 <p style="text-align: center;">MISSISSIPPI DEPARTMENT OF CORRECTIONS</p>	Policy Number 25-02-A
	Agency Wide Medical
CHARGES FOR OFFENDER MEDICAL SERVICES	INITIAL DATE 07-01-2004
ACA STANDARDS: 5-ACI-6A-01, 5-ACI-6A-02 NCCHC Standards: P-A-01	EFFECTIVE DATE 01-01-2021
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POLICY:

It is the policy of the Mississippi Department of Corrections (MDOC) to ensure offenders have access to care to meet all medical, dental and mental health needs which are consistent with all applicable American Correctional Association (ACA) and National Commission on Correctional Health Care standards (NCCHC).

DEFINITIONS:

Emergency Medical Care – All medical care that is provided to an offender for a condition considered threatening to loss of life or other serious morbidity.

Non-Emergency Medical Care – All medical care that is provided to an offender for a condition considered non-threatening to loss of life or other serious morbidity.

Medical Care – All treatment that is provided to an offender which consists of Medical, Dental and Mental Health care.

Waiver of Co-Payment – No charge will be assessed for compensation of healthcare services rendered. In other words, co-payment is waived.

PROCEDURES:

Adult Correctional Institutions: (MANDATORY) At the time of admission/intake all inmates are informed about procedures to access health services, including any copay requirements, as well as procedures for submitting grievances. Medical care is not denied based on an inmate's ability to pay. This information is communicated orally and in writing, and is conveyed in a language that is easily understood by each inmate. When a literacy or language problem prevents an inmate for understanding written information, a staff member or translator assists the inmate [5-ACI-6A-01].

All offenders will be charged a co-payment of \$6.00 (U.S. Dollars) for any offender-requested non-emergency care and/or treatment provided and \$10.00 (U.S. Dollars) for any offender-requested off-site specialty care unless offender qualifies for a waiver of co-payment or receives emergency medical care.

Protocol for Co-Payments by the Healthcare Provider

Adult Correctional Institutions: When medical co-payment fees are imposed, the program ensures that, at a minimum, the following are observed:

- **all offenders are advised, in writing, at the time of admission to the facility of the guidelines of the co-payment program.**

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- needed offender health care is not denied due to lack of available funds.
- co-payment fees shall be waived when appointments or services, including follow-up appointments, are initiated by medical staff [5-ACI-6A-02].

When there is a medical encounter that qualifies for co-payment, the following must occur:

- Record the medical service to be provided in the medical record (Sick Call Request Form).
- Offender will sign section (3) of the Sick Call Request Form, acknowledging the medical services and co-payment amount.
- If the offender refuses to sign section (3), the medical provider will note the offender's name and MDOC number into the appropriate space.
- Place the completed original (White Copy) Sick Call Request Form in the offender's medical records.
- Send the yellow copy to the Office of Medical Compliance (OMC) on a **daily** basis or as requested by OMC.
- The Office of Medical Compliance will review the form for compliance purposes and forward to Inmate Banking if compliant and return to correctional facility if non-compliant.
- Send blue copy to Wardens/Corrections Commanders (CWCs) on a **daily** basis when deemed necessary.
- Green copy will be given to the offender.

Healthcare Provider Protocol for Services

Healthcare personnel will do the following:

- Treat all offenders according to their medical needs, without regard to their financial status.
- Offer treatment to all offenders, if determined to be clinically necessary.
- Verify offender identification at **each** visit/treatment session, to include updating of medical class and level of Care (LOC).
- Determine if an offender is in need of emergency medical care, not requiring a co-payment.
- Determine if the offender qualifies for a waiver of co-payment.
- If a sick call request form is inappropriately completed by the offender, he/she will be notified in writing by the healthcare personnel.

Waiver of Co-payment

The following are waivers of co-payment:

- Medical treatment of acute illnesses related to chronic conditions
- Medical treatment in conjunction with an extraordinary event that could not be reasonably foreseen, such as a disturbance or natural disaster

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- Encounters for follow-up visits
- Institution-wide healthcare measures necessary to address the spread of specific infectious or contagious disease
- Ancillary services such as lab work or x-rays, or for secondary/tertiary services such as diagnostic tests, necessary specialty care or hospitalization
- Mental health treatment if a mental health professional determines the offender has a mental disorder for which treatment is necessary
- Treatment provided in an MDOC hospital or infirmary
- Encounters relating to the monitoring or treatment of chronic conditions, including Chronic Care Clinic (CCC) visits
- Medication refills
- Encounters initiated by medical staff, security or MDOC administrative staff
- Encounters resulting from referrals from other medical staff

Co-Payment Waiver Exclusion

Offenders sustaining injuries inflicted by him or injuries from aggressive behavior will not qualify for a co-payment waiver.

Offender Refusal of Medical Care

The following charges will apply to all offenders who are not present at the appropriate area for an appointment:

- No-show for sick call visit -- \$6.00 per missed visit
- No-show for Chronic Care Clinic appointment -- \$6.00 per missed visit
- No-show for on-site specialist -- \$10.00 per missed visit
- No-show for off-site specialist -- \$10.00 per missed visit
- Offenders can receive an RVR for no-show appointments in addition to the medical charges listed above. (Refer to policies 25-03-A and 25-04-A)

Offender Co-Payment Appeal Process

As stated in the MDOC Inmate Handbook: If you believe that you have been incorrectly charged co-pay, you may write to the MDOC Chief Medical Officer and explain why you believe you should not have been charged co-pay. The Chief Medical Officer will send you a letter notifying you of the decision and an explanation for why the charge was or was not charged. If the MDOC Chief Medical Officer agrees that you should have not been charged co-pay, MDOC will promptly refund the co-pay to your account.

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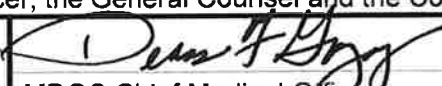
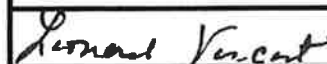
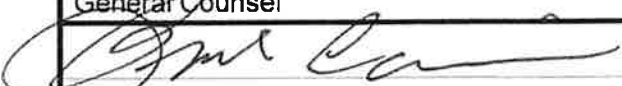
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DOCUMENTS REQUIRED

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As required by this policy and through the chain of command

ENFORCEMENT AUTHORITY	
All standard operating procedures (SOPs) and/or other directive documents related to the implementation and enforcement of this policy shall bear the signature of and be issued under the authority of the Chief Medical Officer, the General Counsel and the Commissioner of the MDOC.	
Reviewed and Approved for Issuance	 MDOC Chief Medical Officer
	 General Counsel
	 Commissioner
	12-7-2020 Date
	12/11/2020 Date
	12/16/2020 Date