

Sexual Assault Program
Sexual Assault Forensic Medical Evidence Collection Examination
(Payment Procedure 'At A Glance')

If you are requesting payments for **THEN: You will need to provide**

Sexual Assault (Acute) Protocol:
Sexual Assault Forensic Medical Examination

- Criteria for payments:**
- The assault must have occurred in South Carolina

Pursuant to South Carolina law which follows the guidance of the federal Violence Against Women Act statute, victims of assault in the State of South Carolina may request, at no cost to them, a forensic examination for sexual assault, regardless of their involvement with law enforcement. SOVA is the sole reimbursement provider for forensic examinations in South Carolina. Health Care Providers will bill SOVA directly for individual charges for lab work, emergency room fee, physician's fee, etc. Any fees beyond the actual collection of any evidence during a forensic examination will be the responsibility of the victim. Should law enforcement be involved, the option of SOVA victim compensation reimbursement becomes available.

Sexual Assault (Acute) Protocol
Sexual Assault Forensic Medical Examination
(Evidence collected within 120 hours of the assault) (18 and older)

- Payment Requirements**
- SLED approved Sexual Assault Protocol kit must be used;
 - SOVA Sexual Assault Protocol (SAP) Billing Statement must be submitted;
 - SOVA Medical Examination Release Form must be submitted;
 - Payment requested within 180 days from the date of service.

Anonymous Reporting
When providing law enforcement information, print "ANONYMOUS" instead of the name of the law enforcement agency; To establish that the crime happened in SC or incident jurisdiction, provide county and state.

Sexual Assault (Chronic) Protocol

- Criteria for payments:**
- The assault occurred in South Carolina
 - The assault was reported to law enforcement

Assault (Chronic) Protocol
(Evidence collected after 72 hours of the assault)
(17 and younger)

- Payment Requirements**
- Pages 1 and 2 of the Child Maltreatment Protocol billing statement;
 - Authorization and release form located in the Child Maltreatment Protocol ;
 - Law Enforcement Incident Report listing each child as a victim; and
 - Payment requested within 180 days from the date of service.

Forensic Interview Evidence Collection Protocol

- Criteria for payments:**
- The assault occurred in South Carolina
 - The assault was reported to law enforcement

- Standards**
- The interview must be performed using standards defined by SOVA.
 - Interviewer must have a Masters level degree
 - Interviewer must have completed a 40 hour specialized forensic interview training
 - Interviews must be conducted at a facility that follows a multi-disciplinary model and has been approved by SOVA

Forensic Interview Evidence Collection Protocol
(Interviews ordered by law enforcement for children 17 years old and younger)

- Payment Requirements**
- Billing invoice;
 - SOVA Forensic Interview Release Form;
 - SOVA Forensic Interview Report Form; and
 - Law Enforcement Incident Report listing each child as a victim
 - Payment requested within 180 days from the date of service

Questions or Comments?

Call (803) 734-1900

Victims Only Please 1-800-220-5370



Rooted in *justice*
Guided by *law*
Propelled by *humanity*

SOVA
State Office of Victim Assistance
1205 Pendleton Street, Rm. 401
Columbia, SC 29201

For detailed information, visit:
www.sova.sc.gov
Click on "Payment & Reimbursement"

SOVA
State Office of Victim Assistance



**COMPENSATION &
SEXUAL ASSAULT PROGRAM**



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Phone (803) 734-1900
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Notice to Healthcare Providers

Under the Crime Victim's Compensation Program, SOVA is the payer of last resort, meaning that other collateral resources, restitution, subrogation, civil settlement, health insurance (public or private), and hospital charity care, when applicable, must be exhausted before SOVA will consider payment.

Under the Sexual Assault Program, SOVA is the guarantor for forensic evidence collection exams for victims of sexual assault. All reimbursement is from a fee schedule and is considered payment in full. Neither the victim nor their insurance may be billed for the examination. For all medical treatment, as a direct result of physical injuries sustained during the assault, and for follow-up appointments, a victim compensation application will be required.

Payments could be delayed for the following reasons:

- Remit address on the bill does not match information on W-9
- Billing name/name of facility does not match information on W-9
- Change in Tax Identification Number
- Conflict with the IRS
- Tax Levy issues
- Missing processable (medical/dental)claim forms

New Legislation

Section 16-3-1150: New Anonymous Reporting Protocol for victims 18 years old or older

Pursuant to South Carolina law which follows the guidance of the federal Violence Against Women Act statute, victims of assault in the State of South Carolina may request, at no cost to them, a forensic examination for sexual assault, regardless of their involvement with law enforcement.

Section 16-3-1360: Collection Activities Prohibited

When a person files a claim pursuant to this article, a health care provider that has received written notice of a pending claim is prohibited from all debt collection activities relating to medical and psychological treatment received by the person in connection with the claim until an award is made on the claim or the claim is determined to be non-compensable and is denied, or ninety days have passed after the health care provider first received notice of a pending claim. The statute of limitations for collection of the debt is suspended during the period in which the applicable health care provider is required to refrain from debt collection activities.

Compensation Program: Payment & Reimbursement at a Glance

If you are requesting payments for

THEN: You will need to provide

Crime Related Medical/Dental/Optical Expenses

For payments to the providers or reimbursements to victims: one or more of the following will be required for all separate crime related dates of service.

SOVA pays the outstanding balance for compensable bills not fully covered by existing medical/dental insurance. If a victim has private or public medical/dental insurance, bills must first be filed with applicable companies/carriers before submission to SOVA for possible payment/reimbursement.
NOTE: SOVA pays after health and dental insurance

- UB-04 Medical Claim Form (from your provider)
- UB-92 Medical Claim Form (from your provider)
- Health Insurance Medical Claim form (CMS-1500) (HCFA-1500) (from your provider)
- Itemized bill of charges from medical provider
- ADA Dental Claim Form (w/treatment plan) (certificate of medical necessity might be required)
- Itemized bill from vision center for eyeglasses
- EOB (Explanation of Benefit from Health/Dental insurance company)(Health/Dental/Medicaid must be filed first if a victim has private or public insurance) When the victim has Health/Dental/Medicaid Insurance coverage, he/she will have to provide information for all crime related dates of service.

Crime Related Counseling Expenses

SOVA provides reimbursement for trauma (generally considered as a medical expense) only when such service is rendered by a professional who is licensed in a specialty which includes mental health counseling: this includes LMSW (when not practicing independently) LPC, LMFT, LCSW, LISW, Psychiatrist, Psychologist, and MD.

For payments to the provider or reimbursements to victims: one or more of the following will be required for all separate crime related dates of service.
NOTE: SOVA pays after health insurance.

- SOVA Mental Health Counselor's Report
- Itemized Statement of Charges w/CPT codes, or
- Health Insurance Claim Form (CMS/HCFA-1500), (Providers can fax a copy to SOVA)
- EOB (Explanation of Benefit from Health/Dental insurance company)(Health/Dental/Medicaid must be filed first if a victim has private or public insurance): When the victim has Health/Dental/Medicaid Insurance coverage, he/she will have to provide information for all crime related dates of service.

Crime Related Expenses for Medication

For reimbursements to victims: one or more of the following will be required: (Some victims will have to provide additional information from his/her treating physician if the medication appears to be for a pre-existing condition or non crime related condition.)
NOTE: SOVA pays after health insurance.

- Copy of receipt from the pharmacy (*receipt must have* - patient's name, date, total charge, name of medication, RX number, name of the pharmacy & name of the doctor) or
- Print out of 'patient history' from the pharmacy

Crime Related Funeral Expenses

The person who is responsible for the funeral expenses incurred may file for reimbursement relating to the cost of the funeral. That will be the person(s) who signed the contract or who paid the funeral bill.

- If the deceased victim was an adult, the victim's spouse may file for any compensable medical expenses that he/she may have incurred.
- If the deceased victim was a minor child, the parent may file for any compensable medical expenses he/she may have incurred.

- Death Certificate
- Itemized bill/contract (* bill must include service provider's name and remit address)

Crime Related Lost Wages

The following 4 (four) criteria must be met:

1. **Employment:** The victim must have been employed at the time of the crime,
2. **Missed time from work:** The victim must have missed two (2) consecutive weeks (14 days) from work as a direct result of the crime,
3. **Reportable income:** Reimbursement is based on reportable income, and
4. **Disabled:** The victim must be under the care of a treating physician.

The following documents must be submitted

- SOVA Employer's Report
 - SOVA Physician's Disability Report
 - Copy of your last two pay stubs (prior to the crime date).
- NOTE: Wages will be offset by other sources such as annual or sick leave, long/short term disability, SSA/SSI.*

Crime Related Lost Wages

(You were **self employed** at the time of the crime)

1. **Employment:** The victim must have been employed at the time of the crime,
 2. **Missed time from work:** The victim must have missed two (2) consecutive weeks (14 days) from work as a direct result of the crime,
 3. **Reportable income:** Reimbursement is based on reportable income, and
 4. **Disabled:** The victim must be under the care of a treating physician.
- NOTE: Wages will be offset by other sources such as annual or sick leave, long/short term disability, SSA/SSI.*

- 1) **Disability:**
 - SOVA Physician's Disability Report (will be required to establish disability and length of disability)
- 2) **Employment:** One or more of the following will be required: (to establish employment)
 - SOVA Employer's Report, and/or
 - 1099, (prior year form will be used for short term reimbursements) (lost wages are calculated using information for the year of the crime) and/or
 - W-2 (prior year form will be used for short term reimbursements) (lost wages are calculated using information for the year of the crime).
- 3) **Reportable Income:** (lost wages are calculated using information for the year of the crime)
 - 1040 US Individual Income Tax Return (prior year form will be used for short term reimbursements),
 - Schedule SE (Form 1040) Self – Employment Tax Form,
 - Form 4070 – Employee's Report of Tips to Employer.

The following are forms/documents that are **UNPROCESSABLE** and **can not** be accepted: Final notice, Statements, Nonitemized bills, Incomplete bills (missing info.), Cash register pharmacy receipt, Incomplete pharmacy receipt, Collection notices
The following is a list of some non-covered expenses: Treatment not directly related to the crime on which the claim is based, Over-the-counter items not prescribed by a treating physician, Mileage for court appearances, Hotel accommodations, Public transportation, Food items, Household items, Household utilities