



North Carolina Department of Public Safety

Prevent. Protect. Prepare.

Pat McCrory, Governor

Frank L. Perry, Secretary

MEMORANDUM

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

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

RE: Inmate Medical Cost Containment

DATE: February 1, 2015

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 Corrections:

2014 - 2015 2nd 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 October 1 - December 31, 2014.

The average prison census for this quarter was 37, 731. Based upon utilization review data, an average of 0.007 % 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 429 hospital admissions. Of these 429 admissions 92% (393) were emergent and 8% (36) were scheduled. Further analysis of the 393 emergent admissions, reveals that 58% (271) occurred at contracted hospitals, while 42% (158) were to non-contracted hospitals. With regards to the 36 scheduled admissions, 94% (34) were to contracted hospitals while 6% (2) were to non-contracted facilities. Overall, during this quarter, 63% (271) of admissions (both emergent and scheduled) went to contracted facilities while the remaining 37% (158) went to non-contracted facilities. Figure 1 below shows the distribution of emergent and scheduled hospital admissions in contracted and non-contracted facilities from October 1, 2014 through December 31, 2014. Note: Figure 1 is based on data currently available which may be updated after the date of this report.

December 31, 2014

HOSPITAL ADMISSIONS	Emergent	Scheduled	Total	Percentage
CONTRACT HOSPITALS	237	34	271	58
NON-CONTRACT HOSPITALS	156	02	158	42
Grand Total	393	36	429	100%

It is important to note that during this quarter, the total volume of cases sent out to the community for emergent care was 1660. This represents 111 less cases than last quarter. Data also indicates that 76% (1267) of these emergency room visits did not result in an admission; only 24% (393) of all emergency room visits resulted in an admission to a community hospital.

From October 1, 2014 – December 31, 2014, 184 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 October 1, 2014 through December 31, 2014 would be approximately \$ 3,345,453.04

Due to the full activation of Central Prison Health Care Complex, the Division is not actively seeking contracts with hospitals for secure wards within the five prison regions.

Juvenile Justice:

2014 - 2015 2nd 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 October 1, 2014 thru December 31, 2014 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 228 for the four centers. There were two (2) juveniles that required hospitalization (0.009%).
- There were 169 services provided by community medical providers; eleven (11) of these were unscheduled/urgent. All community-based services were provided by contracted providers.

Juvenile Detention Centers

- There were 642 admissions to juvenile detention centers in the quarter. One (1) juvenile required hospitalization. (0.0001%)
- There were 43 scheduled off-site services provided by community providers; eight (8) of these unscheduled/urgent (4 for one juvenile). All community-based services were provided by contracted providers.