



Questionnaire for Quote

Please send completed questionnaire to huntbenefits@huntins.com or fax 850-385-2124

Insured Information

Name of Prospective Insured: _____ Tax ID Number: _____
 Primary Contact: _____ Fiscal Year: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Telephone Number: _____ Fax Number: _____

Coverage Information

Do you currently have insurance for off-site medical expenses? Yes No
 If yes, who is your current carrier? _____ Desired Effective Date: _____
 Would you like your quote to include or exclude Prior-to-Booking/During Pursuit Coverage? Include Exclude Both

Detention Facility Information

Check here if not applicable (i.e., a city without a jail):

Name of Facility: _____ Max Capacity: _____
 Facility Address: _____ City: _____ State: _____ Zip: _____

What was your average monthly inmate population for the past 12-months (**include those housed at other facilities for whom you are fiscally responsible; exclude all inmates for whom you are not financially responsible**): _____

Average Length of Detention: _____

Do you house any inmate(s) for which you are not financially responsible? Yes No

If yes, how many on average? _____ Comments: _____

Please list any other detention facilities that you use to house inmates and the approximate number at each:

Facility Name	City, State	Count
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Third Party Administrator and Contracted Rates with Providers

Do you contract with a Third Party Administrator (TPA) and/or an on-site Correctional Healthcare Provider? Yes No
 If yes, who? _____
 If yes, does your TPA and/or on-site Correctional Healthcare Provider review and negotiate off-site medical bills for you? Yes No
 If no, would you like assistance with the review and negotiation of off-site medical bills? Yes No
 Do you have case management staff to assure proper monitoring of a Hospital stay? Yes No
 Do you have an on-site infirmary? Yes No
 Does the state in which the facility is located have legislation that limits medical expenses to a percentage of Medicaid or Medicare? Yes No
 If yes, what is the amount? _____

Please list the top three hospitals you use and the contracted rates that you or the Correctional Healthcare Provider have in place:

Primary Hospital: _____ Discount off of Billed Charge: _____ For Profit Not for Profit
 Secondary Hospital: _____ Discount off Billed Charges: _____ For Profit Not for Profit
 Tertiary Hospital: _____ Discount off Billed Charges: _____ For Profit Not for Profit
 Comments: _____



Catastrophic Inmate Medical Insurance Administered by Hunt Insurance Group, LLC

2075 Center Pointe Blvd., Ste. 101, Tallahassee, FL 32308 ☎ Toll Free: (800) 763-4868 ☎ huntbenefits@huntins.com ☎ www.inmatemedicalinsurance.com

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Claim History

List all inmate medical claims incurred outside the walls of your jail that exceeded a total of \$10,000 per inmate, per year for the past two years. If additional lines are required, please submit this information in an excel spreadsheet.

Inmate Name	Fiscal Year	Primary Diagnosis/Nature of Injury or Illness	Hospitalized Prior-to-Booking or Post Booking?	Amount Billed from Medical Provider (Before Discounts)	Amount Paid to Medical Provider (After Discounts)	Pending Payment to Medical Provider

Are any of these inmates currently still in custody? Yes No

If yes, please indicate their name(s) and current prognosis:

Name	Prognosis
_____	_____
_____	_____
_____	_____

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

If yes, please indicate their name(s) and current prognosis:

Name	Prognosis
_____	_____
_____	_____
_____	_____

What measures have you taken to mitigate the impact of Covid-19 in your facility or facilities?

Have you had any inmates hospitalized for Covid-19? Yes No

What is the status of those who have been hospitalized?

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

Prospective Insured Name: _____ Title: _____ Date: _____

Prospective Insured Signature: _____



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Important Information Regarding Negotiation with Hospitals and Providers

Catastrophic Inmate Medical Insurance (CIMI) can be tailored to the contracted agreements you have with medical providers.

Rates for this insurance are established based on multiple factors, including but not limited to, the contracted rates you have with medical providers. From an underwriting perspective, deeper discounts provide a more competitive insurance premium.

It is important that you meet with the administrator and financial persons of your local hospital(s) and medical providers to pre-negotiate discounts on care delivered to arrestees/inmates. Medical providers set the price of their products and services based on the customer served.

There are three general types of customers:

- 1) Those covered by employer-sponsored benefit plans (PPO, HMO, Managed Care type networks),
- 2) Those covered by federally-sponsored benefit plans (Medicare), and
- 3) Those covered by state-sponsored benefit plans (Medicaid).

Medical providers bill customers in the above-referenced categories using a master list of charges, similar to a Manufacturer's Suggested Retail Price (MSRP). Although the exact rate for each service will vary, the discounts a provider allows typically fall in the range of:

Employer sponsored benefit plans (PPO, HMO, etc.)	10% to 40%
Federally sponsored benefit plans (Medicare)	50% to 60%
State sponsored benefit plans (Medicaid)	75% to 85%

If the arrestee/inmate received medical care (under normal circumstances, before being in custody), the medical provider is likely to have accepted Medicaid rates or may not have been paid at all. As a tax-funded entity, you should pursue every avenue to obtain the deepest discounts possible. In most cases, medical services for arrestees/inmates have a minor financial impact on the medical provider's bottom line, though it can significantly impact the county.

If your agency would like assistance with bill review and negotiation of off-site medical bills or you would like to obtain Medicare-based rates for your own staff's use in their negotiation, please contact us for additional information.

