

§ 143B-802. Medical costs for juvenile offenders.

(a) The Department of Public Safety shall reimburse those providers and facilities providing approved medical services to juvenile offenders outside the juvenile facility the lesser amount of either a rate of seventy percent (70%) of the provider's then-current prevailing charge or two times the then-current Medicaid rate for any given service. The Department shall have the right to audit any given provider to determine the actual prevailing charge to ensure compliance with this provision.

This section does apply to vendors providing services that are not billed on a fee-for-service basis, such as temporary staffing. Nothing in this section shall preclude the Department from contracting with a provider for services at rates that provide greater documentable cost avoidance for the State than do the rates contained in this section or at rates that are less favorable to the State but that will ensure the continued access to care.

(b) The Department shall make every effort to contain medical costs for juvenile offenders by making use of health care facilities to provide health care services to juvenile offenders. To the extent that the Department must utilize other facilities and services to provide health care services to juvenile offenders, the Department shall make reasonable efforts to make use of hospitals or other providers with which it has a contract or, if none is reasonably available, hospitals with available capacity or other health care facilities in a region to accomplish that goal. The Department shall make reasonable efforts to equitably distribute juvenile offenders among all hospitals or other appropriate health care facilities.

(c) The Department shall report quarterly to the Joint Legislative Oversight Committee on Justice and Public Safety and the chairs of the House of Representatives and Senate Appropriations Committees on Justice and Public Safety on:

- (1) The percentage of the total juvenile offenders requiring hospitalization or hospital services who receive that treatment at each hospital.
- (2) The volume of scheduled and emergent services listed by hospital and, of that volume, the number of those services that are provided by contracted and noncontracted providers.
- (3) The volume of scheduled and emergent admissions listed by hospital and, of that volume, the percentage of those services that are provided by contracted and noncontracted providers.
- (4) The volume of inpatient medical services provided to Medicaid-eligible juvenile offenders, the cost of treatment, the estimated savings of paying the nonfederal portion of Medicaid for the services, and the length of time between the date the claim was filed and the date the claim was paid.
- (5) The status of the implementation of the claims processing system and efforts to address the backlog of unpaid claims.
- (6) The hospital utilization, including the amount paid to individual hospitals, the number of juvenile offenders served, the number of claims, and whether the hospital was a contracted or noncontracted facility.
- (7) A list of hospitals under contract.
- (8) The reimbursement rate for contracted providers. The Department shall randomly audit high-volume contracted providers to ensure adherence to billing at the contracted rate.

Reports submitted on August 1 shall include totals for the previous fiscal year for all the information requested. (2021-180, s. 19C.9(w).)