

1.4.E.10 Medical Services Copayments

I Policy Index:



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II Policy:

Inmates in the custody of the Department of Corrections (DOC) may be charged for medical services. Medically necessary health care will not be refused by the DOC or its contracted health care providers because of an inmate's lack of available funds or inability to pay for the medically necessary health care (ACA #4-4345).

III Definitions:

Claim:

Information submitted by a provider to establish medical services were provided to a person, from which processing for payment to the provider is made.

Community Transition Program (CTP):

A program under the control of the DOC designed to assist identified offenders with successful transition to community supervision.

Community Transition Program Phase 1- Restricted:

Offenders released to CTP that are restricted to the grounds of the facility.

Community Transition Program Phase 2:

Offenders released to CTP that are eligible to seek employment in the community.

Copayment:

A specified dollar amount or fee charged to an offender for health care or other medical services.

Emergency Services:

With respect to a medical emergency. A medical screening examination that is within the capability of the emergency department of a hospital; including ancillary services routinely available to the emergency department to evaluate such medical emergency, and such further medical examination and treatment necessary to stabilize the person.

Exclusions:

Specific health care services, supplies, sicknesses, or injuries that are not covered by insurance or other coverage.

Medical Emergency:

A condition that without immediate attention, may result in the loss or life or permanent disability.

Medical Services:

Medical, dental, optometry, lab, x-ray, medications or other related services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury or disease.

Nurse Sick Call:

A system through which an inmate may report for and receive appropriate medical services for non-emergency health needs.

Provider:

Any supplier of medical services, i.e., physician, physician assistant, nurse practitioners, pharmacist, dentist, optometrist or other health care practitioner licensed, accredited or certified to perform specified health services, consistent with state law.

Work Release Program:

A program that allows qualifying and approved inmates access to the community to seek employment and to be competitively employed in the community, pursuant to SDCL § 24-8-1.

IV Procedures:

1. Inmate Medical Services Copayments:

- A. All new admission inmates will be provided information regarding available medical services, including copayment requirements, while in the Admission and Orientation (A&O) unit (ACA #4-4345).
- B. Inmates, including federal detainees, may be charged the copayment fees (See DOH policy P-A-01 – [Access to Care](#)). Medical copayments for inmates are as follows:
 - 1. Nurse sick call initiated by the inmate - \$2.00
 - 2. Non-scheduled care -\$2.00
 - 3. Inspection of medical records. Additional charges for copying records will be assessed separately (See DOC policy 1.1.E.3 [Offender Access to DOC Records](#)) - \$2.00
 - 4. Care provided for self-harm/self-inflicted injury - \$2.00
 - 5. Injury arising from participation in voluntary recreational activity - \$2.00
 - 6. Dentist or hygienist - \$5.00
 - 7. Optometrist - \$5.00
 - 8. Replacement of durable medical equipment, to include medical or dental adaptive devices such as eyeglasses, hearing aids, cochlear processors, dentures, prosthetic devices or other such devices if lost, stolen or damaged (excludes replacement of hearing aid batteries) - \$12.00
 - 9. Replacement of lost, stolen or damaged Exos brace- \$25.00

10. Emergency transport for transports that are determined to be related to or a direct result of use or possession of illicit drugs - \$50.00 (maximum). Includes treatment, detox, monitoring or removal of drugs.
- C. Inmates may be ordered to pay specified costs for health related services (claims) that are the result of actions of the inmate, e.g. assault upon another, as ordered by the DOC, court or as required by law (See DOC policy 1.4.E.8 [Blood-Borne Pathogens and Infectious Disease Management](#)).
- D. Inmates are generally not charged a copayment for treatment of work-related injuries occurring at the facility, unless there is reasonable belief or documentation showing the injury was caused by willful, reckless behavior or contrary to staff directives, posted safety protocol, policies, etc.
- E. Services that do not have a copayment assigned are as follows:
 1. Staff scheduled follow-up appointments, as required by medical, dental or optometry staff;
 2. Medical emergency (some exceptions may apply).
 3. Initial evaluation and treatment of injuries resulting from an assault;
 4. Behavioral Health Services;
 5. Admission screening, testing, assessments;
 6. Exams or screenings to determine half-way house or community placement eligibility;
 7. Prescriptions;
 8. Replacement batteries for hearing aids and cochlear processors (See DOC policy 1.1.E.7 [Americans with Disabilities Act \(ADA\)](#));
 9. Chronic care/disease management (asthma, seizure disorders, diabetes, cardiac disease, hypertension, HIV, TB, STDs, etc.);
 10. Recommended immunizations;
 11. Initial testing, treatment, and follow up for reportable communicable diseases;
 12. Infirmity care;
 13. Prenatal care;
 14. PREA related medical services (no inmate or CTP offender will be charged for PREA related medical services-report of sexual assault, abuse or harassment); and
 15. Appointments or services initiated by medical, dental or optometry staff (ACA #4-4345).

2. Copayments for Work Release Inmates and CTP Phase 2 Offenders:

- A. Inmates assigned to work release and offenders released to CTP Phase 2 may be assessed copayments for certain medical services (See DOC policies 1.5.A.5 [Work Release](#) and 1.5.G.2 [Parole Services-Community Transition Program](#) and DOH policies P-A-01 [Access to Care](#)).

- B. The following copayment fees will be assessed for each medical service claim received from or charged by the provider, if the inmate/offender does not have insurance:
1. Sick call, per visit - \$2.00
 2. Appointment with a physician, physician assistant, certified nurse practitioner, dentist, hygienist, or optometrist, per visit (includes chronic care) - \$10.00
 3. X-rays, per date of service - \$20.00
 4. Prescription medication - cost of medication, up to \$30.00 co-pay per prescription
 5. Laboratory service, per date of service - \$20.00 (does not include inmate contested positive drug test results sent to the State Lab (See DOC policy 1.3.A.8 *Offender Drug Testing, Sanctions & Treatment*).
 6. Outside referrals, as approved by the medical director and utilization process - \$40.00
 7. Replacement of durable medical equipment, to include medical or dental adaptive devices such as eyeglasses, hearing aids (excluding replacement of hearing aid batteries), cochlear processors, dentures, prosthetic devices or other such devices if lost, stolen or damaged- \$12.00
 8. Replacement of lost, stolen or damaged Exos brace- \$25.00
 9. Emergent care, per visit, to include ancillary fees and ambulance service - \$50.00
- C. Work release inmates and CTP Phase 2 offenders must obtain health and/or dental (medical) insurance through their employer, if such insurance is offered. The inmate/offender is responsible for the insurance premium, copayment for services received, and may be responsible for costs not covered by the insurance plan.
1. If the inmate/offender has insurance through their employer, the insurance provider will be billed first for all medical services received. The inmate/offender will be billed for any amount not covered by insurance. Any bill received by an inmate/offender must be forwarded to the inmate/offender's work release case manager or parole agent (CTP offenders).
 2. Inmates/offenders with employer provided insurance remain responsible for any copayment fees due to the provider, in an amount up to those specified within this section for the service. All services provided by Health Services that require a copayment are the responsibility of the inmate/offender.
 3. Work release case managers or the parole agent who is aware the inmate/offender has private insurance, will inform Health Service staff of the private insurance. The inmate/offender will provide Health Services with the private insurance provider's information for billing purposes.
- D. If a work release inmate or CTP Phase 2 offender sustains a work-related injury, or requires emergency medical services while at their job, they must immediately report the injury, including any emergency medical services received as a result of the injury, to the employer.
1. The inmate/offender and employer are responsible for filing the Worker's Compensation claim.
 2. The inmate/offender may be responsible for any amount not covered by Worker's Compensation (exclusions).

3. Inmates/offenders who receive medical services from an outside provider for a work-related injury/accident are required to notify DOC/DOH staff of the medical services received from the outside provider directly upon return to their housing facility.
- E. Inmates/offenders housed in a county jail or contract facility will access medical services as determined by the jail/facility administrator or as instructed by DOC or DOH staff. The inmate/offender may be responsible for specified fees or copayments assessed by the provider, as determined by the DOC.
- F. Work release inmates or CTP Phase 2 offenders requiring off-site medical services may be referred by Health Services staff to an approved provider in the community (See DOH policy P-A-01 [Access to Care for Work Release and CTP2 Inmates](#)).
- G. Inmates/offenders are responsible for medical copayment fees and other charges for medical services received outside of the Health Services that are not pre-approved by Health Services.

3. Copayment Fees and Claims Billing:

- A. Copayment fees assessed inmates/offenders will be documented by Health Services staff and turned in to the respective DOC business office. The corresponding amount will be deducted from the inmate's account or create an obligation, if the inmate is indigent (See DOC policy 1.1.B.2 [Inmate Accounts and Financial Responsibility](#)).
- B. Claims for medical services provided to an inmate/offender by an outside provider may be submitted directly to the DOC/DOH for processing. Bills received for service sent directly to the inmate/offender should be forwarded to unit staff or DOH staff for processing.
- C. Prior approval is required for any federal inmate considered for outside consult, labs, issuance of medical equipment, orthopedic devices, or dental procedures. Medications shall be ordered from the Human Services Center pharmacy.
- D. Inmates/offenders may be held liable for all or a portion of any medical services claim not eligible for payment by the DOC (exclusions or receipt of services which were not approved).
- E. Inmates/offenders with grievances related to DOH health care services or copayments assessed must utilize the Administrative Remedy procedure (See DOC policy 1.3.E.2 [Administrative Remedy for Inmates](#)).

V Related Directives:

SDCL § [24-8-1](#).

DOC policy 1.1.B.2 – [Inmate Accounts and Financial Responsibility](#)
 DOC policy 1.1.E.3 – [Offender Access to DOC Records](#)
 DOC policy 1.1.E.7 – [Americans with Disabilities Act \(ADA\)](#)
 DOC policy 1.3.A.8 – [Offender Drug Testing, Sanctions & Treatment](#)
 DOC policy 1.3.E.2 – [Administrative Remedy for Inmates](#)
 DOC policy 1.4.E.8 – [Blood-Borne Pathogens and Infectious Disease Management](#)
 DOC policy 1.5.A.5 – [Work Release](#)
 DOC policy 1.5.G.2 – [Community Transition Program](#)
 DOH policy P-A-01 – [Access to Care](#)

VI Revision Log:

December 2002: Raised amount of co-pay from \$2 to \$5

June 2003: Added number 9 to services that do not require co-payments. Added reference to

policies 1.1. B.2. and 1.3. E.2. **Combined** sections on Administrative Remedy and funds collected.

February 2004: **Revised** the policy statement. **Added** a section on Workman's Compensation claims for Work Release inmates. **Added** a reference to the Work Release Policy. **Added** a separate list of services charged to Work Release inmates. **Revised** for former sections on Billing for Co-Payments, Inmate Institutional Account and Other Co-Payment Guidelines into a new section entitled Billing and Payment for Health Care Services. **Added** reference to DOH policies PA 01, PC 06A and PC 06B.

October 2004: **Added** requirement that co-pay is required when inmates view medical/mental health records. **Deleted** references to the Documentation of Health Care Services form and the related attachment. **Revised** attachment 1.

September 2005: **Updated** references to DOH policies. **Added** a reference to the Community Transition Program. **Replaced** infirmary care with chronic care. **Deleted** medical co-pay for work release inmates for the psychiatrist. **Added** medical co-pay for X-ray on work release inmates. **Clarified** how money collected from the medical co-payments will be used by the DOC.

December 2006: **Revised** the procedures for work release inmates making payments on their medical obligations. **Revised** attachment 1. **Added** exams initiated as a result of an assault to services that are not charged a medical co-pay.

October 2007: **Added** "other written documentation" for those DOH employees who do not use a commissary slip to track the inmate medical co-pay.

September 2008: **Revised** formatting of policy and attachment in accordance with DOC policy 1.1. A.2. **Added** DOC policy in section V. **Replaced** "commissary spending" to "spend" account throughout policy. **Revised** other grammatical and wording throughout policy.

September 2009: **Added** DOH policy P-C-06C within ss (A) and replaced \$15 with \$10 in ss (B) both within Services and Fees for Work Release Inmates Housed at a DOC Facility. **Added** P-C-06C to section V. **Added** hyperlinks.

September 2010: **Revised** formatting of Section 1. **Deleted** statement regarding inmates not having funds in their institutional account within Policy statement. **Replaced** "Workman's" with "Worker's Compensation. **Revised** \$5 to \$2 in ss (B1 and B4) and **revised** Note to include assessments and care for self-harm and **deleted** mental health within the same Note, **revised** wording within ss (C1), **revised** numbering within ss (C) through combining, **deleted** former ss (C7 and C8) regarding chronic care and sick call visits for food service workers and **revised** former ss (C10) referencing 24 hours from injury to reference injuries that are an emergency all within (Services and Fees For Non-Work Release Inmates). **Revised** \$5 to \$2 in ss (B1) regarding sick call, **revised** \$10 to \$20 in ss (B5) regarding x-rays, **revised** full cost of lab work to \$20 in ss (B7) and **replaced** forward with forfeit in ss (D) all within (Services and Fees For Work Release Inmates Housed at a DOC Facility). **Deleted** reference to doctor within ss (A1e), **replaced** employer with workers compensation or insurance in ss (B) and **deleted** reference of DHS from ss (B1) all within (Billing and Payment for Health Care Services). **Revised** co-pays to be consistent with policy, **replaced** forward with forfeit regarding inmate funds and **replaced** "workman's" with "worker's" compensation all within Attachment 1.

October 2011: **Added** "off-site facilities or providers" to Policy section. **Added** Definition of "Work Release" and "Emergency" and "Emergency Care". **Added** "/billed" to Section 1 B. **Added** "initiated by the inmate" to Section 1 B. 1. **Added** "non-scheduled care" "and care provided when medical staff determine an inmate's medical emergency was not an emergency") to the "Note" in Section 1. B. 4. **Added** "/billed" to Section 1 C. **Deleted** "screenings" and **Replaced** with "services" in Section 1 C. 4. **Added** "as determined by medical staff" to Section 1 C. 7. **Added** 10. "Chronic Care Clinic, except for Work Release Inmates" to Section 1 C. 10. **Added** 11. "Infirmary care" to Section 1 C. **Added** (service fee is for each visit) to Section 2. B. **Added** 9. to Section 2 B. **Added** "and/" to Section 2 C. 2. **Deleted** "or requires health care services" from Section 2 C. 3. **Added** "an on-going medical obligation or a medical obligation as a result of an acute (not on-going) issue, and "apply" and "This process will typically occur one time" to Section 2 D. **Added** 1. to Section 2 D. **Deleted** "The" and **Replaced** with "After the one time occurrence of sweeping the aforementioned accounts" and **Deleted** "must also agree in writing to submit a minimum payment of twenty (\$20.00) dollars every month towards the residual amount" and **Replaced** with "will make a minimum of twenty (\$20.00) dollars per month payment towards the obligation. The remaining amount will be added to the inmate's IFR as cost incurred" to Section 2 d. 2. **Added** "nursing" "non-scheduled care by health services staff, review of medical records, care provided for self-harm" "/hygienist" **Deleted** "eye doctor" and **Replaced** with "optometrist, any health care

service initiated by the inmate” to Section 3. A. e. **Deleted** “filled out” and **Replaced** with “completed” in Section 3. A. 2. **Added** “(or note by staff stating the inmate refused to sign) in Section B. 1. A.

October 2012: **Added** “while at their community job or during the performance of their job duties” and **Deleted** “immediately so the employer can assist in the payment of the related claims” and **Replaced** with “regarding the injury and/or health care service received” in Section 2 B. 3. **Added** 4. and 5. to Section 2 C. **Deleted** “Once the” and **Replaced** with “When a health care service” and **Added** “documenting the service provided is required” in Section 3 A. **Deleted** “by health services the end of the health service staff person’s shift and will be” and **Replaced** with “by Department of Health staff no later than the next working day following when the service was provided to the inmate/offender” in Section 3 A. 2. **Added** “and/or written documentation” in Section 3 B. 1. a. **Deleted** b. “After the written documentation has been completed, it will be forwarded to the appropriate business office for processing” in Section 3 B. 1.

February 2013: **Added** “Fees and Billing for Health Care Services to title of policy. **Deleted** definition of “Inmate Institutional Account”, “Health Services Nurse” and “Sick Call” **Added** “The charge will be billed through medical services and automatically deducted, or a commissary slip must be completed by the inmate with the same procedure required of non-work release inmates outlined in Section 3 A. 1. If the inmate does not have funds in his/her work release expense account, a credit obligation will be applied to the inmate’s account” to Section 2 A. **Added** “or have the inmate complete a commissary slip. Commissary slips will be submitted to the business office on a daily basis. If an encounter is entered by medical, it will automatically deduct the corresponding value of the encounter per sections 1. B. or 2. B. above. If the offender does not have funds in his/her spend account, a credit obligation will be applied to the offender’s account” in Section 3 A. **Deleted** “a commissary slip or other written documentation documenting the service provided is required” and **Deleted** c. “The funds collected from the medical co-payments will be deposited into a local endowment fund and used to buy medical equipment and to pay other expenses related to the care of inmates” all in Section 3. A. 2. **Deleted** a. “After being signed by the inmate (or noted by staff stated the inmate refused to sign), the commissary slip, and/or written documentation will be forwarded to the appropriate business office for processing” in Section 3 B. **Deleted** “run his/her balance into the negative” and **Replaced** with “cause his/her balance to show a credit obligation” in Section 3 B. 2. b. **Added** “provided they are not covered by encounters entered by DOH staff” in Section 3 C. **Added** E. to Section 3.

September 2014: **Added** definition of “Medical Services”. **Deleted** “of an adult facility” and **Added** “due to a lack of available funds or an inmate’s inability to pay for the service” to the policy statement. **Added** “access to the community to seek employment” to definition of “Work Release”. **Deleted** “Uncontrolled bleeding, the need for CPR or ambulance to be called” and **Replaced** with “Conditions that require immediate attention or treatment to prevent permanent injury or loss of function” to definition of “Emergency”. **Deleted** definition of “Emergency Care”. **Added** definition of “Sick Call”. **Deleted** “Non-Work Release” from Section 1. **Added** “All new admission inmates will be advised at the time of admission to a DOC facility of the guidelines of medical co-payments” in Section 1 A. **Added** 2-5 in Section 1 B. **Added** “employed as part of the work release program” and “appointments or services initiated by medical staff including” in Section 1 C. **Deleted** “sexual assault” in Section 1 C. 3. **Added** CTP offenders to Section 2. **Deleted** “full” and **Replaced** with “up to \$30 co-pay” in Section 2 B. 6. **Deleted** “Full cost of service set by the provider” and **Replaced** with “\$40” in Section 2 B. 8. **Added** 9-10 in Section 2 B. **Added** “Outside referrals and specialists will need to be approved by the Medical Director through the utilization management system” in Section 2 C.5. **Deleted** D. 1. and 2. in Section 2. **Added** 8. to Section 2 D. **Added** J. to Section 2. **Deleted** Section 3 and **Replaced** with new Section 3.

September 2015: **Deleted** “MCC” from Section 2 F. **Added** 2 to Section 2 E. **Deleted** “will” and **Replaced** with “may” in Section 3 C.

September 2016: **Added** 8. to Section 1 B. **Added** 10. to Section 1 C. **Added** “hearing aids, cochlear processors, or other such devices and **Added** “repaired” and **Deleted** “as determined by Health Services staff” and **Replaced** with “not to exceed \$40) in Section 2 B. 8.

March 2018: **Numerous Revisions to the policy.**

September 2018: **Revised** definition of “Provider”. **Added** 9. to Section 1 B. **Added** 8 to Section 2 B. **Added** 9-12 to Section 1 D.

September 2019: **Revised** definition of “Medical Emergency”. **Added** 10. to Section 1 B. **Added** C. to Section 3.

Mike Leidholt (original signature on file)

Mike Leidholt, Secretary of Corrections

10/23/2019

Date