



Billing Process: An Overview

Providing access to quality medical care for sexual assault patients is a primary concern for SANE programs. The **Violence Against Women Act (VAWA)** provides specific support for patients to access medical forensic exams free of charge. A key role of health care providers is to inform patients of the availability of medical forensic exams at no cost. It is important to understand that this provision is primarily centered on collection of the sexual assault evidence kit and **does not extend to much of the medical testing, evaluation and treatment** that should occur with a comprehensive medical exam, such as CT, MRI, certain laboratory testing and other costly diagnostics. Managers should check with their **state** to identify what is not covered under their forensic exam payment laws and procedures, since these differ from state to state.



Tools for discussion are available in the *Funding* section of the app.

Having this information is a critical step for program managers to understand and be involved in the billing process for sexual assault medical-forensic exams, regardless of what jurisdictional protocols are in place for reimbursement. Even if another entity completes the actual billing process, (e.g. the hospital's patient accounting department), SANE program managers should know current reimbursement rates (and in jurisdictions where rates aren't fixed, participate in negotiating those rates on a regular basis), and be aware of any delinquent invoices. They should have access to the amount of revenue coming into the hospital from the program, even if those dollars are not going into a SANE-specific budget, and use these figures to advocate for the program in future budget conversations.

Programs that are not receiving reimbursement for portions of the exam from a state funding source need to determine whether their organization will simply absorb the overage or whether there is an alternative for funding these unreimbursed costs. Talking with local victim advocacy partners and state level policy makers about needs, costs and accessibility for sexual assault patients is encouraged in order to develop trauma informed and sustainable solutions. Some programs may choose to raise funds through donations or grants; other programs may decide to bill patient insurance (Medicaid, Medicare and health plans) as long as they ensure that the sexual assault victim does not incur any out-of-pocket expenditures such as deductibles or co-pays.¹

¹ Effective March 2015, under the **2013 version of the Violence Against Women Act**, jurisdictions are required to provide medical forensic exams to victims free of charge and without any out-of-pocket expense. Specifically, the language states that a "State, Indian tribal government, unit of local government, or other governmental entity" will only be eligible for STOP grant funds if it "incurs the full out-of-pocket cost of forensic medical exams described in subsection (b) for victims of sexual assault." This provision still does not extend to all aspects of medical testing and treatment. VAWA specifies which components must be included in the exam that is offered without charge.



Programs that choose to bill insurances for services not covered by criminal justice reimbursement mechanisms need to create a clear process that will maintain the patient's privacy, address any safety concerns that may be present and be implemented with informed consent policies. Working with sexual assault victim advocates to develop information about options for hospital billing can be helpful. Specific consideration for the following should occur:

- Co-pays and portions of care not fully covered by insurance should not be billed to the patient under the Violence Against Women Act;
- It may be possible to direct bill **Victim's Compensation** for uncovered portions of the patient's care. Every state has a crime victims compensation program and two-thirds of states use compensation funds to pay for at least some forensic exams. (Zweig, Newmark, Denver, & Raja, 2014) Victim's Compensation may also be able to pay for other medical costs, but that there may be limits in that case such as a requirement for reporting or cooperation.
- And if the patient was assaulted by a spouse, and is on that person's health plan, it may not be safe to bill insurance due to the explanation of benefit (EOB) that may be sent to the insurance holder. Allowances should be made for alternative approaches.



See Sexual Assault Billing and Coding in the *Funding* section for additional information.

Billing and Coding Resources

ICD-10

<http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/icd10>

Intro Guide to ICD-10

<http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD-10-Intro-Guide.pdf>

ICD-10 Myths and Facts

<http://www.cms.gov/Medicare/Coding/ICD10/downloads/ICD-10MythsandFacts.pdf>

ICD-10-CM Official Guidelines for Coding and Reporting 2014

http://www.cdc.gov/nchs/data/icd/icd10cm_guidelines_2014.pdf

SAFE Payment Map

<http://www.evawintl.org//PAGEID15/Forensic-Compliance/Resources/SAFE-Payment-Map>



Forensic Compliance Frequently Asked Questions: SAFE Payment

<https://www.evawintl.org/PAGEID3/Forensic-Compliance/FAQs/SAFE-Payment>

Updates with VAWA 2013

<https://www.evawintl.org/PAGEID7/Forensic-Compliance/FAQs/VAWA-2013>

Frequently Asked Questions Regarding STOP Formula Grant Program Forensic Exam Payment Requirement

http://www.ovw.usdoj.gov/docs/faq_fepr.pdf

National Association of Crime Victim Compensation Boards: State Crime Victim Compensation Boards

<http://www.nacvcb.org/index.asp?sid=6>

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