

## MEDICAL EXPENSES

(18 P.S. §11.103 & §11.707 and 37 Pa Code §411.11; §411.16 & §411.42)

### **Who?**

A victim or eligible claimant who as a direct result of a crime suffers from a physical or mental injury may be compensated for expenses incurred for medical care and treatment as approved by VCAP.

### **What?**

#### **Eligible Expenses:**

- Hospital
- Physician
- Dentist
- Ambulance
- Physical Therapy
- Medical supplies and equipment needed, stolen or damaged as a result of the crime (prosthetic devices, walkers, canes, wheelchairs, hearing aids, prescription medications, eyeglasses or other corrective lenses, or dental devices)
- Childcare
- Prescriptions/Medicine
- Medical co-pays and deductibles.
- Nutrient supplements such as Ensure and Pedialite can be considered for reimbursement in cases of a broken jaw, facial injury, etc.

**Note:** Alternative or holistic treatment may be considered if a physician deems it medically necessary and VCAP finds the request reasonable. Horse (equine) therapy may also be considered—See **“COUNSELING”**.

#### **Additional Eligible Expenses include:**

- Mental Health Counseling (see **“COUNSELING”** )
- Home Healthcare (see **“HOME HEALTHCARE AND REPLACEMENT SERVICES”**)
- Transportation to medical treatment, counseling sessions and pharmacies (see **“TRANSPORTATION & TRAVEL EXPENSES”**)
- Replacement Services (i.e. laundering, housekeeping, grocery shopping, meal preparation, administration of medication) (See the **“HOME HEALTHCARE AND REPLACEMENT SERVICES”**)
- **Reimbursement Rate:** Medical expenses for **treatment received** will be paid to a hospital or other licensed health care provider on behalf of the victim at a rate of **65%** (considered payment in full).

By law, hospitals and other health care providers must accept VCAP’s payment as payment in full and may not attempt to collect from the victim any amount exceeding the amount of reimbursement made by VCAP. 18 P.S. §11.708(b).

The maximum award for medical expenses, services, equipment and supplies falls under the \$35,000 cap.

**Please Note:** Providers who write off bills to a direct victim, claimant or intervenor may not at any point following the write off seek reimbursement from the VCAP, direct victim, claimant or intervenor. 37 §411.53

### **How?**

1. Itemized bills (each service is listed) must be included. The bills must be in the name of the claimant and include the name, address, and telephone number of the provider of service, the date of service, the type of service provided and the amount charged for each service.
2. If filing for prescription medication reimbursement, a copy of the actual prescription which shows the victim's name, the type of medication, the date prescribed and the doctor's name, must be included; or a printout from the pharmacy reflecting this information. For over-the-counter medications, a copy of an itemized receipt is often sufficient. To ensure the expenses are crime-related, Program staff may send for doctor verification for any medicine that the victim is seeking reimbursement for.
3. If the victim or claimant paid for any of the expenses, attaching copies of paid receipts or cancelled checks can be helpful. However, staff may also verify this directly with the provider by either sending a Provider Verification Form or making a telephone call.
4. If the victim or claimant is covered by medical insurance, then an insurance explanation of benefit statement (EOB) for each bill must be included. The EOB should include the name, address and telephone number of the insurance company, the dates of service, charges, the patient pay responsibility (including co-pays and deductibles) and the amount paid by the insurance.

**Please Note:** *Staff will use discretion—For example, obviously it is not reasonable to request an EOB from a victim for a hospital bill that has a balance of \$25 which is a common co-pay for a hospital visit. Additionally, if there is a bill for which no EOB was provided but the bill clearly reflects insurance payments and required write-offs, the Program will often consider and accept the bill without having the actual insurance benefit statement.*

5. Justification is required from the victim/claimant if victim is covered by an insurance plan or medical assistance, but did not utilize the prescribed coverage, such as that the victim could not obtain the required care, could not maintain ongoing care from a previous provider, travel considerations or other circumstances deemed appropriate by the VCAP.  
NOTE: The justification must come from the victim/claimant. It can be in writing or over the telephone. An advocate may assist a victim/claimant in writing such justification, however, the victim must sign.

**Examples:** *A child needs to receive counseling from a counselor who is outside the network but specializes in child sexual trauma; **OR***  
*A victim does not have a vehicle to travel 30 miles to a covered provider and wishes to use a provider within walking distance to home.*

**OUT OF NETWORK INSURANCE REIMBURSEMENT:** Effective May 1, 2013 (service date) – Victims who have health insurance and go to an out of network provider will need to submit those bills to their insurance company before VCAP can consider the bills. Their insurance company may pay a portion of the bill. VCAP requires either verification of the amount paid or indication of denial. If the claimant submits to their insurance and is denied and the claimant continues with the service, VCAP would only need to see the denial one time for payments to continue. For Out-of-Network requirements for counseling, please see *"COUNSELING"*.

**Please Note:** For consideration of expenses for *holistic or alternative treatment*, a letter from the victim's treating referring physician specifically addressing how the treatment relates to the crime and how the treatment will benefit the victim is required. If the letter is not submitted with the claim, please provide the name and address of the doctor so that staff can obtain the necessary verification.

## **Personal health-related supplies and equipment**

### **What?**

#### **Personal health-related supplies and equipment**

- Canes
- Hearing aids
- Walkers
- Dental devices
- Prescription medications
- Wheelchairs
- Eyeglasses or other corrective lenses
- Prosthetic devices
- Nonmedical remedial (corrective) care or products that are needed to assist in normal daily life functions such as a wheel chair ramp, lifts, or other special accommodations, including equipment or robotic devices needed to assist in normal, daily life functions.

**If any of the prior listed items are needed as a result of the crime:**

- The amount awarded for each item does not have a specific monetary limit under the \$35,000 cap, with the exception of eyeglass frames, which have a maximum of \$200.
- The VCAP will consider paying rental costs for personal health related medical equipment.
- The award will be based on reasonableness.
- Must be certified by a medical doctor, physician assistant, or certified registered nurse practitioner.

**If any of the prior listed personal health-related supplies and equipment items are required to be replaced or repaired because the item was stolen or damaged as a result of the crime:**

Reimbursement will not exceed **\$1,000** and shall be subject to the following limitations:

- Replacement of eyeglass frames shall be limited to \$200.
- \$1,000 for the replacement of all combined prescription medications stolen or damaged in a single crime.
- \$100 for the reimbursement of canes.
- \$250 for reimbursement of walkers.
- Doctor certification is **not** required.

**Please Note:** When items of this nature are **stolen**, the Program in most cases requires they be listed in the police report. If the items are **damaged** during a crime, they should be listed in the police report, when feasible. There can be instances, however, where the Program will waive the requirement that the stolen or damaged item must be listed in the police report.

**Example:** *A victim submits a receipt for a new pair of eyeglasses. The police report indicates that the victim was hit in the face but fails to indicate specifically that the eyeglasses were broken. It is reasonable to assume that eyeglasses were damaged because of the injury. These cases will be reviewed for timeliness of repair or purchase on a case-by-case basis.*

**Example:** *The police report states that the victim's purse was stolen but does not indicate that the victim's eyeglasses and prescriptions were inside the purse. VCAP may accept the claimant's word that the items were in the purse, provided that the date of the repair or replacement of the item is provided and is within a reasonable amount of time (normally one week, unless extenuating circumstances exist).*

**Any addendum made to the police report must be made within two weeks of the initial report.**

**Please Note:** Any large dollar (**over \$5,000**) medical, rehabilitation or other devices such as special wheelchairs, chair lifts, ramps, van conversion equipment, therapy spas or special needs home remodeling medically necessary as a result of the crime **will require two bids**. The VCAP will pay the lowest amount unless good cause is shown justifying the higher amount. If VCAP staff become aware of the fact that the direct victim has no financial means to order the needed services or equipment that exceed \$5,000 then VCAP will assist the claimant by first reviewing the claim to determine that it is an eligible claim and that an award is imminent and then notifying the potential provider and advising that if all issues relating to the claim remain as they were when the claim was reviewed, the VCAP will in all likelihood be making an award and payment will be sent directly to the provider if the service is rendered. (VCAP will not however guarantee payment.) **NOTE:** If the bill was paid by the claimant prior to submitting the bill or claim, VCAP will review those claims on a case by case basis to determine whether a second bid will be required.

### How?

1. Itemized bills must be included. The bills must be in the name of the claimant and include the name, address, and telephone number of the provider of service, the date of service, the type of service provided and the amount charged for each service.
2. If the victim or claimant paid for any of the service, copies of paid receipts or cancelled checks are helpful. However, staff may also verify this directly with the provider by either sending a Provider Verification Form or making a telephone call.
3. If the supplies or equipment are needed as a result of the crime, a doctor certification indicating the purchase or rental of specialized equipment is medically necessary as a result of the crime injury. If equipment is rented, the VCAP must also have a doctor's certification indicating how long it is necessary to rent the equipment as a result of the crime.

**Please Note:** If the victim has no compensable out-of-pocket losses other than the need, or possible future need, for advance/unique rehabilitative services or equipment, a claim should be filed in order to preserve the victim's rights in meeting the claim filing time frame

### Childcare/Babysitting Expenses

#### What?

The Program can reimburse for childcare/babysitting services, if a victim or claimant needs to attend a court appearance, a medical appointment, counseling session, or go to the pharmacy to pick up crime-related prescriptions. (Up to \$8 an hour for a non family member providing the service; or lost wages, within limits, for a family member or household member who takes time off work to provide the service.) If the victim is a child, then childcare/babysitting expenses can be considered for the child's siblings who need care while a parent takes the child victim for medical or counseling services, or interviews with police or prosecutors.

## **How?**

1. Provide the name and address of the childcare provider or babysitter, and indicate the dates/hours of care provided and the amount paid. Copies of paid receipts or cancelled check are helpful. The Program will either call the provider or send a Provider a Verification Form to complete and verify that the service was provided and the amount paid.

Most often, if the babysitting/childcare service was **only required for one day**, a handwritten note from the claimant indicating who he/she paid and how much was paid will suffice.

2. If the service was required for a medical or counseling appointment, a copy of a bill should be included. If the claimant had a court appearance, then documentation of the appearance, i.e., a copy of the subpoena, a letter from a court official or the victim advocate who accompanied the victim, should be included.

### ***Medical Expenses Q & A***

**Q** If VCAP pays a provider bill, can that hospital or licensed healthcare provider bill the victim for any amount over and above what VCAP paid?

**A** *No, if VCAP accepts a claim, the hospital or other licensed health care provider shall accept such payment as payment in full and may not attempt to collect from the victim any amount exceeding the amount of reimbursement.*

**EXCEPTION:** *If the Program assessed contribution on the claim and could not pay the hospital or healthcare provider the full 65%, then the hospital or healthcare provider could bill the victim, but only for the difference between the assessed contribution rate and the VCAP percentage rate for medical expenses.*

**EXCEPTION:** *The hospital must accept the VCAP rate of 65%, even if the hospital bill is greater than VCAP's \$35,000 maximum.*

**EXAMPLE:** *If the hospital bill were \$100,000, VCAP can reimburse up to \$35,000. 65% of \$100,000 is \$65,000. VCAP could pay the first \$35,000 and the claimant is only eligible for the remaining \$30,000.*

**Q** What if a provider writes off a bill? Can they send the bill to VCAP?

**A** *No, providers who write off bills to a victim may not at any point following the write off seek reimbursement from the VCAP, the victim, or the claimant.*

**Q** Will VCAP reimburse a victim who paid to obtain his/her medical records?

**A** *Yes. Costs for obtaining medical records for the VCAP can be reimbursed if paid by the victim/claimant but VCAP will not reimburse a provider for the costs. However, medical records are only requested when VCAP determines they are necessary to verify that injuries are crime related.*

**Q** Will VCAP pay for paternity tests?

**A** *Paternity tests may be considered for reimbursement on a case-by-case basis.*

**Q** A hospital keeps adding late fees to the victim's bill. Will those charges be reimbursed along with the bill?

**A** *No. The VCAP does not reimburse for late fees that the providers add to unpaid medical bills. However, the Program will reimburse any late fees already paid by a victim/claimant.*

**Q** Will VCAP pay for a missed appointment?

**A** *VCAP does not normally reimburse charges for missed appointments. However, VCAP may consider a good reason, such as an emergency, for why someone missed an appointment and will review on a case by case basis.*



- Q** The victim was billed for TV charges while in the hospital. Will VCAP pay for those charges?
- A** *Yes. VCAP can reimburse the daily rate for TV and telephone charges for victims who are hospitalized but not the long distance charges.*
- Q** The victim had property, including medications, taken by the police for the investigation. Can VCAP reimburse?
- A** *No. The VCAP can only pay to replace medication if it is stolen or damaged as a result of the crime.*

## HOME HEALTHCARE AND REPLACEMENT SERVICES (18 P.S. §11.103 and 37 Pa Code §411.42(i))

### **Who?**

A victim or eligible claimant who incurs expenses related to home healthcare or replacement services necessary as a result of the crime.

**Family members or anyone residing in the victim's or claimant's household who lose pay as a result of providing the homecare or replacement service:**

When a *family member* or anyone residing in the victim or claimant's household, loses pay from his/her job as a result of providing home healthcare or replacement services, *the VCAP may pay their net loss of earnings*. The person providing the care must not have been otherwise reimbursed for their lost earnings and the amount reimbursed by VCAP will not exceed the average weekly wage as determined annually by the Department of Labor and Industry.

**Definition of Family Member**—For the purposes of home healthcare and replacement services, family means anyone related to the victim within the third degree of consanguinity or affinity (includes step) or anyone residing in the same household.

1st degree child or parent

2nd degree sister, brother, grandchild, or grandparent

3rd degree niece, nephew, uncle, aunt, great-grandchild or great-grandparent

Please Note: **Unemployed family members** that fall within the definition of family **are not eligible** for compensation for home health care or replacement services

**Non-family members providing home healthcare or replacement services:**

If someone other than a family or household member provides these services, the maximum rate is \$8 per hour.

**Home healthcare or replacement services provided by professional:**

If home healthcare services are provided by a healthcare professional, VCAP can consider the actual amount charged.

**Remember:** A claim must be filed by an eligible claimant. If the provider of service is not an eligible claimant, they may be paid as a provider under the eligible claimant's claim.

## **What?**

- Reasonable expenses for home healthcare services required as a result of the crime.
- Reasonable expenses for obtaining ordinary and necessary services (replacement services) that the direct victim would have performed, not for income but for personal benefit or for the benefit of the family, had the victim not been injured as a result of the crime. Examples of replacement services may include laundering, housekeeping, taking victim to medical appointment, childcare, grocery shopping, meal preparation or lawn care.

Home healthcare and replacement services fall under the \$35,000 cap.

## **How?**

1. The name and complete address of the doctor to whom VCAP may send a Health Care Practitioner Certification of Services Form to verify the homecare/replacement services. (Must be a physician, psychiatrist, or psychologist.)

Note: A victim may submit a doctor's note certifying the need for homecare/replacement with his or her claim. The certification must state the duration of the home healthcare/replacement service (from – to –) as well as the number of hours required daily, and that the service is medically necessary as a result of the crime. If the certification submitted with the claim form is not sufficient VCAP will send out for verification.

**PLEASE NOTE:** Normally a doctor's certification verifying the need for homecare is not required when homecare is only being requested for one or two days, especially when the victim is a child.

2. The name and address of the individual or company who provided the home healthcare services.
3. An itemized bill showing dates of service, hours worked, type of service provided along with the amount charged. If the bill submitted with the claim is not sufficient, VCAP staff will send out the Home/Childcare/Transportation Services/Replacement Services verification form to the provider of the service to complete.
4. Copies of receipts or cancelled checks are helpful. However, staff may verify with provider of service as described in #3 above.
5. If the provider of service is a family member or someone living in the victim's or claimant's household who lost wages as a result of providing the service, the following information is also required:
  - The name, address and telephone number of the family or household member's employer.
  - Copies of the family or household member's two paystubs for periods immediately prior to the leave of absence or a printout from the employer covering these pay periods. If

unable to provide this information, provide copies of the most recent W-2 statements or signed and filed IRS tax returns or state tax returns.

- Documentation of any paid leave the claimant received.

If the family member or person in victim's household is **self-employed**, the following is required:

- Copies of the family or household member's most recently signed and filed tax return including all schedules and 1099 forms, if applicable.
- If the family or household member was self-employed for less than a year at the time of the crime, and tax records are not available or do not accurately reflect income, wage earnings for the period immediately preceding the start of the business may be used as a basis for the loss.
- If, due to the crime injury, the family or household member is unable to fulfill a contract which was negotiated and signed prior to the crime, the VCAP may consider the lost net income. Copies of full signed contract is required.
- If the business continues to operate during the period of disability, VCAP may consider the amount paid to others hired to perform services that were normally performed by the family or household member. Documentation needed would include the pay records for the entire period that the replacement worker(s) was hired for.