program

This notice advises Illinois hospitals 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, hospitals will be able to register sexual assault survivors in an on-line registry system, free of charge. This process will allow survivors to receive follow-up care from any community provider of their choice for 90 days following the initial hospital visit. Using the new process, other providers such as physicians, physicians' assistants, advance practice nurses, pharmacies, laboratories, and hospitals providing follow-up care will bill the department directly. This process will also make it easier for patients to obtain follow-up care.

The registration will be entered during the initial emergency room visit using the department's Medical Electronic Data Interchange (MEDI) System. This Web site is secure; patient privacy will be ensured. General information regarding how to use the MEDI system can be found on the department's Web site at:

<http://www.myhfs.illinois.gov/>

Although the sexual assault survivor registration is not mandatory, it will allow the survivor to obtain follow-up care from the provider of their choice. If the sexual assault survivor is not registered, hospitals will continue to be responsible for all follow-up care.

Prior to January 1, 2008, a survivor of a sexual assault was provided an initial hospital sexual assault examination in the emergency room as part of the hospital's emergency services, and was limited to two follow-up visits in the hospital's emergency room within six weeks from the time of the initial hospital visit.

Effective January 1, 2008, the Sexual Assault Survivor Registration, when accessed through the MEDI System, will produce an Authorization Voucher, HFS 3870. 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. Under the Sexual Assault Emergency Treatment Program, services may be rendered by a non-enrolled HFS provider. In addition, a checklist will be generated for hospital use only that identifies the file as part of the Illinois Sexual Assault Program. A facsimile of the voucher, voucher instruction sheet and checklist accompanies this notice.

Please note, the new registration system does not change the billing procedures for the initial hospital sexual assault emergency room visit. Hospitals will continue to use the Illinois Sexual Assault Program Outpatient Hospital Billing Form to submit these charges.

Sexual Assault Survivor Registration

Hospitals enrolled in the department's MEDI system will register a sexual assault survivor into the Sexual Assault Survivor Registration Site (ERSASS). In order to use the ERSASS, the hospital employee must complete the MEDI registration process, and the hospital's account administrator for MEDI must authorize the employee to have access to ERSASS. When ERSASS access has been granted, the employee will follow these steps:

- Log into the MEDI system
- Select the Internet Electronic Claims System link
- Select the ERSASS link on the left side of the screen
- Select the Create Registration link and begin the registration process by entering the Survivor's Name, Date of Birth and Social Security Number (if available)

Using this information, MEDI will check to see if the sexual assault survivor is Medicaid eligible. If found to be Medicaid eligible, a message will immediately appear that the hospital should bill the department's Medical Assistance Program. If the survivor is not Medicaid eligible, a message will appear indicating that the survivor has been successfully registered in the MEDI system.

Follow-Up Care

Once successfully registered, the MEDI system will generate the Authorization Voucher, HFS 3870 and bi-lingual instruction sheet, explaining the process for using the voucher and the importance of follow-up care. The voucher and instruction sheet should be given to the survivor before leaving the hospital. The voucher will allow the survivor to obtain follow-up care related to the sexual assault from any provider of their choice, including, but not limited to physicians, counselors, laboratories and pharmacies. The voucher has 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. Once registered, the survivor is required to use the voucher for follow-up care from the

provider of their choice even if they choose to receive services at the hospital where the initial sexual assault examination was performed. However, if the hospital does not register the survivor, the survivor will not have a voucher and can only receive the 90-day follow-up services at the hospital where the initial examination was performed.

Questions regarding the MEDI Sexual Assault Survivor Registration process or 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

A handwritten signature in black ink that reads "Theresa Eagleson". The signature is written in a cursive, flowing style with a large loop at the end.

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.

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 transmitida 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.

*****FOR HOSPITAL USE ONLY*****

**PLEASE FLAG PATIENT FILE and NOTIFY
YOUR BILLING ENTITY OF THE
FOLLOWING**

This case has been registered with the State of Illinois as a sexual assault case and now **MUST BE** billed using the Illinois Sexual Assault Program Outpatient Billing Form.

The patient **MUST NOT BE** billed.

All private insurances **MUST BE** billed as primary.

It is imperative that all associated bills for this ED visit are collected by you and submitted on the Illinois Sexual Assault Program Outpatient Billing Form.

Charges to be collected may include:

- Physician
- Laboratory
- Radiology
- Counseling
- Transportation
- Pharmacy
- Medical supplies



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

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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/YYYY**

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**