



**POLICY STATEMENT**  
Commonwealth of Pennsylvania • Department of Corrections

<b>Policy Subject:</b> <b>Co-Payment for Medical Services</b>		<b>Policy Number:</b> <b>DC-ADM 820</b>
<b>Date of Issue:</b>	<b>Authority:</b> <b>Signature on File</b> <b>Jeffrey A. Beard, Ph.D.</b>	<b>Effective Date:</b>

**I. AUTHORITY**

The Authority of the Secretary of Corrections to direct the operation of the Department of Corrections is established by Sections 201, 206, 506, and 901-B of the Administrative Code of 1929, 71 P.S. §§61, 66, 186, and 310-1, Act of April 9, 1929, P.L. 177, No. 175, as amended.

**II. APPLICABILITY**

This policy is applicable to all facilities operated under the jurisdiction of, or conducting business with the Department of Corrections.

**III. POLICY**

It is the policy of the Department to require a co-payment fee whereby an inmate will share in the cost of his/her medical services.

**IV. PROCEDURES**

All applicable procedures are contained in the procedures manual that accompanies this policy document.

**V. SUSPENSION DURING AN EMERGENCY**

In an emergency or extended disruption of normal facility operation, the Secretary/designee may suspend any provision or section of this policy for a specific period.

**VI. RIGHTS UNDER THIS POLICY**

This policy does not create rights in any person nor should it be interpreted or applied in such a manner as to abridge the rights of any individual. This policy should be interpreted to have sufficient flexibility to be consistent with law and to permit the accomplishment of the purpose(s) of the policies of the Department of Corrections.

**VII. RELEASE OF INFORMATION AND DISSEMINATION OF POLICY**

**A. Release of Information**

1. Policy

This policy document is public information and may be released upon request.

2. Confidential Procedures (if applicable)

Confidential procedures for this document, if any, are not public information and may not be released in its entirety or in part, without the approval of the Secretary of Corrections/designee. Confidential procedures may be released to any Department of Corrections employee on an as needed basis.

**B. Distribution of Policy**

1. General Distribution

The Department of Corrections' policy and procedures shall be distributed to the members of the Central Office Executive Staff, all Facility Managers, and Community Corrections Regional Directors on a routine basis. Distribution of confidential procedures to other individuals and/or agencies is subject to the approval of the Secretary of Corrections/designee.

2. Distribution to Staff

It is the responsibility of those individuals receiving policies and procedures, as indicated in the "General Distribution" section above, to ensure that each employee expected or required to perform the necessary procedures/duties is issued a copy of the policy and procedures either in hard copy or via email, whichever is most appropriate.

**VIII. SUPERSEDED POLICY AND CROSS REFERENCE**

**A. Superseded Policy**

1. Department Policy

DC-ADM 820, Co-Payment for Medical Services, issued April 29, 2008, by Secretary Jeffrey A. Beard, Ph.D.

2. Facility Policy and Procedures

This document supersedes all facility policy and procedures on this subject.

**B. Cross Reference(s)**

1. Administrative Manuals

2. ACA Standards

a. Administration of Correctional Agencies: None

b. Adult Correctional Institutions: 4-4345

c. Adult Community Residential Services: None

d. Correctional Training Academies: None

3. Other

a. 37 Pa. Code §93.12

b. Prison Medical Services Act, 61 P.S. §1011 et. seq.



**PROCEDURES MANUAL**  
Commonwealth of Pennsylvania • Department of Corrections

**Policy Subject:**

**Co-Payment for Medical Services**

**Policy Number:**

**DC-ADM 820**

**Date of Issue:**

**Authority:**

**Signature on File**  
**Jeffrey A. Beard, Ph.D.**

**Effective Date:**

Release of Information:

**Policy Document:** This policy document is public information and may be released upon request.

**Procedures Manual:** The procedures manual for this policy may be released in its entirety or in part, with the prior approval of the Secretary/designee. Unless prior approval of the Secretary/designee has been obtained, this manual or parts thereof may be released to any Department employee on an as needed basis only.

**DC-ADM 820, Co-Payment for Medical Services Procedures Manual**  
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## Section 1 – Co-Pay Fees

### A. General

1. An inmate shall pay a \$5.00 co-pay fee for the following:
  - a. any non-emergency medical service provided at the inmate's request;
  - b. any medical service, including emergency medical service, provided to an inmate in the following situations:
    - (1) when the injury or illness is self-inflicted;
    - (2) when the injury or illness arises from the inmate's participation in a sport; or
    - (3) when the inmate is found guilty of a misconduct for the assault or injury of another inmate.
  - c. Initial medical prescription except as provided in **Subsection B. 2., 14., 18., and 19. below**; and
  - d. any medical service provided to determine whether the inmate's physical condition is suitable for participation in a sport; work, housing, or medical status; unless such medical service is provided as part of an inmate's routine medical screening/physical examination scheduled by the Department.
2. An inmate shall be required to pay the cost of medical services provided to another inmate as a result of the inmate's assaultive conduct, including a sexual assault.

### B. Medical Services Resulting in Non-Charge

The following medical services shall **not** result in a charge to the inmate:

1. physical, dental, or mental health screening provided to an inmate upon intake;
2. immunizations, tuberculosis testing, and other treatments instituted by the Department for public health reasons;
3. facility transfer screening;
4. routine physical, dental, and mental health screening performed at the request of the Department;
5. medical service provided to an inmate during a follow-up appointment scheduled by a health care professional employed by the Department or its contractors;<sup>1</sup>

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<sup>1</sup> 4-4345

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6. mental health treatment;
  7. medical treatment for a chronic medical disease/illness requiring regular return and/or **continuous** visits, as specified by the medical provider;
  8. infirmary care in a Department facility;
  9. hospitalization outside a Department facility;
  10. long-term care for an inmate who is not in need of hospitalization, but whose needs are such that they can only be met on a long-term basis or through personal or skilled care, and who needs the care because of age, illness, disease, injury, convalescence or physical or mental infirmary;
  11. medical referral ordered by a health care professional employed by the Department or its contractors;<sup>2</sup>
  12. medical service provided to an inmate during a medical emergency, unless the medical emergency resulted from a self-inflicted injury or illness as determined by the health care professional providing the medical service;
  13. laboratory tests, electrocardiogram, dressing change or other treatment ordered by a health care professional employed by the Department or its contractors;
  14. prenatal care;
  15. medical service provided as a result of an injury or illness arising from an inmate's facility work assignment.
  16. medication prescription subsequent to the initial medication prescription provided to an inmate for the same chronic illness or condition that requires regular continuous medication as specified by the medical provider;
  17. social service programs including, but not limited to, substance abuse groups and counseling;
  18. psychotropic medications;
  19. medication prescribed for public health reasons;
  20. medical service provided to an inmate to determine whether his/her physical condition is suitable for a facility work assignment.
  21. eyeglass prescriptions;
  22. dentures; and

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<sup>2</sup> 4-4345

23. prosthetic devices, excluding customized items & orthotics.



## **Section 2 – Medical Services Program**

### **A. Explanation of the Medical Services Program**

1. Each inmate shall be advised of the medical services fees and payment procedures at the time of the initial intake medical screening.
2. Each inmate shall receive written notice of any changes in medical service fees and payment procedures at least 60 days after the effective date of a regulation that modifies the fee for medical services and payment procedures.
3. At the time of service, the health care staff shall inform the inmate whether a fee will be charged for the medical service. A fee will be assessed each time a medical service is provided to an inmate, except when multiple services are performed at one visit, at the discretion of the health care professional.
4. The inmate shall sign an authorization form which describes the medical service provided and the amount that his/her account will be debited. A **DC-138A, Cash Slip** shall be used for this purpose, indicating the type of medical service provided. Staff may use site specific forms for this purpose.
5. The **DC-138A** shall be forwarded to the facility business office. Business office staff shall ensure that the fees are deducted from the inmate's account.
6. A non-emergency medical service shall not be provided to an inmate who refuses to sign the authorization form, either before or after having been advised that a fee will be charged for the medical service.
7. Each inmate shall be advised of the medical services fees and payment procedures at the time of the initial intake medical screening and upon arrival at each SCI; documentation will be included in the **DC-472, Progress Notes**.
8. At the conclusion of the visit, the health care staff shall inform the inmate whether a fee will be charged for the medical service provided.
9. No inmate shall be refused a medical service for financial reasons. If an inmate lacks sufficient funds to pay the medical service fee, his/her account will be debited and the fee recouped in accordance with Department policy **DC-ADM 005, "Collection of Inmate Debts."**
10. The Department may seek to recover any amount owed for medical service fees from an inmate who is released from the Department through a civil action.

### **B. Program Parameters**

1. When an illness does not meet the criteria in **Section 1, Subsection B.** of this procedures manual, "Physician Line" and "Physician Assistant Line" will be used to

schedule follow-up appointments, whether episodic or on a semi-regular basis. Co-pay fees are not charged for follow-up appointments scheduled by the provider.

2. Medical staff will advise inmates when OTC's (over the counter) medications are available in the commissary. If an inmate elects to receive OTC medications during a sick call visit, co-pay fees will apply. An inmate, who is in need of OTC medications that are not available in the commissary, will be addressed as outlined in **Subsection B.1. above.**

### **C. Private Medical Insurance**

1. An inmate who has private medical insurance or VA health care benefits shall pay for his/her own medical needs through the insurance.
2. At the time of reception each inmate will be asked whether or not he/she has private medical insurance. If so, the appropriate information will be recorded in the inmate's medical record.
3. The Corrections Health Care Administrator (CHCA)/designee shall ensure that the insurance company is billed when medical services are provided. The inmate shall cooperate with the CHCA in submitting information to the insurance company.
4. The insurance payment is paid to the Department for deposit in the General Fund.

**DC-ADM 820, Co-Payment for Medical Services Procedures Manual**  
**Glossary of Terms**

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**Co-Pay Fee** – The portion of the actual cost of a medical service that is charged to the inmate.

**Health Care Professional** – Any physician, physician assistant, nurse practitioner, nurse (registered or practical), dentist, optometric professional, or other person licensed to provide health care under the laws of the Commonwealth.

**Medical Emergency** – Any injury or other medical problem that requires infirmary care, facility or outside emergency room care or hospital admission.

**Medical Service** – The diagnosis, evaluation, treatment, or preservation of the health of the human body, including its organs, structures, and systems. The term “medical services” includes, but is not limited to, diagnostic testing, prescribing and administering medication, surgical procedures, dental care, eye care, the furnishing of prosthetics and any other type of treatment or preventive care, whether performed on an inpatient or outpatient basis.

**Over-the-Counter (OTC) Medication** – Medications that can be obtained/purchased without a prescription; may be available through the commissary.

**Sick Call** – Sick call is the process used by inmates who experience non-emergent medical/dental problems to access medical services; an examination by a physician, physicians assistant, nurse practitioner, or nurse.

**Chronic Medical Disease/Illness** – *A disease or illness that is deemed “chronic” by the medical provider, based on the professional opinion that the inmate’s condition will require regular return and/or continuous visits for medical services. The following diagnoses provide several examples of diseases/illnesses that may (or may not) be defined as “chronic”, depending on the individual inmate’s specific diagnosis and medical condition: Asthma, Congestive Heart Failure, Coronary Artery Disease, Diabetes, Dislipidemia, Hepatitis C, HIV, and Hypertension.*