

## CATASTROPHIC-INMATE MEDICAL INSURANCE Fact Sheet & Service Team

## 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 \$300,000 per inmate
- Preferred medical networks in some areas

## 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
- ✓ Rehab portion of a substance abuse or nervous illness claim

As a feature of  $A \cap A$  Membership, receive a 5% reduction in CIMI premium.

## **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 Association of County Commissions of Alabama

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## CATASTROPHIC INMATE MEDICAL INSURANCE (CIMI)

Name / Title / Contact Info	DUTIES
TAMARA VOLKERT Senior Vice President tamara.volkert@huntins.com (850) 241-7033	Lead for Sales and Marketing; develops new business including new programs; assists with large employer renewals and service to clients.
Dan Lancaster Account Manager & Underwriting dan.lancaster@huntins.com (850) 241-7028	Lead for Underwriting and Policy Management; leads the renewal process, claims processing, billing, and general policy maintenance.
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Catastrophic Inmate Medical Insurance (CIMI)



# CATASTROPHIC INMATE MEDICAL INSURANCE Application

## **CATASTROPHIC INMATE** MEDICAL INSURANCE APPLICATION

Completed applications should be sent to dan.lancaster@huntins.com or faxed to (850)385-2124.

Name of Prospective I	nsured:	
Contact Person:		
Street Address:		
		Fax Number:
Email Address:		Tax ID #:
		st 12 months: consible; Exclude inmates you are housing for others, whom you are
Maximum County Jail	Capacity:	Average Length of Detention:
	of Inmates kept under 30 , over 1 year:	0 days:, 30 days to 6 months:,
•	Correctional Healthcare	Provider? Yes No
<del>-</del>	onal Healthcare Provide	r have a discount agreement in place with the local What %:
<u> </u>	onal Healthcare Provide	r have case management staff to assure proper
Do you have an on pre	emises infirmary? Yes _	No
For Profit It is presumed that a large percen providers, you should attempt to	Not for Profit	ent and eligible for Medicaid. In your negotiations with the healthcare nt under Medicaid or Medicare valuations. In the majority of cases the gical 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.



Catastrophic Inmate Medical Insurance (CIMI)

## <u>OFF-SITE — Inpatient Hospital, Outpatient Surgical Procedures and Physicians Services Claims</u>

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

<u>Inm</u>	ate Name <u>[</u>	<u> Diagnosis</u>	Paid Claims	Pending Payment
20				
1				
2				
20				
1				
20				
1				
2				
20				
1				
	(If more lin	es are needed please add an	additional docum	ent).
Are any of t	hese inmates currently	in your care, custody or contro	ol? Yes N	0
If yes, curre	nt prognosis:			
Are there ar	ny inmates currently of	f-site (inpatient) at this time? Y	'es No	
Name:		Diagnosis:	Prognosis: _	
Name:		Diagnosis:	Prognosis: _	
	application containing	th intent to injure, defraud or de any false, incomplete or mislea	•	
Date:	Prospective Ins	ured Signature:	1	itle:
Date:	Agent Signature	3*:	7	Title:
*Agent Sign	ature also required if A	pplication has been completed	l by an Agent.	



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



## CATASTROPHIC-INMATE MEDICAL INSURANCE Procedure & Claims Forms

## CATASTROPHIC INMATE MEDICAL INSURANCE CLAIM PROCEDURES

The Insurance Carriers provide claims review and monitoring services. As part of this process, it is requested that the procedure outlined below be followed closely.

- 1) Please notify Hunt Insurance Group within 48 hours of any potential claim by sending a completed 48 Hour Notification form to Dan Lancaster at <a href="mailto:dan.lancaster@huntins.com">dan.lancaster@huntins.com</a> or fax the completed form to (850) 385-2124.
- 2) Before a claim can be considered for reimbursement, the following "Proof of Loss" information must be submitted:
  - A) A complete Specific Claim Proof of Loss Notification Form detailing the request for benefit payments.
  - B) A copy of all itemized medical and hospital bills for the requested reimbursement.
  - C) A copy of all checks issued in payment for each claimant.
  - D) A statement from the jail facility providing incarceration dates.

After the company receives the above information, the claim is reviewed. Claims are usually paid within 60 days. Claim forms are included in this packet and may be duplicated as needed.

### **IMPORTANT:**

Eligible expenses incurred after a policy is cancelled or non-renewed are not eligible for reimbursement.



## **CIMI 48 Hour Notification** FORM - HOSPITAL ADMITTANCE

All Completed 48 Hour Notices Should Be Sent Directly To dan.lancaster@huntins.com or faxed to (850) 385-2124.

Name of Jail Facility:	
Address of Jail Facility:	
Current Policy # (required):	Policy Eff. Date:
Jail/Sheriff's Office Contact (this must be th	e person in charge of making inmate medical decisions)
Name:	Title:
Email:	Phone:
Inmate Information	
Name:	DOB:
Jail ID # (required):	SSN (required):
Incarceration Date:	
<b>Hospital Information</b>	
Name of Hospital Admitted To:	
Hospital Contact Name:	
	Contact's Phone #:
Date Admitted:	Hospital Discount Agreement %:
Type of Injury:	
Expected Hospital Release Date:	Expected Claim?
Prognosis:	



**Jail Information** 

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## CIMI—Specific Claim Proof **OF LOSS NOTIFICATION FORM**

INSURED INFORMATION	
FACILITY NAME:	
EFFECTIVE DATE:	EXPIRATION DATE:
SUPERVISOR/ADMINISTRATOR:	POLICY NUMBER:
CLAIMANT INFORMATION	
CLAIMANT:	DATE OF BIRTH:
Incarceration Date:	DATE RELEASED:
CLAIM INFORMATION	
IF ACCIDENT, DATE:	LOCATION:
DESCRIBE ACCIDENT:	
NATURE OF INJURY:	
IF ILLNESS, DIAGNOSIS:	DATE FIRST CONSULTED PHYSICIAN:
ATTENDING PHYSICIAN NAME:	ATTENDING PHYSICIAN PHONE:
ATTENDING PHYSICIAN ADDRESS:	ATTENDING PHYSICIAN CITY, STATE, ZIP:
HOSPITAL NAME:	HOSPITAL PHONE:
HOSPITAL ADDRESS:	HOSPITAL CITY, STATE, ZIP:
IS CLAIMANT STILL HOSPITALIZED?	IS LARGE CASE MANAGEMENT INVOLVED?
IS CLAIMANT RECEIVING CONTINUING TREATMENT?	IS SUBROGATION AVAILABLE?
Prognosis:	
IS THERE ANY OTHER COLLECTIBLE INSURANCE FOR THIS CLAIM?	
TOTAL BENEFITS SUBMITTED:	LESS SPECIFIC DEDUBTIBLE:
	REIMBURSABLE CLAIM:
DOCUMENTATION	
IF THIS IS AN INITIAL PROOF OF LOSS, PLEASE INCLUDE COPIES OF THE FOLLOWING  1. ITEMIZED HOSPITAL BILLS  2. COPY OF CHECKS PAID TO PROVIDERS  3. COMPLETED CLAIM FORM	DOCUMENTATION:
IF THIS IS A CONTINUING CLAIM, PLEASE PROVIDE CLAIM NUMBER:	
I HEREBY REPRESENT THAT TO THE BEST OF OUR KNOWLEDGE, THE INFORMATION P	PROVIDED IS COMPLETE AND CORRECT.
SUBMITTED BY:T	TITLE:DATE:



Catastrophic Inmate Medical Insurance (CIMI)

## CIMI—Specific Claim Proof OF LOSS SUPPLEMENTAL CLAIM **FORM**

Inmate Name:	SSN:			
Primary Diagnosis:				
Current Policy Number:				
Insured Check Date	Insured Check Amount	Incurred Date Range		
mm/dd/yy	\$x,xxx.xx	From (mm/dd/yy):	To (mm/dd/yy):	
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
Authorized Signature:		Date:		
TOTAL Insured Check A	mount: \$			
	uctible: \$			
	mount: \$			
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Catastrophic Inmate Medical Insurance (CIMI)