



**Office of
Victim Services**

The Medical Provider Forensic Rape Examination (FRE) Direct Reimbursement Program

Section 631(13) of the NYS Executive Law

Presented by: The Office of Victim Services – Compensation Unit

What is a “Forensic Rape Exam?”

- An examination performed by trained medical personnel for the purpose of gathering evidence of a sexual assault in a manner suitable for use in a court of law.

History/Legislative Background

Executive Law Section 631(13)

- **Medical Provider Forensic Rape Examination Direct Reimbursement Program**
 - Dates back to 2005 and is designed to ease payment for forensic rape exams and to provide quality exams by knowledgeable practitioners.
 - Designed to give the victim the ability to choose payment through this program or their own insurance coverage.

2020 Statutory Changes

- Ch. 55 of the Laws of 2020 included provisions to amend the Public Health and Executive laws.
 - FRE Direct Reimbursement Program and HIV PEP
 - Effective 6/15/20

Statute Applies to:

- A New York State Accredited Hospital (any Article 28 facility with a DOH-issued operating certificate).
- A Sexual Assault Examiner certified by the Department of Health.
- A licensed healthcare provider performing a forensic rape exam within the scope of the discipline in which the provider is licensed.
 - Including those conducting exams within a Child Advocacy Center (CAC).

Application of the Statute

- Applies to forensic rape exams performed using the
 - Sexual Offense Evidence Collection (SOEC) Kit,

AND/OR

- *National Protocol for Sexual Assault Medical Forensic Examiners.*

Providers Shall:

- Advise the victim of payment options to either bill the victim's insurance or bill OVS directly for forensic rape exam related services.
- Bill OVS directly for such services, if the victim chooses to use the FRE Direct Reimbursement Program.
- Provide forensic rape exam services without charge to the victim.

Applying for FRE Direct Reimbursement

- Claim forms are included in the SOEC Kit* and available online at www.ovs.ny.gov.
 - *Current inventory of SOEC Kits may have an old version of the claim form. Please be sure to attach the most recent version of the claim form, available online, to all submissions.
- No later than 180 days from the date of the exam, the provider must submit the claim form with an itemized bill and any necessary supporting documentation.
 - **New York State facility in which the exam takes place files the claim; NOT the physician/examiner.**
- OVS requires the original claim form.
 - **Photocopies and faxes will be rejected.**

What is Considered an Itemized Bill?

- The itemized bill must include:
 - **Billable codes** for each exam related service performed,
 - the **charges** for each individual coded service (do not “lump” charges together, e.g., “pharmacy”),
 - the sum **total** of all charges billed, **and**
 - the **diagnosis** of “sexual assault” or “sexual abuse” or diagnosis code **Z04.41, Z04.42, Y04.8XXA, T74.21XA, T76.21XA, T74.22XA or T76.22XA.**
- Later in presentation, introducing new standardized form

Supporting Documentation

- In addition to the FRE Direct Reimbursement claim form and itemized bill, a provider must also submit the following, if applicable;
 - Documentation indicating that an SOEC Kit was used (Kit Tracking #)
 - Documentation indicating that HIV PEP Medication was provided.

Reimbursement Rate

- For claims received prior to 6/15/20, the reimbursement amount will be the amount of itemized charges, not exceeding the statutory cap of \$800.00.
- Effective 6/15/20* the reimbursement amount will be the amount of itemized charges, to be reimbursed at the Medicaid rate and which cumulatively shall not exceed the following, tiered reimbursement amounts:

*Applies to all FRE Direct Reimbursement claims received on or after 6/15/20, regardless of date of service.

Medicaid Billing Links

1. APG Crosswalk Version (3M) -
https://www.health.ny.gov/health_care/medicaid/rates/crosswalk/
2. APG Fee Schedule -
https://www.health.ny.gov/health_care/medicaid/rates/methodology/history_and_fee_schedule.htm
3. Ordered Ambulatory (Procedure Codes) -
<https://www.emedny.org/ProviderManuals/OrderedAmbulatory/index.aspx>
[Click "FEE SCHEDULE" link](#)
4. Physician Fees (Procedure Codes) -
<https://www.emedny.org/ProviderManuals/Physician/index.aspx>
[Click "FEE SCHEDULE MEDICINE"](#)
5. Pharmacy Fees (NDC Codes) – <https://www.emedny.org/info/formfile.aspx>
[Click "Download CSV of Reimbursable Drugs"](#)



NEW “Tiered” Reimbursement Rates

- **Tier 1** – **\$800** for an exam of a sexual assault survivor without the use of a Sexual Offense Evidence Collection (SOEC) Kit
- **Tier 2** – **\$1,200** for an exam of a sexual assault survivor with the use of an SOEC Kit
- **Tier 3** – **\$1,500** for an exam of a sexual assault survivor who is eighteen years of age or older, with or without the use of an SOEC Kit, and with the provision of an initial 7-day supply of HIV PEP
- **Tier 4** – **\$2,500** for an exam of a sexual assault survivor who is less than eighteen years of age, with or without the use of an SOEC Kit, and with the provision of the full regimen of HIV PEP

Services Intended to be Covered by the FRE Direct Reimbursement Program

- **Forensic Examiner Services**
- **Facility Services** related to the forensic rape exam
- **Labs and Pharmaceuticals** related to the forensic rape exam



Services Not Included

- Unrelated medical services (e.g. suturing, broken limbs, inpatient services).
- HIV PEP beyond the 7-day supply (for all victims prior to June 15, 2020, and for victims who are 18 years of age and older thereafter) and post exposure counseling services.
- NOTE: If the costs are not included on the bill submitted for FRE Direct Reimbursement, a victim must use their insurance to cover the costs of medical care beyond the forensic rape exam but can apply to OVS for reimbursement of their out of pocket expenses, e.g., copays and deductibles, through the regular compensation claim process.

A “Regular” OVS Claim Application Must be Filed by the Victim/Guardian for Follow-Up Medical Expenses and Other Benefits to be Considered by OVS

- Medical expenses; including HIV PEP beyond the 7-day supply for all victims prior to June 15, 2020, and for victims who are 18 years of age and older thereafter
- Loss of earnings (up to \$30,000)
- Counseling expenses
- Loss of essential personal property (up to \$2500)
- Reasonable court-transportation expenses in connection with the prosecution
- Moving expenses (\$2,500)

Claim Form

Claim Form – In General

- The claim form verifies a forensic rape exam was performed, indicates to whom reimbursement is to be paid and documents that the victim was advised of, and understands, their payment options under New York State law.

Claim Form – Section One



Office of
Victim Services

NEW YORK STATE OFFICE OF VICTIM SERVICES
MEDICAL PROVIDER FORENSIC RAPE EXAMINATION
DIRECT REIMBURSEMENT CLAIM FORM (6/20)



INSTRUCTIONS: This form is to be used when a NYS licensed healthcare provider is directly billing the New York State Office of Victim Services (OVS) for reimbursement of costs associated with providing a forensic exam for a victim of sexual assault.

- (1) Fill in all blanks on this form.
- (2) Attach: Itemized bill and supporting documentation indicating SOEC Kit was used and/or HIV PEP Meds were provided, if applicable.

- (3) Mail the completed form and all attachments to:
NYS Office of Victim Services
Attn: FRE Processing
80 S. Swan Street, 2nd Floor
Albany, New York 12210

All Sections ONE through THREE **must** be completed

SECTION ONE. VICTIM INFORMATION (TO BE COMPLETED BY MEDICAL PROVIDER)

Date of Crime _____ Location of Crime (City) _____ (county) _____ (State) _____

Victim's Name _____

Date of Birth _____ Social Security Number _____



Office of
Victim Services

Date of Crime

- Can be a date certain, a month/year, a season/year or a date range. Cannot be “unknown.”
- Must be filled in and cannot be altered.
- Does not have to be the same date as the forensic rape exam.
- NOTE: OVS can reimburse only one forensic rape exam for each victim for each incident.

Location of Crime

- Must be filled in and cannot be altered.
- Cannot be “unknown.”
- NOTE: The crime does not have to take place in New York State.

Social Security Number

- The Social Security Number (SSN) is used to identify duplicate billing and to link claims.
- If no SSN is available, the billing provider must indicate the reason why. For example:
 - *“Does not have,”*
 - *“Does not know,”* or
 - *“Not available”* or *“N/A”*



Claim Form – Section Two

SECTION TWO. BILLING PROVIDER INFORMATION (TO BE COMPLETED BY MEDICAL PROVIDER)

Billing Provider Federal I.D. Number _____ Date of Exam _____

Billing Provider Name _____ Operator Certificate or Facility ID.# _____

Address _____ City _____ State _____ Zip _____

Billing Department Contact Person _____ Phone Number () _____

Was a Sexual Offense Evidence
Collection (SOEC) Kit Used? No Yes SOEC Kit Tracking #
(Required once tracking is available) _____

Were HIV PEP Meds Provided? No Yes If yes: 7 Day Starter Pack Full Regimen
28 Day Pack
Please select one option above and indicate on attached invoice.

The billing provider and other service providers, by law, shall not bill the victim for these services. Payment made to the providers by OVS under the Direct Reimbursement Program shall be considered by all providers as payment in full.



Billing Provider Information

- Must be completed or your claim will be rejected.
- Billing Provider Federal ID Number is your tax ID number.
- Operator Certificate ID is your DOH issued ID number.
- Make sure that the address you list is where you can receive correspondence.
- Billing Department Contact should be someone with knowledge of the program, not just the billing office.

Information Request

- Section Two now contains a separate area requesting information about the services provided to the victim.
 - Was an SOEC Kit used?
 - Select Yes or No.
 - If so, include tracking information.
 - NOTE: Until Kit tracking is available, this field may be left blank or indicated as N/A.

Information Request (Cont.)

- Were HIV PEP Meds provided to the victim?
 - Select Yes or No.
 - If so, select how many days were provided (7 or 28) and indicate the charge on the attached invoice.
 - NOTE: OVS reimbursement for HIV PEP will not exceed that of which is required under the law.

Claim Form – Section Three

SECTION THREE. VICTIM INSURANCE WAIVER (TO BE COMPLETED BY VICTIM/LEGAL GUARDIAN)

- The law requires that the victim be advised orally and in writing that they may decline to provide insurance information.
- I have been fully advised of the options of payment for the forensic exam and the outcomes resulting from my forensic payment decision. I understand that I may use private insurance benefits, including Medicaid, Medicare, HMO or any other insurance program for payment of the forensic exam provided to me. I have also been advised that I will have to use my private insurance if I file a claim with OVS for other medical services outside of the forensic exam. (Initial your selection for Option #1, #2 or #3 below.)

_____ **Option # 1** – I choose not to use my private insurance benefits but request that the OVS be billed directly. I decline to provide such information regarding private health insurance benefits because I believe that the provision of such information would substantially interfere with my personal privacy or safety.

_____ **Option # 2** – I do not have private insurance benefits and request that OVS be billed directly.

_____ **Option # 3** – I choose to use my private insurance benefits for payment, or I choose to pay for my care directly.

Victim/Legal Guardian Name (Print or Type): _____

Victim/Legal Guardian Signature: _____ Date: _____

Examiner Name (Print or Type): _____ Examiner (Signature): _____

Profession: _____ License # _____ Date: _____

If you have questions, call the NYS Office of Victim Services at (800) 247-8035 or (518) 457-8727.

Options

- The victim must **initial** one of three options:
 - Option #1 – Choosing not to use private insurance benefits and requesting to bill OVS directly.
 - Option #2 – Does not have private insurance benefits and requesting to bill OVS directly.
 - Option #3 – Choosing to use private insurance benefits, or pay for their care directly.*

* Option #3 has been included at the request of facilities seeking to document that the FRE Program was offered, but the victim chose to not use the program to pay for their exam. Do not send an FRE claim to OVS if the victim has selected Option #3.

Signature Issues

- Victim/Legal Guardian and examiner signatures are required.
 - **We cannot accept verbal consent.**
- Must submit original signatures.
 - **Photocopies will be rejected.**
- Must be signed and dated at the time of services or after services rendered (cannot be before services are rendered).

Signature Issues (Cont'd)

- Victim/Legal Guardian signature is an insurance waiver – triggers payment through the FRE Direct Reimbursement Program.
- Child in Foster Care – Guardian is Commissioner of Local Service Agency and they must sign the FRE Direct Reimbursement claim form.

Examiner Information

- The examiner that performed the exam must include their **six digit license number and profession** in the designated fields.
- Every claim will be subject to license number validation – the name of the examiner must match the license number and the license number must be valid at the time of service. Inconsistencies or inaccuracies will be cause for rejecting an FRE claim.
 - Helpful tip: Write neatly. If we cannot read it, we cannot enter it.

New Itemized Billing Form

Standardized Itemized FRE Billing form

- No two providers submit the same type of itemized billing records
- This leads to:
 - Inconsistent reimbursement
 - Delays in Processing

PDF Billing Form

- [FRE Invoice Form \(041723 v5\).pdf](#)
- No implementation date yet



Provider Referral to VAP

- Public Health Law requires health care providers advise a patient who is a suspected survivor of domestic or sexual violence that services are available through domestic and sexual violence providers and victim assistance organizations. They are also required to contact the appropriate organization and request that a victim assistance advocate be provided if the patient requests one.
- OVS will be asking providers to select 'Yes' or 'No' on these standardized billing forms to confirm whether providers are adhering to public health law.



Explanations of Benefits

Reimbursement Information

- OVS is prepared to email patient-level billing data to show claim line level reimbursement
- To do this, providers must submit an attestation confirming
 - Who can/should receive this data
 - Their email addresses

Email Attestation



KATHY HOCHUL
Governor

ELIZABETH CRONIN ESQ.
Director

FRE Provider Email Attestation

I certify that the following individuals are authorized to receive and view confidential, patient-level health and billing information pertaining to forensic rape exam services rendered by medical personnel employed by, or contracted with, my program.

Program Director/Manager Name

Program Director/Manager Signature

Program

Date

Employee Name	Employee Title	Business Email Address

Emailed or mailed scans, image files, or copies of this form are acceptable.



Housekeeping

- Bar code on the FRE Direct Reimbursement claim form is static and downloadable. **Please do not cover it or staple over it.**
- The claim form itself may be copied; BUT **signature fields must have original signatures.**
- Use **appropriate billable codes.**
- Use **appropriate diagnosis codes** to identify the exam as a sexual assault forensic exam.
- Include all codes and charges related to the forensic rape exam and **eliminate any charges not directly related to the forensic rape exam.**
- Be sure to use NDC codes for all drugs billed. “Pharmacy”, “Drug” or the drug name alone will not be acceptable.

Who do I Contact for More Information About the Program or the Claim Form?

- www.ovs.ny.gov
- 1-800-247-8035
- New York State Office of Victim Services
Attn: FRE Processing
Alfred E. Smith State Office Building
80 South Swan St., 2nd Floor
Albany, New York 12210
- Shardae McClean
Crime Victim Specialist III
- ovs.sm.fre@ovs.ny.gov
- (518) 457-9965

Q&A