



CATASTROPHIC INMATE MEDICAL INSURANCE

CATASTROPHIC INMATE MEDICAL INSURANCE (CIMI) FACT SHEET

THE PROBLEM

Skyrocketing health care costs combined with the responsibility to pay for inmate medical care have created serious budgetary problems for many governmental entities. Their health care burden continues to grow – but their budgets do not, which has left correctional systems exposed to potentially unlimited expenses and an urgent need for innovative cost control mechanisms.

THE SOLUTION

Hunt Insurance Group, LLC is proud to offer the Catastrophic Inmate Medical Insurance Plan, a unique program designed to protect local governments from the excessive expenses that can result from catastrophic inmate medical claims. The Plan can be tailored to meet the needs of your specific facility, helping to make your budgetary process more accurate and stable. The coverage can be purchased separately or used in combination with other health care cost control services.

COVERAGE BENEFITS

- ✓ Off-site Inpatient Hospital Medical Care up to an Average Daily Maximum (ADM), typically \$20,000 for the first three days of hospital admission and \$12,000 for each day thereafter
- ✓ Out-patient surgery
- ✓ No pre-existing condition exclusions
- ✓ Most 'prior to booking' claims covered
- ✓ Deductible as low as \$20,000 per inmate/per year
- ✓ Limits of coverage from \$250,000 per inmate
- ✓ Preferred medical networks in some areas
- ✓ State mandated monthly average inmate population

STANDARD EXCLUSIONS

Excluded are expenses:

- ✓ Which are not in-patient or outpatient surgery
- ✓ Which the governmental entity is not legally obligated to pay
- ✓ Which are incurred after the inmate is released from custody
- ✓ In connection with the security or guarding of an inmate (*can be added for an additional fee)
- ✓ Rehab portion of a substance abuse or nervous illness claim

CLAIM REIMBURSEMENT

Hospital notification and claim forms are required on a timely basis, after which reimbursement is usually made within 30 days.

ADMINISTRATOR

Hunt Insurance Group, LLC has more than 45 years experience working with law enforcement agencies and correctional facilities. Our clients include several state law enforcement associations.

WHAT OUR CLIENTS SAY

"One heart attack can cost \$50,000 to \$80,000 in hospital costs, so I saw the need to protect the county from a catastrophic illness or accident..."

"Insurance agents call this inmate medical insurance... I call it budget protection coverage for our county taxpayers..."

"A great solution for a serious problem."

"No small or medium size county should be without this valuable protection..."

"I have seen this program work as an effective budgetary tool for exposure to and management of catastrophic inmate medical costs."



Catastrophic Inmate Medical Insurance (CIMI)
CIMI administered by Hunt Insurance Group, LLC

3606 Maclay Blvd S., Ste. 204, Tallahassee, FL 32312 • Toll Free: (800) 763-4868 • Fax: (850) 385-2124 • www.inmatemedicalinsurance.com

North Carolina Sheriffs' Association
Serving the Sheriffs and Citizens of North Carolina since 1922 • www.ncsheriffs.org

CATASTROPHIC INMATE MEDICAL INSURANCE APPLICATION

Completed applications should be sent directly to carey.boucher@huntins.com or faxed to (850) 385-2124.

Name of Prospective Insured: _____

Contact Person: _____

Street Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Tax ID #: _____

Average Monthly Inmate Population for the past 12 months: (Include those housed at other facilities for whom you are responsible; Exclude inmates you are housing for others, whom you are not responsible) _____

Maximum County Jail Capacity: _____ Average Length of Detention: _____

Estimated percentage of Inmates kept under 30 days: _____, 30 days to 6 months: _____, 6 months to 1 year: _____, over 1 year: _____

Do you contract with a Correctional Healthcare Provider? Yes _____ No _____
If yes, who? _____

Do you or the Correctional Healthcare Provider have a discount agreement in place with the local Hospitals and Doctors? Yes _____ No _____ What %: _____

Do you or the Correctional Healthcare Provider have case management staff to assure proper monitoring of a Hospital stay? Yes _____ No _____

Do you have an on premises infirmary? Yes _____ No _____

Which Hospital is the primary caregiver? _____

For Profit _____ Not for Profit _____

It is presumed that a large percentage of inmates are most likely indigent and eligible for Medicaid. In your negotiations with the healthcare providers, you should attempt to negotiate a reimbursement agreement under Medicaid or Medicare valuations. In the majority of cases the County Jails medical services volume of Inpatient and Outpatient Surgical Services is an insignificant financial impact to the providers' bottom line, but it definitely has an impact to the County's bottom line, even with a discount off the billed amounts. A Medicaid or Medicare reimbursement would be reasonable and fair for this type of population.



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OFF-SITE — Inpatient Hospital, Outpatient Surgical Procedures and Physicians Services Claims

Total inmate claims which exceed \$10,000 per inmate that have occurred in the past, listed by year.

<u>Inmate Name</u>	<u>Diagnosis</u>	<u>Paid Claims</u>	<u>Pending Payment</u>
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			
20__			
1. _____			
2. _____			
3. _____			

(If more lines are needed please add an additional document).

Are any of these inmates currently in your care, custody or control? Yes _____ No _____

If yes, current prognosis: _____

Are there any inmates currently off-site (inpatient) at this time? Yes _____ No _____

Name: _____ Diagnosis: _____ Prognosis: _____

Name: _____ Diagnosis: _____ Prognosis: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Date: _____ Prospective Insured Signature: _____ Title: _____

Date: _____ Agent Signature*: _____ Title: _____

*Agent Signature also required if Application has been completed by an Agent.



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