

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
ICE HEALTH SERVICE CORPS**

MEDICAL CLAIMS

**IHSC Directive: 01-36
ERO Directive Number: 11700.3
Federal Enterprise Architecture Number: 306-112-002b
Effective Date: December 19, 2022**

**By Order of the Assistant Director
Stewart D. Smith, DHSc, FACHE**

STEWART D SMITH

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Date: 2022.12.15 15:57:44 -0500

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1. **PURPOSE:** The purpose of this directive is to set forth policy requirements and procedures for submitting, processing, and paying medical claims generated by medical care provided outside of U.S. Immigration and Customs Enforcement (ICE) detention facilities

 2. **APPLICABILITY:** This directive applies to all U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) personnel, including but not limited to, U.S. Public Health Service (PHS) officers, civil service employees, and contract personnel. It is applicable to IHSC personnel supporting health care operations in ICE-owned and contracted detention facilities (CDFs) and to IHSC Headquarters (HQ) staff. This directive applies to contract personnel when supporting IHSC in detention facilities and at HQ. Federal contractors are responsible for the management and discipline of its employees supporting IHSC.

Note: The local health authority provides the direct patient care and is responsible for ensuring access to medical care for ICE non-citizen detainees housed at facilities not staffed by IHSC personnel such as non-IHSC facilities.

3. AUTHORITIES AND REFERENCES:

- 3-1. Title 18, Part III, Chapter 301, Section 4006 of the U.S. Code – Subsistence for Prisoners.
- 3-2. Section 232 of the Immigration and Nationality Act (8 USC 1222), Detention of aliens for physical and mental examination.
- 3-3. Title 8, Code of Federal Regulations, section 232 (8 CFR 232), Detention of Aliens for Physical and Mental Examination.
- 3-4. Section 322 of the Public Health Service Act (42 USC 249(a)), Medical Care and Treatment of Quarantined and Detained Persons.
- 3-5. Title 42, U.S. Code, Public Health Service Act, Section 252 (42 USC 252);

Medical Examination of Aliens.

3-6. Title 18, Code of Federal Regulation, Part 301 (18 CFR § 4006),
Subsistence for prisoners.

4. **POLICY:** IHSC must approve referrals to receive care outside the ICE health care system in order for providers to receive reimbursement for the services they provided to detained noncitizens in ICE custody. Health Plan Management Unit (HPMU) is responsible for overseeing this function for IHSC. IHSC provides pertinent information for Medical Payment Authorization Requests (MedPAR) referrals, guidance, and instruction on medical claims functions. IHSC serves as a resource for all IHSC personnel to ensure off-site community providers are paid in a timely manner.

5. **RESPONSIBILITIES:**

5-1. **HPMU Chief:** Responsible for the successful planning, design, execution, monitoring, and management of HPMU activities. The chief provides consultative oversight for all activities related to IHSC non-citizen detainee health benefit administration according to IHSC policies, Veteran Affairs Financial Services Center (VAFSC) business requirements, Medicare reimbursement requirements and evidence-based utilization management processes.

5-2. **Claims Management Program Administrator:** Serves as the primary point of contact and liaison for VAFSC issues relating to pharmacy benefits and claims, medical claims processing and resolution, and provider reimbursement. Oversees the provider relations liaison and program analyst.

5-3. **Provider Relations Liaison:** Serves as a point of contact and liaison for VAFSC issues relating to medical claims processing and resolution, as well as provider reimbursement. Assists VAFSC in coordinating and obtaining information pertaining to Medical Provider Authorization Requests (MedPARs). Coordinates the purchase or rental of durable medical equipment (DME). Collaborates with off-site/community-based providers that provide, or are interested in providing, medical and mental health services for ICE non-citizen detainees regarding Medicare reimbursement rates, letters of understanding, credentialing requirements, medical claims processing, payment, and denials. The medical claims staff may perform multiple roles.

5-4. **Program Analyst, Medical Claims and Provider Network:** Serves as a point of contact and liaison for VAFSC issues relating to medical claims processing and resolution, and provider reimbursement. Liaises with off-site/community-based providers who provide, or are interested in providing medical and mental health services for detained noncitizens in ICE custody.

The program analyst advises regarding Medicare reimbursement rates, letters of understanding, credentialing requirements, medical claims processing, payment, and denials. The medical claims staff may assume multiple roles.

5-5. Program Analyst, U.S. Customs and Border Protection (CBP): Serves as a point of contact and liaison for VAFSC issues relating to medical claims processing and resolution, as well as provider reimbursement. Liaises with off-site/community-based providers that provide, or are interested in providing medical and mental health services for detained noncitizens in CBP custody. The program analyst advises regarding Medicare reimbursement rates, letters of understanding, credentialing requirements, medical claims processing, payment, and denials. The medical claims staff may assume multiple roles.

5-6. IHSC Medical Case Management Unit (MCMU): field medical coordinator (FMC) adjudicates MedPAR requests for the payment of off-site community health care services for non-IHSC facilities.

5-7. IHSC Managed Facilities: referral coordinator (RC) adjudicates MedPAR requests for the payment of off-site community health care services for IHSC facilities.

5-8. IHSC Clinical Decision Making for Non-IHSC Facility Off-Site Care:

5-8.1 The IHSC medical director annually reviews and pre-authorizes medical care services rendered outside of detention facilities.

5-8.2 The IHSC deputy medical director (DMD)/regional clinical director (RCD) or designee reviews and approves all non-emergency off-site medical services unless approved for pre-authorization.

5-8.3 The IHSC Regional Dental Consultant (RDC), chief dentist or designee review and approve all non-emergency off-site dental services unless approved for pre-authorization.

6. PROCEDURES: Related procedures are found in the below guides located within the [IHSC Policy Library](#). Staff should adhere to processes in the following guides.

6-1. IHSC 01-36 G-01 Medical Claims Management Guide:

6-1.1 Defines recruitment of provider network and letters of understandings.

6-1.2 Defines medical claims requests, staff roles and procedures.

6-1.3 Determines how to research a claim, defines staff roles and research tools.

6-1.4 Describes established Service Level Agreement (SLA) with the VAFSC to provide medical claims payment processing, accounting

services and claims support.

6-2. IHSC 01-36 G-02 MedPAR Guide for IHSC-Managed Facilities:

- 6-2.1 Describes Medical Care Payment Authorization eHR adjudication system.
- 6-2.2 Describes steps in the referral and authorization process.
- 6-2.3 Defines and establishes process for recruitment of community providers.
- 6-2.4 Provides description of off-site medical services and related guidance.
- 6-2.5 Provides unique referral requests and related guidance.
- 6-2.6 Defines the standard referral approval language.

6-3. IHSC 01-36 G-03 MedPAR Guide for Non-IHSC Managed Facilities:

- 6-3.1 Describes Medical Care Payment Authorization, web based MedPAR 2.0 system and electronic health record (eHR) adjudication system.
- 6-3.2 Defines and establishes process for recruitment of community providers.
- 6-3.3 Outlines MCMU process for MedPAR adjudication.
- 6-3.4 Defines the standard MedPAR documentation language procedure.

7. HISTORICAL NOTES:

- 7-1. This directive replaces the, IHSC Operation Memorandum (OM) 15-005, *Medical Claims Process* and IHSC OM 16-013, *Medical Care Payment Authorization*.
- 7-2. **Summary of Changes.** Clarifies roles, responsibilities, and functions for the IHSC HPMU and IHSC staff involved with medical claims processes.

8. DEFINITIONS: See definitions for this policy in the IHSC Glossary.

9. APPLICABLE STANDARDS:

9-1. Performance-Based National Detention Standards (PBNDS):

- 9-1.1 PBNDS 2011, Revision 2016: 4.3 Medical Care; V. Expected Practices, B. Designation of Authority.
- 9-1.2 PBNDS 2011, Revision 2016: 4.4: Medical Care (Women); V. Expected Practices.

9-2. Family Residential Standards 2020:

Part 4: Care; 4.3 Health Care; B. Designation of Authority.

9-3. American Correctional Association (ACA): Performance-Based Standards

for Adult Local Detention Facilities, 4th edition.

9-3.1 4-ALDF-4C-01, Access to Care.

9-3.2 4-ALDF-4C-04, Continuity of Care.

9-3.3 4-ALDF-4C-05, Referrals.

9-3.4 4-ALDF-4C-08, Emergency Plan.

9-3.5 4-ALDF-4C-13, Pregnancy Management.

9-3.6 4-ALDF-4C-35, Prostheses and Orthodontic Devices.

9-4. National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2018.

9-4.1 J-A-01: Access to Care (IHSC Access to Care).

9-4.2 J-D-08: Hospital and Specialty Care (IHSC Off-Site Medical Case Monitoring and Case Management); 03-26 Non-Emergent Off-Site Medical Appointments.

10. PRIVACY AND RECORDKEEPING: ICE uses detained noncitizen health records and information maintained in accordance with the DHS/ICE-013 Alien Health Records System of Records to provide for the care and safety of non-citizen detainees. IHSC limits access to detained noncitizen health records and information to those individuals who need to know the information for the performance of their official duties, and who have appropriate clearances or permissions. IHSC secures paper records in a locked cabinet or room when not under the direct control of an officer or employee with a need for the paper record to perform their duties.

10-1. IHSC staff complete annual training on the protection of patient health information and Sensitive Personally identifiable information.

10-2. IHSC staff reference the Department of Homeland Security Handbook for Safeguarding Sensitive PII (Handbook) at DHS Handbook for Safeguarding Sensitive PII for additional information concerning safeguarding sensitive PII.

10-3. All relevant documents produced or provided in accordance with this Directive must be maintained in accordance with an applicable National Archives and Records Administration (NARA) General Records Schedule (GRS) or a NARA-approved agency-specific records control schedule. If the records are not subject to a records schedule, they must be maintained indefinitely by the agency. In the event the records are subject to a litigation hold, they may not be disposed of under a records schedule until further notification. Prior to the disposition of any records referenced in this directive, ICE Records Officer approval must be obtained.

11. NO PRIVATE RIGHT STATEMENT: This directive is an internal directive statement of IHSC. It is not intended to, and does not create any rights, privileges, or benefits,

substantive or procedural, enforceable against the United States; its departments, agencies, or other entities; its officers or employees; or any other person.

12. **POINT OF CONTACT:** Chief, Health Plan Management Unit.