



IHSC
ICE Health Service Corps



Protecting America

by providing health care and
public health services in
support of immigration
law enforcement

Enforcement and Removal Operations

ICE Health Service Corps
Detainee Covered Services



U.S. Immigration
and Customs
Enforcement

TABLE OF CONTENTS

I.	PREAMBLE	2
II.	SCOPE OF COVERAGE PROVISIONS	2
III.	MEDICAL PAYMENT AUTHORIZATION REQUEST SYSTEM (MEDPAR)	3
IV.	ROLE OF IHSC FIELD CASE MANAGERS, REGIONAL MANAGED CARE COORDINATORS	3
V.	REFERENCE MATERIAL, SYSTEM UPDATES AND EDUCATIONAL INFORMATION	4
VI.	APPEAL PROCESS	4
	A. Level I – Provider Claims	4
	B. Level II – Denied Authorizations	4
VII.	DENIED PAYMENTS	5
VIII.	IT TECHNICAL SUPPORT SERVICES	5
IX.	CONTACTS	5
X.	ELIGIBILITY DETERMINATION	6
XI.	VERIFICATION OF ELIGIBILITY	6
XII.	REIMBURSEMENT AUTHORITY	6
XIII.	PAYMENT AUTHORIZATION COVERAGE INFORMATION	6
	A. When Coverage Begins	6
	B. When Coverage Ends	7
XIV.	CLAIMS PAYMENT	7
	A. Claims Submission, Review, Analysis, and Pricing	7
	B. Patient Deductibles and Co-Payments	7
XV.	NO PRIVATE RIGHT STATEMENT	7
	GLOSSARY OF TERMS	8

I. PREAMBLE

This guide is intended for use by providers, hospitals, other health care facilities, detention facilities, legal representatives and other parties involved in the delivery of medical, mental health, dental and other health care and services to individuals in U.S. Immigration and Customs Enforcement's (ICE) or U.S. Customs and Borders Protection (CBP) custody.

The ICE Health Service Corps (IHSC) serves as ICE's medical authority relating to health care provided to those in ICE custody. As a component within ICE's Office of Enforcement and Removal Operations (ERO), IHSC performs two important functions affecting the provision of medical care to ICE detainees. First, IHSC provides direct patient care to, and is consequently the direct medical authority, for detainees who are generally housed at either ICE-owned detention facilities, otherwise known as Service Processing Centers (SPCs), or designated Contract Detention Facilities (CDFs) across the country. Second, IHSC is responsible for coordinating (or facilitating) medical services provided to ICE detainees at facilities not staffed by IHSC such as Intergovernmental Service Agreement (IGSA) facilities. At these IGSA facilities, the local health authority provides, directs and is responsible for assuring access to medical care for ICE detainees.

ICE, through IHSC and other medical providers, must provide medically appropriate treatment to ICE detainees who have identified any serious medical needs. A given medical condition could qualify as a "serious medical need" if, when left untreated, it could result in further significant injury or the unnecessary infliction of pain. Serious medical needs include conditions that affect daily activities or which cause chronic and substantial pain. This duty applies with equal force, notwithstanding the expected timing of a detainee's release or removal, except that a physician may consider the timing of a detainee's removal or release from custody for purposes of recommending an overall treatment plan to be included in the continuity of care plan that is provided to a detainee upon his/her release or removal. Medical care, including for critically ill cases, will be provided until removal unless beginning treatment is deemed medically detrimental to the detainee.

A medical professional treating an ICE detainee must exercise that degree of care and skill that a reasonable medical professional of the same medical specialty would exercise under similar circumstances.

II. SCOPE OF COVERAGE PROVISIONS

The Medical Payment Authorization Request system (MedPAR), which replaces the Treatment Authorization Request (TAR) system, is a web-based application designed to issue payment authorization for billable medical, mental health, dental, specialty services and durable medical equipment and supplies in the treatment and provision of health care to individuals in ICE custody. Authorization for payment will be denied for services to non-detainees or where eligibility cannot be established because they were not in ICE or CBP custody at the time of treatment.

Payment will be denied for services for cosmetic procedures that are not required to treat a serious medical need, and for procedures, services, and supplies that are experimental or investigational in nature, and/or that are not approved by the Food and Drug Administration. The detainee's medical provider(s) is responsible for determining what treatment(s) is medically necessary for a serious medical need.

IHSC intends to release clinical guidelines in the near future which will be provided to all facilities housing ICE detainees and their respective Health Authorities. The purpose of these clinical guidelines is to ensure access to timely, necessary and appropriate medical, mental health and dental care that meet the legal standards for the provision of treatment.

III. MEDICAL PAYMENT AUTHORIZATION REQUEST SYSTEM (MedPAR)

Authorized requestors of MedPAR will be limited to physicians and other personnel in the medical units of these facilities. A minimum of two (2) employees at each ICE designated facility or IGSA will be identified as authorized requestors; as such, they will be authorized access to MedPAR. The facility's designated authorized requestors will be trained before receiving password-protected access to MedPAR.

The authorized requestor, i.e., physician or their designee will log on to MedPAR and complete the required data fields in MedPAR. The detainee's provider will also be required to certify in MedPAR that the service(s) requested are medically appropriate and necessary in response to serious medical needs.

IV. ROLE OF IHSC FIELD CASE MANAGERS, REGIONAL MANAGED CARE COORDINATORS

Field Case Managers (FCM) and Regional Managed Care Coordinators (RMCC) will provide technical assistance for MedPAR. The FCMs and RMCCs will also coordinate services with qualified medical personnel in facilities housing ICE or CBP detainees and provide assistance with the appeal process for denied payment or services with system.

FCMs and RMCCs will conduct inpatient utilization review and discharge planning on all hospitalizations. In the course of providing utilization management, the FCM or RMCC may deem it necessary for the detainee to be transferred to an alternate facility or level of care, based on the medical care needed and other considerations. FCMs and RMCCs will coordinate their recommended medical and mental health services.

V. REFERENCE MATERIAL, SYSTEM UPDATES AND EDUCATIONAL INFORMATION

IHSC maintains a web site, www.icehealth.org that will serve as the vehicle for communicating any changes to the MedPAR and provide materials to share detainee and provider-specific educational materials, news, and other online services. The MedPAR User Guide will also be posted at this IHSC web site, along with all required billing forms and key IHSC personnel contact information. All users should continue to monitor this web site for updates and new instructions as future changes and enhancements are made to the MedPAR system.

VI. APPEAL PROCESS

A. Level I – Provider Claims

The Veterans Administration Financial Service Center (VA FSC) has a Service Level Agreement with ICE to provide medical claims payment processing, claims payments, and accounting, and hosting, support and maintenance of MedPAR. Providers to whom the VA FSC has denied payment for a claim may appeal that denial by completing the following Level I appeals procedures.

Prior to submitting a claims appeal, providers should review the Explanation of Benefits (EOB) received from the VA FSC in response to the submission of their request for payment. After reviewing the EOB, if the provider still believes the denial is unwarranted, s/he should submit in writing and within 90 days of receipt of the initial determination supporting documentation to overturn the denial. Included within the appeal, the provider should offer a full explanation of the basis for the appeal, along with a copy of the EOB, a copy of the original medical invoice, and a copy of the corrected invoice, if applicable.

Level I appeals should be submitted to:

VA FSC
ATTN: DIHS Appeals – Level I
1615 Woodward Street
Austin, TX 78772

B. Level II – Denied Authorizations

The Level II appeals process permits any ICE detainee, his/her legally-appointed advocate (e.g. attorney, legal guardian) or other detainee-designated individual or organization, to request, in writing, that [PARTY] reconsider a denial *of authorization of* payment for a service.

The letter submitted to IHSC for this purpose should clearly identify the patient by name, ICE or CBP assigned tracking number, facility name and address, date of denial, description of denied service(s), and explain why the original decision to deny payment for a specific service(s) should be

overturned. Upon receipt of the appeal, the IHSC Medical Director's Office will review the case and may consult specialty providers or any other decision support resources deemed necessary as part of the appeal review process. The IHSC Medical Director's office will review the detainee's medical records and decide to either uphold the decision of denial, overturn and approve the request for payment, or seek further information or a second opinion from a consultant within 10 (ten) business days of receipt of the appeal. IHSC will pay for an outside consultant if a second opinion is required to make a decision regarding the appeal. The outcome of the appeal review process will be a decision to authorize for payment and is not to be construed as to subordinate the clinical judgment or practice of a medical professional. Additional options are available that, dependent on the medical seriousness of the denied service, may involve recommendations up to and including transferring the detainee to another facility.

Level II appeals should be submitted to:

ICE Health Service Corps
Attn: Appeals-Level II
500 12th ST SW
2nd Floor, Mailstop 5202
Washington, D.C. 20536
Fax: 866-808-8154

For questions related to managed care, clinical services, case management, placement assistance, and appeal process, contact IHSC at (202) 732-4600.

VII. DENIED PAYMENTS

Again, the VA FSC may deny payment for a given medical service because the individual is not in ICE or CBP custody; however, providers do have an opportunity to re-submit their medical invoices with additional information to assist VA FSC in confirming the ICE or CBP custody status of individuals.

VIII. IT TECHNICAL SUPPORT SERVICES

Technical IT support for accessing MedPAR, obtaining passwords, and requestor authorization can be obtained through IHSC.

The IHSC Managed Care Unit is available to provide information and instruction on the use of the MedPAR and address concerns about referrals, services and case management. Additionally, the IHSC Medical Director, FCMs, RMCCs, Regional Clinical Directors, Regional Dental Officers, and Regional Psychiatrists are available to consult with local medical providers as needed.

IX. CONTACTS

For questions related to IT technical issues of the MedPAR such as user training, user access and password support, contact IHSC at (202) 732 – 4600.

X. ELIGIBILITY DETERMINATION

To be eligible for payment for detainee health care, the following must apply:

The individual requiring care must be in ICE or CBP custody as indicated by a valid tracking number assigned by ICE or CBP in the ENFORCE case tracking database. This assigned tracking number is a unique detainee identifier that can be correlated to a particular detainee and the facility or Sector/Station that has custody of the detainee.

XI. VERIFICATION OF ELIGIBILITY

VA FSC will verify ICE custody status through ENFORCE before releasing payments on a medical invoice. If the patient is not eligible, according to ENFORCE, VA FSC will deny the invoice. The facility/provider will receive an Explanation of Benefits (EOB) stating that no documentation to support eligibility of the patient was found for the date(s) of service listed for that specific patient as contained in their invoice. The provider has the opportunity to re-submit their invoice with the appropriate documentation which verifies the patient's status as a detainee of ICE or CBP.

XII. REIMBURSEMENT AUTHORITY

As per 18 U.S.C. § 4006, Subsistence for Prisoners:

(a) In General. The Attorney General or the Secretary of Homeland Security, as applicable, shall allow and pay only the reasonable and actual cost of the subsistence of prisoners in the custody of any marshal of the United States, and shall prescribe such regulations for the government of the marshals as will enable him to determine the actual and reasonable expenses incurred.

(b) Health Care Items and Services. -

(1) In general. - Payment for costs incurred for the provision of health care items and services for individuals in the custody of the United States Marshals Service, the Federal Bureau of Investigation and the Department of Homeland Security shall be the amount billed, not to exceed the amount that would be paid for the provision of similar health care items and services under the Medicare program under title XVIII of the Social Security Act.

(2) Full and final payment. - Any payment for a health care item or service made pursuant to this subsection shall be deemed to be full and final payment.

XIII. PAYMENT AUTHORIZATION COVERAGE INFORMATION

A. When Coverage Begins

Coverage is effective on the first day that an individual is placed in ICE or CBP custody.

B. When Coverage Ends

Coverage ends on the day that ICE or CBP releases the individual from custody.

XIV. CLAIMS PAYMENT

A. Claims Submission, Review, Analysis, and Pricing

The VA FSC has a Service Level Agreement with ICE to provide medical claims payment processing, claims payments and accounting services, and hosting, support and maintenance of MedPAR.

ICE requires that the physician, clinic or hospital submit their claim on approved Center for Medicare & Medicaid Services (CMS) and the American Dental Association approved claim forms. Invoices are to be submitted to the VA FSC located in Austin, Texas, for claims adjudication, pricing and payment issuance. The completion of all pertinent medical information will be the same as for any other claims submitted.

The VA FSC will price the medical claims according to negotiated contract rates and/or established for Medicare. The United States Treasury will mail the payment along with an Explanation of Benefits (EOB) to the payee.

B. Patient Deductibles and Co-Payments

Authorized medically necessary and appropriate medical, dental, mental health services and durable medical equipment and supplies are provided at government expense. The detainee has no responsibility for payment, deductible or co-payment. There is no requirement for Coordination of Benefits (COB) for detainees. All payments made by the VA FSC represent payment in full.

XV. NO PRIVATE RIGHT STATEMENT

This Directive is an internal policy statement of ICE. It is not intended to, and does not create any rights, privileges, or benefits, substantive or procedural, enforceable by any party against the United States; its departments, agencies, or other entities; its officers or employees; contractors or any other person.

GLOSSARY OF TERMS

Case Management

A collaborative process which assesses, plans, implements, coordinates monitors and evaluates the options and services to meet an individual's health care needs using resources available to provide quality and cost-effective outcomes. Case management is not restricted to catastrophic illnesses and injuries.

Claims Processor

The VA FSC processes all authorized medical claims for care received by individuals in custody of ICE and CBP for payment.

Clean Claim/Invoice

A claim/invoice that complies with the billing guidelines and requirements of the claims processor has no defect or impropriety, includes substantiating documentation and all required data elements, and does not require special processing that would prevent timely payment.

Durable Medical Equipment (DME), Prostheses and Orthotics

DME is reusable medical equipment. Prostheses serve as an artificial replacement of missing body parts, to replace or augment the performance of a natural body function. Orthotics are mechanical devices used to correct or prevent musculoskeletal deformities.

Explanation of Benefits

A statement sent to the provider that shows who provided the care, the kind of covered service or supply received, the allowable charge and amount billed, and the amount paid. It also gives the reason for denying a claim.

Provider

A government or civilian doctor, hospital, clinic, health care professional or group of health care professionals that provide medical, mental health and dental services and/or supplies.



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