

HEALTH SERVICES POLICY & PROCEDURE MANUAL

North Carolina Department Of Correction
Division Of Prisons

SECTION: Administrative - Managed Care
POLICY # AD III-1

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SUBJECT: Inmate Co-Pay

EFFECTIVE DATE: May 2011
SUPERCEDES DATE: September 2007

BACKGROUND

The mission of the North Carolina Division of Prisons is to deliver constitutionally mandated health care to our inmate population in the most effective and efficient manner possible. Inmate co-payment is one of the means employed to achieve this goal. Inmate co-payment will induce inmates to take more responsibility for their health care while diminishing the misuse of the correctional health care system. This in turn will allow health professionals more time to direct medical resources to those with true needs. Inmate Co-payment will also provide a revenue source to defray the increasing costs of inmate health care. Every inmate will have access to health care regardless of his or her ability to pay.

PURPOSE

To provide guidelines for charging inmates for specified health care and dental services in accordance with the DOC policy on inmate co-payment. Inmate co-payment is applicable after an assessment or treatment is completed.

GENERAL AUTHORITY

- A. North Carolina Statutory authority G.S. 148-5; G.S. 148-11; and G.S. 148-36.
- B. The Director, Division of Prisons, North Carolina Department of Correction has established the inmate co-payment program for specified health care services.
- C. The Director, Health Services Section of the Division of Prisons shall determine which inmate health services will require a co-payment and which services will be exempted.
- D. The Director, Administrative Services shall provide for collection activities as addressed in the **Fiscal Policy and Procedures Manual**.

DEFINITIONS

- A. **Chronic Diseases** are those conditions that are chronic and debilitating in nature where regularly scheduled follow-up is deemed necessary by the provider for health maintenance. These follow-up encounters are provider initiated and scheduled on an appointment basis.
- B. **Dental Emergency** is a health condition for which immediate action and treatment, as determined by a health care provider, is necessary to prevent death or severe disability. Examples of dental emergent conditions are: uncontrolled bleeding, edema or swelling requiring maintenance of an airway or any trauma that would worsen and become difficult to resolve without intervention, including an avulsed tooth (teeth), profound swelling or jaw fracture/dislocation that is immobile with developing trismus.
- C. **Emergency** refers to a life/limb-threatening event. It means that immediate treatment is necessary to prevent death, severe or permanent disability, uncontrolled bleeding or to maintain an airway.
- D. **Follow-up** means any request or appointment made by a member of the health care staff (medical, dental and mental health) to provide subsequent health care services, specifically relating to the original chief complaint which occurs within fourteen (14) calendar days of the initial visit. The visit may be with the nurse or next level of health care providers.
- E. **Health care** is a broad term, which may include medical, mental health and dental services.

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- F. **Health Care Provider** means a health professionals including but not limited to physicians, physician extenders, registered nurses, licensed practical nurses, dentists, optometrists, physical therapists, psychologists and psychiatrists.
- G. **Inmate initiated** means inmates seeking health care services by: 1) completing and forwarding a sick call request; 2) requesting department staff to assist them in getting routine health care services; 3) reporting to any health care staff member for consultation and/or treatment without having been contacted or scheduled by the health care staff; and 4) when requests are made on behalf of the inmate by those persons representing the interests of the inmate, such as family or attorney.
- H. **Inmate - declared emergency** means the inmate seeks health care outside the sick call procedure. It means the inmate decides he/she cannot wait for normal, routine sick call to seek health care.
- I. **Work related incident** means a visible or reported traumatic injury received by inmate while performing his/her job duties under the supervision of the Department of Correction. This includes, but is not limited to lacerations, burns, suspected fractures, and contusions.

POLICY

- A. The N.C. Division of Prisons will provide the opportunity for all inmates to have access to healthcare services. All inmates will be provided the opportunity to report an illness or any other health concern and receive evaluation and treatment as determined by licensed health care providers.
- B. A co-payment fee will be charged for certain medical and dental services that are inmate initiated.
- C. Applicable medical and dental services for which co-payments may be charged are inmate initiated sick call, inmate initiated emergency visit services and routine dental services.
- D. All inmates shall receive the same level of care regardless of their ability to pay. Inmates will not be denied access to care, timeliness of care or equitable care for lack of funds to satisfy the co-payment fee.
- E. The following population groups shall be excluded from the co-payment policy:
 - 1. Private substance abuse treatment centers
 - 2. Inmates housed in county jails
 - 3. Safekeepers
 - 4. Inmates in out-of-state housing
 - 5. ECO
- F. Certain services as identified herein are exempted from the co-payment policy.

ACTION REQUIRED

- A. Inmate initiated health care visits meeting the guidelines set henceforth require a co-payment of five dollars (\$5.00) and inmate initiated emergency visits outside the normal sick call by procedures system shall be subject to a seven-dollar (\$7.00) co-payment. Inmates who are declaring an emergency accrue no co-pay if they are screened and determined to be an emergency.
- B. The health care provider will be required to accurately complete the Encounter Form which is appropriate for the situation being cared for.

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- C. Verification of a co-payment charge can be accomplished by checking the HS01 screen. A dollar sign (\$) to the right of the Type of visit indicates a co-payment was charged for the visit.

PROCEDURES

A. Notification Requirements:

1. Every inmate shall be provided a description of the co-payment plan at the time of the processing orientation and upon initial transfer to a facility of residence.
2. At the processing centers, the information for how to access health care is first explained by a member of the Diagnostic Services staff such as the case analyst or behavior specialist. How to access health care is further reinforced by the nursing staff at the time of the inmates processing medical examination during processing.
3. Notice will also be provided to all inmates by means of posting this policy in dorms, health service areas and other locations deemed appropriate by administrative and health care staff.

B. Sick Call:

1. Inmates will be charged a sum of \$5.00 for each sick call by appointment visit that is inmate initiated, unless an exclusion exists.
2. If the nurse does an assessment, the co-payment is charged at the nursing level. The nurse shall complete the patient encounter form checking the appropriate block on the form. This co-payment includes any subsequent referrals to the primary care provider and/or specialists. The provider shall complete the patient encounter form checking the appropriate block on the form.
3. If an inmate refuses to sign the sick call form but wishes to receive treatment, the health care provider shall sign, date, and note that the inmate refused to sign the sick call form. If treatment is delivered, it shall be explained that any applicable co-payment will be charged.

C. Emergency Situation:

1. Inmates seeking health services outside the sick call by appointment system, as a self-declared emergency, shall be charged a co-payment of \$7.00, unless an exclusion exists.
2. When an inmate presents as a self-declared emergency, the nurse or other provider may instruct the inmate to sign up for sick call if the complaint does not have the potential for eminent danger to the inmate and would be better resolved through the sick call process. It must be explained, if further evaluation and/or treatment is delivered and the situation is not a valid emergency that the applicable co-payment (\$7.00) will be charged.
3. If emergency evaluation and/or treatment is provided and the condition is determined to be an emergency or there is an admission to an infirmary or hospital there will be no co-payment charged.

D. Self Inflicted Injuries:

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All self-inflicted injuries, with the exception of bonafide psychiatric emergency situations will be subject to \$7.00 emergency co-payment charges.

E. Work Release Situations:

All work release situations will be assessed a co-payment if the inmate seeks health services for work related situations from the Division of Prisons when treatment should be the responsibility of their employer (Workers Compensation, e.g.).

EXCLUSIONS TO THE CO-PAYMENT FEE

- A. Initial processing healthcare examinations/screenings
- B. Dental examinations instituted by the DOP, Health Services staff, such as second opinions and consultations.
- B. One (1) inmate initiated sick call visit for the same chief complaint, that inmate has been seen for within last fourteen (14) calendar days.
- C. Emergency care to include inmates on outside job assignments that are directed by their state of North Carolina supervisors to an emergency room or urgent care provider for evaluation of a potentially life or limb threatening injury, allergy, or illness
- D. Inmates admitted to inpatient medical and mental health facilities, except self inflicted injuries which meet the stipulations cited above.
- E. Mandated health care encounters: (e.g., periodic health assessments, TB testing, immunizations, Hepatitis B vaccine, other treatments instituted by the DOP for public health based reasons; medical examinations or treatment required following use of force, automobile accidents, fire and smoke incidences and others per standard operating procedure)
- F. Chronic disease clinic visits initiated and scheduled by a health care provider Established chronic disease clinics in the NC Department of Correction are: cardiovascular/HTN, pulmonary disease (asthmas, COPD) diabetes, seizures, HIV/AIDS.
- G. Up to two (2) visits initiated by a health care provider for routine follow-up care for the original chief complaint.
- H. Custody directed referrals directly given to health care staff when the custody officer deems a medical visit is critical and necessary (not in routine cases and not to take the place of the sick call process). If emergency evaluation and/or treatment is provided by the nurse and the condition is determined not to be an emergency there will be a co-payment charged
- I. Work related incidents, provided Form DC-193 is completed and submitted at the time of the visit.
- J. Health related educational sessions (information on hypertension, cholesterol, etc.)
- K. Health assessments to qualify inmates for educational programs and/or job assignments

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- L. Medical examinations or treatment following extraordinary events such as a riot or natural disaster
- M. Division of Prisons initiated health measures necessary to prevent the spread of specific infectious or contagious diseases

RESPONSIBLE PARTIES

All health care providers who have contact with inmates for the purpose of providing health care services are responsible for ensuring that the applicable Medical Encounter Form is properly completed. Each health care provider will complete a medical encounter form each time an inmate is treated in a clinic. Data entry into OPUS of the information on the encounter form shall be completed by personnel in medical records, nursing, or as designated by the Superintendent.

BILLING PROCEDURES

- A. Co-payment billing is an automated procedure that involves the electronic transfer of monies to recover co-payment charges.
- B. The health care provider will indicate on the Medical Encounter Coding Form the reason why the inmate came to the clinic. Only one block can be checked on the encounter form. This designation automatically determines if there is an applicable co-payment. After the information from the encounter form is entered in the health services OPUS module, the entry will electronically transfer to IBS (Inmate Banking System) and be withdrawn from the inmate's trust fund account. All co-payment withdrawals are transferred to an account payable account to the General Fund. At the end of the month, Department of Correction Trust Fund Accounting in Raleigh will electronically transfer all of the co-payment withdrawals in the payable account to the General Fund.
- C. All inmates, whether indigent or not, will have the co-payment deducted from their trust fund account. Co-payment fees deducted will never take the inmates trust fund account balance below two dollars (\$2.00). If there is not enough money in the account to satisfy the co-payment fee, the charge shall remain in suspense as a lien on the trust fund account. When deposits are made, no more than half (50%) of a deposit will be taken to pay a co-payment balance.
 - D. Co-payment charges remain as a lien against the account until the inmate is released or is paroled.
 - E. All of the above transactions to recover co-payment charges are done electronically. No action is required by the facility trust fund staff.

TRUST FUND INQUIRIES / GRIEVANCE PROCEDURES

- A. If an inmate feels a co-payment has been withdrawn in error, inquiries should be channeled to the facility trust fund staff. It shall be the responsibility of the trust fund staff to verify the validity of the charge with the facility health services staff.
- B. If the inmate should not have been charged, the facility health services staff will advise the trust fund office in writing on a facility specific form giving the inmates name, number, date and amount of incorrect medical co-payment charge(s). The trust fund staff will correct this using the appropriate procedure to apply a medical co-pay credit. This will reverse the entries that withdrew the co-payment and return the co-payment to the inmates' Trust Fund account.
- C. If for any reason the trust fund or medical staff determine an error was made and the wrong inmate was charged for a co-payment, the trust fund staff can make a correction by transferring the co-payment

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withdrawal from one inmate account to the other. This will be done using the appropriate procedure to transfer funds in the subsidiary account transfers.

QUESTIONS

Questions or issues not addressed specifically in this policy shall be referred to the Director for Health Services.



5/27/11

Paula Y. Smith, MD, Director of Health Services Date

SOR: Executive Roundtable