

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
103 DOC 763
INMATE MEDICAL CO-PAYMENTS
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MASSACHUSETTS DEPARTMENT OF CORRECTION	DIVISION: HEALTH SERVICES DIVISION
TITLE: INMATE MEDICAL CO- PAYMENTS	NUMBER: 103 DOC 763

PURPOSE: To establish standards, specifications, and proper procedures for inmate medical co-payment fees within the Massachusetts Department of Correction ("Department")

REFERENCES: M.G.L. c. 124, § 1(c), 1(s) and 1(t); M.G.L. c. 127 § 48A.

APPLICABILITY: Staff **PUBLIC ACCESS:** YES

LOCATION: Department Central Policy File
Inmate Policy Manual
Each Institution's Policy File
Each Inmate Law Library

RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY:

- Deputy Commissioner of Reentry
- Assistant Deputy Commissioner of Clinical Services
- Superintendents

EFFECTIVE DATE: 09/11/09

CANCELLATION: 103 DOC 763.00 cancels all Department policies, procedures, Commissioner's bulletins and rules and regulations regarding inmate medical co-payment fees which are inconsistent with this policy.

SEVERABILITY CLAUSE: If any part of 103 DOC 763.00 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.

763.01 Definitions

Assistant Deputy Commissioner of Clinical Services: Reports directly to the Deputy Commissioner of Reentry and oversees provision of medical services throughout the department.

Chronic Care: Long term care applied to certain non-acute medical problems, e.g., hypertension, asthma, epilepsy, heart disease.

Communicable Disease: A disease, as defined by the Massachusetts Department of Public Health, which may be transmitted directly or indirectly to another.

Emergency: Any situation where the failure of an employee to take immediate action would place himself or another person in imminent risk of death or serious bodily injury.

Hospital Care: Inpatient care for all illness or diagnosis which requires optimal observation and/or management in a licensed hospital.

Mental Illness: A substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life.

Outside Hospital: Any licensed Hospital other than the Lemuel Shattuck Hospital.

Treatment: Interviewing, counseling and any other services or activities carried on for the purpose of or as incident to: diagnosis, treatment, education or rehabilitation with respect to medical, dental, psychological or substance abuse issues, whether or not conducted by a member of the medical profession.

763.02 General Provisions

1. 103 DOC 763.00 is applicable to:

- a. sentenced inmates in the custody of the Department;

- b. pre-trial detainees committed to the Department's custody pursuant to M.G.L. c. 276, §52A, or the Interstate Agreement on Detainers;
- c. individuals committed to the Massachusetts Treatment Center pursuant to M.G.L. c. 123A; and,
- d. individuals committed to the Department's custody while awaiting parole revocation proceedings.

2. This policy is not applicable to:

- a. patients at Bridgewater State Hospital;
- b. pre-trial detainees committed to the Department's custody by the United States Marshals Service;
- c. individuals at Massachusetts Correctional Institution at Framingham ("MCI-Framingham") who are either awaiting trial, or a violation of probation hearing, in Massachusetts state court, or who are held as a result of having been found in civil contempt of court;
- d. individuals committed to either MCI-Framingham or the Massachusetts Alcohol and Substance Abuse Center (MASAC) pursuant to the provisions of M.G.L. c. 123, §35; and
- e. sentenced inmates from the Federal Bureau of Prisons (FBOP) and other states who are housed pursuant to agreements with the FBOP and states that prohibit the implementation of the provisions of this policy.

3. Inmate medical services shall be available to all inmates. The provision of such services shall comply with department policies 103 DOC 630, Medical Services, 103 DOC 640, Dental Services, 103 DOC 650, Mental Health Services, and all other applicable regulations.

4. All fees and payments for medical services collected pursuant to 103 DOC 763 are considered reimbursement towards the incurred costs associated with the provision of these services, and as such, are returned to the Commonwealth's General Fund as revenue.

763.03 Medical Co-Payment Fees

Unless otherwise specified, a co-payment fee of three dollars (\$3.00), for all custody level inmates shall be assessed for each instance of medical services as hereinafter provided. M.G.L. c. 124, §1(s), requires the deduction of this co-payment fee from the inmate's available earned funds as provided in M.G.L. c. 127, §48A. For the purpose of this policy, savings funds shall be used when no personal earned funds are available. If an inmate has no available earned funds, he or she shall not be charged a co-payment fee for medical services unless he or she voluntarily agrees to pay such sum from unearned funds by use of a charge slip.

763.04 Medical Co-Payment Revenue

1. Medical co-payment fees shall be delineated from the daily transactions and intra-funded into the institutional Medical Co-payment - Z4 club account via the Inmate Management System (IMS) Trust Fund Accounting module.
2. On a monthly basis, a check shall be disbursed for the accrued medical co-payment revenue and transferred to Department central headquarters.
3. The consolidated medical co-payment revenue shall be returned to the Commonwealth's General Fund by Central Headquarters. Said revenue shall be returned in accordance with the State Comptroller's procedures.

763.05 Self-Initiated Sick Call Visits; Collection of Medical Co-Payment Fees

1. The applicable medical co-payment fee, as set forth in 103 DOC 763.02, shall be charged for a self-initiated sick call visit by an inmate, with the following providers only. Self-initiated sick call visits include the Registered Nurse, Dentist or Optometrist

visits that are initiated freely by the inmate for routine medical complaints which are documented through the institution sick call procedure. An initial fee of three dollars (\$3.00) will be charged for the first initiated sick call visit, for each new medical complaint. If the Registered Nurse, Dentist or Optometrist requests a follow-up visit, or a referral to another provider, no further charges will be applied. The initial fee of three dollars (\$3.00) for the self-initiated sick call visit will include any prescriptions or prosthetic devices that may be ordered by the provider. No further charges will be applied. If the prosthetic device is lost or damages through no fault of the inmate, another prosthetic device will be issued. If a dental prosthetic device has been intentionally lost or damaged, there will be a co-payment fee of twenty dollars (\$20.00) applied. If eyeglasses have been intentionally lost or damaged, there will be a co-payment fee of ten dollars (\$10.00) applied.

2. Any medical co-payment fees so charged may be collected by voluntary debiting, involuntary debiting and/or impoundment of an inmate's available earned funds, as provided for in 103 CMR 405, Inmate Funds. Collection of these funds shall be documented in the IMS Trust Fund Accounting module. The Self-Initiated Sick Call Log (Attachment B), which shall be completed by the health service unit staff and provided to the institutional treasurer on a weekly basis, shall be utilized to assess fees pursuant to 103 DOC 763.02. The institutional treasurer shall deduct the assessed co-payment fees from an inmate's available earned funds. The institutional treasurer shall also notify the inmate of such deductions by providing an IMS generated disbursement receipt to the inmate.

763.06 Services Excluded From Assessments of Medical Co-Payment Fees

Except as provided by 103 DOC 763.06, medical co-payment fees shall not be assessed for the following services:

1. Health care services mandated by Department policy or any applicable national prison health care standards;

2. Initial medical, mental health and dental screening upon admission;
3. Required follow-up and referral visits that are scheduled by medical professionals;
4. Emergency and trauma care and Dental emergencies
5. Hospitalization and infirmary admissions and subsequent care;
6. Diagnosis and treatment of contagious diseases;
7. Chronic care, maintenance medications, all laboratory and diagnostic services;
8. All mental health care, including substance abuse counseling and addiction services;
9. Pre-and post-test HIV counseling;
10. Pre-natal and delivery care;
11. Care of terminally ill patients;
12. Care of patients hospitalized more than thirty (30) days successively during their incarceration;
13. Care of minor inmates;
14. Non-compliance counseling including counseling regarding medication compliance
15. Other provider staff-initiated care;
16. All pharmacy prescriptions and over-the-counter medications except as provided for in 103 DOC 763.04(1).

763.07 Assessment and Collection of Fees for Repayment of Costs of Medical Treatment for Injuries Inflicted by Inmates on Themselves or Others

1. As provided in M.G.L. c. 124, §1(s), there shall be a reasonable assessment of amounts owed by an inmate for, and deduction of these amounts from the inmate's available earned funds for repayment of, the costs of medical treatment for injuries that were inflicted on any other individual by such an inmate.
2. No such assessments or deductions shall be made in instances where injuries were inflicted by an inmate as a result of his mental illness, as determined pursuant to 103 DOC 763.06(4). For purposes of this provision only, a mental illness is a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, including alcoholism or substance abuse as defined in M.G.L. c. 123, § 35.

3. Both institutional medical staff and the superintendent or a designee shall ensure that all relevant security and medical staff are notified, by incident reports or other appropriate means, of all instances of medical care resulting from injuries inflicted by an inmate on others.
4. Whenever an individual is charged with a disciplinary offense pursuant to 103 CMR 430.00 Disciplinary Proceedings or 103 CMR 431.00 Observation of Behavior Reports, and the disciplinary hearing officer, the Behavior Review Committee or the institution's disciplinary officer determines that there might be medical expenses relating to such injuries, the disciplinary hearing officer, the Behavior Review Committee or the institution's disciplinary officer, upon a guilty finding, shall determine, with input from mental health professionals pursuant to 103 DOC 650.03(A)(1)(a), whether the inmate caused the injuries as a result of suffering from a mental illness as defined in 103 DOC 763.06(2).

The results of this determination, including the names of any mental health professionals who were consulted, shall be noted in the disciplinary hearing report or the Behavior Review Committee Hearing Report, in the "Statement of Evidence Relied upon to Support Findings". If it is determined that the inmate was not suffering from a mental illness, a copy of the disciplinary hearing report or Behavior Review Committee Hearing Report shall be provided to the institutional Health Service Administrator or a designee.

5. The Health Service Administrator or a designee shall review this information, or any other information that may be provided regarding injuries inflicted by an inmate on others. The Health Service Administrator or designee shall note on Attachment C (Injuries Inflicted by Inmates on Self or Others) each instance of medical care that is provided as a result of such injuries. The Health Service Administrator or designee shall also note on Attachment C the appropriate co-payment fee for such medical care, unless the actual cost for such care is known. All reasonable efforts shall be made to exclude names of other inmates and details of their medical care from

Attachment C. Unless otherwise specified by the Health Services Division, a fifteen dollar (\$15.00) co-payment fee shall be assessed for each such instance of medical treatment administered at the institution, and a twenty-five dollar (\$25.00) co-payment fee shall be assessed for each such instance of medical treatment at an outside hospital, or an ambulance trip.

Nothing in this provision shall preclude a separate sanction of restitution from the inmate pursuant to 103 CMR 430.25, and collection of that sanction, pursuant to 103 CMR 405.17, for any incidental costs related to the injuries (e.g. overtime salaries for hospital coverage by correction officers, etc.). Any such restitution shall not include any costs for medical care.

6. On a monthly basis, a copy of each completed Attachment C shall be sent by the Health Service Administrator or a designee to the institutional superintendent, or a designee. The superintendent or a designee shall review and sign the form and forward it to the institutional treasurer. The institutional treasurer shall deduct the assessed co-payments from an inmate's available earned funds via the IMS Trust Fund Accounting module. The institutional treasurer shall also notify the inmate of such deductions by delivering a copy of the completed Attachment C, along with an IMS generated disbursement receipt.

763.08 Reimbursement from Inmates' Health Insurance Plans

1. Pursuant to 103 DOC 401(2)(A), the booking officer shall inquire of each newly admitted inmate as to a current health insurance coverage. Responses shall be recorded on the IMS Inmate Health Insurance screen. Any refusals by inmates to respond to such inquiries shall be referred to the institutional disciplinary officer.
2. For all inmates who have indicated coverage by health insurance, the records supervisor or a designee at the admitting institution shall send a letter requesting verification of such coverage to the insurer (see Attachment A), unless such insurer has been determined by the Health Services Division, pursuant to 103 DOC

763.07(5), not to provide health insurance coverage for inmates generally. Copies of that letter shall be sent to the inmate, the inmate's six-part folder, and the Health Services Division. All notifications to HMO's shall be documented in the IMS Health Insurance screen. The IMS Insurance report shall be utilized to identify inmates that have not had insurance company notifications made, in order to determine letters that need to be sent.

3. Any responses from insurers to this letter shall be forwarded to the Health Service Division, the Health Service Administrator at the inmate's current institution for placement in the inmate's medical record and the records supervisor at the inmate's current institution for placement in the inmate's six-part folder, or other appropriate administrative folder.
4. If such a response indicates that the inmate has current health insurance coverage, the records supervisor/ designee at the inmate's current institution shall notify the institutional treasurer and Health Service Administrator. The records supervisor or a designee shall ensure that the IMS Inmate Health Insurance screen is updated with any applicable information obtained from the insurance provider. The Health Service Administrator or a designee shall then review the last three (3) months of the medical log for all such inmates. All instances of medical care provided to such inmate shall be noted on the form entitled Insurance Reimbursements (Attachment D). Thereafter, the Health Service Administrator/ or designee shall review the medical log on or about the tenth of each month and note on Attachment D any further instances of medical care. For each such instance of medical care, the Health Service Administrator/ or designee shall indicate, on Attachment D, the amount that shall be billed to the inmate's insurance company. This amount shall be based upon the fee schedule developed by the Health Services Division (Attachment F). A copy of the completed Attachment D shall be sent to the institutional treasurer, who shall then send it, along with a letter requesting payment (Attachment E) to the insurance company. Copies of any such letters and completed Insurance Reimbursement Forms shall be sent

to the Health Services Division. Any payments that are subsequently received from the inmate's insurance company shall then be noted on Attachment D.

5. If any such response indicates, or if other information is obtained, that the insurer does not provide health insurance coverage for inmates generally, that response shall be forwarded to the Health Services Division for review. The Health Services Division shall maintain, and make available, a current list of all insurers that it has determined do not provide such health insurance coverage. The Health Services Division, after review, may then notify all DOC records supervisors that the letter requesting verification of health insurance coverage (Attachment A) no longer needs to be sent to this insurer.

763.09 Responsible Staff

1. The Deputy Commissioner of Reentry shall be responsible for implementing and monitoring this policy throughout the Department.
2. Each superintendent shall be responsible for implementation of this policy and for the development of any and all necessary and appropriate institutional policies and procedures.

103 DOC 763
INMATE MEDICAL CO-PAYMENTS
ATTACHMENT A

[date]

[Claims Department]
[insurance company]
[address]

RE: *Request for Verification of Insurance Coverage Regarding
Inmate [Name]*

Dear Sir/Madam:

G.L. c. 124, §1(t), requires the Massachusetts Department of Correction (DOC) to ascertain whether any inmate who seeks medical services has health insurance coverage. If so, "said health insurance plan shall be billed for any services provided." *Id.*

Inmate [name] (SSN # [[social security number]]) has informed the DOC that he is currently covered by the provisions of a health insurance policy issued by your company. Accordingly, the DOC will be seeking appropriate reimbursement pursuant to the applicable provisions of this policy.

Please advise me as to the name, address and telephone number of the appropriate claims manager for this matter. Alternatively, should your records reflect that there is no current coverage for the above-named inmate, please advise accordingly.

Please call me at [telephone number] should you have any questions regarding this matter. Thank you very much.

Sincerely,

[Name]
[Position]

cc: [Inmate]
Six Part Folder

Health Services Division
ATTACHMENT B
Massachusetts Department of Correction

Weekly Self-Initiated Sick Call Log

Week Beginning _____

Institution: _____

Date	Name	ID#	RN	Dent	Opt	Prosthetic Devic	Other	Total Billable Services

Health Service Administrator (or Designee)

Date

103 DOC 763
ATTACHMENT C
INMATE MEDICAL CO-PAYMENTS
INJURIES INFLICTED BY INMATES ON OTHERS

Inmate's Name: _____

Commitment # _____

Institution: _____

Hearing Officer: _____

Disciplinary (OBR) Report No.: _____

Injuries Inflicted to: _____

Others: _____

MEDICAL SERVICES PROVIDED
FEE/COST (\$15/\$25/OTHER)

DATE

WHERE PROVIDED

Health Service Administrator (or Designee)

Date

SUPERINTENDENT (OR DESIGNEE)

DATE

May 2025

763-14

103 DOC 763
ATTACHMENT D
INMATE MEDICAL CO-PAYMENTS

INSURANCE REIMBURSEMENTS

Inmate's Name: _____

Commitment #

Institution: _____

Insurance Provider:

Ins. Identification #:

Group #:

Ins. Co. Contact Tel. #:

MEDICAL SERVICES PROVIDED DATE BILLED	DATE	WHERE PROVIDED	INSURANCE AMOUNT
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Health Service Administrator (or Designee) Date

103 DOC 763
INMATE MEDICAL CO-PAYMENTS
ATTACHMENT E

[date]

[Claims Department]
[insurance company]
[address]

RE: *Request for Payment Under Insurance Coverage Regarding Inmate* **[Name]**
ID#::
Group #:

Dear Sir/Madam:

G.L. c. 124, §1(t), requires the Massachusetts Department of Correction (DOC) to ascertain whether any inmate who seeks medical services has health insurance coverage. If so, "said health insurance plan shall be billed for any services provided." Id.

The DOC has confirmed that Inmate **[name]** (SSN # **[[social security number]]**) is currently covered under the above health insurance policy issued by your company. Accordingly, the DOC is seeking appropriate reimbursement pursuant to the applicable provisions of this policy.

Attached please find a listing of services provided to this inmate, and the relevant charges incurred for those services. Please submit reimbursement in the form of a check made payable to the Commonwealth of Massachusetts. Please call me at **[telephone number]** should you have any questions regarding this matter. Thank you very much.

Sincerely,

[Name]
[Position]

103 DOC 763
Inmate Medical Co-Payments

ATTACHMENT F

INSURANCE REIMBURSEMENT FEE SCHEDULE

ON SITE:

MD Visit	\$18.00
Chronic Care Visit	\$26.00
Dental Visit	\$26.00
NP Sick Call	\$15.00
RN Sick Call	\$10.00
Specialty Clinic	\$40.00

OFF SITE:

All off site medical charges shall be billed as per actual invoice received.

Contracted medical vendor shall provide DOC Health Services Division and facility Health Services Unit with copies of actual invoices related to medical charges.