



Counties Paying More for Inmate Health Care

A 1976 U.S. Supreme Court decision mandates that counties provide medical care for inmates. Like many federal regulations, it comes without funding. Providing medical care to inmates costs counties billions of dollars each year.

NACo and Community Oriented Correctional Health Services recently conducted an 18-question survey of counties to determine how health care services are provided to inmates. About 180 entities responded online, while 30 answered more in-depth questions via telephone.

Money is one of the main obstacles for counties when it comes to providing health care services to inmates, according to the survey. "The sad part is money is a problem ... not being able to offer the programs that some of these folks need," said Capt. Jeff Norman, jail commander for Henry County, Ga. "I guess every government agency is in that same boat," he said. "Everything comes down to a money issue."

Inmate health care is paid for with county-appropriated funding, according to 92 percent of the survey takers.

Sixty-six of the survey respondents said that 10 – 20 percent of their correctional facilities' budget goes to inmate health care, while 61 allocate zero – 10 percent to this category, and 24 spend 20 – 30 percent of the budget on inmate health issues.

The alarming statistic in the survey is that 53 of the counties exceeded their budgets for inmate health care in the last three years, 25 of which did so in two of the last three years, and 30 surpassed them in one year.

To combat escalating costs related to inmate health care, Dallas County, Texas awarded a contract to Correctional Risk Services (CRS) of Brentwood, Tenn. to provide inmate health care insurance to counties. CRS uses Inmate Excess Medical Insurance to reduce inmate medical expenses for counties.

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Because the inmate health insurance and medical claims management contract provided by CRS had gone out to bid, counties can immediately take advantage of the program. In doing so, counties can avoid procedural processes that take precious time and funds if they were to use another insurance provider.

"We're not really providing insurance to inmates," said Steve Kreal, president of CRS. "What we do is provide an insurance policy to the county in the event an inmate has a large medical claim."

Most people behind bars don't have health insurance. Even if the federal government had been picking up the expense through Medicare or an inmate had state insurance, those benefits cease once a person is incarcerated. Private insurance carriers can be billed, but if someone is doing time for a while, they are likely to lose their job and in turn lose their insurance benefits.

"[CRS] has saved us a tremendous amount of money," said Robert L. Stone, county mayor of Dickson County, Tenn. "They have the ability to analyze, or scrutinize if you will, the billing process — the charges from the hospital and doctors when inmates go for treatment to make sure the billing is proper.

"The premiums we pay are based on our own reporting process. Since the jail population changes so much -- that is key."

Dickson County has one jail that averages about 225 inmates. Stone said he likes that CRS negotiates the charges with the providers. A reduction clearly saves his county money, and having CRS experts do it saves him staff hours.

Medical needs can run the gamut from a heart attack to suicide attempts to HIV-AIDS treatments, dialysis and treating the flu. Some of those are big-ticket items.

CRS doesn't just pay the bill that is sub-

mitted by the medical facility. Their employees audit the charges to ensure the expenses incurred are legitimate, priced accurately and that duplicate charges are eliminated. Negotiating for lower prices is also part of the process.

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Vanderburgh County, IN signed up with CRS in March 2007 and was using the service by summer. County Nurse Manager Tracey Titus estimates CRS has saved the county about \$20,000 in just a handful of months.

"It takes the hassle out of billing issues," said Titus, whose facility averages 475 to 500 inmates. "It's cut down on a lot of paperwork for us. It saves time and money. We get a discount by using them. It's been a big plus for us."

It used to be that Vanderburgh County would be billed directly by vendors — and not all of those bills would belong to the county. Sorting everything out was time-consuming. "I still approve the bills," Titus said. "As far as fielding phone calls from vendors, that goes to [CRS]."

(Kathryn Reed writes for NACo.)

For more information about Correctional Risk Services, go to www.crisks.com, or contact NACo's Jim Sawyer at 202/661-8868 or e-mail jsawyer@naco.org. To learn more about NACo's correctional health survey, contact Justin Carmody at 202/942-4279 or jcar-mody@naco.org.

