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Department of Correction	Standard	Co-Pay for Medical Services		1 of 5
	Operating Procedure			
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		411.06.03.001	7.0	03/04/2008
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Pat Donaldson, chief of Management Services, approved this document on $\underline{01/11/2018}$. Open to the public: \boxtimes Yes

SCOPE

This standard operating procedure applies to all Idaho Department of Correction employees, inmates, contract medical providers, and subcontractors.

Revision Summary

Revision date (01/11/20108) version 7.0: Added clarification regarding inmate access to healthcare.

Revision date (10/04/2017) version 6.0: Minor changes to add a designee to some areas of responsibility.

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BOARD OF CORRECTION IDAPA RULE NUMBER 06.01.01.03

Department Fee Structure

POLICY CONTROL NUMBER 411

Medical Co-Pay

PURPOSE

The purpose of this standard operating procedure is to establish a system for charging inmates housed in Idaho Department of Correction facilities a fee for health care services provided by the department or its contractors.

RESPONSIBILITY

Health Services Director

The health services director or designee is responsible for:

- Monitoring and overseeing all aspects of health care services.
- Ensuring implementation and continued practice of the requirements of this standard operating procedure.

If health care is contracted, the health services director or designee is responsible for:

- Reviewing and approving all applicable contract medical provider policy, procedure, and forms before implementation.
- Monitoring the contract medical provider's performance, reviewing processes, procedures, forms, and protocols used by the contract medical provider to ensure compliance with all health care-related requirements of contracts, and this standard operating procedure.

Contract Medical Provider

The contract medical provider is responsible for implementing and practicing all requirements of this standard operating procedure, unless specifically exempted by written contracts.

Nothing in this standard operating procedure relieves a contract medical provider of any obligation or responsibility of respective contractual agreements

STANDARD PROCEDURES

Medical co-pay funds collected in department facilities offset general fund medical expenses. Out of state facilities and county jails that charge co-pay, retain those funds.

Healthcare services will not be denied or delayed based on an inmate's ability to pay.

1. Informing Inmates How to Access Health Care Services

Intake medical staff must inform inmates of the process to access health care services. This instruction takes place at intake orientation and upon arrival at a new facility.

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2. Medical Co-Pay Process for Inmates in Non-IDOC Facilities

Inmates may be charged medical co-pay when housed in out-of-state and county jails governed by contract or memorandum of understanding.

If an out-of-state facility or county jail charges co-pay, the limits are:

\$2 co-pay for inmate-initiated request for medical or dental services

A non-IDOC facility must not deny IDOC inmates medical, dental, mental health, or pharmacy services because the inmate cannot pay.

3. Health Care Services Requiring Payment of Medical Co-Pay Fee

Medical co-pay fees are as follows:

Prison Inmates, CRC Inmate Facility Workers, and Unemployed CRC Work Release Inmates

- \$2 co-pay for each inmate-initiated sick call service from a physician, physician assistant, nurse practitioner, nurse, health care professional, dental, optometry, or emergency evaluation and treatment
- Co-pay charges are the same for general population and segregated inmates.

Employed CRC Work Release Inmates

 \$10 co-pay for inmate-initiated sick call service from a physician, physician assistant, nurse practitioner, nurse, health care professional, dental, optometry, or emergency evaluation and treatment.

4. Pharmacy Services Requiring Payment of Medical Co-Pay Fee

Whether medications are dispensed to the inmate in self-medicate or 'keep-on-person' quantities or by individual unit doses, all medical prescriptions are ordered by health care providers in quantities and durations that are medically appropriate and according to all applicable laws and regulations.

Pharmacy service medical co-pay fees are as follows:

Prison Inmates, CRC Inmate Facility Workers, and Unemployed CRC Work Release Inmates

There is no co-pay for prescription or OTC medication.

Employed CRC Work Release Inmates

There is a \$5 pharmacy services medical co-pay for inmates receiving over-the-counter or prescription medications for each course, treatment, or per prescription.

When a health care professional approves, reevaluates, renews, rewrites, or refills a medication order, that transaction is a new prescription and subject to a co-pay charge.

Renewed over-the-counter or prescription medications are charged a co-pay fee.

Co-pay fees are charged every ninety days for the renewal of any maintenance medication except those covered under chronic disease clinics.

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5. Services, Medicines, and Inmates Exempt from Medical Co-Pay

Co-pays are not charged for:

- Initial assessments during the reception and diagnostic process, including physical and dental examinations and screening
- Prescribed laboratory studies and tests
- Prescribed x-rays
- Testing routinely done during the intake process
- Prescribed psychiatric or psychological testing and evaluation
- Dressing changes and other ongoing treatments ordered by a health care professional for treatment prescribed over the course of several days or weeks
- Miscellaneous inmate health assessments including screenings for work and program assignments
- Medications ordered for treatment of a chronic disease that is followed in the chronic disease clinic
- Tuberculosis prophylaxis types of medications
- Chronic disease clinic including prescribed infirmary care, transfer screenings, periodic assessments, and scheduled follow-up exams
- Mental Health
- Follow-up visits authorized by health care professional
- Written referrals by one health care professional to another for the same presenting problem
- Inmates injured while on work projects and who are covered by department supplemental insurance or are under the care of a workman compensation provider
- Medical care needed as a result of sexual assault while incarcerated
- Eyeglasses provided once every two years by prescription
- Tuberculosis prophylaxis types of medications
- Chronic disease clinic including prescribed infirmary care, transfer screenings, periodic assessments, and scheduled follow-up exams
- Mental Health
- Follow-up visits authorized by health care professional
- Written referrals by one health care professional to another for the same presenting problem
- Inmates injured while on work projects and who are covered by department supplemental insurance or are under the care of a workman compensation provider
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- Eyeglasses provided once every two years by prescription
 - In the event glasses are broken, lost, or misplaced before the two year timeframe is completed, the inmate will be subject to a \$2 co-pay for an optometry visit and \$2 co-pay to replace the lost or broken glasses.

Inmate Worker Work-Related Injuries

Inmates injured while working at a facility (kitchen worker, CI, janitor, maintenance, etc.) are allowed one initial visit and one follow up visit at no charge for the work injury. A medical provider must order further visits to be exempt from a co-pay charge.

6. Health Services Request Co-Pay Form

An inmate must complete a health services request co-pay form before each visit for health care services except as exempted above.

An inmate may submit up to three health service requests with one issue per request per day.

7. Assessing the Medical Co-Pay Fee

Upon completion of the four-part NCR health services request co-pay form, the original (first page) is kept by the health care professional. The second and third pages go to fiscal for charging the medical co-pay fee. The fourth page is kept by the inmate. The third page is returned to the inmate by institutional mail once charges are documented.

8. Inmate Concerns

An inmate who thinks a medical co-pay fee was unfairly charged may file a concern form seeking resolution.

9. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health services director, or designee, by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health services director, or designee, must conduct two audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCCHC standards, and the review of a minimum of fifteen individual records.

DEFINITIONS

None

REFERENCES

None

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