

§ 143B-1470. Medical costs for inmates.

(a) The Department of Adult Correction shall reimburse those providers and facilities providing approved medical services to inmates outside the correctional 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 of Adult Correction shall make every effort to contain medical costs for inmates by making use of its own hospital and health care facilities to provide health care services to inmates. To the extent that the Department of Adult Correction must utilize other facilities and services to provide health care services to inmates, 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 inmates among all hospitals or other appropriate health care facilities.

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

- (1) The percentage of the total inmates requiring hospitalization or hospital services who receive that treatment at each hospital.
- (2) through (4) Repealed by Session Laws 2016-94, s. 17C.2A, effective July 1, 2016.
- (4a) 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.
- (4b) 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.
- (5) The volume of inpatient medical services provided to Medicaid-eligible inmates, 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.
- (5a) 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 inmates served, the number of claims, and whether the hospital was a contracted or noncontracted facility.
- (7) The total cost and volume for the previous fiscal quarter for emergency room visits originating from Central Prison and NCCIW Hospitals to UNC Hospitals, UNC Rex Healthcare, and WakeMed Hospital.
- (8) The total payments for Medicaid and nonMedicaid eligible inmates to UNC Hospitals, UNC Rex Healthcare, and WakeMed Hospital, including the number of days between the date the claim was filed and the date the claim was paid.

- (9) A list of hospitals under contract.
- (10) 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.

(d) Repealed by Session Laws 2021-180, s. 19C.9(m), effective January 1, 2023. (2015-241, s. 16C.4; 2016-94, s. 17C.2A; 2019-135, s. 2(a); recodified from N.C. Gen. Stat. § 143B-707.3 by 2021-180, s. 19C.9(i), (m).)