

**OHIO ATTORNEY GENERAL
INSTRUCTIONS FOR SEXUAL ASSAULT FORENSIC
EXAMINATION (SAFE) & HIV PROPHYLAXIS REIMBURSEMENT FORM**

All exams must be conducted using the *2011 Ohio Sexual Assault Protocol for Sexual Assault Forensic and Medical Examination*.

- If a kit is conducted, it must be done so without omissions according to the directions supplied in the kit. Once a kit is opened and it is determined components are missing, either replace the missing items or open a new kit and retrieve the necessary items. You may return incomplete kits to the distributing company for reimbursement (see Kit tab). It is the responsibility of the medical provider to conduct all steps of the kit. *Repeated instances of improper kit collection could result in future ineligibility for reimbursement.* The Ohio Department of Health and the Ohio Attorney General's Office have approved the Ohio Department of Health designated kit. You can order kits from TriTech at orders@tritechusa.com or 800.438.7884.

Billing

The Ohio Revised Code 2907.28 (B) states that “no costs incurred by a hospital or emergency facility” for the collection of forensic evidence in sexual assault cases “shall be billed or charged directly or indirectly to the victim or the victim’s insurer.”

- If an adult patient presenting in the emergency department as a victim of sexual assault is provided emergency contraception those costs are billable to the patient/insurer (STI prophylaxis is part of SAFE reimbursement and STI testing on adults is discouraged).
- STI testing of minors is appropriate and is billable to the patient or their insurer.

The SAFE Program will reimburse a hospital or medical facility according to Administrative Rule 109:7-1-02. that states “A hospital, children’s advocacy center, or other emergency medical facility shall accept a flat fee payment of six hundred thirty two dollars (\$632) as payment in full for any cost incurred in conducting a medical examination and test of a victim of an offense under any provision of section 2907.02 to 2907.06 of the Revised Code for the purpose of gathering physical evidence for a possible prosecution of a person, including the cost of any antibiotics administered as part of the examination.”

- A reimbursement request form for the forensic medical examination shall be submitted online no later than six months (6) after the examination date. Failure to do so may result in a denial.

Example 1: Patient presents to emergency department for SAFE. Patient assessed for sexual trauma and no other injuries identified. Following is what is under SAFE and what is billable to patient.

- Included in SAFE payment:
 - ED Level Charge
 - Physician and Examiner services
 - Supplies used for evidence collection (extra swabs, sterile water, lubricant, etc)
 - STI Prophylaxis
 - Pregnancy Testing
 - HIV assessment and prophylaxis

- Billable to Patient but under SAFE umbrella (not considered additional medical service, thus not able to charge ED Level Charge or physician services):
 - Emergency Contraception
 - Pain Medication

Example 2: Patient presents to emergency department for SAFE. Patient assessed for sexual trauma and possible injuries identified (e.g.; concussion, laceration, broken bone, internal pain). Following is what is billable under SAFE and what is billable to patient.

- Included in SAFE payment:
 - Examiner services
 - Supplies used for evidence collection (extra swabs, sterile water, lubricant, etc)
 - STI Prophylaxis
 - Pregnancy Testing

- Billable to Patient:
 - ED Level charge
 - Physician charges
 - Emergency Contraception
 - Pain Medication
 - All labs, patient admissions, , blood draw, scans, x-rays, psych services, etc.

HIV Prophylaxis

In 2017, the Administrative Code was revised to include reimbursement for **HIV prophylaxis** administered by the medical provider. The language is as follows: “A hospital, children’s advocacy center, or other emergency medical facility shall accept payment of the actual amount billed, not to exceed twenty-five hundred dollars (\$2,500), as payment in full for any cost incurred in administration of HIV post-exposure prophylaxis protocol in 109:7-1-02(B) of the Ohio Administrative Code.

- The primary purpose, per the OAG interpretation of Administrative Code 109:7-1-02(B), is to ensure that *“all victims of sexual assault have access to the full regimen of HIV post-exposure prophylaxis.”* The Centers for Disease Control have found that providing the patient the full 28-day regimen *“increase[s] the likelihood of adherence, especially when patients find returning for multiple follow-up visits difficult.”* Guidelines, VII-E1, see also VI-E.

In order to be eligible for full reimbursement under 109:7-1-02(B) you must provide the full medically-appropriate regimen at no additional cost to the patient. Failure to do so will result in a denial for reimbursement.

- A hospital or other emergency medical facility shall bill the SAFE Program by submitting the HIV Reimbursement Form online with the itemized invoice at the time they submit for SAFE reimbursement. The form can be loaded along with the SAFE itemized statement. [HIV Reimbursement Form](#)
 - Costs for the HIV prophylaxis and any follow-up care provided at the same medical facility can be submitted to the SAFE program as they are incurred by the patient.
 - Due to possible ongoing care provided after initial treatment, healthcare facilities may bill for HIV prophylaxis as services are rendered, up to 8 months post treatment and up to \$2500. Reimbursement covers HIV risk exposure assessment, pregnancy testing, rapid HIV testing, labs, physician services, 28 day prophylaxis, and anti-emetic medication.
 - If the patient presents for follow-up services at the same medical facility after the initial treatment date, the charges are required to be submitted to SAFE for reimbursement and not billed to the patient or their insurer.
- Physicians* and other medical providers shall seek reimbursement for services provided as part of the SAFE (i.e., evidence collection, diagnosis, prescriptions, HIV assessment, etc.) from the hospital or other medical facility where the exam is conducted and shall not bill the SAFE Program, the patient, or their insurer.

*It is the responsibility of the medical facility to establish the process by which physicians will be reimbursed from the SAFE payment.

- Reimbursement for collection of evidence from a suspect is not covered under the SAFE Program. Payment should be sought through the appropriate law enforcement agency.

Read the following instructions to insure the *2011 Ohio Sexual Assault Protocol for Sexual Assault Forensic and Medical Examination* is followed and the exam is reimbursable by the SAFE Program. If you have additional questions contact the SAFE Program at 614-466-4797.

The following steps correlate to the numbered boxes on the reimbursement form. In order to receive your reimbursement in a timely manner, please follow the directions for each question. Failure to answer all questions completely may result in a denial.

1. Name and address of medical facility providing evaluation will populate upon entering login and password.

2. Facility SAFE Account number will populate upon entering login and password.

3. Name of healthcare professional(s) conducting examination.

4. Indicate if the primary examiner named in box 3 is an expert in pediatric sexual abuse. The Ohio Attorney General's Office (OAG), the Ohio Chapter of the American Academy of Pediatrics, and the Ohio Chapter of the International Association of Forensic Nurses developed criteria (Appendix 5) for health care providers performing forensic medical exams on suspected pediatric sexual abuse cases where a genital exam is conducted, but no kit is collected due to disclosure occurring outside of the 72 hour timeframe. In order to receive reimbursement from the SAFE Program, the individual performing the exam must submit a resume/CV detailing their expertise in pediatric sexual abuse and be approved by the OAG.

5. Patient name. If the adult patient chooses not to report to law enforcement and asks that their identity be kept completely confidential, a reimbursement form submitted on behalf of "Jane/John Doe" is an acceptable submission.

6. Patient Gender Identity - Please check one option based on the response provided by the patient. See corresponding definitions below (from Human Rights Campaign, Sexual Orientation and Gender Identity: Terminology and Definitions. http://www.hrc.org/issues/gender_identity_terms_definitions.asp):

The term "gender identity" refers to a person's innate, deeply felt psychological identification as male or female, which may or may not correspond to the person's body or designated sex at birth.

The term "transgender" refers to a broad range of people who experience and/or express their gender differently from what most people expect — either in terms of expressing a gender that does not match the sex listed on their original birth certificate (i.e., designated sex at birth), or physically changing their sex. It is an umbrella term that includes people who are transsexual, cross-dressers or otherwise gender non-conforming.

7. Patient date of birth.

8. The patient's medical record number must be provided. In cases where a medical record number is not used, provide the first six digits of the patient's social security number. The same identification number must appear on both the reimbursement form and itemized statement.

9. Date/Time of Abuse/Assault – If the exam occurs within 96 hours (four full days) post-assault for an adult and 72 hours (3 full days) for a minor, evidence should always be collected. If a kit is collected, a specific date and time is required to confirm it was completed within the required timeframe. If an exact date is unknown, provide an estimated range of dates based upon the best information available (ex., December 2015, Summer 2010). Situations where this may be necessary would include cases with young children or adult patients who present with cognitive disabilities such as developmental delays or dementia and are unable to provide an exact date of assault. Any forms for an adult marked with “unknown” will be denied.

There are cases in which evidence should be collected beyond 96 hours. Examples include where the patient was unconscious or sedentary or where an exam may corroborate chronic injury or excessive force related to the sexual assault. Documentation must clearly justify the reasoning for the forensic collection as it relates to the sexual assault. Documentation does not guarantee payment by the SAFE Program.

10. Treatment Date/Time – The date/time when the treatment of the patient began.

11. Indicators of sexual assault - Document which indicators/history the patient (or guardian) presented with and why sexual assault/abuse was suspected and an exam conducted. In cases of suspected drug facilitated sexual assault in which the victim's memory may be impaired, document why the patient believes they were assaulted.

- Indicators must reflect why a SAFE was conducted. “Patient reported, patient disclosed, patient history” is insufficient indicators.

12. Was an Evidence Kit Collected?

12a. If yes, answer the question ***Which Law Enforcement Agency received the report, if applicable?***

If no, answer the questions:

- ***Why was no evidence kit collected?*** Open box for response.
- **Were other services provided? Yes No**

If yes, answer the question ***Which Services were Provided? (check all that apply)***

Genital Exam

Medical History

Remote Technology Consultation

- **Which Law Enforcement Agency received the report, if applicable?** A drop down box will appear with all agencies listed. If the agency is not listed due to the crime being committed out of state, it is not billable to OH SAFE.

If patient is a minor and no kit was collected, choose a law enforcement agency only if a report was filed. Otherwise a Children Services Agency must receive a report unless otherwise noted in the Indicators field why a report was not made (see Question #13).

Law enforcement reporting – Ohio Revised Code (ORC) 2921.22 (A) & (B) (see page 7) requires that health care providers report a sexual assault to law enforcement whether a patient chooses to speak with law enforcement or not. If the adult patient chooses to remain anonymous, the provider is mandated to provide the date, time, and general location the assault took place, but not the patient’s name or other identifiers. The sexual assault forensic exam and reimbursement is not dependent on the patient cooperating with law enforcement.

Law enforcement reporting or public children services agency - ORC 2151.421 (A)(1)(a) & (b) (see page 5) mandates that all health care providers report child abuse or neglect; investigation and follow-up procedures are the responsibility of either law enforcement or child protective services. Patients 17 years of age and younger are ineligible to file an anonymous report. Any submitted reimbursements in which a report is not made to law enforcement and/or child protective services by the medical provider may result in a denial.

13. Is the patient under the age of 18? Yes No

If yes, answer the question ***Which Child Protective Agency received the report, if applicable?***

14. Drug facilitated sexual assault –If Drug Facilitated Sexual Assault (DFSA) is suspected, it is strongly recommended that a urine sample is collected per the DFSA Protocol (Appendix 9). Drug/alcohol use includes voluntary ingestion.

15. Was a Drug Facilitated Sexual Assault (DFSA) kit collected per the 2011 Ohio Sexual Assault Protocol for Sexual Assault Forensic and Medical Examinations (Indicate if a DFSA sample was collected)? Yes No

16. Was Human Trafficking Suspected?

- If yes, **Why was Human Trafficking Suspected?**

17. Incarcerated Patients – All patients confined in a county, city, or federal jail or prison, or in any other institution maintained and operated by the Dept. of Rehabilitation and Corrections or Youth Services.

Itemized Statement Submissions - The itemized statement is required to display a dollar amount charge for services detailed as:

- sexual assault forensic examination; or
- sexual assault evidence collection kit; or
- SANE exam; or
- genital/anal examination and photodocumentation; and
- antibiotic prescription or any prophylaxis given to the patient to prevent sexually transmitted infections.
- Pregnancy testing
- Anti-nausea medication
- HIV prophylaxis, labs

Language such as “emergency room” or “emergency room visit” or “clinic” do not sufficiently detail that the services were provided during the sexual assault examination and may result in a denial.

The *Ohio Hospital Association* has approved Revenue Code 0929 to be used with “Emergency Level” in lieu of “SAFE, SANE, Forensic Exam” etc.

The itemized statement must include the patient name and medical record number and/or first six digits of the social security number. If the itemized statement does not match the information submitted on the reimbursement form, it may result in a denial (e.g., incorrect patient name, DOB, or treatment dates noted on reimbursement form and invoice that are different).

Periodically, chart audits will be performed to determine compliance with the *2011 Ohio Sexual Assault Protocol for Sexual Assault Forensic and Medical Examination* and the OAG reimbursement policy.

The patient should be encouraged to fill out an application for the Crime Victims Compensation Fund to determine eligibility for reimbursement of medical and other expenses.
Provide patient with enclosed Crime Victims Compensation card.

18. Submit for SAFE reimbursement– All reimbursements for the SAFE Program must be submitted online at [SAFE Online Reimbursement Link](#) with the patient’s itemized statement.

19. Submission for HIV Prophylaxis Supplemental Form – All reimbursements for HIV Prophylaxis must be submitted online at safe@ohioattorneygeneral.gov with the patient’s itemized statement.

All questions regarding submission should be directed to the SAFE Program at (614) 466-4797.

2011 Ohio Sexual Assault Protocol for Sexual Assault Forensic and Medical Examination mandated examination components.

15 or under

No suspicion of sexual contact or penetration,* ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc)

Procedures billable to patient.

Suspicion of sexual contact but no penetration, ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc) and**

Last incident less than 72 hours - Kit billable to SAFE;

- or -

Last incident greater than 72 hours – Genital exam*** is billable to SAFE.

Suspicion of penetration, ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc) and

Last incident less than 72 hours – Kit billable to SAFE;

- or -

Last incident between 72 and 96 hours – Kit or genital exam*** is billable to SAFE.

- or -

Last incident greater than 96 hours - genital exam*** is billable to SAFE.

16 or 17

No suspicion of sexual contact or penetration, ejaculation, or the presence of bodily substances (ex. saliva, urine, blood, emesis, etc)

Procedures billable to patient.

Suspicion of sexual contact or penetration, ejaculation, or the presence of other bodily substances (ex. saliva, urine, blood, emesis, etc) and

Last incident less than 96 hours - Kit billable to SAFE;

- or -

Multiple incidents greater than 96 hours - genital exam*** is billable to SAFE;

- or -

Single incident greater than 96**** - procedures billable to patient.

18 and over

Last incident less than 96 hours – kit billable to SAFE

Last incident(s) greater than 96 hours**** - procedures billable to patient

* “Penetration” means vaginal intercourse; anal intercourse, fellatio, and cunnilingus between persons regardless of sex; and, without privilege to do so, the insertion of any part of the body or any instrument, apparatus, or other object into the vaginal or anal opening of another.

** “Sexual contact” means any touching of an erogenous zone of another, including without limitation the thigh, genitals, buttock, pubic region, or, if the person is a female, a breast, for the purpose of sexual arousal or gratification, without privilege to do so. An exam is billable to the SAFE program if the exam occurred for the purpose of gathering physical evidence for a possible prosecution. Physical evidence may include semen, saliva, blood, sweat, hairs, vaginal secretions or other materials potentially transferred during a sexual contact.

*** All genital exams must be performed by an approved physician, advanced practice nurse, or registered nurse who is an expert in pediatric sexual abuse (see Ohio American Academy of Pediatrics and International Sexual Assault Nurse Examiners established criteria in Appendix 5).

**** See page 1 of the Protocol for extenuating circumstances allowing evidence collection greater than 96 hours for adults and older adolescents.