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		4/25/23		1 of 6	DOC 600.020
POLICY		TITLE	NT- F	AID HEALTH	ICARE
REVIEW/R	EVISION HISTORY:				
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Revised:	4/30/09	Revised:	4/25/23
Revised:	10/20/11		

#### SUMMARY OF REVISION/REVIEW:

Major changes to include reorganizing content and updating applicability, title, and terminology throughout. Read carefully!

## **APPROVED:**

Signature on file

MARYANN W. CURL, MD Chief Medical Officer

Signature on file

**DAVID FLYNN**, Assistant Secretary for Health Services

Signature on file

CHERYL STRANGE, Secretary Department of Corrections 3/23/23 Date Signed

3/28/23 Date Signed

3/29/23 Date Signed

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## **REFERENCES**:

DOC 100.100 is hereby incorporated into this policy; <u>RCW 72.09.480</u>; <u>RCW 72.10</u>; <u>WAC 137-91</u>; Patient-Paid DME Guidelines; <u>Washington DOC Health Plan</u>

# POLICY:

- I. The Department has established procedures for incarcerated individuals to purchase healthcare services not provided per the Washington DOC Health Plan.
  - A. Patients will be responsible for the outcome of any patient-paid healthcare received and will be responsible for any costs related to healthcare services (e.g., community providers/clinics, Veteran's Administration, tribal clinics, transportation).
    - 1. Exceptions must be approved by the Chief Medical Officer.
- II. Healthcare paid by patients will not replace care available through Department resources or relieve the Department of the obligation to provide medical care per the Washington DOC Health Plan.

## DIRECTIVE:

- I. General Requirements
  - A. Patients may submit a request to purchase medical, mental health, dental care, and medications not covered per the Washington DOC Health Plan by completing DOC 13-460 Patient Request for Outside Health Services and submitting it to the facility Business Office.
    - 1. Services paid for by patients will be performed by a provider of the patient's choice.
  - B. Medical devices and Durable Medical Equipment (DME) paid for by patients and obtained from any source other than Health Services may be permitted per the Patient-Paid DME Guidelines posted on the Health Services page of the Department's internal website.
    - 1. Requests for DME must be submitted on DOC 13-472 Patient-Paid Durable Medical Equipment (DME).
- II. Costs/Expenses
  - A. Patients will be responsible for all costs and related expenses including, but not limited to:

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- 1. Transportation and/or custody escort, and
- 2. Real or potential complications resulting from the services.
- B. If it becomes necessary for the Department to provide medically necessary healthcare associated with services paid for by a patient, the patient will be responsible for paying the costs of any healthcare provided by the Department.
  - 1. Medically necessary care will not be denied based on the inability to pay and patients will be allowed to incur debt for these services.
- C. Patients must have funds available equal to 120 percent of the total costs of the healthcare services being requested before being scheduled by Health Services.
  - 1. The funds will be used to pay for the care services, as well as allow for unexpected expenses resulting from medical complications and related costs (e.g., additional transportation and custody charges).
- D. Facilities will charge a \$50 processing fee to any patient making a formal request for services not provided per the Washington DOC Health Plan.
  - 1. This fee is non-refundable, even if the request is denied, and does not cover any costs/expenses incurred by the Department in the provision of the care.
- E. A third party may provide the funds used to pay for health services and/or the processing fee directly to the Department on behalf of a patient.
  - 1. Funds must be payable to the Department of Corrections and submitted to the facility's Local Business Advisor, along with DOC 13-506 Third Party Contribution for Patient-Paid Healthcare.
  - 2. The Department will provide copies of bills and receipts for services to any third-party payers designated on DOC 13-035 Authorization for Disclosure of Health Information.
- F. When all invoices have been paid and reimbursements due to the general fund have been completed, any excess balance will be returned to the patient's account or the third party who provided the funds.
- III. Approval/Denial Process
  - A. Upon receiving DOC 13-460 Patient Request for Outside Health Services, the Business Office will:

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- 1. Deduct the \$50 processing fee from the patient's account unless received by a third party, and
- 2. Complete the bottom of the form and forward it to the Health Services Manager/designee.
- B. The Health Services Manager/designee will complete Section I of DOC 13-461 Patient-Paid Healthcare Worksheet and forward it to the facility Medical Director or Clinical Lead.
- C. The facility Medical Director or Clinical Lead will consult with the Chief Medical Officer/designee, Clinical Lead, and/or Director of Pharmacy as needed to determine if the requested service is medically appropriate using the following criteria:
  - 1. The likely benefits outweigh the risks of the requested service,
  - 2. The requested service(s) is not provided under the Washington DOC Health Plan, or
  - 3. The requested service is not available at the facility where the patient is housed and the patient does not want to transfer to another Department facility to get care.
- D. If the requested service is approved, the Health Services Manager/designee will provide the patient with an outside health services trip packet consisting of:
  - 1. DOC 13-035 Authorization for Disclosure of Health Information
  - 2. DOC 13-462 Patient-Paid Healthcare Practitioner Information
  - 3. DOC 13-463 Patient-Paid Healthcare Hospital Information
  - 4. The completed DOC 13-460 Patient Request for Outside Health Services
- E. When all forms from the packet are received, the Health Services Manager/ designee will complete and sign Section III of DOC 13-461 Patient-Paid Healthcare Worksheet, add it to the packet, and forward it to the Captain.
  - If the practitioner and/or hospital have attached prescriptions to DOC 13-462 Patient-Paid Healthcare Practitioner Information and DOC 13-463 Patient-Paid Healthcare Hospital Information, the Health Services Manager/designee will complete the top portion and forward DOC 13-464 Patient-Paid Healthcare Pharmacy Information to a pharmacy in the community.

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# POLICY

## **PATIENT- PAID HEALTHCARE**

- F. The Captain will complete Section IV of DOC 13-461 Patient-Paid Healthcare Worksheet. If approved, the packet will be forwarded to the Local Business Advisor, who will compute the total trip cost in Section V and return the packet to the patient.
- G. If the patient agrees to all the conditions listed, the patient will initial and sign Section VI of DOC 13-461 Patient-Paid Healthcare Worksheet and return the packet to the Business Office.
- H. After verification that funds are available, the Business Office will complete Section VII of DOC 13-461 Patient-Paid Healthcare Worksheet and forward the packet to the Superintendent for final approval.
  - 1. The Superintendent will complete Section VIII of the worksheet and forward the packet to the Health Services Manager/designee, who will notify the patient of the Superintendent's decision.
- I. If approved, the outside services will be scheduled in the Health Services section of the patient's electronic file and the consult/appointment will be noted as a self-pay event.
- J. The scheduler will hold the packet until all services are completed.
  - 1. When all outside services have been completed, the Health Services Manager/designee will forward DOC 13-461 Patient-Paid Healthcare Worksheet to the Local Business Advisor, who will:
    - a. Verify the duration of each trip in the appropriate facility record and make any adjustments needed to the original estimates before reimbursing the general fund to cover the cost of the transport.
    - b. Ensure that all paid invoices are reimbursed to the general fund.
    - c. Return the completed DOC 13-461 Patient-Paid Healthcare Worksheet to Health Services Medical Records to replace the copy in the legal section of the health record.

# IV. Medication

- A. The Department pharmacy will not fill prescriptions written by non-Department prescribers.
- B. The Chief Medical Officer/designee and the Director of Pharmacy/designee:
  - 1. Must approve all medications from outside sources, and

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- 2. May prohibit use of medication from an outside source within a Department facility if its use presents an unacceptable risk to facility security or a patient's health.
- C. When medication approved through this policy comes into a facility, a Department prescriber will determine if the prescription will be issued to the patient or issued at Pill Line and document the order in the health record.
  - 1. The medication and a copy of the documentation will be forwarded to the pharmacy for identification and security purposes.
- D. The pharmacy will:
  - 1. Verify the medication against its label and the written Department prescriber order.
  - 2. Add the approved medication to the patient profile in the pharmacy software as "ordered by an outside prescriber".
- E. The Pharmacist will release the medication only after notifying the prescriber and the Department primary care provider of any potential adverse effects or drug interactions related to the medication.
  - 1. Either prescriber may stop the Pharmacist from releasing the medication to the patient.

## **DEFINITIONS:**

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

# **ATTACHMENTS:**

None

# DOC FORMS:

DOC 13-035 Authorization for Disclosure of Health Information

DOC 13-460 Patient Request for Outside Health Services

DOC 13-461 Patient-Paid Healthcare Worksheet

DOC 13-462 Patient-Paid Healthcare Practitioner Information

DOC 13-463 Patient-Paid Healthcare Hospital Information

DOC 13-464 Patient-Paid Healthcare Pharmacy Information

DOC 13-472 Patient-Paid Durable Medical Equipment (DME)

DOC 13-506 Third Party Contribution for Patient-Paid Healthcare