



# 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 Report

**DATE:** November 1, 2016

*Pursuant to Session Law 2016-94, SECTION 17C.2A. (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, 2016, and quarterly thereafter on:*

- (1) The number of total inmates and 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 non-contracted 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 non-contracted providers.*
- (4) The volume of inpatient medical services provided to Medicaid-eligible inmates and 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 inmates and juvenile offenders served the number of claims, and whether the hospital was a contracted or non-contracted 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 Hospital, UNC Rex Healthcare, and WakeMed Hospital.*
- (8) The total payments for Medicaid and non-Medicaid 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.*

**MAILING ADDRESS:**  
4201 Mail Service Center  
Raleigh NC 27699-4201

[www.ncdps.gov](http://www.ncdps.gov)



An Equal Opportunity employer

**OFFICE LOCATION:**  
512 N. Salisbury St.  
Raleigh, NC 27604  
Telephone: (919) 733-2126  
Fax: (919) 715-8477

# Adult Correction:

## 2016 - 2017 1st Quarter Health Services Legislative Report

To ensure that correct information relative to Section 17C.2A. (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 July 1, 2016 – September 30, 2016.

**(1) The number of total inmates and juvenile offenders requiring hospitalization or hospital services who receive that treatment at each hospital.**

During this time period, there were 2,434 episodes that required treatment at a community hospital. Of these episodes 465 were emergent admissions, 271 to contract facilities and 194 to non-contract facilities. Of these episodes 1,913 required emergency room visits only, 831 to contract facilities and 1082 to non-contract facilities. Of these episodes 56 were scheduled admissions, 48 to contract facilities and 8 to non-contract facilities. Please refer to attachment # 1 for more detailed information.

**(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 non-contracted providers.**

Figure 1 below shows the distribution of emergent/emergency services and scheduled hospital admissions in contracted and non-contracted facilities from July 1, 2016 through September 30, 2016. Please refer to attachment #1 for more detailed information regarding hospital utilization.

Figure 1

September 30, 2016	Emergent/ER	Scheduled	Total	Percentage
CONTRACT HOSPITALS	1102	48	1150	47
NON-CONTRACT HOSPITALS	1276	08	1284	53
Grand Total	2378	56	2434	100%

**(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 non-contracted providers.**

Figure 2 below shows the distribution of scheduled and emergent admissions in contract and non-contracted facilities from July 1, 2016 through September 30, 2016. Please refer to attachment #1 for more detailed information regarding hospital utilization.

Figure 2

September 30, 2016	Emergent	Scheduled	Total	Percentage
CONTRACT HOSPITALS	271	48	319	61
NON-CONTRACT HOSPITALS	194	08	202	39
<b>Grand Total</b>	<b>465</b>	<b>56</b>	<b>521</b>	<b>100%</b>

**(4) The volume of inpatient medical services provided to Medicaid-eligible inmates and 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.**

From July 1, 2016 – September 30, 2016, 153 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 July 1, 2016 through September 30, 2016 would be approximately \$ 2,781,816.93. Information regarding the length of time between the date the claim was filed and the date the claim was paid is not available to DPS. Once the application is completed, it is processed at the county level and then to DHHS for payment.

**(5) The status of the implementation of the claims processing system and efforts to address the backlog of unpaid claims.**

Medical claims with a date of service August 1, 2016 or later have been directed to PGBA for processing. During the months of August and September, all claims were submitted to PGBA in paper format. This occurred as we pushed up the go-live date from October 1, 2016, to August 1, 2016, in an effort to increase productivity. Several key clearinghouses, electronic pathways through which vendors may file claims, become operational October 1, 2016, in accordance with the terms of the original contract. PGBA continues to work with providers and the clearinghouses to expand the electronic filing network. This is an evolving process and we anticipate a significantly enhanced electronic network over the next 60-90 days.

The following chart provides a summary of PGBA's claims processing activity for the first 3 months.

**North Carolina Department of Public Safety (NCDPS)  
Monthly Performance Summary**

Claims Activity for Month Ending:		Standard	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Beginning Inventory			0	941	4,404		
Net Receipts			1,681	7,510	9,021		
Total Resolved			740	4,047	7,698		
Ending Pending Inventory			941	4,404	5,727		
	% Clean Claims Pending		83.95%	95.73%	93.14%		
	% Unclean Claims Pending		16.05%	4.27%	6.86%		
Pending Status:	Clean 1-10		790	3,776	4,594		
	Clean >10		0	440	740		
	Unclean 1-10		151	72	177		
	Unclean > 10		0	116	216		
Cycle Time	Total Clean Processed		583	3,364	6,772		
	Clean Processed in 10 Bus Days		583	2,757	2,509		
	% Processed In 10 Bus Days	100%	100.00%	81.96%	37.05%		
	Total Clean Paid *		510	3065	5841		
	Clean Paid in 15 Bus Days		510	3065	4074		
	% Paid in 15 Bus Days	100%	100.00%	100.00%	69.75%		
	Total Combined Processed		740	4,047	7,698		
	Combined Processed in 10 Bus Days		740	3,262	2,842		
	% Combined Processed in 10 Bus Days	85%	100.00%	80.60%	36.92%		
Claims Denied Medicaid Coverage			0	21	58		
NCDPS Inquiries Activity for Month Ending:			Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Beginning Inventory			0	0	0		
Received			2	4	0		
Resolved			2	4	0		
Ending Pending Inventory			0	0	0		
Pending Status:	1-2		0	0	0		
	>2		0	0	0		
Processed:							
	Telephone		2	4	0		
	Written		0	0	0		
Cycle Time	Inquiries Completed in 2 Bus Days		2	4	0		
	% Completed in 2 Bus Days	100%	100.00%	100.00%	100.00%		
Routine Inquiries Activity for Month Ending:			Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Beginning Inventory			0	1	0		
Received			62	146	268		
Resolved			61	147	268		
Ending Pending Inventory			1	0	0		
Processed:							
	Telephone		61	107	190		
	Written		0	40	75		
	Web				3		
Summary			Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
Total Resolved			740	4,047	7,698		
Ending Pending Inventory			941	4,404	5,727		
Business Days in Month			23	21	21		

\*Total Clean Claims Paid represents payments made to providers for authorized services therefore excludes denied claims.

Creation Date/Time: 11/4/2016 2:36 PM

**(6) The hospital utilization, including the amount paid to individual hospitals, the number of inmates and juvenile offenders served the number of claims, and whether the hospital was a contracted or non-contracted facility.**

Of primary significance, PGBA has been able to process the majority of clean claims in 10 business days and pay roughly 70% of clean claims in 15 business days. For the purpose of this analysis, a clean claim represents one in which all required data has been completely and accurately recorded on the claim form by the provider.

August was clearly a transitional month as providers focused their attention on submitting claims with a date of service prior to August 1, 2016, to DPS. We continued to receive a heavy volume of claims during August and did not see a reduction in DPS claims until September 2016.

With respect to the backlog of claims, we have experienced our first net reduction in claims in over 60 months. Although modest, this is a very encouraging sign and demonstrates we are beginning to make progress clearing the backlog. Several other factors will permit us to aggressively tackle the backlog over the next few months. First, all UNC, Rehab Revolution, NaphCare and Wake Radiology claims for which we are internally responsible have been cleared. This will free up our most experienced claim processors to concentrate entirely on the backlog. In addition, we have adjusted some responsibilities within the Medical Claims Department to focus more resources on processing.

We have also explored the option of outsourcing a portion of the backlog to PGBA. The preliminary cost estimate is reasonable given the scope of the project. However, as mentioned above, PGBA expected a much higher percentage of claims to be submitted electronically at this point in time. As this has not yet occurred due to the clearinghouse issues mentioned, it became necessary for PGBA to double the staff needed to process DPS claims. Therefore, it will be difficult for PGBA to take on additional DPS volume at the moment. We will continue to monitor and explore this option as improvements are made to the electronic filing network.

**(7) The total cost and volume for the previous fiscal quarter for emergency room visits originating from Central Prison and NCCIW Hospitals to UNC Hospital, UNC Rex Healthcare, and WakeMed Hospital.**

Figure 3 displays the total cost and volume for the previous fiscal quarter for emergency room visits originating from Central Prison and NCCIW Hospitals to UNC Hospitals, Rex Healthcare and WakeMed Hospital.

Figure 3

	Central Prison	NCCIW
	Episodes/Paid to date	Episodes/Paid to date
UNC	43/\$466,033.40	19/\$73,564.11
Rex Healthcare	51/\$108,260.64	63/\$168,016.80
WakeMed	60/\$1,549.79	54/\$784.42
Total	154/\$575,843.83	136/\$242,365.33

**(8) The total payments for Medicaid and non-Medicaid 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.**

Data with respect to the Rex Hospital and WakeMed claims processing timeframe requires further clarification. The budget request called for information detailing “the number of days between the date the claim was filed and the date the claim was paid.” The information keyed into MOMS includes the date of service, but does not include the date the claim was generated by the provider or the date it was sent to DPS. If the provider did not generate or submit the claim in a timely manner, such a delay will be reflected in these numbers. While the DPS medical claims staff date stamps the claim when received, this date is not entered into MOMS. When extracting data responsive to this request, the date of service and date paid fields were utilized and compared. Additionally, the column entitled days from service may include claims that have been previously denied, pended or referred for Medicaid determination. In general terms, claims may be denied when the claim form has not been fully and accurately completed, no authorization for the procedure is on file or the service is otherwise ineligible. In accordance with policy, inpatient stays exceeding 24 hours are referred to Medicaid for an eligibility determination. It typically takes several months to a year before receiving a final answer on Medicaid coverage. While this determination is being made, the claim will be carried in a pending status.

The follow chart depicts the payment history with respect to Rex and WakeMed.

VENDOR	CLMS	PAID	DAYS_FM_BATCH	DAYS_FM_SVC
REX HEALTHCARE	106	\$ 477,816.75	20.73	92.34
REX HOSPITAL INCORPORATED	213	\$ 52,189.49	8.81	259.07
UNIVERSITY OF NC HOSPITALS	1350	\$ 5,974,344.47	18.59	77.75
WAKEMED	84	\$ 263,734.18	13.25	273.64

Days\_FM\_Batch - This is the average number of days from the claim being entered into MOMS and payment being issued.

Days\_FM\_SVC- This is the average number of days from date of service and the date the claim was paid. This includes any delay in data entry into MOMS and delays caused awaiting determination of Medicaid eligibility as explained above.

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**(9) A list of hospitals under contract.**

To date, DPS has contracted with eighteen healthcare systems across the state. The systems are listed below:

Blue Ridge Regional Hospital  
Caldwell Memorial Hospital  
Catawba Valley Medical Center  
Chatham Hospital Inc  
CHS Blue Ridge Morganton  
CHS Blue Ridge Valdese  
CMC Blue Ridge Morganton  
First Health Richmond Memorial  
High Point Regional Hospital  
Kindred Hospital Greensboro  
Montgomery Memorial Hospital  
Moore Regional Hospital  
Randolph Hospital, Inc  
Rex Healthcare  
University of NC Hospitals  
Vidant Medical Center  
Vidant – Heritage, Outer Banks, Beaufort  
Vidant - Bertie, Chowan, Duplin, Roanoke Chowan

Statistics from the outpatient specialty clinics held at Central Prison Healthcare Complex (CPHC) reveal that 3,171 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 629 specialty encounters occurred during the same timeframe.

Further statistics from the surgical center at CPHC reveal that 289 outpatient surgical procedures were performed during this quarter. These procedures include ENT, general surgery, gastroenterology, orthopedics, and podiatry. In addition, 150 MRI studies were performed in the mobile MRI facility at CPHC.

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*Attachment 1*

Episodes of Care									
Hospital	Contracted	Emergent		Scheduled		EM Treatment Only		Total	
		Adm	Sum of PAID	Adm	Sum of PAID	Adm	Sum of PAID	Adm	Sum of PAID Percent
1ST HEALTH-MOORE REG	Yes	39	\$0.00			67	\$0.00	106	\$0.00 4.35%
ALBEMARLE HOSPITAL	No	1	\$0.00			6	\$0.00	7	\$0.00 0.29%
ANNIE PENN MEMORIAL	No					53	\$0.00	53	\$0.00 2.18%
ANSON COUNTY HOSP	No					20	\$0.00	20	\$0.00 0.82%
BEAUFORT COUNTY HOSP	Yes	2	\$0.00			20	\$4,968.87	22	\$4,968.87 0.90%
BERTIE MEM HOSP	Yes					15	\$0.00	15	\$0.00 0.62%
BETSY JOHNSON MEM	No					2	\$0.00	2	\$0.00 0.08%
BLUE RIDGE REG HOSP.	Yes	1	\$0.00			28	\$0.00	29	\$0.00 1.19%
CALDWELL MEMORIAL HO	Yes					1	\$0.00	1	\$0.00 0.04%
CAPE FEAR MEM HOSP	No					2	\$0.00	2	\$0.00 0.08%
CAPE FEAR VALLEY HOS	No					5	\$0.00	5	\$0.00 0.21%
CAR.MED.CENT.- UNION	No	8	\$0.00			50	\$0.00	58	\$0.00 2.38%
CAROLINAEAST(CRAVEN)	No	7	\$0.00			49	\$0.00	56	\$0.00 2.30%
CAROLINAS MED CTR NE	No	3	\$0.00			1	\$0.00	4	\$0.00 0.16%
CAROLINAS MEDICAL CE	No	4	\$0.00			5	\$0.00	9	\$0.00 0.37%
CARTERET GENERAL HOS	No	2	\$0.00			7	\$0.00	9	\$0.00 0.37%
CATAWBA VALLEY MED.	Yes	19	\$0.00	4	\$5,621.78	128	\$0.00	151	\$5,621.78 6.20%
CENTRAL CAROLINA HOS	No	2	\$0.00			19	\$0.00	21	\$0.00 0.86%
CENTRAL HARNETT HOSP	No	11	\$0.00			72	\$0.00	83	\$0.00 3.41%
CHOWAN HOSPITAL, INC	Yes					13	\$0.00	13	\$0.00 0.53%
CLEVELAND REG MED	No					1	\$0.00	1	\$0.00 0.04%
CMC - LINCOLN	No					4	\$0.00	4	\$0.00 0.16%
CMC ANSON	No					56	\$0.00	56	\$0.00 2.30%
CMC-UNIVERSITY	No	1	\$0.00			3	\$0.00	4	\$0.00 0.16%
COLUMBUS REGIONAL	No	4	\$0.00	1	\$0.00	54	\$0.00	59	\$0.00 2.42%
DUKE REGIONAL HOSP	No	1	\$0.00	1	\$0.00	11	\$0.00	13	\$0.00 0.53%
DUKE UNIV. MED. CTR	No	7	\$0.00			6	\$0.00	13	\$0.00 0.53%
DURHAM REGIONAL HOSP	No	4	\$0.00	4	\$0.00	35	\$2,255.29	43	\$2,255.29 1.77%
GRACE HOSPITAL, INC.	Yes	12	\$0.00			114	\$0.00	126	\$0.00 5.18%
GRANVILLE MEDICAL CT	No					1	\$0.00	1	\$0.00 0.04%
HALIFAX MEMORIAL HOS	No	12	\$0.00			37	\$0.00	49	\$0.00 2.01%
HERITAGE HOSPITAL	No					1	\$0.00	1	\$0.00 0.04%
HIGH POINT REG HOSP	Yes	2	\$0.00			1	\$467.19	3	\$467.19 0.12%
JOHNSTON MEM. HOSP	Yes	4	\$14.62			58	\$242.52	62	\$257.14 2.55%
KINDRED HOSPITAL	No	3	\$0.00	1	\$0.00			4	\$0.00 0.16%
LENOIR MEMORIAL HOSP	No	1	\$0.00			1	\$0.00	2	\$0.00 0.08%



*Attachment 1 (continued)*

Episodes of Care (Cont.)										
Hospital	Contracted	Emergent		Scheduled		EM Treatment Only		Total		
		Adm	Sum of PAID	Adm	Sum of PAID	Adm	Sum of PAID	Adm	Sum of PAID	Percent
LORIS COMMUNITY HOSP	No	1	\$0.00			2	\$0.00	3	\$0.00	0.12%
MARIA PARHAM HOS INC	Yes	9	\$330.34			48	\$144.36	57	\$474.70	2.34%
MEMORIAL MISSION HOS	No	6	\$0.00			25	\$0.00	31	\$0.00	1.27%
MONTGOMERY MEM HOSP	Yes	1	\$0.00			22	\$0.00	23	\$0.00	0.94%
MOSES H CONE MEM HOS	No					1	\$0.00	1	\$0.00	0.04%
NASH DAY HOSPITAL	No					2	\$0.00	2	\$0.00	0.08%
NASH GENERAL HOSPITA	No	16	\$43,290.53			44	\$12,603.80	60	\$55,894.33	2.47%
NC BAPTIST HOSPITALS	No	2	\$0.00			1	\$0.00	3	\$0.00	0.12%
NEW HANOVER REG MED	No	11	\$0.00			7	\$0.00	18	\$0.00	0.74%
NORTHERN HOS SURRY C	No					2	\$0.00	2	\$0.00	0.08%
NOVANT HEALTH FORSYT	No	4	\$0.00			30	\$0.00	34	\$0.00	1.40%
PENDER MEM HOSP INC	No	2	\$0.00			34	\$0.00	36	\$0.00	1.48%
PERSON CO MEM HOSPIT	No					24	\$0.00	24	\$0.00	0.99%
PRESBYTERIAN HOSPITA	No	1	\$0.00					1	\$0.00	0.04%
RANDOLPH HOSP INC	Yes	9	\$0.00			27	\$0.00	36	\$0.00	1.48%
REX HOSPITAL	Yes	50	\$216,659.94			65	\$59,617.50	115	\$276,277.44	4.72%
ROWAN REG. MED. CTR.	No	13	\$0.00			52	\$0.00	65	\$0.00	2.67%
RUTHERFORD HOSPITAL	No	1	\$0.00			4	\$0.00	5	\$0.00	0.21%
S EASTERN REG MED C	No	20	\$291.86			41	\$755.66	61	\$1,047.52	2.51%
SAMPSON CTY MEM HOSP	No	1	\$0.00			21	\$0.00	22	\$0.00	0.90%
SCOTLAND MEM HOSP	No	4	\$0.00			92	\$0.00	96	\$0.00	3.94%
SENTARA NORFOLK HOSP	No	1	\$0.00					1	\$0.00	0.04%
STANLY REG MED CENT	No	8	\$0.00			69	\$0.00	77	\$0.00	3.16%
THOMASVILLE MED CTR	No					10	\$0.00	10	\$0.00	0.41%
UNC HEALTH-HILLSBOR	Yes	2	\$16,637.43	8	\$66,184.90			10	\$82,822.33	0.41%
UNC HOSPITALS	Yes	61	\$538,102.70	36	\$233,816.84	27	\$40,467.16	124	\$812,386.70	5.09%
VIDANT/PITT CO MEM	Yes	54	\$0.00			147	\$0.00	201	\$0.00	8.26%
WAKE MEDICAL CENTER	No	32	\$40.90	1	\$0.00	112	\$2,771.03	145	\$2,811.93	5.96%
WAYNE MEMORIAL HOSP	Yes	6	\$0.00			50	\$0.00	56	\$0.00	2.30%
WILKES REG MED CEN	No					8	\$0.00	8	\$0.00	0.33%
<b>Grand Total</b>		<b>465</b>	<b>\$815,368.32</b>	<b>56</b>	<b>\$305,623.52</b>	<b>1913</b>	<b>\$124,293.38</b>	<b>2434</b>	<b>\$1,245,285.22</b>	

# Juvenile Justice:

## 2016 - 2017 1st Quarter Health Services Legislative Report

The following data is based on available information for the period starting July1, 2016 and ending September 30, 2016.

**(1) The number of total juvenile offenders requiring hospitalization or hospital services who receive that treatment at each hospital.**

During this time period, there were 19 Youth Development Center juveniles that required treatment at a community hospital. Of these, 18 were emergency department visits, returning to the facility within the same day. All hospitals comply with the mandated rates of two times Medicaid rate or seventy percent of prevailing rates.

There was 1 hospital in-patient observation admission during the defined period of less than 24 hours duration. The juvenile was observed at UNC Medical Hospitals, Chapel Hill. UNC Hospital has historically had a contract with Juvenile Justice.

**(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 non-contracted providers.**

Figure 1 below indicates the number of juvenile requiring hospital emergent services and observational services during the defined cycle- July1, 2016-September 30, 2016. Although Juvenile Justice does not currently have any active contractual agreements with hospitals, there were 6 occasions where hospitals accepted the contractual rate established for adult offenders.

**Figure1**

7-1-2016 thru 9-30-2016	Emergent/ER	Scheduled	Total	Percentage
CONTRACT HOSPITALS	6	1	7	
NON-CONTRACT HOSPITALS	13	0	13	
Grand Total	19	1	20	100%

**(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 non-contracted providers.**

Juvenile Justice did not have any hospital admissions for the reporting cycle. There was one unscheduled observation of less than 24 hours.

- (4) The volume of inpatient medical services provided to Medicaid-eligible inmates and 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.**

As reported in question (3), there was one observational hospital stay of less than 24 hours. The claim was paid at the legislatively mandated rate to UNC Healthcare.

Figure 2 below indicates claims submitted and the adjusted payment for all claims received during the defined cycle.

Figure 2

7-1-2016 thru 9-30-2016	Amount Billed	Amount Paid	Adjustment
UNC Chatham Hospitals	\$ 2,705.00	\$ 661.18	\$ 2044.00
Northeast Medical Center	\$ 15,410.60	\$ 4,244.20	\$ 11,166.00
<b>Total-</b>	<b>\$ 18,115.60</b>	<b>\$ 4,905.38</b>	<b>\$ 13,210.00</b>

- (5) The status of the implementation of the claims processing system and efforts to address the backlog of unpaid claims.**

Juvenile Justice is participating in the Medical Claims contract with Adult Corrections and PGBA. All claims effective August 1, 2016 or later are submitted to PGBA for processing. To date, an approved evaluation of resolution to backlogged medical claims has not been provided.

- (6) The hospital utilization, including the amount paid to individual hospitals, the number of inmates and juvenile offenders served the number of claims, and whether the hospital was a contracted or non-contracted facility.**

As reported in item (4), there was one observational hospital stay of less than 24 hours; and fifteen juveniles seen in emergency departments for emergent complaints at five hospitals across the state: UNC-Chapel Hill; UNC-Chatham; UNC-Nash General; UNC-Lenoir Memorial and CMS Northeast Medical Center.

Juvenile Justice is currently in contract amendment discussions with UNC Healthcare System to add Youth Developments Centers to the Adult Corrections-UNC Healthcare System contract.

- To note- Due to the size and staff structure of Juvenile Justice there is not a comparable MOM, Opus system or Utilization Review Section. All medical claims are processed via paper claims by business officers at each Youth Development Center location. PGBA has created a workflow to accommodate the submission of hard copy claims.

- (7) The total cost and volume for the previous fiscal quarter for emergency room visits originating from Central Prison and NCCIW Hospitals to UNC Hospital, UNC Rex Healthcare, and WakeMed Hospital.**

This item does not apply to Juvenile Justice.

- (8) The total payments for Medicaid and non-Medicaid 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.**

Juvenile Justice medical claims have been processed by DPS Medical Claims section until the transition to PGBA on August 1, 2016 therefore the information provided by Adult Corrections in response to this question would apply to Juvenile Justice Claims as well.

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

As cited in the responses above, Juvenile Justice is currently working with Purchasing and Contracts to join the existing UNC Healthcare System contract via amendment. At present there is not a contract in place with CMS Northeast Medical Center.