



PRISONER OPERATIONS

9.4 Prisoner Health

For additional guidance, please refer to Publication No.100, *USMS Prisoner Health Care Standards*

SERIOUS OR TERMINAL ILLNESS OF FEDERAL PRISONER

- A. **General:** The USM is responsible for determining what additional steps are needed (especially notification of next of kin, release on bond, etc.) when a prisoner in their custody has a serious or terminal illness.
- B. **Procedures:** When the USM learns that a hospitalized prisoner in their custody is seriously ill or has a terminal disease, the following steps should be taken:
 - 1. The USM should contact the Office of Interagency Medical Services (OIMS) at (202) 307-9680 to request assistance in verifying the prisoner's medical prognosis. The USMS should provide OIMS with a copy of the signed form USM-552 with the contact name and phone number of the attending physician to discuss the prisoner's medical condition.
 - 2. OIMS will provide the USM with the prisoner's medical status. The attending physician will provide a written medical assessment to OIMS, and OIMS will fax this document to the USM.
 - 3. When OIMS has verified the prisoner has a serious or terminal illness, the USM should notify the U.S. Attorney, the Federal court, Defense Counsel, and the next of kin of the prisoner's medical condition so a release on bond or self-recognition may be considered.
 - 4. The USMS does not determine end of life or "Do Not Resuscitate (DNR)" decisions. The next of kin or legal guardian should be consulted.
 - 5. The USMS will determine if the next of kin may be permitted to visit the prisoner in the hospital.

PRISONER HEALTH CARE

- A. **Purpose:** to establish written policies and procedures for the provision of health care services to prisoners in the custody of the USMS.
- B. **Authority:** Standards set by the American Correctional Association (ACA), National Commission on Correctional Health Care (NCCHC) and good medical practices established by the professional medical community. Authority to manage standards for prisoner health care is provided by 18 USC 4006, 4013, and 4086.
- C. **Policy**
 - 1. The USMS will ensure that all USMS prisoners receive medically necessary health care services while ensuring that federal funds are not expended for unnecessary or unauthorized health care services. USMS policy applies to health care services and products which are to be charged to the USMS and/or which require the prisoner to make visits anywhere outside of the detention facility in which he or she is confined. Services and products provided to USMS prisoners within detention facilities at no cost to the USMS are not prohibited by this policy.
 - 2. Upon recommendation of a competent medical authority or physician, the USMS will acquire and pay for reasonable and medically necessary care (including emergency medical care) to ensure the well-being of all USMS prisoners. The USMS will not, however, provide **elective or preventive** medical care. Emergency medical care will be provided to all USMS prisoners immediately.
 - a. **Definition:** Reasonable and medically necessary health care services include medical

services, supplies, and/or equipment provided by a hospital or licensed health care provider that the USMS determines meet the following criteria:

- (1) Appropriate to diagnose or treat the patient's condition, illness, or injury
- (2) Consistent with standards of good medical practice in the United States
- (3) Not primarily for the personal comfort or convenience of the patient, family, or provider
- (4) Not part of or associated with the scholastic education or vocational training of the patient
- (5) Inpatient care that cannot be safely provided on an outpatient basis
- (6) Not identified within the *USMS Prisoner Health Care Standards*, Publication No. 100 as "not covered"

b. Examples: Conditions requiring treatment that the USMS has determined meet the following criteria:

- (1) Emergency and life-threatening, limb-threatening, sight-threatening, or hearing-threatening conditions
- (2) Accidental or traumatic injuries incurred while in the custody of the USMS
- (3) Acute illnesses
- (4) Chronic conditions which are considered life threatening, or if left untreated would likely lead to a significant loss of function or death
- (5) Any other medical condition which the treating physician documents will cause deterioration of the prisoner's health or uncontrolled suffering if left untreated

3. **USMS Prisoner Health Care Standards:** Medical interventions, procedures, medications and medical devices that are listed in the brochure *USMS Prisoner Health Care Standards*, USMS publication No. 100 are NOT authorized for payment by the USMS unless ordered by the court, or have been pre-authorized by OIMS.

The USM will provide notification of this policy to all detention facilities that house USMS prisoners. The *USMS Prisoner Health Care Standards* are available to all detention facilities and is to be a reference of services provided to USMS prisoners. Inquiries should be directed to the Office of Interagency Medical Services (OIMS) at (202) 307-9680.

If a USM learns that a prisoner is petitioning the court to order the USMS to provide a medical intervention, procedure, medication or medical device which is not authorized under this policy, the USM will contact OIMS for assistance. That office can provide professional assistance to the district petitioning the court.

4. **Appeals:** Appeals for denial of a requested prisoner health care service may be initiated by the prisoner, a medical provider, or a legally appointed advocate (defense attorney, legal guardian) in writing to the USM. In order to be considered for a valid appeal, it must be provided to OIMS in writing with complete supporting medical documentation. Additional documentation may be requested by OIMS as needed.

5. **Refusal of Care:** A prisoner may refuse, in writing, specific health evaluation and treatments. If the prisoner refuses to sign the refusal form, it must be signed by at least two witnesses. When health care is rendered against the patient's will, it is in accordance with state and federal laws and regulations (see Mental Health Policy). The USM will maintain a copy of refusals in the prisoner's district file.

6. **Inside Healthcare Services:** All inside healthcare services must be provided to USMS prisoners in

accordance with established state or local detention facility policy and procedures, as well as applicable provisions of the IGA.

- a. All inside medical care services, except dialysis services, rendered inside the facility are considered to be covered by the per diem rate. Federal prisoners will be provided the same services as state and local prisoners through the per diem rate.
- b. **Supplies and Equipment:** Medical supplies and equipment, dispensing of over-the-counter or prescription medications from within-house medical stock are covered by the per diem and may be provided to USMS prisoners.
- c. **Medications:** Over-the-counter (OTC) medications are covered by the per diem rate and are not billable to the USMS. The USM will inform (a *sample letter Requesting the Use of Generic Drugs*) attending health care providers and detention facility medical staff to use generic medication for USMS prisoners prescriptions, whenever available. Generic medications are generally less expensive than brand-name medication and usually equally effective.

7. **USMS Approval for Outside Health Care**

- a. When a USMS prisoner is transported for emergency medical care, the detention facility is responsible for notifying the USMS as soon as possible.
- b. In accordance with the provisions of the IGA, or private detention contract, the local detention facility must notify the USM that a USMS prisoner needs outside health care. The USM must pre-authorize outside medical care for USMS prisoners other than emergency care.
- c. When outside care results in multiple medical bills, only one pre-authorization from the USM is required. For example, a prisoner is hospitalized for surgery but only one pre-authorization is issued for this "incidence of care." Bills from the hospital, surgeon, radiologist, laboratory, etc. associated with this hospital stay are all covered by the USM pre-authorization.
- d. USM pre-authorizations for prescription drugs (although technically an outside medical service) are not required. However, when there is a question about a high cost prescription drug, the USM should contact OIMS at (202) 307-9860 for review and assistance.
- e. If a USM prisoner is provided prescription medications from a commercial pharmacy outside the facility that pharmacy should bill the USMS directly for the medication.
- f. If a USM prisoner is provided medical equipment from outside the facility the provider should bill the USMS directly for the equipment.

8. **Hospital Admissions:** When a USMS prisoner is admitted to the hospital, the USM is encouraged to contact OIMS as soon as possible at (202) 307-9680 for medical case management assistance.

9. **Medical Clearance Requirements for Prisoner Movement or Transfer**

- a. Form USMS-553, *Medical Summary of Federal Prisoner/Alien in Transit*
 - (1) Must be completed by detention facility medical staff prior to transfer of a USMS prisoner. The facility is required to document all medical diagnosis (present and past) pertinent to the continuity of medical care.
 - (2) Must include a list of current medications and medical equipment (i.e., CPAP machine, Oxygen), supplies (i.e., colostomy, port-a-cath) and/or devices (i.e., canes, walker, wheelchair) needed during ground or air transport or at the new detention facility.
 - (3) USM district management will review all USMS prisoner medical needs prior to placement at a detention facility, whether in district or out of the federal court city (i.e., holdover facility).
 - (4) USM district management will ensure proper arrangements are made to provide

continuity of medical care for USMS prisoners.

- b. **Medical Record Documentation:** USMS district management will ensure that the USM-553 reflects the latest medical information to support continuity of care efforts.
10. **Transfer to Holdover Facility:** Prisoners with serious chronic medical conditions or acute care needs should be evaluated for transfer based upon their medical needs and continuity of care requirements. Refer to the *General Guidelines for USMS Districts and HC Providers in Determining Appropriate Transfer for USMS Prisoners Memorandum dated July 15, 2005*.
11. **Prisoner Health Insurance:** If a USMS prisoner has health insurance and is willing to complete the necessary paperwork to process the claim, the health care provider will be instructed to submit all medical bills directly to the prisoner's insurance company. If a USMS prisoner is unwilling to use his or her health insurance, USMS field management may attempt to have the U.S. Attorney obtain a court order to compel such use, since having such medical coverage, in essence, means that the medical care is prepaid by the prisoner. However, using prisoner health care insurance may be impossible when the health insurance plan requires treatment by specified providers. USMS prisoners may not use their own health insurance to purchase health care services excluded by the *USMS Prisoner Health Care Standards*, unless court order and pre-authorized by OIMS
12. **Section of Health Care Providers:** In accordance with USMS prisoner security requirements, prisoners will not be allowed to select their own health care providers. The USMS will retain ultimate control over the selection of health care providers for prisoners, as well as the time and place of any community medical care provided. When medical appointments are made, all health care providers will be directed by USM not to disclose information about possible future appointments or subsequent follow-up care that may be planned or scheduled. Medical care providers will be given a copy of the *USMS Prisoner Health Care Standards* and/or referred to the USMS website. They will be directed to review these standards when planning and delivering health services to prisoners in USMS custody.
13. **Delay of Treatment:** Prisoners in custody of the USMS are usually in USMS custody for a short period of time (less than 1 year) during their pretrial and trial phase. Many medically appropriate, non-emergency procedures can and will be delayed until after the prisoner's judicial status is resolved, as long as there is no serious health risk to the prisoner. Treatment of pre-existing conditions which are not life threatening or medically necessary will be delayed until after the prisoner's judicial status is resolved. In cases where the USM learns from the attending health care provider that the medical care for the prisoner is required but can be delayed, the USM will contact OIMS for technical assistance and medical case management.
14. **Initial Processing-Medical Records Release Form:** Upon initial arrest and intake, or the time of voluntary surrender processing, every USMS prisoner will complete a USM-552 *Prisoner Medical Records Release Form*. Refer to cellblock operations for information on use of the form USM-552. The purpose of this form is to obtain written consent for release of medical records to the USMS while the prisoner is in USMS custody, as well as to verify whether the prisoner has medical insurance for billing purposes. The original of this form will be maintained in the prisoner's file at the district (rather than the detention facility), and will accompany the prisoner when he or she is transferred to another USMS district and/or to BOP for service of sentence.
15. **Respiratory Infectious Disease Screening:** The USMS district management will ensure that USMS prisoners will be medically screened for tuberculosis and other respiratory infectious diseases. Refer to USMS, *Prisoner Airborne Pathogen Control* directive.
16. **Hunger Strike:** The USM will notify OIMS upon learning that a USMS prisoner has declared themselves to be on a hunger strike or observed to be on a hunger strike.
17. **Notification of Termination of Financial Responsibility:** Occasionally, the federal courts may issue an order which directs individuals in USMS custody with serious medical problems be released effective the date of the court order. Therefore, health care providers or hospitals may encounter instances of USMS prisoners who are hospitalized in their facilities and then released from USMS custody on short notice. The USMS has financial responsibility for the medical care for that individual only up until the date of the court-ordered release. When the USM first becomes aware that such an action is anticipated, he or she will coordinate with the Financial Services Director of the hospital as well as with the attending physician to let both the individuals know of any such pending action. If custody is terminated, the USM will provide immediate written notice to the Financial Services Director

of the hospital and the attending physician and attach a copy of the federal court order. This notice will ensure that the health care providers and hospitals are aware of the shift in custody and the termination of USMS financial responsibility for the patient.

18. **Informed Consent:** In cases where a USMS prisoner is unable to give informed consent for the provision or withdrawal of medical care, the USM will attempt to contact the prisoner's next of kin or any person who is legally designated by the prisoner to give such consent. The next of kin or person who is legally designated by the prisoner will be the person responsible for giving informed consent for the prisoner. If no next of kin can be located, the USM will request the U.S. Attorney to petition the court to designate someone to act on behalf of the prisoner. In no case will the USM act on behalf of the prisoner in giving informed consent.
19. **Prisoner Medical Duty Officer of the Day:** OIMS is staffed with United States Public Health Service Commissioned Nurse Officers who are available to answer prisoner medical questions 24 hours a day, 7 days a week. For urgent prisoner medical consultation after business hours (Eastern Time), USMS employees will ask the USMS Communications Center to contact the Prisoner Medical Duty Officer. During regular business hours OIMS nurses can be reached at (202) 307-9680.

D. Definitions

1. **Outside Medical Care:** Medical care provided to a prisoner outside the walls of the detention facility or institution.
2. **Elective Care:** Medical care which is not medically necessary to preserve the life and/or health of the prisoner.
3. **Emergency Care:** Medical care immediately necessary to preserve the life, health, limb, sight or hearing of the prisoner.
4. **Generic Medication:** Prescription medications, the names of which are not protected by a trademark, but which are of the identical chemical structure of a medication which is protected by trademark. Such medication is generally much less expensive than brand-name medication.
5. **Respiratory Infectious Disease Screening:** Medical care to identify airborne infectious diseases such as tuberculosis, SARS, etc. Such care is considered medically necessary in order to protect the health and well-being of prisoners, staff, and the public.
6. **Inside Care:** Medical care provided inside the walls of the detention facility or institution, whether by detention facility staff or contract medical staff, i.e., physical therapy, infusion therapy, intake screening, infectious disease control measures, sick calls, OTC medications, etc.
7. **Medically Appropriate Care:** Medical care that is consistent with good medical practice but is not necessary to preserve the life and/or health of the prisoner.
8. **Medically Necessary Care:** Medical care which is necessary to preserve the life and/or health of the prisoner. Delay of such care may be determined by a medical professional as appropriate depending on the circumstances.
9. **Pre-authorization:** Authorization for the provision of a particular medical treatment or service which is obtained prior to providing the treatment of service. In the case of the USMS, preauthorization applies to USMS prisoner medical care (not prescription medications) which the USMS is financially responsible.
10. **Pre-existing Condition:** A medical condition of a prisoner that exists at the time of the prisoner's arrest or remand to the custody of the USMS.
11. **Preventive Care:** Medical care provided for the purpose of preventing future illness or disability, including general health screening, nutritional counseling, exercise regimens, stop-smoking programs, etc. With the exception of the initial health screening, preventive health care is not typically provided to the USMS prisoners unless specifically ordered by a physician based on clinical findings indicating medical necessity.

MENTAL HEALTH SERVICES FOR PRISONERS

- A. **Purpose:** to set forth policy and procedures for the provision of mental health services to individuals in the custody of the USMS.
- B. **Point of Contact:** Office of Interagency Medical Services, POD, 202-307-9680, FAX, 202-307-5029
- C. **Authority:** Standards set by (a) American Correctional Association (ACA), (b) the National Commission on Correctional Health Care (NCCCHC) and good medical practices established by the professional medical community. Authority to manage standards for prisoner mental health care is provided by 18 USC 4006, 4013, 4086, 4241 through 4242, and 4243 through 4247.
- D. **Policy**
1. **Medically Necessary Mental Health Services:** It is the policy of the USMS to ensure that all USMS prisoners receive medically necessary health care services, including mental health. This policy refers to mental health services provided to USMS prisoners both inside and outside the facilities in which they are confined. The provision of mental health services, including psychiatric and/or psychological evaluation, treatment and medication, may have an impact on a prisoner's legal case. Therefore, the USM must notify the United States attorney and the court as soon as the district is informed of the need for the provision of any and all psychiatric services provided to USMS prisoners. The United States Attorney and the court will be made aware of any mental health services ordered by a federal court. The United States Attorney and the court must be notified of all mental health services delivered without a court order. **THIS DIRECTIVE DOES NOT APPLY TO SUICIDE PREVENTION SCREENING AND INTERVENTION PROGRAMS.**
 - a. **Inside Mental Health Services:** Detention facilities that provide inside mental health services to prisoners, including psychiatric and/or psychological evaluation, treatment and medication, must inform the USM prior to delivering any of these services to a USMS prisoner, except in an emergency situation. The USM will notify the United States Attorney and the court of the intent to deliver such services. All inside mental health services must be provided to prisoners in accordance with established state or local detention facility policy and procedures, as well as applicable provisions of the Intergovernmental Agreement (IGA), and must be done at no cost to the USMS.
 - b. **Approval for Outside Mental Health Service:** In accordance with the provisions of the IGA, Article III, the local detention facility must notify the USMS that a USMS prisoner needs outside mental health services. In addition, the detention facility must seek preauthorization by the USM for any outside mental health service provided to USMS prisoners other than emergency services. The USM will notify the United States Attorney and the court of the intent to deliver such services. When a USMS prisoner is transported for emergency mental health services, the detention facility is responsible for notifying the USM as soon as possible. The USM will notify the United States Attorney and the court of the emergency mental health services delivered to the prisoner.
 2. **USMS Prisoner Health Care Policy Standards**
 - a. The mental health services that are listed in the brochure *USMS Prisoner Health Care Standards*, USMS Publication No. 100, Section 0. PSYCHOLOGY-PSYCHIATRY - NOT COVERED, are NOT authorized for payment by the USMS unless ordered by the court or authorized by the Office of Interagency Medical Services (OIMS).
 - b. Appeals for USMS denials must be submitted by the prisoner, or their legal appointee, to the USM. Supporting medical records and documents must also be provided to the USMS for review by OIMS.
 - c. If a USM learns that a prisoner is petitioning the court to order the USMS to provide mental health services which are not authorized under this policy, the USM should contact OIMS for assistance. That office can provide professional assistance to the district.
 3. **Selection of Mental Health Services Providers:** In accordance with USMS prisoner security

requirements, prisoners will not be allowed to select their own mental health services providers. The USMS will retain ultimate control over the selection of mental health services providers for prisoners as well as the time and place of any community mental health services provided.

4. **Mental Competency Determinations under 18 USC 4241 through 4242 , and Hospitalizations of Persons Suffering from Mental Disease or Defect under 18 USC 4243 - 4247.**
5. Mental health examinations, hospitalizations, and treatments delivered to federal prisoners under 18 USC 4241-4247, must be provided by the BOP. Private mental health professionals may not provide these services, and the USMS may not contract with private vendors to provide these services. USMS prisoners who have been ordered by the court to be evaluated and/or treated under any of these statutes must be committed and delivered to BOP for execution of the court order.
6. **Mental Competency Determinations OTHER THAN under 18 USC 4241 through 4242 , and Hospitalization of Persons Suffering from Mental Disease or Defect under 18 USC 4243 , 4244 , 4245 , 4246 and 4247.**

Mental competency examinations requested by a prisoner, his/her attorney, or any other entity on behalf of the prisoner must be covered by a court order, and arranged in advance with the USM and must be done at no expense to the USMS. The USM will retain ultimate control over time, date and place of the mental competency examination due to prisoner security concerns.

E. Definitions

1. **Psychiatric Emergency:** A psychiatric emergency is defined as one in which a person is suffering from a mental illness that creates an immediate threat of bodily harm to self or others, serious destruction of property, or extreme deterioration of functioning secondary to psychiatric illness.

APPLICATION OF MEDICARE LEGISLATION FOR THE PROCESSING OF PRISONER MEDICAL CLAIMS

- A. **Purpose:** This directive outlines the procedures to be followed by United States Marshals (USMs) for the processing, repricing, and payment of prisoner medical claims at the USMS allowed amount (not to exceed medicare rates).
- B. **Point of Contact:** Office of Interagency Medical Services (OIMS), Prisoner Operations Division (POD), phone: 843-727-4010; fax: 843-727-4012.
- C. **Authority:** The USMS authority to reprice medical claims at medicare rates is set forth in 18 USC 4006.
- D. **Policy:** The USM is responsible for ensuring procedures are followed as outlined in the *Processing of Prisoner Medical Claims for Repricing and Payment Standard Operating Procedures (SOP)*. (Hyperlink to the SOP or Publication).
- E. **Procedures:** The USM is responsible for ensuring that a prisoner medical claim:
 1. is date stamped and is on the proper form (CMS-1500 or CMS-1450/UB-92).
 2. date(s) of service shown on the claim agree with the prisoner in USMS custody dates.
 3. with errors or are not the financial responsibly of the USMS are promptly returned to the medical provider with appropriate annotation.
 4. is not a duplicate by checking the district medical claims records.
 5. is promptly submitted to the USMS claims repricing contractor for processing.
 6. is paid promptly after receipt of repriced claim.
 7. is not for a service provided inside the detention facility (except for dialysis).

F. Responsibilities

1. **U.S. Marshal will:**

Prisoner Health Care

- a. Ensure all district staff involved in medical claims processing/payment or authorizing care are aware of the provisions of this policy and associated SOP.
 - b. Ensure all prisoner medical claims are processed and paid in a timely manner in accordance with the SOP.
 - c. Ensure Monthly Transaction Reports (MTRs) are reviewed and certified in accordance with OIMS suspenses so the contractor can be paid in accordance to the Prompt Payment Act.
 - d. Notify all medical care providers in writing to ensure awareness of the medicare payment and billing format requirements for the USMS. (Hyperlink the sample letter to the medical provider here)
2. **Office of Interagency Medical Services (OIMS) will:**
- a. Serve as a Contracting Officer's Technical Representative (COTR) for USMS claims repricing contract.
 - b. Verify and certify MTRs and invoices and ensure prompt payment to the claims repricing contractor.
 - c. Revise and maintain the SOP as necessary and provide training and technical assistance to the USM as required.
 - d. Develop language for modifications and delivery orders and coordinate with the contracting officer to ensure timely issuance.
3. **Sample Letter (Medicare) to *Medical Care Provider***

FEDERAL PRISONER HEALTH CARE CO-PAYMENTS

- A. State and local governments may assess and collect a reasonable fee from a trust fund account (or institutional equivalent) of a federal prisoner for health care services as long as certain criteria are met. These criteria are:
1. The prisoner is confined in a non-federal institution pursuant to an agreement between the Federal Government and the state or local government.
 2. The fee is authorized under state law and does not exceed the amount collected from state or local prisoners for the same services.
 3. The services are provided within or outside of the institution by a person who is licensed or certified under state law to provide health care services and is operating within the scope of such license; constitute a health care visit as defined in 18 USC 4013, are not provided due to a staff referral or for follow-up treatment for a chronic condition; and are not preventive health care services, emergency services, prenatal care, diagnosis or treatment of chronic infectious diseases, mental health care, or substance abuse treatment.
 4. The state or local government will be responsible for administering the collection, accounting, and disposition of any and all fees collected from federal prisoners.
 5. No prisoner may be refused treatment for financial reasons. If the prisoner is unable to pay a fee for necessary health services, they will be provided by the detention facility to the prisoner at no cost to the USMS.
 6. The collection of co-payments will not affect the per diem rate the USMS pays under IGAs. Also, it does not impose additional duties or obligations on the USMS.
 7. Any state or local government assessing or collecting a fee under this subsection will provide comprehensive coverage for services relating to Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) to each federal prisoner in the custody of such state or local

Prisoner Health Care

government when medically appropriate. The state or local government may not assess or collect a fee for providing such coverage.

8. State or local governments that intend to assess and collect a reasonable fee from the trust fund account (or institutional equivalent) of a federal prisoner for health care services are responsible for providing the required written and oral notification to all federal prisoners housed in the facility, and for ensuring that no fees are collected until after the required 30-day period following notification.

B. Private detention facilities are not subject to these provisions.

MEDICAL 1020X CREDIT CARD PROGRAM

A. **Purchase Card as an Office Card:** The prisoner medical services specific purchase card (Government credit card) will be provided to all requesting district offices to procure and pay for medical services. Since cards will be issued to organizational units (offices), the backside of the card will not require a signature. However, only authorized individuals will be able to use each organizational card. Only one approving official will be allowed per organizational unit. Single and monthly purchase limits will be set for these cards.

1. **Establishment of Office Card:** Each office will establish an office "Medical Services" card. A monthly statement will be requested to be sent to the office under the title of "Medical Services." Each approving official will receive a copy of each statement.
2. **Monthly limits:** The purchase limits for the cards will be set at a single purchase limit of \$2,500 per card and a monthly limit of \$500,000 for each office. The delegation of purchase authority will be delegated by the credit manager to the USMS office.

B. District offices are required to use some type of obligation form, i.e., Pre-Approval Form or Prisoner Medical Attention Notice and maintain a log of all medical services. The log will record the log number, name, prisoner number, medical provider, date of service, services rendered, estimated cost, actual cost and if the service is routine or emergency.

1. **Log as Record of Authorized Services:** The log will become the official record of authorized medical services for prisoners. This log will be used to reconcile with the monthly statements provided by the credit card company (Bank One) and to obligate in the Financial Management System's (FMS).
2. **Vendor Notification:** A letter on district letterhead will be mailed to each medical vendor advising them of the preferred method of acquiring and paying for medical services for prisoners in USMS custody.
3. **Authorized Stamp:** Each district will obtain a stamp to use on medical bills authorizing a specific amount to be charged to the Mastercard Number.
4. **Letter to Vendor:** A letter on district letterhead will be sent to the medical facility with the certified bill attached indicating the authorized amount to be charged to the Mastercard.
5. **Record Files:** Each office will maintain a monthly file for logs and supporting documentation. Files will comply with the requirements as financial documents and maintenance of credit card records.

C. **Procedures for Obligating:** Establishment of the obligation for the medical services will be accomplished by using the log. Payments will be made to the vendor, Bank One, as soon as statements are reconciled. This payment is not subject to the 30-day payment under Prompt Payment Act.

D. Procedures to Purchase and Pay for Medical Services for Prisoners in USM Custody

1. Send a vendor notification to medical facilities that you use in your district.
2. After a prisoner is provided medical services, obligate the amount incurred into the FMS accounting system. Place required information on the monthly log and update information in PTS-USM 237, Medical History Log.
3. Upon receipt of a vendor bill:

Prisoner Health Care

- a. Verify the bill is for a prisoner in USM custody.
 - b. Check that the proper forms are used to bill for medical services. (CMS-1500/1450)
 - c. Obtain Medicare/Medicaid rates and note them on the bill.
 - d. Stamp the bill with the certifying stamp with amount to be billed to the credit card # with signature.
 - e. Attach bill to vendor letter and mail.
 - f. Make copy of bill for verification of monthly credit card bill.
4. Upon receipt of the monthly bill from the credit card company (Bank One).
- a. Verify each entry with the monthly log.
 - b. Pay bill once verification is complete (bill is NOT subject to the Prompt Pay Act)

E. FY 2005 Monthly Log of Purchases for Prisoner Medical Services with Government Credit Card

LOG #	PRIS. NAME	PRIS #	VENDOR	SERVICES RENDERED	DATE OF SERVICE	ESTIMATED COST	ACTUAL COST	ROUTINE	EMERGENCY

F. Vendor Notification of Mastercard Use

A federal government issued Mastercard is the preferred method of acquiring and paying for medical services provided to prisoners in the custody of the USMS.

After services have been rendered, districts will submit medical claims on a Standard Form CMS-1500 or 1450 with codes. Claims without pertinent information, such as prisoner’s name, date of birth, federal prisoner number, dates of service, provider names, address, etc. will be returned without being paid. Claims will also be returned if the patients are not in USMS custody on the date(s) of service shown on the claim.

If claims are determined to be complete and valid after review by USMS district personnel, the certified claims will be returned for credit card payment processing. The USM will pay at the standard Medicare/Medicaid rates set by the USMS claims repricing contactor.

G. Certification Stamp

Districts will order a rubber stamp with same or similar wording:

I certify that this statement is correct for payment. Vendor is authorized to charge amount indicated to credit card # shown.

Credit Card # _____ Expiration Date _____ Amount \$ _____

Signature _____ Date _____

H. Vendor Notification of Charge Amount

Attached please find USMS payment instructions for your bill for medical services. Please note that we have stamped the bill which certifies the amount to be charged to the Mastercard Government Credit Card. You may only charge the amount indicated on the stamp. Please mail the credit card receipt to this office.

If you have any questions, please call me at_____

Note: Minor changes -

- 1) Removed section on Health Care for Pregnant Female Prisoners to Policy Directive 9.5, Health Care for Pregnant Prisoners. Changes approved by AD, POD on 11/30/09 per USM-98 form. Archived Policy: Health Care 120309.