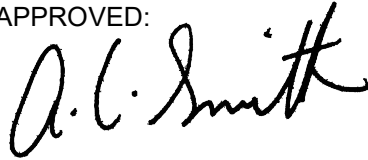




SUBJECT: Bureau of Medical Operations Co-Payment Procedures	PAGE <u>1</u> OF <u>4</u>
	NUMBER: 68-MED-15
ORC/OAC REFERENCE: ORC 5120.01, 5120.56; OAC 5120-9-31	SUPERSEDES: 68-MED-15 dated 6/27/2022
RELATED ACA STANDARDS: 5-ACI-6A-01M, 6A-02; HC-1A-02	EFFECTIVE DATE: July 8, 2024
	APPROVED: 

I. AUTHORITY

Ohio Revised Code 5120.01 authorizes the Director of the Department of Rehabilitation and Correction, as the executive head of the department, to direct the total operations and management of the department by establishing procedures as set forth in this policy.

II. PURPOSE

The purpose of this policy is to establish consistent procedures and guidelines for the Bureau of Medical Operations (BMO) co-payment program in accordance with ORC section 5120.56 (Health Care Co-Payment).

III. APPLICABILITY

This policy applies to all persons employed by or under contract with the Ohio Department of Rehabilitation and Correction (ODRC) who may be involved in the Bureau of Medical Operations (BMO) co-pay system and incarcerated persons (IPs) who may be required to pay such a co-pay.

IV. DEFINITIONS

The definitions for the terms below can be found at the top of the policies page on the ODRC Intranet.

[Definitions Link](#)

- **Health Care Co-Payment Charge**
- **Indigent Incarcerated Individual**
- **Medical Emergency**
- **Refill**

V. POLICY

It is the policy of the ODRC that IPs with medical needs shall have appropriate and reasonable access to health care services while instilling IP accountability and responsibility through the implementation of a medical co-pay system.

VI. PROCEDURES

A. Incarcerated Person Notification of Co-Pay Procedures

1. During the reception process, all IPs shall be advised of the co-pay guidelines.
 - a. This information is communicated orally and in writing and is conveyed in a language that is easily understood by each IP.
 - b. When a literacy or language problem prevents an IP from understanding written information, a staff member or translator shall assist the IP.
2. Each institution's IP handbook shall include co-pay guideline information.
3. Each institution's IP library shall maintain current copies of Ohio Administrative Code (OAC) 5120-5-13, Correctional Healthcare Services Co-Payment, and this policy.

B. Co-Pay Charges

1. All medical services initiated by an IP through a Health Services Request (DRC5373) shall carry a \$2.00 co-pay charge.
2. All medical services initiated by an IP through emergency procedures shall be free if an actual emergency exists.
 - a. A \$3.00 co-pay charge shall be administered if it is determined no emergency existed.
 - b. The medical staff shall determine if the situation was an actual emergency or non-emergency.

C. Co-Pay Charge Exemptions

1. IPs who are indigent, as defined by this policy, shall not be charged a co-pay fee. All IPs shall receive appropriate health care based on their present medical needs without regard to financial status. No IP shall be denied needed health care or treatment because of inability to pay.
2. IPs shall not be charged a co-pay for medication refills, regardless of an IP-initiated Health Services Request (DRC5373). If a Health Services Request (DRC5373) for a refill also contains requests for other non-exempt services, the appropriate fee shall be charged.
3. IPs shall not be charged a co-pay for medical services provided in an in-patient setting including, but not limited to Dementia Unit, Frazier Health Center, FMC non-cadre IPs, RTUs, AOCI Assisted Living patients, Sugar Creek Developmental Unit, and institutional infirmaries.
4. IPs shall not be charged co-pay for dental services.
5. IPs shall not be charged a co-pay for medical services initiated by policy-defined staff reporting requirements such as, but not limited to, sexual assaults, use of force, and accidents that occur while performing job duties.

6. IPs shall not be charged a co-pay for medical services initiated by medical staff (e.g., chronic care-related visits, medical staff-initiated follow-up visits, treatments, blood pressure checks, etc.).

D. Health Care Debit Process

1. At the close of the business day, medical staff shall designate on the Nurses Screening (DRC5069) if an IP is to be charged a co-pay for the medical services they received.
2. The medical staff shall utilize the information on the Nurses Screening (DRC5069) to complete the Healthcare Debit (DRC5203).
 - a. A copy of the Healthcare Debit (DRC5203) shall be scanned into the IP's electronic health record.
 - b. The original three-part Healthcare Debit (DRC5203) shall be forwarded to the Cashier's Office the next business day.
3. The Cashier's Office shall determine if any reported IPs are eligible for a co-pay waiver due to indigent status.
 - a. If the IP is not indigent, the Cashier's Office shall process the co-pay and mail the pink copy of the completed Healthcare Debit (DRC5203) through the institutional mail to the IP as written notice of the charge.
 - b. If the IP is indigent, the Cashier's Office shall note the IP is "indigent" on the Healthcare Debit (DRC5203) and mail the pink copy through institutional mail to the IP as written notice that the assessed co-pay was not deducted.
 - c. The Cashier's Office shall retain both the white and canary copies of the Healthcare Debit (DRC5203).
4. If there are insufficient funds available in the IP's account and the reported IP is not determined indigent, the Cashier's Office shall charge the account of the IP for the appropriate co-pay fee.
5. The Cashier's Office shall complete the Medical Services Co-Payment Report (DRC5204) and forward it to Operation Support Center (OSC) by the 10th of the following month with a check from the Inmate Trust Fund account for the fees collected.

E. Co-Pay Grievance Procedures

IPs may inquire about medical co-payment charges by submitting an electronic kite, however IPs must contest a co-pay charge by utilizing the IP grievance procedures as provided in OAC 5120-9-31, Incarcerated Person Grievance Procedure. Pursuant to this rule, the IP's first step is to send an Informal Complaint (DRC4151) to the appropriate health care administrator (HCA).

F. Co-Pay Refund Process

If it is determined a co-pay charge was inappropriate, the HCA or the inspector of institutional services (IIS) shall initiate the refund process.

1. If initiated by the HCA: The HCA shall print a copy of the Healthcare Debit (DRC5203) saved in the IP's electronic health record, fill out the refund section of the Healthcare Debit (DRC5203) and forward it to the Cashier's Office.
2. If initiated by the IIS (at grievance level): The IIS shall obtain the canary copy of the Healthcare Debit (DRC5203) from the Cashier's Office, fill out the refund section of the Healthcare Debit (DRC5203) and return it to the Cashier's Office.
3. The Cashier's Office shall complete the refund section of the Healthcare Debit (DRC5203) and appropriately credit the IP's account.
4. The Cashier's Office shall keep the original copy of the amended Healthcare Debit (DRC5203) completed refund section for its records and make two (2) copies:
 - a. One (1) copy shall be forwarded to the HCA for record keeping purposes within the medical department. A copy of the amended Healthcare Debit (DRC5203) shall be scanned into the IP's electronic health record.
 - b. One (1) copy shall be forwarded to the IP through institutional mail as written notice that the assessed co-pay was refunded to the IP's account.

Referenced Forms:

Informal Complaint	DRC4151
Nurses Screening	DRC5069
Healthcare Debit Form	DRC5203
Medical Services Co-Payment Report	DRC5204
Health Services Request	DRC5373