

Update on Inmate Medical Costs

Board of State Prison Commissioners

September 16, 2014

Inmate Medical Costs Including Medicaid Applications & Estimated Savings





Update on Inmate Medical Costs

FY14 Outside Medical Expenditures

Approved Budget:

\$9,077,806

Work Program Chg's:

\$2,021,304

Total Expenditures:

\$11,099,110



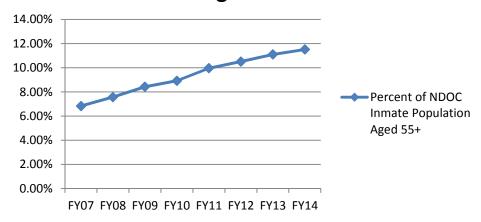


Update on Inmate Medical Costs

Most Significant Influence On Inmate Medical Expenditures

Average of inmates 55 and older in prison systems throughout the county is 7.1%.

Percent of NDOC Inmate Population Aged 55+



			Percent of NDOC
Fiscal	Inmate	55 &	Inmate Population
Year	Count	Older	Aged 55+
FY07	13,142	898	6.83%
FY08	13,143	995	7.57%
FY09	12,851	1,083	8.43%
FY10	12,697	1,133	8.92%
FY11	12,566	1,252	9.96%
FY12	12,673	1,332	10.51%
FY13	12,770	1,418	11.10%
FY14	12,892	1,484	11.51%

Average FY07 - FY11	8.34%
Average FY10 - FY14	10.40%
Average FY07 - FY14	9.36%





Health Care for Inmates

- Access to health care by inmates guaranteed by 8th Amendment to US Constitution.
 - Deliberate indifference to inmate's serious medical conditions considered "cruel and unusual punishment"
 - Important that inmate's serious medical conditions are treated regardless of crime or sentence
 - Failure to provide inmate access to care could result in Federal Court ordered receiver to take over control of prison health care
- Health care for inmates paid for mostly by Nevada General Fund
 - Inmates requesting care are charged an \$8 co-pay to offset costs
 - Prison directed care exempted from co-pay (i.e.,chronic disease clinics and maintenance drugs)
 - Chronic disease clinics and treatment helps manage chronic disease conditions and reduce long term health care costs





Update on Inmate Medical Costs

Health Care Delivery

- Primary care delivered on-site by NDOC Medical staff
 - Medical, Dental and Mental Health care available to all inmates
 - Clinic operations at all institutions; overnight infirmary care primarily at NNCC (RMF) and HDSP
- Specialty clinics at NNCC and HDSP
 - The Department contracts with local specialists to provide monthly clinics on-site
 - Inmates transported from other institutions to see specialists at on-site clinics
 - Basic telemedicine in use at all institutions for HIV clinics
- NDOC contracts with PPO Networks for outside provider care
 - Hometown Health Network for inmates in northern institutions
 - Multiplan for inmates in southern institutions





Update on Inmate Medical Costs

Health Care Costs

- Funding for Inmate Health Care
 - Inmates not covered by "Insurance"
 - Most primary care and outside outpatient care paid for with Nevada General Fund dollars
 - Most hospitalizations now paid for by Medicaid due to the Affordable Care Act and exception to prohibition that State inmates receive any Federal funding
 - NRS 209.246 Inmates pay 100% for any health care costs caused by an altercation, self injury or recreational injury (referred to as an AB389 incident).
- Claims Processing
 - NDOC utilizes a Third Party Administrator (TPA) for claims payment
 - NDOC authorizes outside services
 - Claims from outside providers are submitted to the TPA
 - TPA reprices the claims according to the appropriate network contract or direct contract
 - TPA directly pays provider from NDOC funded checking account





NDOC Medical Analysis of Medicaid Savings After ACA Implementation Prepared 8/18/2014

	FY14 (beginning 1/1/2014)	FY15 YTD
Admissions	, and the second	
Pregnant	13	2
Aged	23	3
Newly Eligible	112	26
Total	148	31
Length of Stay (Days)	906	178
Medicaid Approved Admissions	127	29
Pending Medicaid Approval	21	2
	148	31
Medicaid Approved Admissions with Paid Claims		
No. of Admissions with paid claims	39	0
Length of Stay (Days)	233	0
No. of Admissions without paid		
claims	109	31
Length of Stay (Days)	673	178

Scott K. Sisco, Deputy Director Support Services



DEPARTMENT OF CORRECTIONS



NDOC Medical Analysis of Medicaid Savings After ACA Implementation Prepared 8/18/2014

FY14 Medicaid Paid Claims Q3

	Char	ges Submitted	Net Pa	ıy	Fed Share	State Share
Aged	\$	177,732.50 \$	2:	2,274.18 \$	14,054.18	\$ 8,220.00
Disabled	\$	153.00 \$		62.46 \$	56.56	\$ 5.90
Newly Eligible	\$	7,780.00 \$	1	1,910.19 \$	1,910.19	\$ -
Pregnant	\$	27,468.15 \$	6	5,742.82 \$	4,254.73	\$ 2,488.09
Total	\$	213,133.65 \$	3	30,989.65 \$	20,275.66	\$ 10,713.99

FY14 Medicaid Paid Claims Q4

	Cha	irges Submitted	Net Pay	Fed Share	State Share
Aged	\$	531,868.77 \$	62,538.51 \$	39,490.39 \$	23,093.12
Disabled	\$	13,255.00 \$	4,561.25 \$	2,878.41 \$	1,682.84
Newly Eligible	\$	1,397,333.28 \$	128,758.09 \$	128,758.09 \$	-
Pregnant	_\$	101,387.54 \$	17,765.56 \$	11,136.24 \$	6,602.32
Total	\$	2,043,844.59 \$	213,623.41 \$	182,263.13 \$	31,378.28

FY14 Medicaid Claims Paid - Total (Since Implementation of ACA)

	Ch	arges Submitted	Net Pay	Fed Share	State Share
Aged	\$	709,601.27 \$	84,812.69 \$	53,544.57 \$	31,313.12
Disabled	\$	13,408.00 \$	4,623.71 \$	2,934.97 \$	1,688.74
Newly Eligible	\$	1,405,113.28 \$	130,668.28 \$	130,668.28 \$	-
Pregnant	\$	128,855.69 \$	24,508.38 \$	15,390.97 \$	9,090.41
Total	\$	2,256,978.24 \$	244,613.06 \$	202,538.79 \$	42,092.27

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NDOC Medical Analysis of Medicaid Savings After ACA Implementation Prepared 8/18/2014

FY14 Estimated Savings For Newly Eligible Since 1/1/2014

	FY14 admissions estimated for the Estimate based on Eligible based on Actual Claims submitted for claims not yet for Newly Eligible submitted or pair			ated for the Newly e based on LOS ims not yet
Charges Submitted/Estimated Length of Stay (LOS) Average Estimated Hospital PPO	\$	1,405,113.28 187	\$	4,125,172.14 549
Discount		40%		40%
Estimated PPO Reimbursement	\$	843,067.97	\$	2,475,103.29
Less Net Pay for Claims Submitted	\$	(130,668.28)	\$	(383,619.71)
Gross Estimated Savings Less State Share	\$ \$	712,399.69 -	\$ \$	2,091,483.58
Net Estimated Savings	\$	712,399.69	\$	2,091,483.58

- 1. Payment information above reflects paid date, not date of service.
- 2. Savings based on Newly Eligible only since that is a new category related to the implementation of the ACA
- 3. 39 of 148 admissions in FY14 since implementation of ACA (1/1/2014) have some claims paid by Medicaid.
- 4. Savings projected on claims submitted, but it is unknown if additional claims will be submitted for cases with claims paid, which would affect the projected savings.



Additional Savings for



Questions?