

YORK COUNTY PRISON

THOMAS H. HOGAN
WARDEN



TELEPHONE 840-7580
AREA CODE 717
FAX 840-7204

3400 CONCORD ROAD
YORK, PENNSYLVANIA 17402-9007

TO: Joe Sallemi
D.A.D.D.

FROM: Roger Thomas
Deputy Warden *Roger Thomas*

DATE: 11/28/05

RE: Division of Immigration Health Services (DIHS)

As you know, we have had quite a few problems with DIHS of late. While it may appear that they are simply trying to save the government money by looking at detainee medical expenses, in my opinion they have set up an elaborate system that is primarily interested in delaying and/or denying medical care to detainees. You are my contact person with the Philadelphia District so I feel it is my responsibility to keep you informed of the problems DIHS has caused.

Let me explain:

1. In order to receive authorization for detainee medical care, you must fill out a Treatment Authorization Request (TAR). Although the space to request treatment is only $\frac{3}{4}$ of an inch, DIHS demands that we provide:
 - a. Physicians Diagnoses
 - b. What are we requesting
 - c. Duration of the complaint
 - d. Date of complaint
 - e. Precipitating factors
 - f. What are the symptoms
 - g. What treatments/meds have been provided
 - h. Provide progress notes/substantiating information

Demanding that all that information be jammed into a $\frac{3}{4}$ inch space is not something an agency would do if the agency were interested in things running smoothly.

2. Regardless of how serious the request is, DIHS has a habit of "sitting" on TAR's. The latest example (Mei Ying Xiao) was a 13-day delay. If DIHS were truly interested in providing a service (instead of delaying service) they wouldn't sit on a request for nearly 2 weeks.
3. Many times when we do receive a response it is not given an approval or denial. Instead DIHS requests further information. This further delays treatment.
4. Many times when DIHS requests further information it is for things they know we would not have (e.g. X-rays from 1997, or mammogram from a recently incarcerated detainee). When we receive detainees from BICE we never receive medical records and DIHS knows that. I am sure that DIHS would state that they are only trying to obtain information to make a decision. To request information, however, that they know or should know we do not have serves only to delay authorization for necessary health care.
5. If DIHS requests additional information and they don't receive it in what they consider "a timely manner", then the case is closed and a new TAR is required. Our policy is to send the entire medical record to DIHS but that doesn't count. I have no idea how long a "timely manner" is but it is certainly shorter than the 13 days DIHS takes while they sit on TAR's. If they close the case, that delays treatment.
6. While our medical department must prepare elaborate TAR's to request authorization, all DIHS has to do to stop the process is to demand ridiculous information (e.g. X-rays from 1997 for a detainee received in 2005). DIHS is in the position of "placing the ball back in our court" with one 10 word sentence. In the guise of seeking information they have deliberately delayed treatment.
7. If a TAR is returned unapprovable or denied, then the case is locked and in order to open the case our medical department must start the process all over again. An example of a case that is "unapprovable" occurred recently. One of the Doctors at DIHS wanted to "watch" the case of the detainee with lumps in her breasts. He can't possibly watch the case because he is located in Washington D.C. Our medical staff will watch the case and we don't work for DIHS. According to DIHS we are to keep DIHS informed of any changes. In the meantime, however, they have completely closed the case. They will never even ask how the detainee is doing. DIHS seeks to deny necessary treatment while making it appear as if they are truly interested in the detainees well being.
8. While DIHS has informed you verbally that they are responsible for their medical decisions they have never put that in writing. I don't believe they will without pages of legal caveats. If something went wrong and a detainee died after following one of the recommendations from DIHS, I believe that an army of BICE attorneys would suddenly appear claiming that our medical department did not give them enough information for DIHS to make a decision. Therefore, it would be our medical department's fault that the detainee died.

9. There is nothing easy about working with DIHS. If something can be delayed, it is delayed. If it can be denied, it is denied. If something can be made difficult, it is made difficult. Most importantly, if there is some bureaucratic procedure that will delay/deny treatment to a detainee, place the "ball back in our medical department's court" and "cover the backsides" of DIHS, you can be assured that DIHS will do it.
10. I am attaching copies of TAR's to support what I have stated. You may do what you want with this information. You are my contact for the Philadelphia District. I have not and will not tell a massive Washington D.C. Bureaucracy like DIHS what to do. I can only state that I will not participate in the denial or delay of what our medical department feels is necessary health care. If DIHS refuses to authorize medical care then I will ask you to move the detainee to a location that concurs with DIHS. If you refuse to move the detainee then BICE will assume the cost of that necessary care.

SEND CLAIMS TO:
 Immigration Health Services
 1220 L Street, NW
 PMB 468
 Washington, DC 20005-4018
 Phone: 1.800.479.0523
 Fax: 1.866.475.9349

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees' eligibility and custody. All claims are subject to retrospective review. For further guidance and information, please refer to the DIHS website: www.inshealth.org or contact the Immigration Health Services' Managed Care Branch at 1.888.718.8947, M-F 8AM - 8PM EST.

Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
Name: KWAME ATIBA MC AULEY	Alias:
DOB: 09/27/1980	A #: 074953075
Nationality: TRINIDAD AND TOBAGO	Facility: YORK COUNTY JAIL, PA


AUTHORIZED ACTION:

Status: Pended - More Info Auth #: 200507156606 00 Authorizer: Eileen Falzini, RN
 Service Type: Emergency
 Referral Type:

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

- Cannot approve due to requested clinical information not received.
1. Physician's Dx: (If a mass or lump, indicate size)
 2. What you are requesting:
 3. Duration of complaint:
 4. Date of complaint:
 5. Precipitating factor(s):
 6. What are the symptoms:
 7. What treatment(s) / meds have been used:
 8. Fax any progress notes/substantiating information that will assist LCDR Falzini/CAPT Ganaway, 202.732.0119.
- Updated by Eileen Falzini, RN on Monday, July 18, 2005

NOTE DEMANDED
 INFORMATION


OPEN REDUCTION INTERNAL FIXATION
 ORIF right femur 6/2004 C/O pain ambulates with crutches needs x

Provisional Diagnosis: 88.3 OTH X-RAY

Consultation Report:



UNITED STATES PUBLIC HEALTH SERVICE
DIVISION OF IMMIGRATION HEALTH SERVICES (DIHS)
TREATMENT AUTHORIZATION REQUEST (TAR)



Immigration Health Services
1225 I Street, NW PMB 468 Washington, D.C., 20005
Phone 1-888-718-8947 Fax 1-866-475-9349

Is this request a TAR APPEAL (Please circle one?) YES NO

If YES, it is required that you provide the TAR NUMBER you are appealing: _____

Detention Facility*: _____ Phone#*: _____
Address*: 8724B Fax#: _____
City*: _____ State*: _____ Zip*: _____

DETAINEE INFORMATION

Last Name*: McCauley, KWAME First*: Kwane
Alien ID*: 74 4531075 Date of Birth*: 9/27/80 Sex*: Male Female
Camp Arrival Date*: 1/11/05 Country of Origin*: Ghana

REASON FOR REFERRAL REQUEST

Diagnosis/Symptoms*: DRIF (R) FEMUR 6/2004, DO PAIN, AMBULATES
Course Of Treatment*: NEED XRAY (R) FEMUR/HIP W/OUT CRUTCHES
CPT/CDT: _____

ATTESTATION OF DETAINEE CUSTODY

I _____ as of _____
(PRINT NAME*) (TODAY'S DATE)
TAR form is correct to the best of my knowledge and that the detainee is not a U.S.
 US Border Patrol (BP) - Please circle one of the following and provide: FIN or
 US Immigration and Customs Enforcement/Detention and Removal (ICE/DRC)
 US Office of Refugee Resettlement (ORR)
from _____ to _____
(CUSTODY BEGINNING DATE*) (CUSTODY END DATE*)

NOTE SPACE TO
↑
PROVIDE INFORMATION

(SIGNATURE*) (TITLE*)
PROVIDER OF MEDICAL CARE AND OTI

Provider's Name**: _____
Provider's Phone Number**: _____ Provider's City**: _____

DIHS AUTHORIZATION ACTI
(To be completed by DIHS ONLY)

DIHS Managed Care Coordinator (MCC): _____
(Signature)
MCC TAR Action: Approved Denied Pending
MCC Comments: _____

Please provide a copy of the "Approved" TAR to the Health Service Provider. Non-emergent health services will not be paid without an approved TAR issued prior to health services being rendered. Emergency health services require TAR submittal within one business day after being sought. A separate TAR will be required for health services beyond and outside the scope of the original authorized TAR. For health care claim status inquiries, call 1-800-479-0523. To appeal a TAR decision of DIHS to not authorize a service, a detention facility must submit a TAR Appeal through the TAR process and include the following information: a) "TAR Appeal", b) TAR number and other information from TAR being appealed, c) requested action, and c) justification for the requested action. For further guidance and information, please visit our website at: www.inshealth.org or contact the DIHS' Managed Care Coordinators at 1-888-718-8947, M F, 8AM - 6 PM EST.

* Failure to complete required fields will result in an inability of DIHS to process TAR.
** Required when reason for TAR submittal is for emergency health services.

* What do they expect to find *



PRISON HEALTH SERVICES, INC.

Date: ~~11/3/05~~ → 11/4/05

Time: ~~2:30 PM~~ → 10²⁰ AM

To: DIHS

From: Bridget

Re: Can not

in comp

ITT said

NOTE FAX TO
DIHS ON
11/4/05

Number of transmitting pages (including this page)

Teletype Number: (717) 840 - 7604

If you are having any problems with this transmission, please call us as soon as possible at (717) 840 - 7637.

Thank You.

Bridget Smith
PHS / EMSA Correctional Care
York County Prison
Medical Department

Division of Immigration Health Services

Treatment, Authorization & Consultation Form

SEND CLAIMS TO:
Immigration Health Services
1220 L Street, NW
PMB 468
Washington, DC 20005-4018
Phone: 1.800.479.0523
Fax: 1.866.475.9349

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees' eligibility and custody. All claims are subject to retrospective review. For further guidance and information, please refer to the DIHS website: www.inshealth.org or contact the Immigration Health Services' Managed Care Branch at 1.888.718.8947, M-F 8AM - 8PM EST.

Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DI	
Name:	Mei Ying
DOB:	08/08/1962
Nationality:	CHINA, PEOPLE'S RE

NOTE DELAY
PENDING MORE
INFO
←

IR COMPLETE BELOW:	

AUTHORIZED ACTION:
Status: Pended - More Info
Service Type: Non-Emergency
Referral Type: 33

Chang Park, MD

To: (Name and Phone to whom)

Smith Rad

Dialogue of Request:

2. Dr. Park wanted to know:
When was her last mammogram? Are results available? - No prio
Does the lump change during her cycle? - No change d

1. Left breast mass R/O malignancy
Left breast mass about 1cm x 2cm slightly tender
first noticed about 9 months ago
numerous smaller cystic masses in both breast
positive family history of breast cancer - mother.
Patient needs approval for mammograms
I did fax this tar on 11/3/05 because it would not go through system I di
so i entered

NOTE FAX FROM
DIHS TO OUR
MEDICAL DEPT
↓

This event's case was created by TARweb and should be verified for data

The following patient information was entered manually:
Patient Alien # :073572851

AND CLAIMS TO:
 Immigration Health Services
 1220 L Street, NW
 PMB 468
 Washington, DC 20005-4018
 Phone: 1.800.479.0523
 Fax: 1.866.475.9349

A separate treatment authorization authorization. Services rendered to detainees' eligibility and custody. please refer to the DIHS website: www.dhs.gov Branch at 1.888.718.8947, M-F 8AM

NOTE DENIAL BECAUSE
 DIHS WANTED
 X RAYS FROM 1997

Outside the scope of the original authorization. All payment for services is subject to further guidance and information, including Services' Managed Care

Please ensure all claims include the

IMPRINT OF DETAINEE
Name: HOUNG THACH
DOB: 04/12/1952
Nationality: COMBODIA

DETAINEE ENTERED PRISON
 4/26/05 !!

authorization number.

COMPLETE BELOW:

AUTHORIZED ACTION:

Status: Denied Auth #: 200
 Service Type: Outpatient
 Referral Type: Medical Test/Lab

Chart sent 7/19/05 Ida
 fed ex

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

* INS wants x-rays from 1997
 7/26/05 to Compaal to present
 INS requested more info

Cannot approve due to requested clinical information not received. If request is still viable, please resubmit a TAR xray with the requested information.

Cannot approve due to requested clinical information not received. Please fax by COB 7/22/05.

1. Physician's Dx: (If a mass or lump, indicate size)
2. What you are requesting:
3. Duration of complaint:
4. Date of complaint:
5. Precipitating factor(s):
6. What are the symptoms:
7. What treatment(s) / meds have been used:
8. Fax any progress notes/substantiating information that will assist in making the best medical decision. FAX to LCDR Falzini, 202.732.0119.

Updated by Eileen Falzini, RN on Friday, July 15, 2005

Patient needs CT Scan left lung masses
 3 upper lobe densities - R/O granulomata positive ppd on admission chest x-ray found above nodules Radiology recommends CT scan for further eval Patient is asymptomatic

Division of Immigration Health Services

Treatment, Authorization & Consultation Form

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Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER I	
Name: AMADOU DIALLO	Alias:
DOB: 11/20/1968	A #: 07360
Nationality: MALI	Facility: York

NOTE DENIAL
BECAUSE OF
INFORMATION NOT
RECEIVED
YET THEY HAVE
ENTIRE MEDICAL
RECORD!

AUTHORIZED ACTION:

Status: Denied Auth #: 200510065101 00 Authorizer: Marylc
Service Type: Non-Emergency
Referral Type: 11

To: (Name and Phone to whom referral is being made)

Ortho Clinic 717.851.2427

Dialogue of Request:

No information received. Please resubmit TAR w/ the requested info.

2. Please fac 202.732.0119 consult notes and other relative progress notes for medical review by COB OCT 14. I do have medical record (AUG 05) Thank you.
Updated by Marylouise Ganaway, RN on Tuesday, October 11, 2005

1. These are not duplicate there are 4 appointments that need approved

patient seen by ortho on with the diagnosis below.
Patient dx with Torn ACL/meniscus tear left knee Ortho doctor recommend that he have ortho follow up to give consent for surgery
This occurred July 2 2005 complain of pain left knee instability leg immobilized , non weight bearing. Therapy NSAID / crutches

Provisional Diagnosis: 717.83 OLD DISRUPTION OF ACL

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Please ensure all claims include the Patient Identification Information and the Authorization number.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
Name: Mei Ying	Alias:
DOB: 08/08/1962	A #: 073572851
Nationality: CHINA, PEOPLE'S REPUBLIC OF	Facility: York Co Jail, PA

AUTHORIZED ACTION:

Status: Unapprovable Auth #: 00003094200511186593 00 Authorizer: Marylouise Ganaway, RN
Service Type: Non-Emergency
Referral Type: 33

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

Rec'd faxed information today. Previous TAR was closed so I opened this
Faxed info indicates that lump does not change during her cycle and that studies have been done.

NOTE TAR CLOSED
AND LOCKED IF
INFO NOT RECEIVED IN
"TIMELY MANNER."

- i. Dr. Park would like to watch this for 3-months.
- ii. If there is any change in size or its condition before the 3 months, please
- iii. If you know there has been a change in size from your intake physical changes now.

NOTE TAR CLOSE IF
UNAPPROVABLE OR

Thank you. Updated by Marylouise Ganaway, RN on Friday, November 11

DENIED

1. REASON FOR REFERRAL:

Information below copied from previous TAR which was closed since information had not been received in a timely manner. PLEASE NOTE: When a TAR is marked APPD, Unapprovable or has been denied, it is locked and requires that a new TAR be submitted RE that request.

3. When you have the requested info, please resubmit for consideration.

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DOB: 08/08/1962	A #: 073572851
Nationality: CHINA, PEOPLE'S REPUBLIC OF	Facility: York Co Jail, PA

AUTHORIZED ACTION:

Status: Unapprovable Auth #: 00003094200511186593 00
 Service Type: Non-Emergency
 Referral Type: 33

NOTE DIHS DOCTOR
 WANTS TO "WATCH"
 DETAINEE YET
 CASE IS CLOSED!

To: (Name and Phone to whom referral is being made)

Dialogue of Request:

Rec'd faxed information today. Previous TAR was closed so I opened

Faxed info indicates that lump does not change during her cycle and studies have been done.

- i. Dr. Park would like to watch this for 3-months.
- ii. If there is any change in size or its condition before the 3 months, please submit a TAR with the new information.
- iii. If you know there has been a change in size from your intake physical to now, please submit a TAR with those changes now.

Thank you. Updated by Marylouise Ganaway, RN on Friday, November 18, 2005

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Information below copied from previous TAR which was closed since information had not been received in a timely manner. PLEASE NOTE: When a TAR is marked APPD, Unapprovalbe or has been denied, it is locked and requires that a new TAR been submitted RE that request.

3. When you have the requested info, please resubmit for consideration.

<https://www.inshealth.org/tarweb/ViewAuthForm.aspx?id={01FCC2FB-CA9A-...> 11/21/2005