

2013 REPORT TO THE GENERAL ASSEMBLY

Medicaid Eligibility

Inmates in Virginia's Local and Regional Jails

11/1/2013

Preface

The Compensation Board is pleased to present this report providing information regarding inmates in Virginia's local and regional jails who have incurred in-patient hospitalizations, and issues related to their potential eligibility for enrollment for coverage under Medicaid.

The Compensation Board wishes to thank the Department of Medical Assistance Services for their significant contribution to this report in the provision of background information and analysis regarding Medicaid coverage and application to incarcerated populations, the eligibility and claims process management for state responsible offenders housed within the Department of Corrections, and analysis regarding potential issues in the application of such processes to offenders housed in Virginia's local and regional jails.

Questions or comments regarding this report should be directed to Robyn M. de Socio, Executive Secretary for the Compensation Board, at (804) 225-3439 or via e-mail at robyn.desocio@scb.virginia.gov. Questions related to current Medicaid policy, and eligibility and claims processes for state responsible offenders housed within Virginia's prison system under the Department of Corrections may be directed to Steven E. Ford, Deputy Director for Administration for the Department of Medical Assistance Services, at (804) 786-7355 or via e-mail at steve.ford@dmass.virginia.gov.

Robyn M. de Socio, Executive Secretary
Compensation Board
November 1, 2013

Authority

2013 Virginia Acts of Assembly, Chapter 806, Item 69:

L. The Compensation Board shall work with local and regional jails to determine the number of local-responsible offenders hospitalized off-site, the costs for such hospitalization, and the numbers of such hospitalized local-responsible offenders who are either 65 years of age or older, blind, disabled, or pregnant in order to determine the population of local-responsible offenders who may be eligible for enrollment in Medicaid. The Departments of Medical Assistance Services and Social Services shall provide any assistance necessary to the Compensation Board in determining the eligibility of those local-responsible offenders for Medicaid enrollment and the process that would be necessary for localities who choose to enroll eligible local-responsible offenders in Medicaid. The Compensation Board, with any necessary assistance from the Departments of Medical Assistance Services and Social Services, shall provide a report on the number of local-responsible offenders who could be enrolled in Medicaid to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2013.

Introduction

Item 69 L of the 2013 Appropriation Act directed the Compensation Board (hereafter, the Board) to work with local and regional jails to determine the number and cost of local-responsible offenders hospitalized off-site who may be eligible for enrollment in Medicaid. It further directed the Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) to provide any assistance necessary to the Board in determining the eligibility of those offenders through the potential establishment of procedures to enroll eligible offenders in Medicaid. The Board was directed to provide a report on the number of local-responsible offenders who could be enrolled in Medicaid to the General Assembly by November 1, 2013. This document is intended to satisfy this reporting requirement.

Background

Under current Medicaid policy articulated by the federal Centers for Medicare and Medicaid Services (CMS), inmates of public institutions are categorically ineligible for coverage under Medicaid. However, CMS clarified this policy indicating that they are no longer “inmates of public institutions” when they are “inpatients of medical facilities”, and therefore, federal Medicaid funding is available for the covered services provided while they are an inpatient of that facility.

In Virginia, the normal Medicaid match rate is 50 percent, meaning for every dollar of Medicaid cost, one-half is borne by the federal government and one-half is borne by the Commonwealth. However, the Commonwealth does not provide General Funds to cover the costs of healthcare needs of incarcerated, local-responsible offenders. Thus, the costs of needed healthcare to these inmates in local and regional jails are borne by the localities themselves. To the extent some local-responsible inmates can access Medicaid funding to cover their inpatient hospitalization, some of the cost of inpatient care to the localities would be eliminated through Medicaid funding. In other words, while coverage under Medicaid for state-responsible offenders has the potential to be financially beneficial to the Commonwealth through the substitution of federal funds in place of State funds, this approach for local-responsible offenders would result in an added cost to the Commonwealth, with a reduction in local costs.

It is important to note, as indicated above, that these costs can only be offset for inmates who are determined to be eligible for Medicaid at the point of their inpatient hospitalization. Existing eligibility rules apply; the only special treatment, so-to-speak, is the waiving of the inmate exclusion based on the CMS policy clarification. In other words, if the individual would not be eligible for coverage according to existing coverage rules were they not incarcerated, they would not be eligible when they are an inmate during an inpatient hospitalization.

This is particularly important to understand in the context of inmates because existing coverage for non-disabled adults is only available for adults living with children (caretaker adults / parents), those above age 65, or for pregnant women. While some inmates may qualify under these non-disabled adult categories and others may have already been determined to be disabled (and meet the other criteria for that coverage group), it is not expected that a significant percentage of the inmate population, particularly the local-responsible offender population, will qualify for Medicaid coverage of inpatient hospital services under the current rules.

To the extent the Commonwealth decides to expand Medicaid coverage under the Patient Protection and Affordable Care Act (Pub. L. 111-148), as amended by the Health Care and Education and Reconciliation Act of 2010 (Pub. L. 111-152), such an expansion would increase the income eligibility of the caretaker adults / parents, but more significant for the inmate population, provide coverage for childless adults up to 133 percent of the federal poverty limit. Under that scenario, it is likely that a significant number of the local-responsible inmate population would be eligible for Medicaid coverage of their inpatient hospitalizations.

Eligibility Process

DMAS, DSS and the Department of Corrections (DOC) have established a process (effective in July 2013) for Medicaid eligibility determination of state-responsible offenders while an inpatient of a hospital. Applications for inmates who receive inpatient hospitalization are processed, for the most part, using the same requirements and time standards as all other Medicaid applicants. Eligible individuals must meet existing Medicaid criteria, but are only enrolled in Medicaid for the length of their inpatient hospital stay. Because of the tie-in to inpatient hospitalization, applications are filed and processed *after* the individual has completed his inpatient hospital stay.

For the state-responsible offenders, centralized healthcare reimbursement staff at DOC screen the individuals for potential Medicaid eligibility based on information contained in DOC records upon completion of an inpatient hospital stay. If the individual appears to meet a Medicaid covered group, then a Medicaid application will be initiated. The application will be sent to the facility where the inmate is housed for completion. The facility counselor reviews the application with the inmate, obtains any additional required information that is needed and obtains the inmate's signature. The completed application and any supporting documentation are then sent back to the DOC healthcare reimbursement staff for submission to the appropriate local department of social services.

The local department of social services will complete an eligibility determination to ensure that all non-financial and financial criteria are met. Entitlement for Medicaid for eligible individuals will begin on the date of admission to the hospital and end on the date of discharge. Once an eligibility period is established, additional requests for coverage of inpatient services within one year of the date of filing of the original application will not require a new Medicaid application. However, each request for Medicaid coverage of an inpatient stay requires a review of the individual's financial eligibility.

For the DOC inmate population, because of the centralization of inmates into a handful of large facilities, the process can and has been targeted to a handful of local departments of social services in the areas associated with the large DOC facilities. This relatively centralized approach, however, would not be available to the extent local-responsible offenders are included in the policy. Since local and regional jails are spread across the Commonwealth in at least 72 localities, it is likely that many of the 120+ local departments of social services could be involved in this special eligibility process. Further, unlike DOC staff with access to centralized information to assist in the application process, there is no such centralized data or staff to assist with the local and regional jails; information and staff utilized would, by definition, be local.

Claiming Process for Inpatient Reimbursement

For state-responsible offenders, DOC had already utilized a third party administrator (TPA) for the billing and payment of healthcare claims. With this infrastructure already in place, DOC has been able to leverage the TPA process to manage the billing complexities of having to sort out the Medicaid eligibility issue while still processing provider payments. Additionally, DOC has centralized healthcare reimbursement staff on board to work with the hospital provider in this process.

Once Medicaid eligibility has been established (after the inpatient stay and potentially after initial non-Medicaid payment has been made to the provider), the process for the hospital is:

- Request approval from KePRO, Medicaid's service authorization contractor
- Submit claims to Medicaid with an approved KePRO service authorization
 - Option to appeal service authorization requests that result in a denial by KePRO
- Share the approved Medicaid Offender Inpatient Referral with all physicians rendering medical/surgical care/treatment during the offender's inpatient hospital admission

DOC healthcare reimbursement staff provide the following claims assistance:

- Track the KePRO service authorization request
- With the KePRO service authorization approval, notify their TPA to retract the initial hospital admission claims payment
 - Should the KePRO service authorization be denied (and upheld by an appeal), the TPA-processed initial payment will remain
- Utilizing the Medicaid claim subsystem, identify the Medicaid deductible and/or co-pay amounts indicated on the paid claims to determine the offender-responsible amount for DOC reimbursement.

Again, the state-responsible offender coverage procedures benefit from the centralized nature of the DOC population and the infrastructure already in place for dealing with the healthcare needs of the incarcerated population. These functions would need to be replicated by the local and regional jails, or centralized in some manner yet to be defined.

Offenders in Local and Regional Jails

Virginia's 65 local and regional jails house both local-responsible and state-responsible inmates. A local-responsible inmate is defined as any person arrested on a state warrant and incarcerated in a local correctional facility awaiting trial, or already sentenced but awaiting trial on a subsequent offense; any person convicted of a misdemeanor offense and sentenced to a term in a local correctional facility; or any person convicted of a felony offense and given an effective sentence of twelve months or less, or less than one year. A state-responsible inmate is defined as any person convicted of one or more felony offenses and the sum of consecutive effective sentences for felonies, committed on or after January 1, 1995, is more than 12 months, or one year or more, or the sum of consecutive effective sentences for felonies, committed before January 1, 1995, is more than two years.

State-responsible inmates are housed in local and regional jail facilities until such time as they are due for transfer to a facility of the Department of Corrections. Generally speaking, a state-responsible inmate remains housed in a jail for at least 90 days post-sentencing with all charges adjudicated (the DOC is to bring in a state responsible inmate from the jail within 60 days after receiving the complete and final court order, which it should receive from the court within 30 days after final sentencing), however, many state-responsible inmates remain in jail longer due to a shortage of available space within DOC facilities. In FY12/FY13, state-responsible inmates transferred from jail to a DOC facility had remained in jail for an average of 239 days post-sentencing before being transferred. State-responsible inmates that remained in the jail for the duration of their incarceration without ever transferring to a DOC facility had remained in jail for an average of 340 days post-sentencing before their release. During the time that a state-responsible inmate is housed in a local or regional jail, localities remain primarily responsible for the cost of incurred medical expenses. Information in this report noted previously regarding eligibility determination and claims processing for state-responsible offenders for coverage under Medicaid does not apply to the state-responsible offenders housed in Virginia's local and regional jails.

While the Appropriation Act directed the Board to report on numbers and costs for local-responsible offenders, this report does also include numbers and costs for state-responsible offenders who are housed in local and regional jail facilities and not in a DOC facility. Although approximately 30% of the average daily population (ADP) of inmates incarcerated in local and regional jail facilities are state-responsible (8,266 SR ADP of 27,533 total ADP in FY12 & FY13), only 14% of reported in-patient hospitalizations involved state-responsible offenders (113 average SR hospital commitments v. 795 average total hospital commitments in FY12 & FY13). While there are some mechanisms in place for the DOC and the Board to assist with medical costs incurred by localities for state-responsible offenders housed in local and regional jails, the majority of medical costs remain the responsibility of the locality, and those costs are included in this report.

Number of Potentially Eligible Offenders Housed in Jails and Their Cost

The language in Item 69 L of the 2013 Appropriation Act directed the Board, with assistance from DMAS and DSS, to report on the number of offenders who could be enrolled in Medicaid.

The Board maintains an inmate database in which commitment information for each offender incarcerated in a local or regional jail is maintained, including when such offenders are in an in-patient status at a medical facility. This database includes information regarding offenders by age, which allows for an estimate of the number of aged (over 65) inmates with an inpatient stay, however, the database does not include information regarding diagnosis that would enable estimating incidences of pregnancy or disability. Further, payment information for in-patient services is not maintained in the Board's database. Therefore, the Board surveyed local and regional jails to obtain additional information regarding pregnancy and disability among in-patient hospitalizations in aggregate, and also worked with Anthem, a provider of medical insurance for the majority of local and regional jails, to obtain hospitalization cost information.

The Compensation Board collected data from its own database records regarding hospital commitments and age, and from jails and Anthem regarding incidences of disability, pregnancy, and hospitalization costs, for FY12 and FY13. Data collected was similar in both years, and therefore average numbers of inmates and costs across both years are reported.

This report provides actual hospitalization costs for 56 local and regional jails that utilized Anthem's services for hospitalization expenses in FY12 and FY13. Of the 56 jails using Anthem services, 13 jails did not have any inmates incur in-patient hospitalization costs. A remaining 9 local and regional jails in Virginia (total 65 jails) did not use Anthem's services, and instead used either alternate service providers, required payment of services by the inmate or the inmate's own health insurance (if available), had agreements with a local hospital, or the locality was responsible for the costs of hospitalization without a specific insurance provision. For the jails utilizing Anthem's services, information is available regarding inmates hospitalized and the jails' incurred costs for FY12 and FY13. For the remaining 9 jails, estimates of potential numbers of inmates and incurred costs are determined based upon average data for the 56 jails utilizing Anthem's services.

In FY12/FY13, on average 232,427 individuals were incarcerated per year in Virginia's local and regional jails. Of those inmates, only 1,996 (1%) were over age 65. Males comprised 183,825 (79%), and the remaining 48,602 (21%) were female. Out of 56 jails with Anthem services, a total of 344 inmates incurred expenses for in-patient hospitalizations totaling \$5.14 million (note figures are per inmate, and multiple hospitalizations may have been incurred). The average cost of hospitalizations per inmate was \$14,968.

From the listings of inmates with hospital commitments and Anthem listings of hospitalization costs incurred, individual jails identified 11 disabled inmates, 7 pregnant inmates, and 22 inmates aged over 65. The average cost incurred for 40 inmates meeting eligibility criteria was

\$580,802. Using these figures to estimate additional inmates and costs that may be incurred in the 9 non-Anthem jails, the Board projects a potential additional 6 inmates meeting Medicaid eligibility criteria at an additional cost of \$95,020. Therefore, the total estimated average cost per year in FY12 and FY13 is \$675,822 for an estimated 46 inmates meeting the current Medicaid eligibility criteria of over aged 65, pregnant, or disabled. While this cost would presently be the responsibility of the locality, or locality participants in the case of a regional jail, if these inmates were to be determined eligible and claims processed for Medicaid funding, one-half of this amount (\$337,911) would represent the General Fund cost to the Commonwealth (with the remainder funded by federal Medicaid funds). Note that these costs represent negotiated rates for services with a private carrier and coverage under Medicaid could yield lower rates, however, the difference between the average costs per hospitalization from Anthem data and average rates for state-responsible inmates in DOC facilities under Medicaid does not appear to be significant.

As noted previously in the background information regarding Medicaid coverage and inmates, under a potential expansion of Medicaid coverage, it is likely that a significant number of the local and regional jail inmate population would be eligible for Medicaid coverage of their in-patient hospitalizations. Where in-patient hospitalization costs incurred were reported for inmates in 56 jails using Anthem services, projecting total costs for inmates in all 65 local and regional jails could indicate a potential cost of \$5.97 million for approximately 399 inmates. However, given the more “short-term” nature of the local-responsible inmate population in jails, where a large portion of inmates may be awaiting trial and may either maintain alternate health care coverage, or may maintain an income level that could preclude eligibility for Medicaid coverage, further evaluation would be required to determine the full potential impact of expansion on this population.

Summary statistics and details of numbers and costs of in-patient hospitalizations in FY12 and FY13 can be found in the appendix to this report.

Potential Challenge

As stated throughout this document, the procedures established with DOC for the state-responsible offender population benefit greatly from access to centralized data and staff, and existing infrastructure with the DOC TPA, in dealing with a very tedious eligibility and reimbursement process necessitated by the CMS policy. This centralization is non-existent with the local and regional jails in terms of how healthcare is currently delivered to jail inmate populations. The lack of centralization does not allow for the efficiencies and controls assumed in the state-responsible offender coverage procedures:

- Instead of focused training in a handful of local departments of social services who will see volume with DOC, every local department will need to be trained despite limited volume from local and regional jails;
- Instead of focused training in a handful of corrections staff who will see volume with local departments, staff from every local and regional jail will need to be trained despite limited volume;
- Instead of dedicated staff contacts to work with providers and DMAS on billing and payment with regularity, each local and regional jail will need to provide this resource with limited regularity; and,
- Instead of a focused approach with a handful of hospital providers providing the majority of inpatient care to the state-responsible offender population, it is likely that many more Virginia hospitals would be involved, albeit at low-volume, in serving local- and state-responsible offenders housed in local and regional jails.

Even with the small volume expected under current Medicaid eligibility rules, the decentralized nature of the local and regional jail system could cause this process to become a workload concern for DMAS and DSS, particularly at the local department of social services level; to the extent Medicaid is expanded under the PPACA, this concern would grow exponentially. Equally important, the approach raises concerns associated with program integrity and eligibility error. With a decentralized, low-volume approach, it is much more difficult for the staff involved to develop the expertise and experience in dealing with this complex policy, which has the potential to lead to errors and the misuse of Medicaid funding.

Conclusion

The Compensation Board and the Departments of Medical Assistance Services and Social Services have collaborated to identify the population of offenders in local and regional jails potentially eligible for Medicaid coverage of their inpatient hospitalizations, as directed under the 2013 Appropriation Act. Even more than the program for state-responsible offenders, applying the coverage policy to offenders at local and regional jails could present significant challenges due to the decentralized nature of these facilities in relation to the multitude of local social services agencies with which they would need to work.

While inmate and cost figures have been provided based upon actual in-patient hospitalizations across most local and regional jails, these estimates may be tenuous as they relate to the number of disabled inmates, given the current limited expertise within jails to identify whether inmates that previously incurred a hospital commitment met the criteria for a DSS disability designation or are otherwise eligible for coverage under Medicaid. However, despite the lack of expertise in identifying whether a disability designation is appropriate, the low numbers of inmates with in-patient hospitalizations meeting current Medicaid eligibility criteria is not unexpected, as alternatives to incarceration are likely employed for inmates awaiting trial that may be disabled, pregnant or over age 65, thus reducing the frequency of this type of offender from the population in local and regional jails.

Finally, the actual costs incurred (and projected for the small portion without data), while small given the number of individuals that are committed and released from local and regional jail facilities each year, are subject to change and would require additional analysis in the event of expansion of Medicaid coverage in Virginia.

Appendix

Summary Statistics of Inmate and Hospitalization Data for FY12 and FY13

Summary Statistics	FY12	FY13	average
Number of jails in study	65	65	65
Number of jails with Anthem	56	56	56
Number of jails with hospitalization data	41	45	43
Total inmates w/hospitalizations	349	339	344
Total cost hospitalizations	\$ 4,877,085	\$ 5,410,925	\$ 5,144,005
Average cost hospitalization per inmate	\$ 13,974	\$ 15,961	\$ 14,968
Number of jails without Anthem services	9	9	9
Estimated other inmates w/hospitalizations	56	54	55
Estimated cost hospitalizations (other jails)	\$ 783,817	\$ 869,613	\$ 827,513
Projected total inmates w/hospitalizations	405	393	399
Projected total cost inmates w/hospitalizations	\$ 5,660,902	\$ 6,280,537	\$ 5,971,518
Hospitalized disabled	15	6	11
Hospitalized pregnant	10	4	7
Hospitalized 65+	25	19	22
Total potential Medicaid eligible	50	29	40
Potential Medicaid cost	\$ 698,723	\$ 462,881	\$ 580,802
Number of jails without Anthem services	9	9	9
Estimated other inmates medicaid eligible	8	5	6
Estimated potential Medicaid cost (other jails)	\$ 112,295	\$ 74,392	\$ 95,020
Projected potential medicaid eligible inmates	58	34	46
Projected potential total medicaid cost all jails	\$ 811,017	\$ 537,273	\$ 675,822
Total males under 65 in jail	183,848	180,285	182,067
Total females under 65 in jail	48,539	48,190	48,365
Subtotal under 65 in jail	232,387	228,475	230,431
Percentage under 65 in jail	99%	99%	99%
Total males 65+ in jail	1,707	1,810	1,759
Total females 65+ in jail	206	268	237
Subtotal 65+ in jail	1,913	2,078	1,996
Percentage 65+ in jail	1%	1%	1%
Total males in jail	185,555	182,095	183,825
Total females in jail	48,745	48,458	48,602
Total all in jail	234,300	230,553	232,427
Total LR ADP in jail	18,945	19,588	19,267
Percentage LR ADP in jail	70%	70%	70%
Total SR ADP in jail	8,249	8,283	8,266
Percentage SR ADP in jail	30%	30%	30%
Total ADP in jail	27,194	27,871	27,533
Instances of hospitalization (LIDS)			
Instances of hosp LR <65	739	589	664
Instances of hosp SR <65	122	96	109
Instances of hosp LR 65+	21	15	18
Instances of hosp SR 65+	3	4	4
Percentage SR instances of hospitalization	14%	14%	14%
Percentage LR instances of hospitalization	86%	86%	86%
Percentage 65+ instances of hospitalization	3%	3%	3%
Percentage <65 instances of hospitalization	97%	97%	97%

Jail and Anthem Reports of Inmate and Hospitalization Data, FY12

Jail Number	Jail Name	Jail	Jail	Jail	Anthem	Anthem	Average cost per hospitalized inmate in FY12	Potentially Medicaid Eligible Cost	notes:
		FY12 Number Disabled	FY12 Number Pregnant	FY12 65+	# Inmates with Hospitalizations	Total Cost Hospitalizations			
001	ACCOMACK COUNTY JAIL	1	0	0	1	4,570.66	4,570.66	4,570.66	
003	ALBEMARLE-CHARLOTTESVILLE REG.				0	-	-	-	
510	ALEXANDRIA DETENTION CENTER						-	-	not anthem
005	ALLEGHANY COUNTY REGIONAL JAIL				0	-	-	-	
013	ARLINGTON COUNTY DETENTION FAC						-	-	not anthem
031	B.R.R.J. - CAMPBELL				0	-	-	-	
010	B.R.R.J. - AMHERST				0	-	-	-	
019	B.R.R.J. - BEDFORD				0	-	-	-	
083	B.R.R.J. - HALIFAX				1	14.00	14.00	-	
680	B.R.R.J.- LYNCHBURG			1	1	13,019.71	13,019.71	13,019.71	
023	BOTETOURT COUNTY JAIL						-	-	not anthem
520	BRISTOL CITY JAIL	0	0	0	1	4,080.39	4,080.39	-	
137	CENTRAL VIRGINIA REGIONAL JAIL	1	0	2	3	22,241.08	7,413.69	22,241.08	
037	CHARLOTTE COUNTY JAIL				0	-	-	-	
550	CHESAPEAKE CITY JAIL	2	0	0	22	370,764.81	16,852.95	33,705.89	
041	CHESTERFIELD COUNTY JAIL	0	0	0	6	65,626.75	10,937.79	-	
047	CULPEPER COUNTY JAIL				0	-	-	-	
590	DANVILLE CITY JAIL				4	33,939.58	8,484.90	-	
220	DANVILLE CITY JAIL FARM				3	51,553.85	17,184.62	-	
131	EASTERN SHORE REGIONAL JAIL			1	2	4,968.74	2,484.37	2,484.37	
059	FAIRFAX ADULT DETENTION CENTER				1	1,007.00	1,007.00	-	
061	FAUQUIER COUNTY JAIL				1	13,088.33	13,088.33	-	
067	FRANKLIN COUNTY JAIL				0	-	-	-	
073	GLOUCESTER COUNTY JAIL				2	26,502.78	13,251.39	-	
650	HAMPTON CORRECTIONAL FACILITY				3	18,258.83	6,086.28	-	
475	HAMPTON ROADS REGIONAL JAIL	0	0	1	48	704,776.81	14,682.85	14,682.85	
087	HENRICO COUNTY JAIL	0	1	0	22	494,092.05	22,458.73	22,458.73	
089	HENRY COUNTY JAIL				0	-	-	-	
103	LANCASTER CORRECTIONAL CENTER				0	-	-	-	
107	LOUDOUN COUNTY ADULT DETENTION				7	82,728.29	11,818.33	-	
690	MARTINSVILLE CITY JAIL				1	4,864.12	4,864.12	-	
495	MEHERRIN RIVER REGIONAL JAIL						-	-	not anthem
119	MIDDLE PENINSULA REGIONAL				4	71,985.59	17,996.40	-	
493	MIDDLE RIVER REGIONAL JAIL	0	0	0	5	55,022.60	11,004.52	-	
121	MONTGOMERY COUNTY JAIL				0	-	-	-	
117	MRRJ - MECKLENBURG						-	-	not anthem
480	NEW RIVER REGIONAL JAIL	2	0	2	11	200,745.93	18,249.63	72,998.52	
700	NEWPORT NEWS CITY JAIL				4	21785.32	5446.33	0	
250	NEWPORT NEWS CITY PRISON FARM				0	-	0	0	
710	NORFOLK CITY JAIL			1	14	249,198.45	17,799.89	17,799.89	
193	NORTHERN NECK REGIONAL JAIL				2	9,211.10	4,605.55	-	
069	NORTHWESTERN REGIONAL JAIL				15	119,548.08	7,969.87	-	
139	PAGE COUNTY JAIL				0	-	-	-	
460	PAMUNKEY REGIONAL JAIL				5	62,210.84	12,442.17	-	
141	PATRICK COUNTY JAIL				0	-	-	-	
730	PETERSBURG CITY JAIL				6	100,044.62	16,674.10	-	
490	PEUMANSEND CREEK REGIONAL				2	11,580.00	5,790.00	-	

Jail and Anthem Reports of Inmate and Hospitalization Data, FY12

Jail Number	Jail Name	Jail	Jail	Jail	Anthem	Anthem	Average cost per hospitalized inmate in FY12	Potentially Medicaid Eligible Cost	notes:
		FY12 Number Disabled	FY12 Number Pregnant	FY12 65+	# Inmates with Hospitalizations	Total Cost Hospitalizations			
135	PIEDMONT REGIONAL JAIL				3	24,406.84	8,135.61	-	
143	PITTSYLVANIA COUNTY JAIL	0	0	0	3	64,633.20	21,544.40	-	
740	PORTSMOUTH CITY JAIL	0	1	0	1	4,046.00	4,046.00	4,046.00	
153	PR. WILLIAM/MANASSAS REGIONAL				0	-	-	-	
157	RAPPAHANNOCK COUNTY JAIL					-	-	-	not anthem
630	RAPPAHANNOCK REGIONAL JAIL	2	1	1	6	79,209.42	13,201.57	52,806.28	
760	RICHMOND CITY JAIL					-	-	-	not anthem
465	RIVERSIDE REGIONAL JAIL	1	0	3	4	63,228.00	15,807.00	63,228.00	
770	ROANOKE CITY JAIL				0	-	-	-	
161	ROANOKE COUNTY/SALEM JAIL					-	-	-	not anthem
163	ROCKBRIDGE REGIONAL JAIL				0	-	-	-	
165	ROCKINGHAM-HARRISONBURG REG.				2	3,668.25	1,834.13	-	
171	SHENANDOAH COUNTY JAIL				2	6,545.47	3,272.74	-	
175	SOUTHAMPTON COUNTY JAIL				1	13,993.00	13,993.00	-	
491	SOUTHSIDE REGIONAL JAIL	0	0	0	1	12,114.00	12,114.00	-	
183	SUSSEX COUNTY JAIL	0	0	0	3	19,273.00	6,424.33	-	
191	SWVRJ - ABINGDON	4	2	2	70	1,140,569.91	16,293.86	130,350.85	
169	SWVRJ - DUFFIELD				0	-	-	-	
051	SWVRJ - HAYSI				0	-	-	-	
185	SWVRJ - TAZEWEILL				0	-	-	-	
810	VIRGINIA BEACH CORRECTION. CTR	1	2	1	14	169,247.24	12,089.09	48,356.35	
470	VIRGINIA PENINSULA REGIONAL	0	0	1	16	129,675.99	8,104.75	8,104.75	
187	WARREN COUNTY JAIL					-	-	-	not anthem
620	WESTERN TIDEWATER REGIONAL	0	1	1	26	329,044.02	12,655.54	25,311.08	
494	WESTERN VIRGINIA REGIONAL JAIL				0	-	-	-	
	Subtotal Jails with Anthem Reporting	14	8	17	349	4,877,084.65	13,974.45	545,003.73	
	Additional Jail Reports (non Anthem)	1	2	8			13,974.45	153,719.00	additional inmates from jail reporting not counted in Anthem counts/costs
	Total Jail/Anthem Reports	15	10	25				698,722.73	
	Estimates for 9 addtl Jails	9 jails not covered by Anthem out of 65 jails total: Avg cost prorated for 9 jails (note Blue Ridge and Southwest counted each as 1 jail; Meherrin counted as 2 because data available only for Mecklenburg portion - Meherrin not yet open in FY12)						112,294.72	
	Total 65 Local and Regional Jails							811,017.45	
	*Note: Emergency Medical expenses reimbursed for SR inmates in Pamunkey, Richmond City, Roanoke City, Virginia Beach City, Riverside Pamunkey, Richmond City and Roanoke City did not report medicaid eligible inmates with hospitalizations; VA Beach and all but 1 Riverside inmates reimbursed not included in Anthem data included in this report (1 inmate reimbursed under emergency medical was removed from anthem count & data costs); therefore amounts paid in FY12 for emergency medical for SR offenders would not offset costs included herein								

Jail and Anthem Reports of Inmate and Hospitalization Data, FY13

Jail Number	Jail Name	Jail	Jail	Jail	Anthem	Anthem	Average cost per hospitalized inmate in FY13	Potentially Medicaid Eligible Cost	notes:
		FY13 Number Disabled	FY13 Number Pregnant	FY13 65+	# Inmates with Hospitalizations	Total Cost Hospitalizations			
001	ACCOMACK COUNTY JAIL	0	0	0	2	9,719.79	4,859.90	-	
003	ALBEMARLE-CHARLOTTESVILLE REG.				2	4,632.28	2,316.14	-	
510	ALEXANDRIA DETENTION CENTER						-	-	not anthem
005	ALLEGHANY COUNTY REGIONAL JAIL	0	0	0	3	2,939.00	979.67	-	
013	ARLINGTON COUNTY DETENTION FAC						-	-	not anthem
031	B.R.R.J. - CAMPBELL						-	-	
010	B.R.R.J. - AMHERST	0	0	2	1	9,824.99	9,824.99	19,649.98	
019	B.R.R.J. - BEDFORD						-	-	
083	B.R.R.J. - HALIFAX						-	-	
680	B.R.R.J.- LYNCHBURG				1	-	-	-	
023	BOTETOURT COUNTY JAIL						-	-	not anthem
520	BRISTOL CITY JAIL						-	-	
137	CENTRAL VIRGINIA REGIONAL JAIL	0	0	0	4	74,386.46	18,596.62	-	
037	CHARLOTTE COUNTY JAIL	0	0	0	1	5,691.92	5,691.92	-	
550	CHESAPEAKE CITY JAIL		2	0	17	177,086.54	10,416.86	20,833.71	
041	CHESTERFIELD COUNTY JAIL	0	0	0	3	13,858.75	4,619.58	-	
047	CULPEPER COUNTY JAIL						-	-	
590	DANVILLE CITY JAIL	0	0	1	2	22,238.58	11,119.29	11,119.29	
220	DANVILLE CITY JAIL FARM	0	0	0	2	69,001.33	34,500.67	-	
131	EASTERN SHORE REGIONAL JAIL	0	0	0	1	4,835.33	4,835.33	-	
059	FAIRFAX ADULT DETENTION CENTER	0	0	1	5	11,130.16	2,226.03	2,226.03	
061	FAUQUIER COUNTY JAIL						-	-	
067	FRANKLIN COUNTY JAIL	1	0	0	1	5,752.00	5,752.00	5,752.00	
073	GLOUCESTER COUNTY JAIL	0	0	0	3	26,397.57	8,799.19	-	
650	HAMPTON CORRECTIONAL FACILITY	1	0	0	9	128,607.21	14,289.69	14,289.69	
475	HAMPTON ROADS REGIONAL JAIL				39	943,533.65	24,193.17	-	
087	HENRICO COUNTY JAIL	0	0	1	32	809,083.68	25,283.87	25,283.87	
089	HENRY COUNTY JAIL	0	0	1	2	26,560.85	13,280.43	13,280.43	
103	LANCASTER CORRECTIONAL CENTER	0	0	0	1	6,522.92	6,522.92	-	
107	LOUDOUN COUNTY ADULT DETENTION				5	48,242.38	9,648.48	-	
690	MARTINSVILLE CITY JAIL	2	0	0	1	2,592.00	2,592.00	5,184.00	
495	MEHERRIN RIVER REGIONAL JAIL						-	-	not anthem
119	MIDDLE PENINSULA REGIONAL				5	45,236.52	9,047.30	-	
493	MIDDLE RIVER REGIONAL JAIL				4	56,021.23	14,005.31	-	
121	MONTGOMERY COUNTY JAIL						-	-	
117	MRRJ - MECKLENBURG	1	0	0	1	28,986.00	28,986.00	28,986.00	not anthem
480	NEW RIVER REGIONAL JAIL	1			5	89,252.98	17,850.60	17,850.60	
700	NEWPORT NEWS CITY JAIL				5	56,330.08	11,266.02	-	
250	NEWPORT NEWS CITY PRISON FARM				2	33,657.22	16,828.61	-	
710	NORFOLK CITY JAIL				18	208,839.72	11,602.21	-	
193	NORTHERN NECK REGIONAL JAIL						-	-	
069	NORTHWESTERN REGIONAL JAIL				6	85,007.35	14,167.89	-	
139	PAGE COUNTY JAIL						-	-	

Jail and Anthem Reports of Inmate and Hospitalization Data, FY13

Jail Number	Jail Name	Jail	Jail	Jail	Anthem	Anthem	Average cost per hospitalized inmate in FY13	Potentially Medicaid Eligible Cost	notes:
		FY13 Number Disabled	FY13 Number Pregnant	FY13 65+	# Inmates with Hospitalizations	Total Cost Hospitalizations			
460	PAMUNKEY REGIONAL JAIL				7	89,806.42	12,829.49	-	
141	PATRICK COUNTY JAIL						-	-	
730	PETERSBURG CITY JAIL	0	0	0	1	10,048.00	10,048.00	-	
490	PEUMANSEND CREEK REGIONAL	0	0	0	1	8,032.33	8,032.33	-	
135	PIEDMONT REGIONAL JAIL	0	0	0	3	135,032.52	45,010.84	-	
143	PITTSYLVANIA COUNTY JAIL				1	8,446.01	8,446.01	-	
740	PORTSMOUTH CITY JAIL						-	-	
153	PR. WILLIAM/MANASSAS REGIONAL						-	-	
157	RAPPAHANNOCK COUNTY JAIL						-	-	not anthem
630	RAPPAHANNOCK REGIONAL JAIL			3	5	51,093.99	10,218.80	30,656.39	
760	RICHMOND CITY JAIL						-	-	not anthem
465	RIVERSIDE REGIONAL JAIL				7	139,343.17	19,906.17	-	
770	ROANOKE CITY JAIL						-	-	
161	ROANOKE COUNTY/SALEM JAIL						-	-	not anthem
163	ROCKBRIDGE REGIONAL JAIL	0	0	0	1	33,960.00	33,960.00	-	
165	ROCKINGHAM-HARRISONBURG REG.	0	0	0	1	11,837.33	11,837.33	-	
171	SHENANDOAH COUNTY JAIL				1	-	-	-	
175	SOUTHAMPTON COUNTY JAIL	0	0	0	2	26,002.00	13,001.00	-	
491	SOUTHSIDE REGIONAL JAIL	0	0	0	1	904.00	904.00	-	
183	SUSSEX COUNTY JAIL	0	0	0	5	88,991.47	17,798.29	-	
191	SWVRJ - ABINGDON			1	71	1,049,343.00	14,779.48	14,779.48	
169	SWVRJ - DUFFIELD						-	-	
051	SWVRJ - HAYS						-	-	
185	SWVRJ - TAZEWEILL						-	-	
810	VIRGINIA BEACH CORRECTION. CTR				16	199,661.06	12,478.82	-	
470	VIRGINIA PENINSULA REGIONAL	0	2	1	10	95,914.26	9,591.43	28,774.28	
187	WARREN COUNTY JAIL						-	-	not anthem
620	WESTERN TIDEWATER REGIONAL				23	456,540.56	19,849.59	-	
494	WESTERN VIRGINIA REGIONAL JAIL	0	0	0			-	-	
	Subtotal Jails with Anthem Reporting	6	4	11	339	5,410,924.61	15,961.43	335,190.02	
	Additional Jail Reports (non Anthem)	-	-	8			15,961.43	127,691.44	additional inmates from jail reporting not counted in Anthem counts/costs
	Total Jail/Anthem Reports	6	4	19				462,881.46	
	Estimates for 9 addtl Jails	9 jails not covered by Anthem out of 65 jails total: Avg cost prorated for 9 jails (note Blue Ridge and Southwest counted each as 1 jail; Meherrin counted as 2 because						74,391.66	
	Total 65 Local and Regional Jails	data available only for Mecklenburg portion)						537,273.12	
		*Note: Emergency Medical expenses reimbursed for SR inmates in Henrico, Petersburg, Riverside; Petersburg and Riverside did not report medicaid eligible inmates with hospitalizations; Henrico inmate reimbursed not included in Anthem data included in this report; therefore, funds paid in FY13 for emergency medical for SR offenders would not offset costs included herein							