



# North Carolina Department of Public Safety

## Adult Correction and Juvenile Justice

Pat McCrory, Governor  
Frank L. Perry, Secretary

W. David Guice, Commissioner

### MEMORANDUM

**TO:** Chairs of the Joint Legislative Oversight Committee on Justice and Public Safety  
Chairs of Senate Appropriations Committee on Justice and Public Safety  
Chairs of House Appropriations Subcommittee on Justice and Public Safety

**FROM:** Frank L. Perry, Secretary  
W. David Guice, Commissioner

**RE:** Inmate Medical Cost Containment

**DATE:** May 1, 2016

*Pursuant to S.L. 2013-360, Section 16C.4.(c) The Department of Public Safety shall report to the Joint Legislative Oversight Committee on Justice and Public Safety and the Chairs of the House of Representative Appropriations Subcommittee on Justice and Public Safety and the Senate Appropriations Committee on Justice and Public Safety no later than November 1, 2013, and quarterly thereafter on:*

- 1. The percentage of the total inmates requiring hospitalization or hospital services who receive that treatment at each hospital.*
- 2. 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.*
- 3. 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.*
- 4. The volume of services provided by community medical providers that are emergent cases requiring hospital admissions and emergent cases not requiring hospital admissions.*
- 5. The volume of inpatient medical services provided to Medicaid-eligible inmates, the cost of treatment, and the estimated savings of paying the nonfederal portion of Medicaid for the services.*
- 6. The status of the Division's efforts to contract with hospitals to provide secure wards in each of the State's five prison regions.*

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## Adult Correction:

### 2015 - 2016 3<sup>rd</sup> Quarter Health Services Legislative Report

To ensure that correct information relative to Section 16C.4(c) is reported, the Department clarified with the Fiscal Research Division that the volumes of services referenced are for hospitalization and hospital services data.

This report is for hospitalizations or hospital services of inmates which occurred from January 1, 2016 – March 31, 2016.

The average prison census for this quarter was 36,836. Based upon utilization review data, an average of 0.0081 % of the population received hospital based services (i.e. they were an inpatient or they went to a community hospital for an outpatient procedure or consultation).

During this time period, there were 467 hospital admissions. Of these 467 admissions 95% (444) were emergent and 5% (23) were scheduled. Further analysis of the 467 emergent admissions, reveals that 64% (297) occurred at contracted hospitals, while 36% (170) were to non-contracted hospitals. With regards to the 23 scheduled admissions, 87% (20) were to contracted hospitals while 13% (3) were to non-contracted facilities. Overall, during this quarter, 64% (297) of admissions (both emergent and scheduled) went to contracted facilities while the remaining 36% (170) went to non-contracted facilities.

Figure 1 below shows the distribution of emergent and scheduled hospital admissions in contracted and non-contracted facilities from January 1, 2016 through March 31, 2016. Note: Figure 1 is based on data currently available which may be updated after the date of this report.

March 31, 2016

HOSPITAL ADMISSIONS	Emergent	Scheduled	Total	Percentage
CONTRACT HOSPITALS	277	20	297	64
NON-CONTRACT HOSPITALS	167	03	170	36
Grand Total	444	23	467	100%

It is important to note that during this quarter, the total volume of cases sent out to the community for emergent care was 2035. This represents 27 more cases than last quarter. Data also indicates that 78% (1593) of these emergency room visits did not result in an admission; only 22% (442) of all emergency room visits resulted in an admission to a community hospital.

From January 1, 2016 – March 31, 2016, 161 cases were identified as eligible for Medicaid. Based upon the *State Auditor's May 2012 Financial Related Audit Report*, the average savings of each case would be \$18,181.81. Using the methods applied in the audit, the estimated savings from January 1, 2016 through March 31, 2016 would be approximately \$ 2,927,271.41.

Due to the full activation of Central Prison Healthcare Complex (CPHC), the Division is not actively seeking contracts with hospitals for secure wards within the four prison regions.

Statistics from the outpatient specialty clinics held at Central Prison Healthcare Complex (CPHC) reveal that 3,100 patients were evaluated during this quarter. Specialty clinics conducted at CPHC include cardiology, podiatry, orthopedics, general surgery, hepatology, infectious disease, ENT, gastroenterology, audiology, nephrology, ophthalmology, optometry, dermatology, and urology. Statistics from NCCIW reveal that 650 specialty encounters occurred during the same timeframe.

Further statistics from the surgical center at CPHC reveal that 282 outpatient surgical procedures were performed during this quarter. These procedures include ENT, general surgery, gastroenterology, orthopedics, and podiatry. In addition, 119 MRI studies were performed in the mobile MRI facility at CPHC.

## **Juvenile Justice:**

### **2015 – 2016 3<sup>rd</sup> Quarter Health Services Legislative Report**

To ensure that relevant information pursuant to Section 16C.4(c) is reported, the Juvenile Justice data for the period of January 1, 2016 through March 31, 2016 is presented below for each of the two types of secure custody facilities: youth development centers and juvenile detention centers.

#### **Youth Development Centers**

- The average youth development center census for the quarter was 260 for the four centers. There were six 6 hospitalizations of juveniles during this quarter.
- There were 112 healthcare service appointments provided by community medical providers; Sixteen (16) of these were unscheduled/urgent. All community-based services were provided by providers adhering to the required ACJJ medical rate.

#### **Juvenile Detention Centers**

- There were 894 juvenile served in detention centers in the quarter. One (1) juvenile required hospitalization.
- There were 46 scheduled off-site services provided by community providers; Seven (7) of these were unscheduled/urgent. All community-based services were provided by contracted providers adhering to the required ACJJ medical rate.