

FLORIDA DEPARTMENT OF CORRECTIONS

FOLLOW-UP REVIEW OF HEALTHCARE – COPAYMENTS BY INMATES AUDIT

Paul C. Decker, Inspector General

Report # R06019F

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BACKGROUND

The Healthcare – Co-payments by Inmates Program was created in January 1995 by Florida Statute, 945.6037. It designated that a fee be collected for non-emergency visits to a healthcare provider which were self initiated by the inmate. Additionally, co-payments may not be charged for the required initial medical history and physical examination obtained during the inmates' indoctrination at the reception center.

The current co-payment fee is \$4 per visit and is deducted from the existing balance in the inmates' bank account. If the account balance is insufficient to cover the co-payment, 50 percent of each deposit to the inmate's account must be withheld until the total amount owed has been paid. Offender healthcare will never be denied due to the lack of available funds. The proceeds of each co-payment are deposited in the General Revenue Fund.

During fiscal year 2003-2004, the Inmate Healthcare Co-payment Program collected \$452,815. During our audit scope period from July 1, 2004 through February 28, 2005, \$303,293 was collected.

OBJECTIVES

Our follow-up review objectives were to:

- determine the corrective actions taken on reported audit findings, and
- whether actions taken are achieving the desired results as intended by management.

SCOPE AND METHODOLOGY

Our follow-up review consisted of an interview with the Acting Deputy Director of Administration, Office of Health Services with regard to the original findings, recommendations, and corrective actions for the period of July 1, 2004 through May 11, 2006. Additionally, we made inquiries of implemented procedures and analyzed the follow-up actions taken.

RESULTS OF FOLLOW-UP

Our original audit, Healthcare – Co-payments by Inmates, Report # A05013 issued on October 13, 2005 indicated that the program was functioning as intended, however issues were identified that required managements attention and if addressed would further enhance the effectiveness and efficiency of the Inmate Healthcare Co-payment Program. **The Office of Health Services has adequately addressed the issues identified in our original report and has taken appropriate actions necessary as indicated in their follow-up responses below:**

Finding 1 - To increase revenue generation and provide consistency in collections, Health Service Administrators should adhere to procedures regarding co-payment charges.

Recommendation - We recommended that all HSA's and medical staff be required to review and indicate in writing their understanding and responsibility for adherence to DC Procedure 401.010.

Management's Original Response - The Office of Health Services agreed with our recommendation and in a letter to the Regional Health Service Managers (RHSM) indicated that an in-service review was to be held with all medical staff involved with the application of co-payments to ensure compliance with DC Procedure 401.010. Additionally, during future site visits, the RHSM will conduct a sample review of sick call events to ensure that the co-payment designation is correct and in accordance with procedure

Management's Follow-Up Response – In order to increase revenue generation and provide consistency in collection, Health Services Administrators and other associated health services staff have received additional training on the provisions of DC Procedure 401.010 regarding the co-payment process. Recurring inspections of this function are being performed by the institutional Health Service Administrators and are also included as an item of interest during site visits conducted the Regional Health Services Managers. To ensure consistency in co-payment application the Regional Health Services Managers select and review random inmate encounters; review inmate grievances related to co-payment; and question staff on their actions in this regard. These actions appear to have improved the consistency of correct co-payment application.

Finding 2 - To preclude a misunderstanding by inmates of the Healthcare Co-payment Program, the Co-payment Training and Instructions to Inmates (NI1-001) poster should be displayed.

Recommendation - We recommended that all HSA's and medical staff be required to review and indicate in writing their understanding and responsibility for adherence to DC Procedure 401.010.

Management's Original Response – The Office of Health Services agreed with our recommendation and in a letter to the Regional Health Service Managers (RHSM) indicated that an in-service review was to be held with all medical staff involved with the application of co-payments to ensure compliance with DC Procedure 401.010. Additionally, during future site visits, the RHSM will conduct a sample review of sick call events to ensure that the co-payment designation is correct and in accordance with procedure and that the display of the "Co-payment Training and Instruction to Inmates" poster is appropriately displayed.

Management's Follow-Up Response – Institutional health services staff have made an extra effort to preclude misunderstanding by inmates of the co-payment program. This has been accomplished by re-emphasizing how co-payments will be applied during intake processing,; during the actual medical encounter with the inmates; in response to grievances filed by the inmates, and by ensuring that the co-payment notice, form NI1-001 (English and Spanish), is posted in appropriate areas.

This follow-up review was conducted by James W. Crews and supervised by Donald L. Miller. Please address inquiries regarding this report to Dave Mecusker, Chief Internal Auditor, at (850) 410-4168.