



North Carolina Department of Public Safety

Prevent. Protect. Prepare.

Beverly Eaves Perdue, Governor

Reuben F. Young, Secretary

MEMORANDUM

TO: Senator Phillip Edward Berger
Representative Thomas R. Tillis

FROM: Jennie L. Lancaster, Chief Deputy Secretary

RE: Inmate Medical Cost Containment
[Section 18.10.(d) of Session Law 2011-145]

DATE: January 25, 2012

Pursuant to Section 18.10 (d) of House Bill 200 (Session Law 2011-145) the Department of Public Safety is to report to the Joint Legislative Commission on Governmental Operations no later than November 1, 2011 and quarterly thereafter on:

- (1) The volume of services provided by community medical providers that can be scheduled in advance and, of that volume, the percentage of those services that are provided by contracted providers; and
- (2) The volume of services provided by community medical providers that cannot be scheduled in advance and, of that volume, the percentage of those services that are provided by contracted providers.

To ensure that correct information relative to Section 18.10 (d) is reported, the Department sought clarification from the Fiscal Research Division. It is our understanding that the volumes of services referenced are for hospitalization data.

This report is for hospitalizations of inmates which occurred from October 1, 2011- December 31, 2011.

During this time period, there were 417 hospital admissions. Of these 417 admissions, 86% (359) were emergent and 14% (58) were scheduled. Among these 359 emergent admissions, 48% (173) were to contracted hospitals and

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52% (186) were to non-contracted hospitals. Regarding the 58 scheduled admissions, 78% (45) were to contracted hospitals while 22% (13) were to non-contracted facilities. Overall, during this period, 52% (218) of admissions went to contracted facilities while the remaining 48% (199) went to non-contracted facilities.

Figure 1 below shows the distribution of the emergent and scheduled hospital admissions from October 1, 2011 through December 31, 2011. (This figure is based on data currently available which may be updated after submission of this report.)

Staff members of the Division of Adult Correction within the Department of Public Safety are available if further information is requested.

Figure 1: Distribution of Hospital Admissions October 1, 2011 to December 31, 2011

(Contracted Hospitals in Bold)

Hospital	Emergent	Scheduled	Total
1ST HEALTH-MOORE REG	24	2	26
ALBEMARLE HOSPITAL	1	0	1
ANNIE PENN MEMORIAL	4	0	4
ANSON COUNTY HOSP	1	0	1
BETSY JOHNSON MEM	2	0	2
CAPE FEAR VALLEY HOS	3	0	3
CAR.MED.CENT.- UNION	6	0	6
CAROLINAEAST(CRAVEN)	8	0	8
CAROLINAS MED CTR NE	2	0	2
CAROLINAS MEDICAL CE	2	0	2
CATAWBA VALLEY MED.	41	13	54
COLUMBUS REGIONAL	3	0	3
DUKE RALEIGH HOSP.	2	7	9
DUKE UNIV. MED. CTR	4	1	5
DUPLIN GENERAL HOSP	1	0	1
DURHAM REGIONAL HOSP	3	2	5
FORSYTHE MEM HOSP	2	0	2
GRAND STRAND RMC	1	0	1
HALIFAX MEMORIAL HOS	3	0	3
JOHNSTON MEM. HOSP	8	0	8
KINDRED HOSPITAL	0	1	1
MARIA PARHAM HOS INC	5	0	5
MEMORIAL MISSION HOS	4	0	4
MONTGOMERY MEM HOSP	2	0	2
MOSES H CONE MEM HOS	2	0	2
NASH GENERAL HOSPITA	16	0	16
NC BAPTIST HOSPITALS	3	1	4

NEW HANOVER REG MED	12	0	12
PENDER MEM HOSP INC	1	0	1
PERSON CO MEM HOSPIT	1	0	1
PITT CO MEM HOSP	49	2	51
RANDOLPH HOSP INC	5	0	5
REX HOSPITAL	28	1	29
ROWAN REG. MED. CTR.	9	1	10
S EASTERN REG MED C	9	0	9
SAMPSON CTY MEM HOSP	1	0	1
SCOTLAND MEM HOSP	8	0	8
STANLY REG MED CENT	5	0	5
UNC HOSPITALS	28	27	55
WAKE MEDICAL CENTER	34	0	34
WASHINGTON CTY HO IN	1	0	1
WAYNE MEMORIAL HOSP	15	0	15
Grand Total	359	58	417

JLL:BSB:jbk

cc: Meghan Brown
Melvin Lee
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