



How to Submit a SAFE Claim

SAFE PAYMENT PROGRAM, VIRGINIA VICTIMS FUND





Step One

DETERMINE ELIGIBILITY

Is this claim eligible for the SAFE Payment Program?



- ▶ Did **evidence collection** take place?
 - ▶ YES → continue
 - ▶ NO → exam cannot be billed to SAFE
- ▶ Did the crime occur **in the Commonwealth of Virginia**?
 - ▶ YES → continue
 - ▶ NO → bill the appropriate jurisdiction
- ▶ Is the patient a **victim of sexual assault or child sexual abuse**?
 - ▶ YES → continue
 - ▶ NO → bill the Virginia Supreme Court



Is this claim eligible for the SAFE Payment Program?

- ▶ What **type of exam** is this?
 - ▶ ACUTE (using a PERK within 120 hours of the assault) → provide the PERK ID number
 - ▶ NON-ACUTE (without a PERK, at any point after the assault) → provide the name and title of the authorizing law enforcement officer or Commonwealth's Attorney
 - ▶ FOLLOW-UP → provide the name and title of the authorizing law enforcement officer or Commonwealth's Attorney, unless the initial exam was unreported or the exam is related to HIV nPEP
- ▶ If non-acute, was the exam authorized by **Virginia/federal law enforcement or a Commonwealth's Attorney**?
 - ▶ YES → continue
 - ▶ NO → exam cannot be billed to SAFE or to the patient



Step Two

THE SAFE REQUEST FOR
PAYMENT FORM



SAFE Request for Payment Form

- ▶ The most recent version of the form is always available at <http://virginiavictimsfund.org/content/safe-request-payment-form>, or you can request a copy by email.
- ▶ Please use *only* the updated Request for Payment Form. The new forms are short, require less information than older forms, and are designed for ease of use.
- ▶ A new Request for Payment Form is required for **each** date of service.



SAFE Request for Payment Form

REQUEST FOR PAYMENT FORM

SECTION 1 – FORENSIC EXAM

1

A. Exam Type (please select one):

☐ I utilized Physical Evidence Recovery Kit (PERK) number _____ and released it to: ☐ the law enforcement
☐ DCLS or ☐ other _____ **Is this a restricted or unreported crime? (PERK exams only).** ☐ Yes

☐ I did not use a PERK and the exam was authorized by the following law-enforcement official or prosecutor.
Name/Title (**required**): _____

☐ I performed a follow-up exam to forensically document the healing of injuries and/or differentiate initial findings that was requested and authorized by the following law-enforcement official or prosecutor.
Name/Title (**required**): _____ Initial Date of service: _____

Forensic Examiner Name/Title/Phone Number _____ Signature _____

Facility Name/Billing Address _____

Billing Contact Person Name and Email Address _____ Phone Number _____

▶ 1: Exam Type

- ▶ Acute/PERK: the PERK ID number is required. Indicate whether the kit was released to law enforcement, sent to DCLS, or stored elsewhere. Indicate whether the exam was reported to law enforcement.
- ▶ Non-acute: the name and title of the authorizing Virginia/federal law enforcement officer or Commonwealth's Attorney is required.
- ▶ Follow-up: the name and title of the authorizing law enforcement officer is required, unless the exam is a follow-up to a blind PERK or a follow-up for HIV nPEP.



SAFE Request for Payment Form

- ▶ 2: Examiner/Facility Information
 - ▶ Provide the examiner's name, title, phone number, and signature (digital signatures are fine).
 - ▶ Provide the name and billing address of the facility.
 - ▶ Provide the name, email address, and phone number for the billing contact person.

REQUEST FOR PAYMENT FORM

SECTION 1 – FORENSIC EXAM

A. Exam Type (please select one):

☐ I utilized Physical Evidence Recovery Kit (PERK) number _____ and released it to: ☐ the law enforcement ☐ DCLS or ☐ other _____. **Is this a restricted or unreported crime? (PERK exams only).** ☐ Yes

☐ I did not use a PERK and the exam was authorized by the following law-enforcement official or prosecutor.
Name/Title (**required**): _____

☐ I performed a follow-up exam to forensically document the healing of injuries and/or differentiate initial findings that was requested and authorized by the following law-enforcement official or prosecutor.
Name/Title (required): _____ Initial Date of service: _____

Forensic Examiner Name/Title/Phone Number _____ Signature _____

Facility Name/Billing Address _____

Billing Contact Person Name and Email Address _____ Phone Number _____

2



SAFE Request for Payment Form

SECTION 2 - PATIENT INFORMATION

Patient Name – First, Middle Initial, Last

Affix Patient Label Here

DOB

Last 4 SSN

Sex

Billing Method (please select one):

- ☐ Patient is covered by a **federally-funded insurance** (Medicaid, Medicare, Tricare, Veterans' Administration, etc.), **which MUST be billed first**, and would like the SAFE Payment Program to pay any out-of-pocket patient balance remaining. Please list insurance provider: _____
- ☐ Patient wishes for the provider to bill his/her **private health insurance** and would like the SAFE Payment Program to pay any out-of-pocket patient balance remaining.
- ☐ Patient wishes for the **SAFE Payment Program** to pay for all eligible examination-related expenses.

- ▶ 3: Patient Information
- ▶ Either attach a registration label or enter the requested information in this section.
- ▶ Please provide the last four digits of the patient's Social Security Number, if available, even if you use a registration label.



SAFE Request for Payment Form

- ▶ 4: Billing Method
 - ▶ Federally funded (government) insurance must be billed primary and must be noted in this section. Please provide the plan type if known.
 - ▶ Private (commercial) insurance billing is optional.
 - ▶ If there is no billable insurance, select the option to bill SAFE only.

<u>SECTION 2 - PATIENT INFORMATION</u>		
Patient Name – First, Middle Initial, Last _____		Affix Patient Label Here
DOB _____	Last 4 SSN _____	Sex _____
<u>Billing Method (please select one):</u>		
4	<input type="radio"/> Patient is covered by a <u>federally-funded insurance</u> (Medicaid, Medicare, Tricare, Veterans' Administration, etc.), which MUST be billed first , and would like the SAFE Payment Program to pay any out-of-pocket patient balance remaining. Please list insurance provider: _____	
	<input type="radio"/> Patient wishes for the provider to bill his/her <u>private health insurance</u> and would like the SAFE Payment Program to pay any out-of-pocket patient balance remaining.	
	<input type="radio"/> Patient wishes for the <u>SAFE Payment Program</u> to pay for all eligible examination-related expenses.	



SAFE Request for Payment Form

SECTION 3 - INCIDENT / EXAM INFORMATION

5

Date/Time of Crime (if unknown, please estimate if possible)

7

Crime location (City/County – unknown is not acceptable)

6

Date/Time of Exam

8

Investigating Agency

- ▶ 5: Date/time of crime (estimate if not known)
- ▶ 6: Date/time of exam
- ▶ 7: Crime location (**mandatory, jurisdiction only**)
- ▶ 8: Investigating agency (or note if blind)



Step Three

SUBMIT CLAIM TO SAFE



Submitting a Claim for Processing

- ▶ To initiate a claim, submit the SAFE Request for Payment Form for the initial date of service.
- ▶ To process a claim, the following supplemental documentation is required:
 - ▶ Complete itemized billing statement, including all charges and CPT/diagnosis codes where applicable.
 - ▶ A complete explanation of insurance benefits (if applicable), including explanations of denial codes and patient liability.
 - ▶ Request for Payment Forms, bills, and summaries of insurance benefits for follow-up exams, where applicable.
- ▶ **While documents can be sent separately, all documents must be submitted to SAFE within one year of the date of service for consideration.**



Submitting a Claim for Processing

- ▶ To submit claim documents:
 - ▶ Email (**preferred**) to safe@virginiavictimsfund.org. Documents sent to any other email address may cause delays or result in payment not processed.
 - ▶ Fax: (804) 823-6907
 - ▶ US Mail: PO Box 26927, Richmond, VA 23261
 - ▶ Billing offices can upload documents via the Provider Portal once a claim has been initiated.
- ▶ Send status requests to safe@virginiavictimsfund.org.
- ▶ Please allow 2-3 weeks for processing.

Questions





Frequently Asked Questions

- ▶ In addition to the forensic exam, the patient had other charges during the visit, such as radiology or a psychiatric evaluation. Are those compensable by SAFE?
 - ▶ The SAFE Payment Program can only pay for expenses related to evidence collection. Other expenses may be compensable by the Virginia Victims Fund if the patient otherwise qualifies.
- ▶ We dispensed a 7-day starter pack of HIV prophylaxis in the ED. Is that compensable by SAFE?
 - ▶ Yes. Please contact our office for more information.
- ▶ Our ED treated a patient for a sexual assault but we transferred the patient to a different ED for the forensic exam. Are these expenses compensable by SAFE?
 - ▶ Please forward a medical record, itemized statement and summaries of insurance benefits (if applicable) for consideration of these expenses.



Frequently Asked Questions

- ▶ The assault took place inside a jail or correctional facility. How should the exam be billed?
 - ▶ Per PREA Standard 115.21(c), SAFE exams must be offered to incarcerated victims at no cost to the victim. Please bill the correctional facility or its insurance provider. SAFE can consider remaining expenses after insurance billing.
- ▶ The assault took place on a military installation. How should the exam be billed?
 - ▶ If the assault took place on a military installation to an active-duty member of the military, the installation should be billed. Please contact our office for more information.
- ▶ How do I know if I'm checking the status of a SAFE claim or a VVF claim?
 - ▶ VVF claims are numbered XX-0000 through XX-5999. SAFE claims are numbered XX-6000 through XX-9999. Send VVF status requests to status@virginiavictimsfund.org.



Contact the SAFE Payment Program

- ▶ Nikki D. Saba, SAFE Coordinator: Nicole.saba@virginiavictimsfund.org
- ▶ Edva Kashi, SAFE Examiner: Edva.kashi@virginiavictimsfund.org
- ▶ Documentation for new and existing claims, status requests, PERK mailing label requests: safe@virginiavictimsfund.org
- ▶ Phone: (800) 552-4007, option 5
- ▶ Fax: (804) 823-6907
- ▶ US Mail: Virginia Victims Fund, Attn: SAFE Payment Program, PO Box 26927. Richmond, VA 23261