

# **Sexual Assault Medical Forensic Services Implementation Task Force**

**Thursday, February 25, 2021**

**1:00 – 2:30 pm**

## **Minutes**

### **Opening Remarks**

This meeting was conducted electronically in accordance with the Governor's Emergency Proclamation dated February 5, 2021.

Membership update: Dr. Marjorie Fujara has resigned her position and Dr. Emily Siffermann has been appointed to replace Dr. Fujara as a member of Child Abuse Pediatricians representing Urban Areas.

### **Roll Call**

Roll call was taken and a quorum was achieved

### **Approval of November 18, 2020 Meeting Minutes**

There were no comments, corrections or additions. Motion to approve by Sarah Beuning and seconded by Brenda Beshears. The Roll was called, motion to approve passed unanimously

### **Illinois Department of Public Health Update**

- IDPH SASETA Publications: Excel spreadsheet with a list of hospitals has been provided as of January 2021. Several hospitals transitioned in the southern part of the state.
  - Current numbers: Treatment Hospitals: 85, Treatment Hospitals with Approved Pediatric Transfer: 52, Transfer: 49, Out-of-State: 2, Approved Pediatric Health Care Facilities: 0, Approved Federally Qualified Health Centers: 2
  - The Approved column has \* to indicate any changes that have occurred. Karen will be adding a version date to this document so that individuals know when it was last updated. You can also use the revisions received document tab to determine the last time that edits have been made to the document.
- Federally Qualified Health Centers: Howard Brown has been approved. This is scheduled to sunset on June 30, 2021.
- Approved Pediatric Health Care Facilities Update: No applications have been received by IDPH for this designation.
- Out-of-State Hospitals Update: Subcommittee meeting capturing data starting January 2021. SSM Children's Cardinal Glennon and St. Louis Children's Hospital will be participating.
- Data from July – December 2020 shared.
  - Last two columns with Accepted Transfer and Out-of-State referrals from other than a hospital will not be included on the website. 113 patients that were accepted transfers. Out-of-State referrals that came from somewhere else (i.e.

police or walked in by themselves) 11 were patients that presented on their own accord.

- Of patients who presented, 74% had kits completed. Pediatric 68% had kits completed. Karen will do a comparison analysis for previous data and make that available for the Task Force.
- Administrative Rules Update: Working on amendments to SASETA rules and regulations to address transportation issue discussed at Rural Areawide Subcommittee, definition of SAFE, address issues related to law enforcement if patient is from a correctional facility or being monitored by the police, and clarification on definition of minimum of 7 days. Once rules are published there will be an open comment period.
- IDPH performing complaint investigations as they are able to. They will resume SASETA surveillance surveys as time allows.

### **Office of the Illinois Attorney General Update**

The Office of the Attorney General reported that 7478 Healthcare Professionals completed the 2-hour on-line Sexual Assault Training, that is an additional 308 from November 2020 to February 2021. The OAG announced the first 6 months of trainings included two Adult/Adolescent SANE, one Pediatric/Adolescent SANE and three Foundation to Provide Sexual Assault Patient Care in the Emergency Room trainings.

Since the last meeting, data was updated on the SANE Training Numbers document to indicate the number of participants that completed the two Adult/Adolescent SANE didactic trainings.

Question about any legislation pending to change the deadline for qualified medical providers. The OAG and IDPH are not aware of any legislative changes at this time.

Numbers updated to include all individuals who have been training for didactic SANE training, no longer just OAG SANE didactic trainings, due to the increase in individuals that have attended other trainings during 2020. Certificate of didactic completion must be received for someone to be added to the didactic training completion list. Pediatric/Adolescent SANE Clinical training logs are sent out for expert opinion before clinical competency determined. See SANE Training Numbers document for additional information.

Question if QMP deadline can be included in the emergency orders due to the redeployment of resources due to COVID. This would be up to IDPH to discuss.

### **Hospital Guidance regarding Transportation of Sexual Assault Patients**

Three sample documents were provided to the Members that provide guidance for hospitals in regard to the transport of sexual assault patients. A motion to approve the documents for distribution by the Task Force was submitted by Christy Alexander and seconded by Brenda Beshears. Roll was called and the motion passed unanimously.

### **Sexual Assault Emergency Treatment (Voucher) Program Presentation by the Department of Healthcare and Family Services**

Edna Canas introduced Stephanie Ray as the Sexual Assault Coordinator who has been in the position since June 2020. Stephanie can be contacted for claim payment, MEDI issues, provider enrollment issues and claim status.

The Department is working on claims received on September 8, 2020. Edna discussed the process for how claims are processed. Services are reimbursed at the Department's rate of reimbursement. Hospital claims are processed through a 3M Grouper. Non-institutional provider claims are processed on a fee schedule (the link is included in the presentation). Pharmacy claims are processed through the Pharmacy Benefits Management System. Additional questions should be directed back to your financial team.

The Hospital UB04 claim is what initiates the process. Without the hospital claim form, a sexual assault ID number cannot be issued and then no payments can be made. If the claim is returned to the follow-up provider because the UB04 has not been received, then the follow-up provider is instructed to write-off the remaining balance of the bill.

There was a request for a report to demonstrate how much compensation is provided on average per patient for the hospital and follow-up care. Jaclyn shared other requests that were made for the Department which included:

- What is the average reimbursement for an acute exam at a hospital?
- What percentage of individuals issued a voucher use the voucher for follow-up healthcare?
- How many individuals are denied access for follow-up because they present with the voucher and the provider did not accept it?
- Is there any work being done by HFS to educate labs, pharmacies and follow-up providers to increase the awareness of the program?
- Do you track the amount of claims submitted by individual?
  - Is there are high end and low end of reimbursement per individual?
- How many vouchers have been issued in the past few years?
- What is the overall budget for the voucher program?

There was a question as to whether or not a transfer hospital can request reimbursement for the initial care and services that they provided. To date, they have not paid any claims to transfer hospitals.

### **Committee Reports**

- *Areawide Treatment Plan Committee* no updates. How to Guide for On-Call SANE Programs is available on the Attorney General website.
- *Cost of Care Committee*

Data analysis report completed by IDPH from 2016-2019 for charges incurred by hospitals. Karen Senger presented the data (see IDPH Physical Abuse, Sexual Abuse and Rape Hospital Data Report).

- Eight ICD-10 codes were used
- Data included:
  - Treatment by Quarters, Total Counts of All Treatments by Quarter: 2 & 3 quarter of every year tend to be the highest volume
  - Areas broken out into Health Facilities Review Board Regions with the average charge per region identified on the map. Request to add dollar amount for Cook County on the map of the state.
  - Percentage overall by age: 56% of cases are 18 and older, 28% pediatric, 16% adolescent
  - Charges by age: 14% pediatric, 17% adolescent, 69% adult
  - Average Charge by Age Group: pediatrics less, then adolescents and increase for adult population
  - Percentage of each payer type are treating children: 33% insurance, 53% Medicaid
  - Average charge by payer type, Average Charge by Treatment by Payment Type: Medicare is higher
  - Proportion of treatments by payment type
  - Average Charge by Treatment
  - Difference in Cost from Average by Treatment
- We were not able to look at average costs, but the data shows current reimbursement and that it is not close to be able to manage the services.
- Request to change the wording to charges throughout the document.

Dr. Monika Pitzele, of the Illinois College of Emergency Physicians, Medical Forensic Services Reimbursement Proposal presentation:

- Discussed current compensation for medical forensic exams
- It would be ideal to know the actual cost of an acute exam, but have been unable to obtain this information
- Number of survivors is between 5,000 to 6,000 patients per year
  - Jan-June 2020: 2,240 sexual assault patients presented
- In 2019, over 54% of people in Illinois have private insurance, 18% have Medicaid, 14% Medicare, 7% uninsured.
  - Breakdown is not representative of every hospital. Comparison chart shown of two hospitals in Chicago and two hospitals in central/southern Illinois.
- Behind other states in compensation for sexual assault exams. Most states are between \$500-over \$1,000.
- Patient and Physician advisory committee is working on legislation related to increasing compensation for the acute medical forensic exams.
- Proposed changes include:
  - Remove the care of sexual assault survivors from under the limitations of the SMART Act and requesting a fixed amount for exam reimbursement of \$750 for adult exams and \$500 for pediatric exams (13 and under).

- Remove the mandate that the survivor use their private health insurance. Allowing the survivor to opt out can alleviate any safety or confidentiality concerns they may have. Implementation can be as easy as having the survivor sign an “opt out” of insurance document.
- ICEP is looking for support on this initiative. Legislation has not been drafted at this time.
- Many states do not bill private insurance. Most states receive funding from VOCA and VAWA. States that do bill private insurance are giving the patient an opt-out from the beginning. The opt-out is available in Wisconsin and they said that it has been helpful for adolescent patients and patients who are experiencing domestic violence, but it doesn’t come up often.
- *On-Call SANE/SAFE Programs Committee* – Open to additional feedback on the How to Guide. Please notify the Task Force if there are any requests for assistance to implement the How to Guide.
- *Out-of-State Areawide Treatment Plan Subcommittee* - in the process of reaching out to the area States Attorney’s Offices and Rape Crisis Centers to collection data.
- *Urban Areawide Treatment Plan Subcommittee* - met with three hospitals to discuss the possibility of them becoming an accepting facility for pediatric transfers. Three current pediatric treatment hospitals also participated. A strategic plan was drafted to demonstrate what changes could be possible in the future based on current data that has been collected and distance between hospitals. None of the four hospitals have committed to begin accepting pediatric transfers. There was a recommendation to change the title of the document to indicate that it is just a recommendation.
- *Rural Areawide Treatment Plan Subcommittee* – discussed how to facilitate the formation of pediatric programs around the 4-year public university locations. Discussed the work that was being done in the Urban Areawide Subcommittee. Map included to show the 4-year public university locations and the current status of each area. The group is going to start their focus on Areas C, H and I with F being a second tier.
- *Nursing School Curriculum Committee* – Brenda Beshears has volunteered to be the committee chair and is looking forward to scheduling the first meeting.
- *Telehealth Committee* – this committee will remain on hold until a Chair has been identified.

### **Task Force Members Announcements and Concerns**

Ann Adlington concerned about the subcommittee meetings being so close to the Task Force Meetings making it difficult to attend. Request to get subcommittee meetings scheduled sooner.

Monika Pitzele asked what additional information should be taught for nurses who attend the IAFN training regarding Illinois legislation. There is recommended additional curriculum for nurses who attend a national SANE training including Illinois legislation, the evidence collection kit, kit paperwork, etc. This document can be shared if requested.

Monika Pitzele asked about considering other education to count for the 2-hour education requirement. The OAG 2-hour training is on line at the SIU Medical School website and is available until January 2022. The legislation was required to be completed by July 1 2020 and will need to be repeated again by July 1 2022. If there are additional suggestions for training that should be considered, please reach out to Jaclyn Rodriguez.

Lisa Mathey asked about people being able to be grandfathered into QMP status. This will be included in the Administrative Rule submission by IDPH. Proof of training will need to be submitted regardless of how long ago someone attended training. The review process for current PA clinical training logs was discussed. Lisa requested to look at including PA SAFEs and PA SANEs as possible mentors moving forward. This will be re-evaluated when there are PA SAFEs.

### **Public Comment**

Erin Benning asked if it is ok for all her staff to repeat the 2-hour training this summer. The training is still up on the SIU School of Medicine website. Unsure if a new presentation will be created for 2022.

Erin Benning also inquired about Board Certified pediatricians being able to complete the paperwork necessary for becoming a QMP.

Shannon Krueger has a concern that the pandemic is rushing the education. Also requesting additional information on where SANEs are currently practicing. This information can be requested from Jaclyn Rodriguez directly.

### **2021 Task Force Meeting Dates**

Friday, April 30, 2021, 1:00pm – 3:30pm

Wednesday, August 18, 2021, 1:00pm – 3:30pm

Wednesday, November 17, 2021, 1:00pm – 3:30pm

### **Adjournment**

Motion to approve adjournment by Ann Adlington seconded by Monika Pitzele. Roll was called, motion passed unanimously and meeting was adjourned.

<b>Name</b>	<b>Attendance</b>	<b>Minutes Approval</b>	<b>Transportation Document</b>	<b>Adjournment</b>
Amy Barry	P	A	A	A
Ann Adlington	P	A	A	A
Arvind Goyal	Absent			
Brenda Beshears	P	A	A	
Brenda Danosky	P	A	A	A
Channing Petrak	Absent			
Christy Alexander	P	A	A	A
Debra Perry	Absent			
Emily Sifferman, MD	Absent			
Eva Hopp	Absent			
Heather Keirnan	P	A	A	A
Jaelyn Rodriguez	P	A	A	A
Jessica O'Leary	P	A	A	A
Joseph Burton	P	A	A	A
Senator Julie Morrison	Absent			
Karen Senger	P	A	A	
Kim Mangiaracino	Absent			
Lisa Mathey	P		A	A
Marites Gonzaga Reardon	P	A	A	
Monika Pitzele	P	A	A	A
Nancee Brown	P	A	A	A
Representative Robyn Gabel	Absent			
Sarah Beuning	P	A	A	
Scott Cooper	P	A		A
Senator Sue Rezin	Absent			