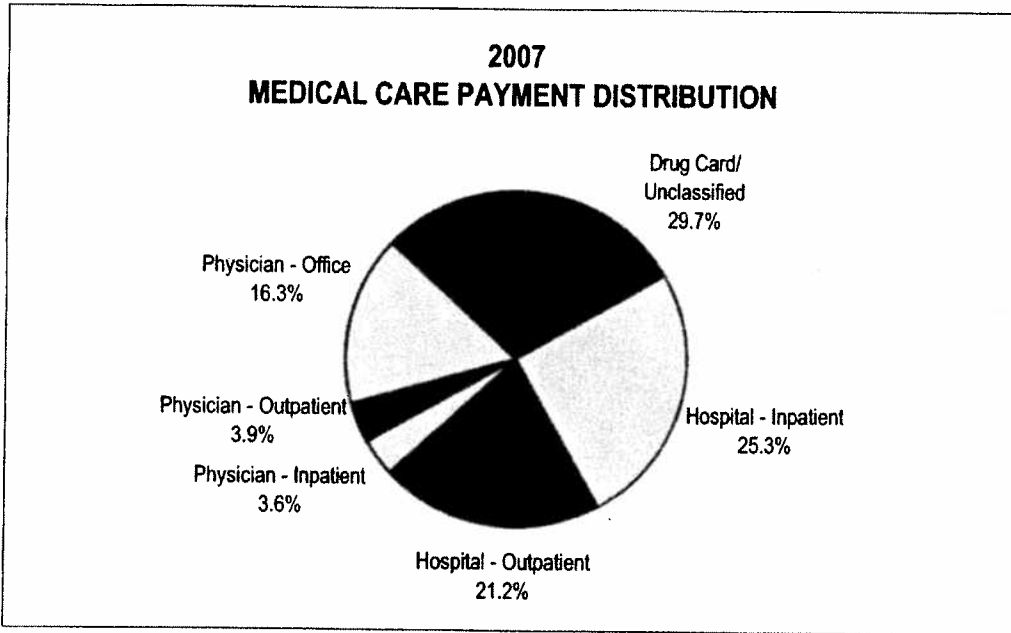
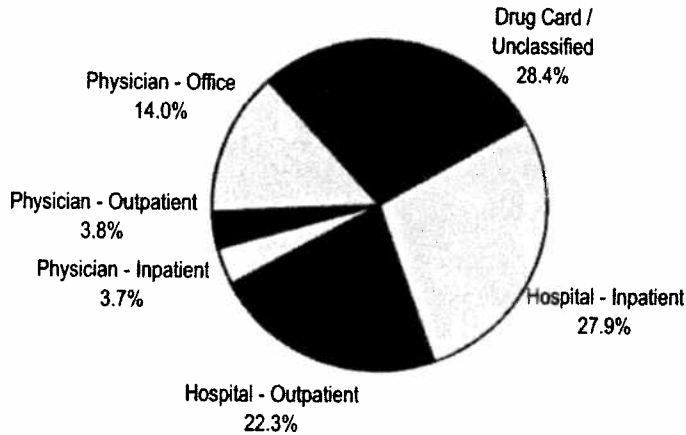


NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL MEDICAL CARE PAYMENT SUMMARY

	<u>2007</u>	<u>% of Total</u>	<u>2006</u>	<u>% of Total</u>	<u>% Change</u>
Hospital - Inpatient	\$13,719,452	25.3%	\$15,020,670	27.9%	-8.7%
Hospital - Outpatient	\$11,478,099	21.2%	\$11,977,532	22.3%	-4.2%
Physician - Inpatient	\$1,939,683	3.6%	\$1,969,804	3.7%	-1.5%
Physician - Outpatient	\$2,135,352	3.9%	\$2,042,913	3.8%	4.5%
Physician - Office	\$8,828,672	16.3%	\$7,538,892	14.0%	17.1%
Drug Card / Unclassified	<u>\$16,108,645</u>	<u>29.7%</u>	<u>\$15,257,255</u>	<u>28.4%</u>	<u>5.6%</u>
Total	\$54,209,903	100.0%	\$53,807,065	100.0%	0.7%



**2006
MEDICAL CARE PAYMENT DISTRIBUTION**



Nebraska Comprehensive Health Insurance Pool

Medical Payments by Type of Service

For Claims Paid January 1, 2006 through December 31, 2007

	<u>2007</u>		<u>2006</u>		<u>Percent Change</u>
	<u>Payments</u>	<u>Percent of Total</u>	<u>Payments</u>	<u>Percent of Total</u>	
Hospital Inpatient	\$13,719,451	25.3%	\$15,020,670	27.9%	-8.7%
Hospital Outpatient	\$11,478,099	21.2%	\$11,977,532	22.3%	-4.2%
Physician	\$12,903,708	23.8%	\$11,551,608	21.5%	11.7%
Misc./Drug/Unclassified	\$16,108,645	29.7%	\$15,257,255	28.4%	5.6%
Total	\$54,209,903	100.0%	\$53,807,065	100.0%	0.7%

**NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL
MEDICAL CARE/ENROLLMENT CHANGE SUMMARY**

	<u>COVERED CHARGES</u>			<u>NET PAYMENTS</u>		
	<u>2007</u>	<u>2006</u>	<u>% Change</u>	<u>2007</u>	<u>2006</u>	<u>% Change</u>
Hospital - Inpatient	\$29,119,575	\$31,984,595	-9.0%	\$13,719,452	\$15,020,670	-8.7%
Hospital - Outpatient	\$31,710,557	\$28,185,757	12.5%	\$11,478,099	\$11,977,532	-4.2%
Physician - Inpatient	\$4,796,002	\$4,955,095	-3.2%	\$1,939,683	\$1,969,804	-1.5%
Physician - Outpatient	\$6,298,016	\$6,099,772	3.3%	\$2,135,352	\$2,042,913	4.5%
Physician - Office	\$17,914,821	\$16,068,948	11.5%	\$8,828,672	\$7,538,892	17.1%
Drug Card / Unclassified	<u>\$29,585,736</u>	<u>\$28,058,200</u>	<u>5.4%</u>	<u>\$16,108,645</u>	<u>\$15,257,255</u>	<u>5.6%</u>
Total	\$119,424,707	\$115,352,368	3.5%	\$54,209,903	\$53,807,065	0.7%

CHANGE IN ENROLLMENT

	<u>2007</u>	<u>2006</u>	<u>% Change</u>
January	5,308	5,444	-2.5%
February	5,281	5,416	-2.5%
March	5,290	5,466	-3.2%
April	5,271	5,477	-3.8%
May	5,268	5,481	-3.9%
June	5,261	5,485	-4.1%
July	5,248	5,494	-4.5%
August	5,195	5,502	-5.6%
September	5,171	5,474	-5.5%
October	5,163	5,444	-5.2%
November	5,130	5,371	-4.5%
December	<u>5,107</u>	<u>5,358</u>	<u>-4.7%</u>
Total	62,693	65,412	-4.2%

	<u>2007</u>	<u>2006</u>	<u>% Change</u>
Average Membership	5,224	5,451	-4.2%
Ave. Covered Charge Per Mbr	\$22,859	\$21,162	8.0%
Ave. Payment Per Mbr	\$10,376	\$9,871	5.1%

ENROLLMENT SUMMARY BY QUARTER

	<u>2007</u>	<u>2006</u>	<u>% Change</u>
1st Quarter	15,879	16,326	-2.7%
2nd Quarter	15,800	16,443	-3.9%
3rd Quarter	15,614	16,470	-5.2%
4th Quarter	<u>15,400</u>	<u>16,173</u>	<u>-4.8%</u>
Total	62,693	65,412	-4.2%

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL
ENROLLMENT SUMMARY

2007			2006		
AGE	MALE	FEMALE	AGE	MALE	FEMALE
17 & Under	254	142	17 & Under	257	134
18	26	18	18	23	13
19	21	13	19	21	13
20	20	14	20	26	18
21	23	19	21	15	17
22	17	19	22	19	15
23	22	18	23	28	16
24	31	16	24	30	12
25	29	14	25	25	11
26	29	11	26	31	8
27	35	10	27	30	15
28	33	12	28	24	12
29	23	14	29	20	9
30	20	12	30	19	14
31	21	15	31	17	16
32	20	15	32	19	12
33	18	11	33	24	15
34	24	16	34	25	20
35	27	25	35	27	14
36	29	19	36	27	16
37	27	19	37	28	28
38	29	29	38	25	23
39	22	20	39	24	25
40	28	26	40	30	24
41	29	24	41	33	27
42	38	30	42	31	26
43	30	24	43	52	31
44	48	34	44	46	41
45	49	44	45	60	54
46	65	61	46	66	53
47	70	51	47	61	52
48	66	51	48	60	54
49	61	55	49	69	59
50	70	56	50	76	69
51	80	66	51	91	60
52	90	56	52	87	76
53	82	72	53	85	86
54	89	83	54	94	102
55	89	96	55	105	107
56	100	100	56	114	104
57	100	101	57	114	107
58	113	104	58	110	104
59	108	105	59	106	124
60	102	125	60	98	101
61	95	104	61	106	134
62	103	151	62	107	138
63	117	151	63	117	185
64	120	199	64	134	208
65+	6	9	65+	6	11
TOTAL:	2,747	2,477		2,840	2,811

396

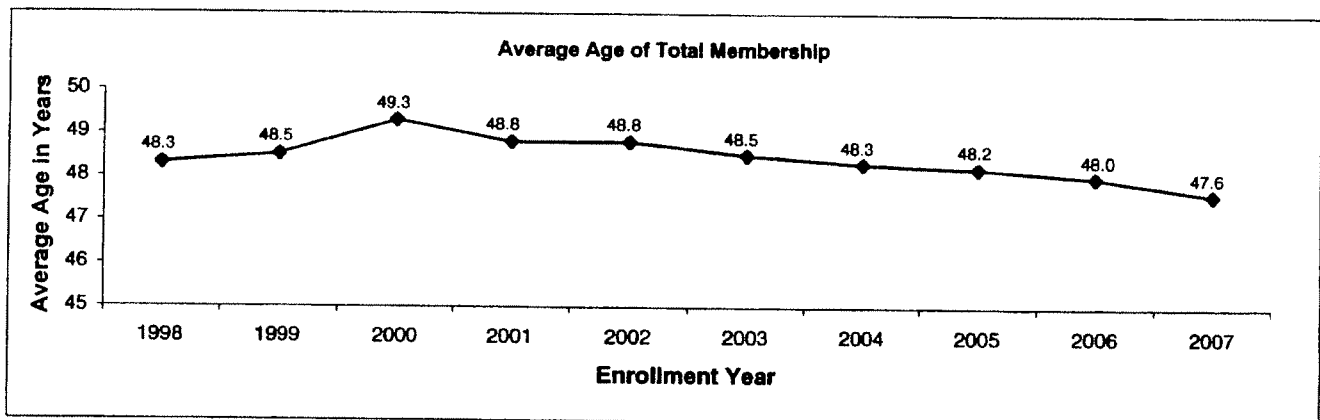
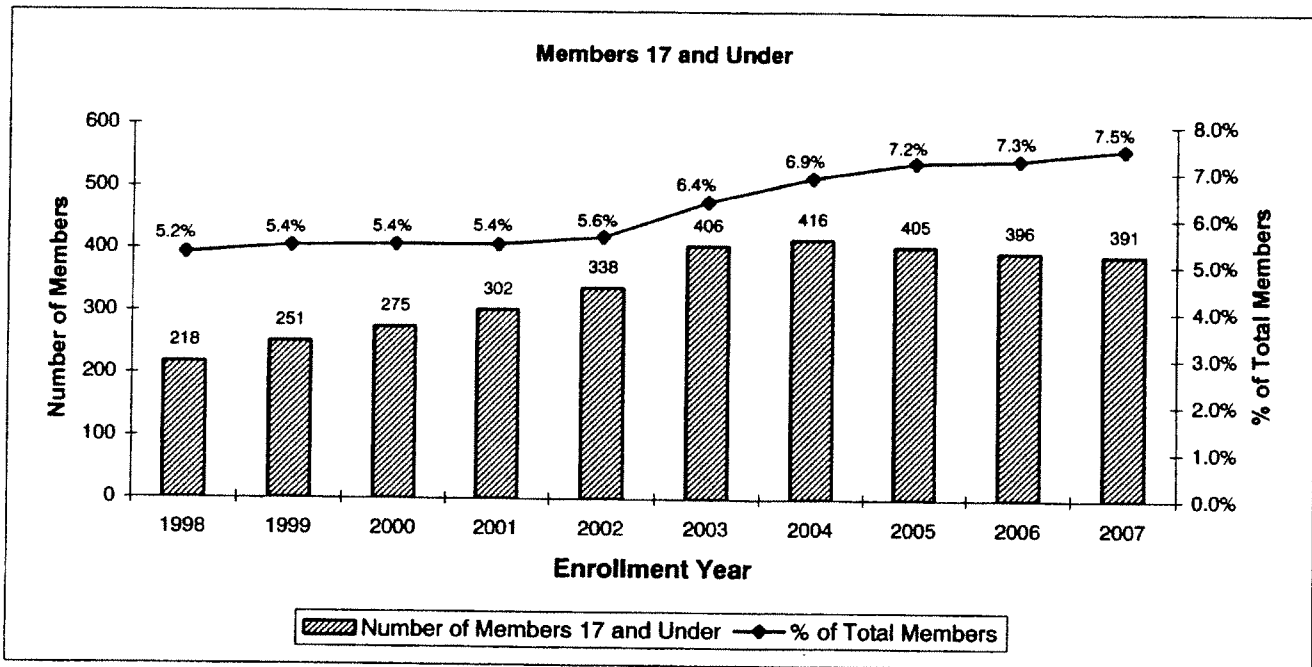
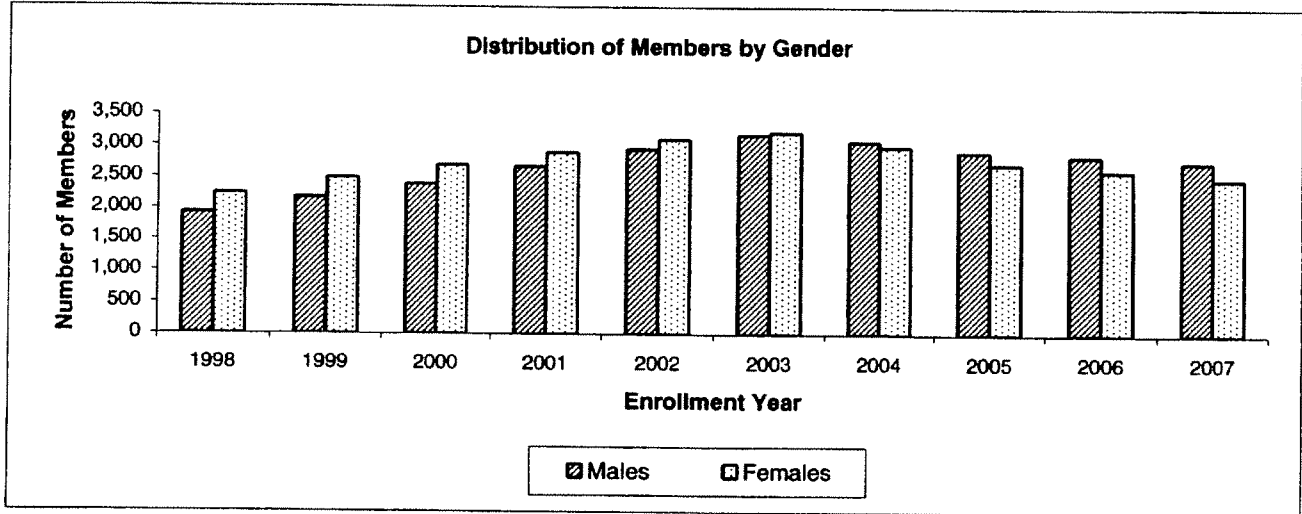
TOTAL CONTRACTS: 5,224
AVERAGE AGE: 47.6

TOTAL CONTRACTS: 5,451
AVERAGE AGE: 48.0

BREAKDOWN BY DEDUCTIBLE

2007		2006	
OPTION	CONTRACTS	OPTION	CONTRACTS
\$500	389	\$500	414
\$1000	734	\$1000	850
\$1500	231	\$1500	272
\$2000	1,360	\$2000	1,884
\$3000	419	\$3000	492
\$4000	576	\$4000	336
\$5000	909	\$5000	850
\$7500	163	\$7500	91
\$10,000	443	\$10,000	262
TOTAL:	5,224	TOTAL:	5,451

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL
TEN-YEAR HISTORY OF ENROLLMENT



Nebraska Comprehensive Health Insurance Pool
High Claims Summary
Paid Claims Over \$100,000 for January 1, 2007 through December 31, 2007

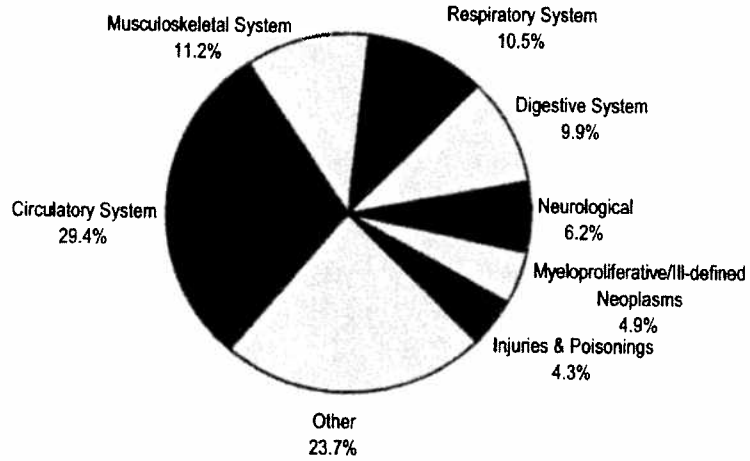
<u>Diagnostic Category/Condition</u>	<u>Number of Cases</u>	<u>Payments</u>
Cancer/Leukemia/Lymphoma/Chemo	36	\$6,731,398
Circulatory	16	2,348,933
Kidney/Urinary tract/Chronic renal failure	7	1,362,427
Multiple diagnoses	5	802,521
Transplant	3	798,433
Respiratory	4	651,539
Digestive	4	487,665
Blood/Blood-forming Organs/Immune System	2	469,039
Neurological	3	379,987
Musculoskeletal	3	331,227
Endocrine system disorders	3	318,336
Injuries, Poisonings, Complications	2	222,409
Bone marrow transplant	1	189,097
TOTAL	89	\$15,093,011

Nebraska Comprehensive Health Insurance Pool
High Claims Summary
Paid Claims Over \$75,000 for January 1, 2004 through December 31, 2007

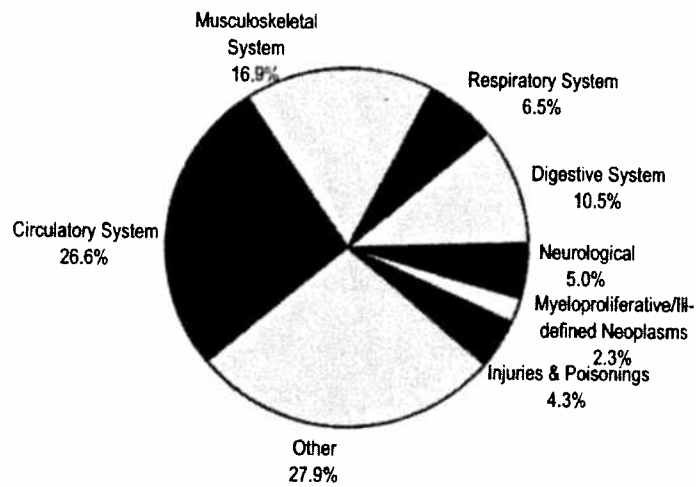
	2007	2006	2005	2004
Number of Cases	135	126	133	83
Total Payments	\$19,104,937	\$18,406,971	\$18,551,401	\$11,371,698
Average Payment per Case	\$141,518	\$146,087	\$139,484	\$137,008
% of Total Medical Claims	35%	34%	35%	24%

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL INPATIENT HOSPITAL PAYMENTS BY DIAGNOSTIC CATEGORY

INPATIENT 2007



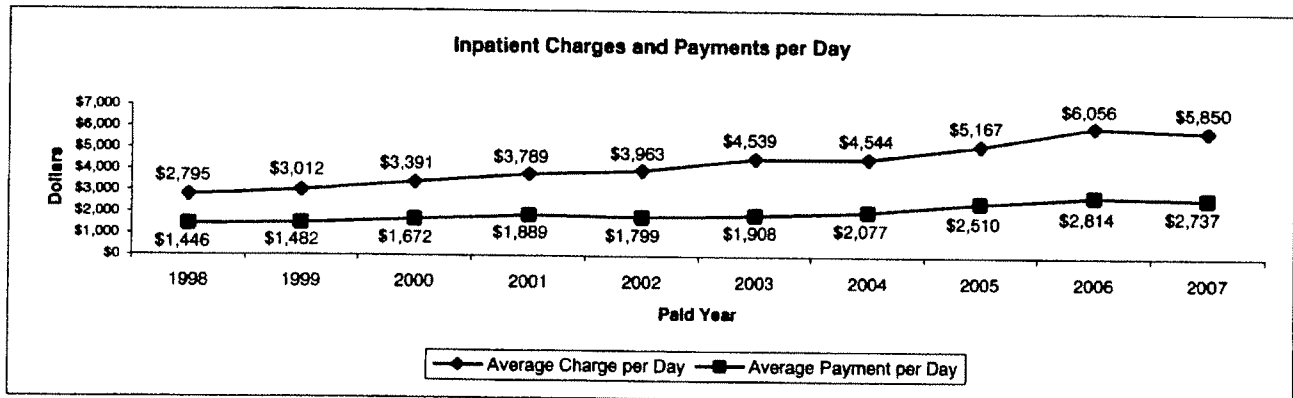
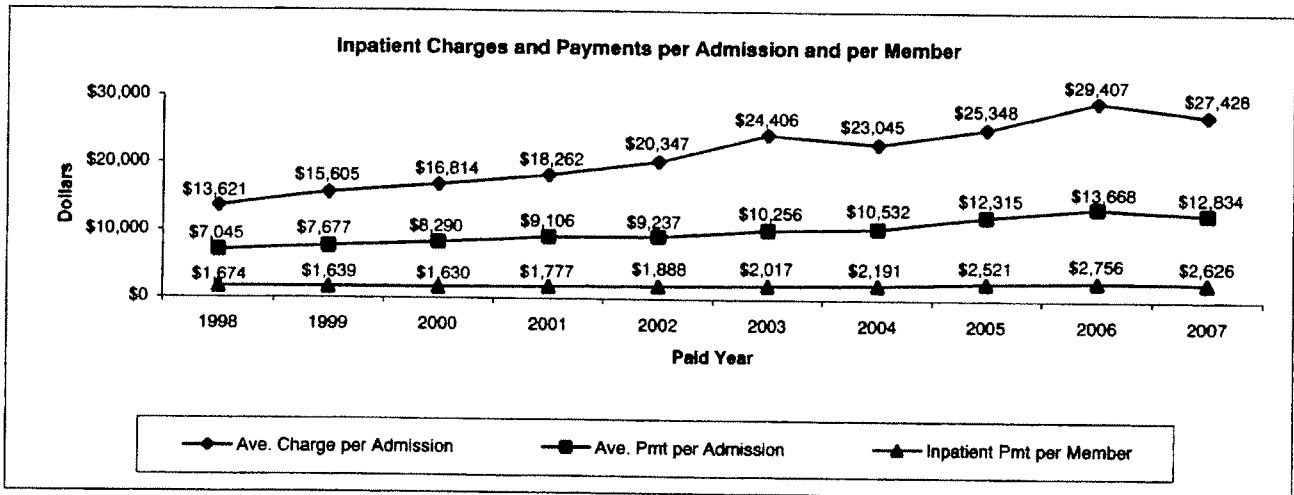
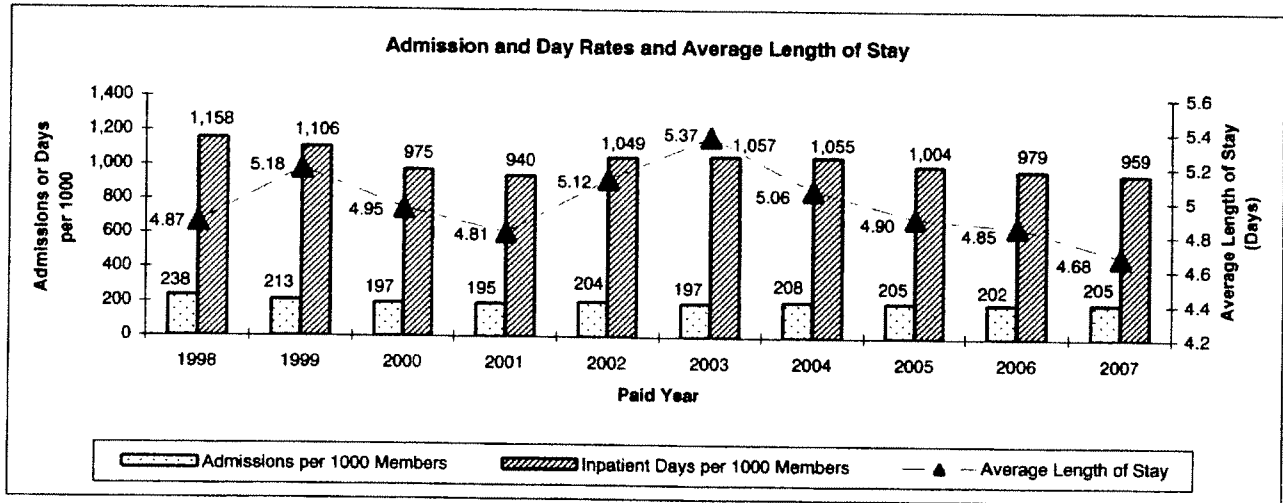
INPATIENT 2006



Nebraska Comprehensive Health Insurance Pool
Membership and Inpatient Hospital Utilization
January 1, 2006 through December 31, 2007

	<u>2007</u>	<u>2006</u>	<u>% Change</u>
Average Membership	5,224	5,451	-4.2%
Admission per 1000 Members	205	202	1.5%
Inpatient Days per 1000 Members	959	979	-2.0%
Inpatient Payments per Member	\$2,626	\$2,756	-4.7%
Average Charge per Day	\$5,850	\$6,056	-3.4%
Average Payment per Day	\$2,737	\$2,814	-2.7%
Average Charge per Admission	\$27,428	\$29,407	-6.7%
Average Payment per Admission	\$12,834	\$13,668	-6.1%
Average Length of Stay	4.68	4.85	-3.5%

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL TEN-YEAR HISTORY OF INPATIENT STATISTICS



Nebraska Comprehensive Health Insurance Pool
Hospital Inpatient Payments
For Claims Paid January 1, 2006 through December 31, 2007

<u>RANK</u>	<u>MAJOR DIAGNOSTIC CATEGORY</u>	<u>PAYMENTS</u>			<u>PAYMENTS PER MEMBER</u>		
		<u>2007</u>	<u>2006</u>	<u>Percent Change</u>	<u>2007</u>	<u>2006</u>	<u>Percent Change</u>
1	Circulatory	\$4,028,044	\$3,997,516	0.8%	\$771.07	\$733.35	5.1%
2	Musculoskeletal/Connective System	1,542,836	2,537,705	-39.2%	\$295.34	\$465.55	-36.6%
3	Respiratory	1,438,657	972,372	48.0%	\$275.39	\$178.38	54.4%
4	Digestive	1,351,759	1,574,202	-14.1%	\$258.76	\$288.79	-10.4%
5	Neurological	845,087	756,279	11.7%	\$161.77	\$138.74	16.6%
6	Myeloproliferative/Poorly Diff Neoplasms	673,302	339,323	98.4%	\$128.89	\$62.25	107.0%
7	Injuries & Poisonings	593,427	651,583	-8.9%	\$113.60	\$119.53	-5.0%
8	Endocrine/Nutritional/Metabolic	545,937	306,107	78.3%	\$104.51	\$56.16	86.1%
9	Factors Influencing Health Status/Other	516,060	335,118	54.0%	\$98.79	\$61.48	60.7%
10	Kidney & Urinary Tract	481,555	447,639	7.6%	\$92.18	\$82.12	12.3%
	Subtotal Top 10	\$12,016,664	\$11,917,844	0.8%	\$2,300.28	\$2,186.36	5.2%
	All Other Categories	\$1,702,788	\$3,102,826	-45.1%	\$325.95	\$569.22	-42.7%
	TOTAL	\$13,719,452	\$15,020,670	-8.7%	\$2,626.23	\$2,755.58	-4.7%

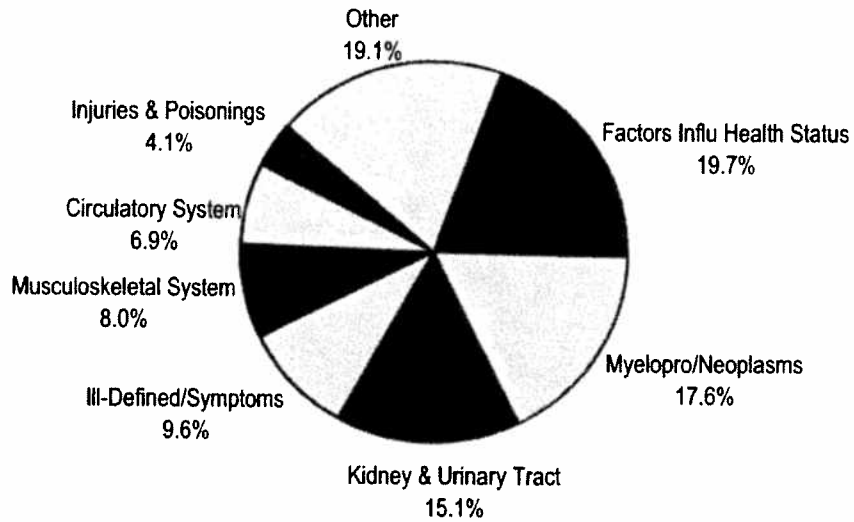
Nebraska Comprehensive Health Insurance Pool

Top Inpatient Hospitals by Total Payments
For Claims Paid January 1, 2007 through December 31, 2007

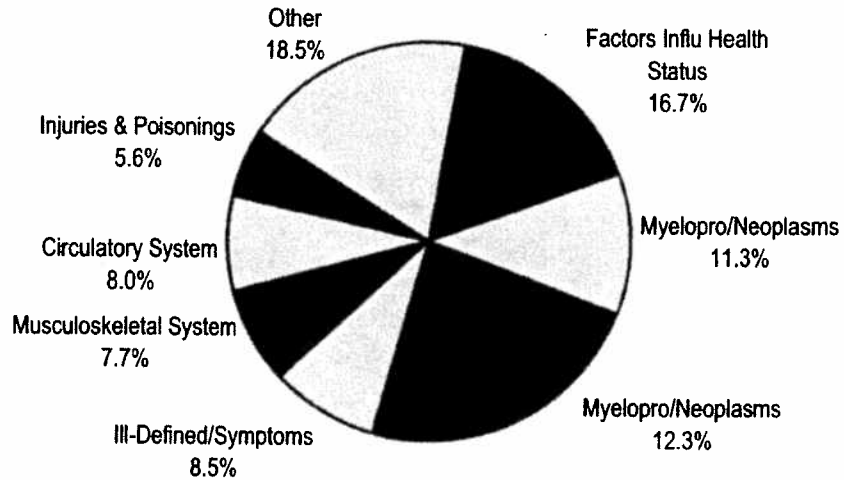
<u>HOSPITAL</u>	Payments	Adm	Days	Pmt/Adm	Pmt/Day	Pmt/Mbr	ALOS
The Nebraska Medical Center	\$1,947,773	135	837	\$14,428	\$2,327	\$373	6.20
Bryan/LGH	\$1,864,510	114	510	\$16,355	\$3,656	\$357	4.47
Nebraska Methodist Hospital	\$913,514	85	395	\$10,747	\$2,313	\$175	4.65
Alegent Bergan Mercy	\$816,796	43	193	\$18,995	\$4,232	\$156	4.49
Good Samaritan	\$794,856	47	181	\$16,912	\$4,391	\$152	3.85
Subtotal Top Hospitals	\$6,337,449	424	2,116	\$14,947	\$2,995	\$1,213	4.99
All Other Hospitals	\$7,382,003	645	2,896	\$11,445	\$2,549	\$1,413	4.49
TOTAL	\$13,719,452	1,069	5,012	\$12,834	\$2,737	\$2,626	4.68

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL OUTPATIENT HOSPITAL PAYMENTS BY DIAGNOSTIC CATEGORY

OUTPATIENT 2007



OUTPATIENT 2006

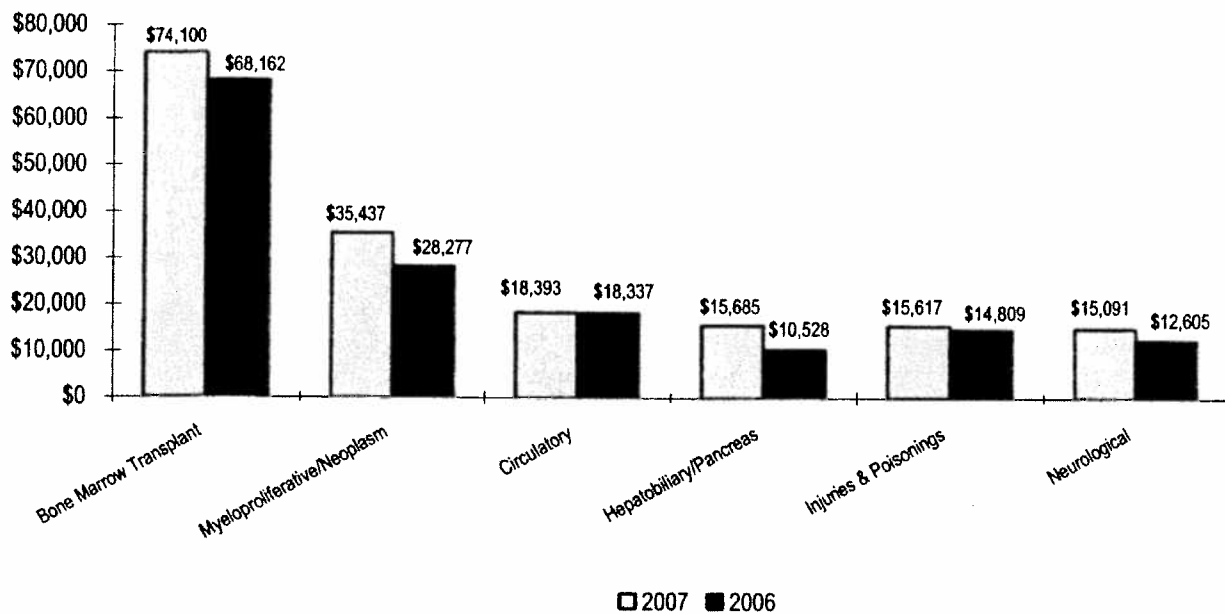


Nebraska Comprehensive Health Insurance Pool
Hospital Outpatient Payments
For Claims Paid January 1, 2006 through December 31, 2007

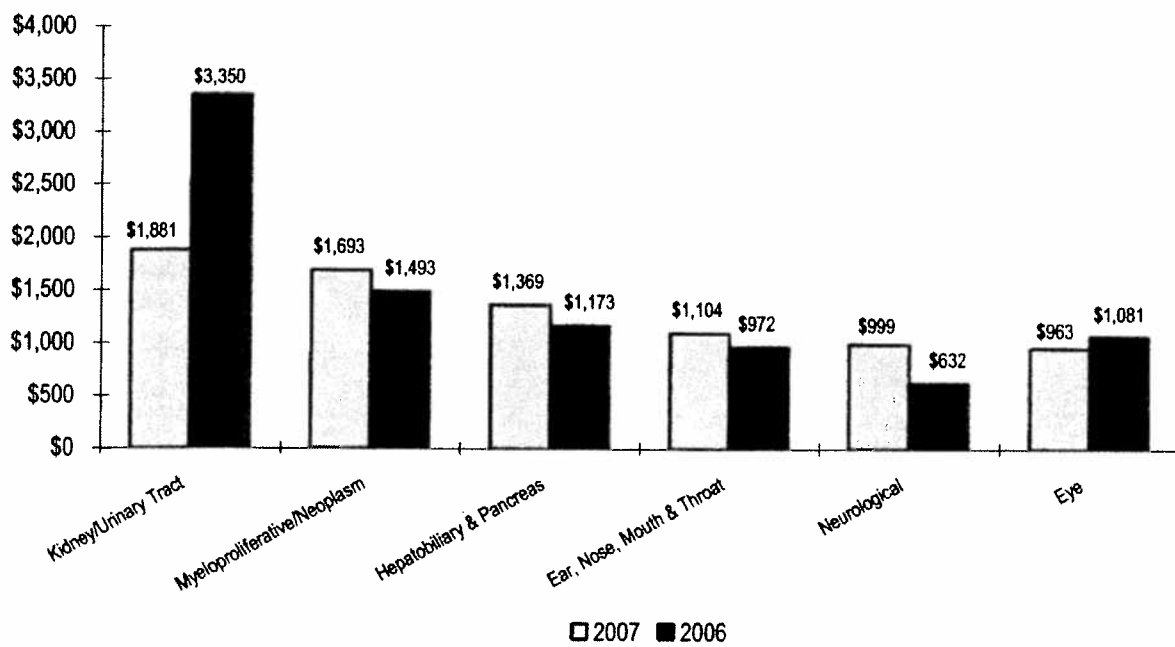
RANK	MAJOR DIAGNOSTIC CATEGORY	PAYMENTS			PAYMENTS PER MEMBER		
		2007	2006	Percent Change	2007	2006	Percent Change
1	Factors Influencing Health Status/Other	\$2,267,564	\$2,001,362	13.3%	\$434.07	\$367.16	18.2%
2	Myeloproliferative/Poorly Diff Neoplasms	2,018,421	1,351,484	49.3%	\$386.37	\$247.93	55.8%
3	Kidney & Urinary Tract	1,736,604	2,844,494	-38.9%	\$332.43	\$521.83	-36.3%
4	Ill-Defined/Symptoms/Other	1,101,096	1,019,332	8.0%	\$210.78	\$187.00	12.7%
5	Musculoskeletal/Connective System	914,523	919,995	-0.6%	\$175.06	\$168.78	3.7%
6	Circulatory	787,251	955,948	-17.6%	\$150.70	\$175.37	-14.1%
7	Injuries & Poisonings	466,933	665,631	-29.9%	\$89.38	\$122.11	-26.8%
8	Neurological	358,686	242,818	47.7%	\$68.66	\$44.55	54.1%
9	Digestive	339,644	366,561	-7.3%	\$65.02	\$67.25	-3.3%
10	Respiratory	261,605	218,618	19.7%	\$50.08	\$40.11	24.9%
	Subtotal Top 10	\$10,252,327	10,586,243	-3.2%	\$1,962.54	\$1,942.07	1.1%
	All Other Categories	\$1,225,772	1,391,289	-11.9%	\$234.64	\$255.24	-8.1%
	TOTAL	\$11,478,099	11,977,532	-4.2%	\$2,197.18	\$2,197.31	-0.01%

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL HOSPITAL PAYMENTS PER ADMISSION OR CASE

INPATIENT HOSPITAL

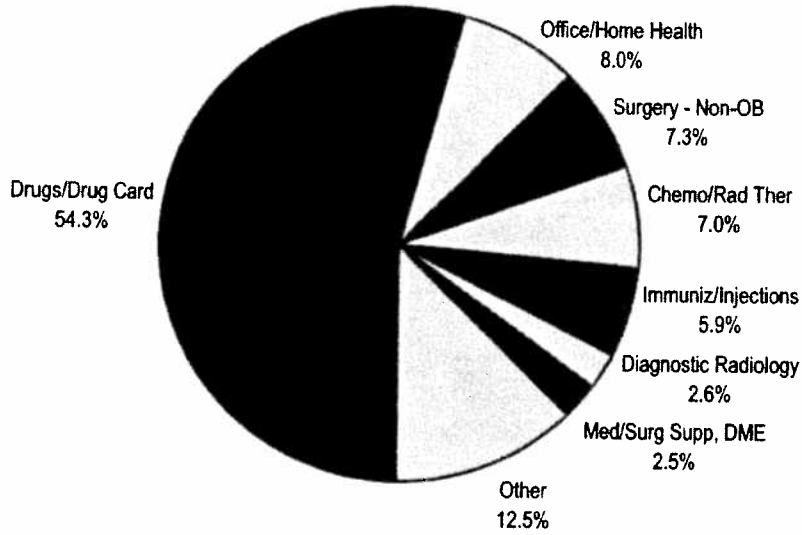


OUTPATIENT HOSPITAL

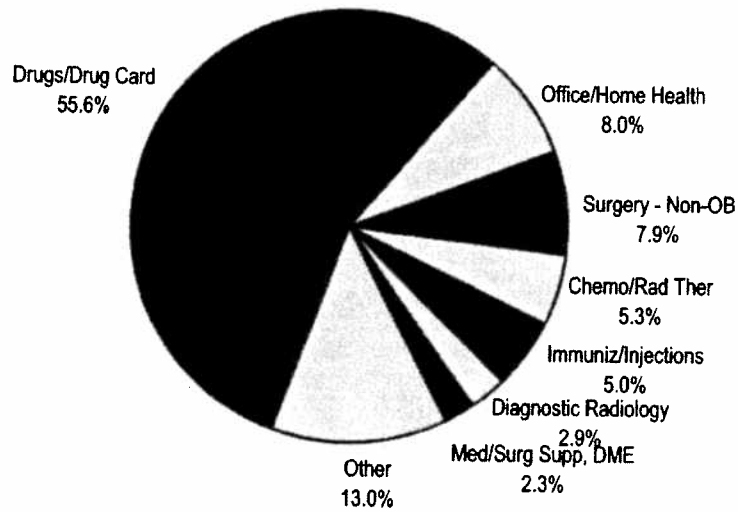


NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL NON-HOSPITAL PAYMENTS BY PROCEDURE CATEGORY

NON-HOSPITAL 2007



NON-HOSPITAL 2006



Nebraska Comprehensive Health Insurance Pool

Non-Hospital Payments

For Claims Paid January 1, 2006 through December 31, 2007

RANK	PROCEDURE CATEGORY	PAYMENTS			PAYMENTS PER MEMBER		
		2007	2006	Percent Change	2007	2006	Percent Change
1	Drug Card	\$15,654,003	\$14,890,957	5.1%	\$2,996.56	\$2,731.78	9.7%
2	Office/Home Health Care	2,307,638	2,145,528	7.6%	\$441.74	\$393.60	12.2%
3	Surgery - Non-OB	2,108,876	2,121,828	-0.6%	\$403.69	\$389.25	3.7%
4	Chemo/Radiation Therapy	2,017,255	1,412,375	42.8%	\$386.15	\$259.10	49.0%
5	Immunizations/Injections	1,802,077	1,372,422	31.3%	\$344.96	\$251.77	37.0%
6	Diagnostic Radiology	767,905	789,105	-2.7%	\$147.00	\$144.76	1.5%
7	Med/Surg Supplies, DME	714,214	605,913	17.9%	\$136.72	\$111.16	23.0%
8	Diagnostic Testing	564,577	539,242	4.7%	\$108.07	\$98.93	9.2%
9	In-Hospital Medical	545,786	470,499	16.0%	\$104.48	\$86.31	21.0%
10	Other Medical	533,609	521,076	2.4%	\$102.15	\$95.59	6.9%
	Subtotal Top 10	\$27,015,941	\$24,868,945	8.6%	\$5,171.50	\$4,562.27	13.4%
	Subtotal All Other Categories	\$1,996,412	\$1,939,919	2.9%	\$382.16	\$355.88	7.4%
	TOTAL	\$29,012,353	\$26,808,864	8.2%	\$5,553.66	\$4,918.15	12.9%

Nebraska Comprehensive Health Insurance Pool

EXHIBIT XV

Generic vs. Brand Name Drug Usage January 1, 2007 through December 31, 2007

TYPE	Formulary	CHIP			
		Prescriptions		Payments	
BRAND NAME		#	%	\$	%
No Generic Available	No	28,405	14.1%	\$3,986,326	25.5%
	Yes	61,359	30.5%	\$9,547,207	61.0%
	Subtotal	89,764	44.6%	\$13,533,533	86.5%
Generic Available, Brand Used	No	5,125	2.5%	\$303,356	1.9%
	Yes	1,037	0.5%	\$106,864	0.7%
	Subtotal	6,162	3.1%	\$410,220	2.6%
GENERIC	N/A	105,300	52.3%	\$1,710,250	10.9%
TOTAL		201,226	100.0%	\$15,654,003	100.0%

	CHIP
Average Number of Prescriptions per Member:	38.5
Average Prescription Cost per Member:	\$2,996.55
Average Member Copay:	\$19.30

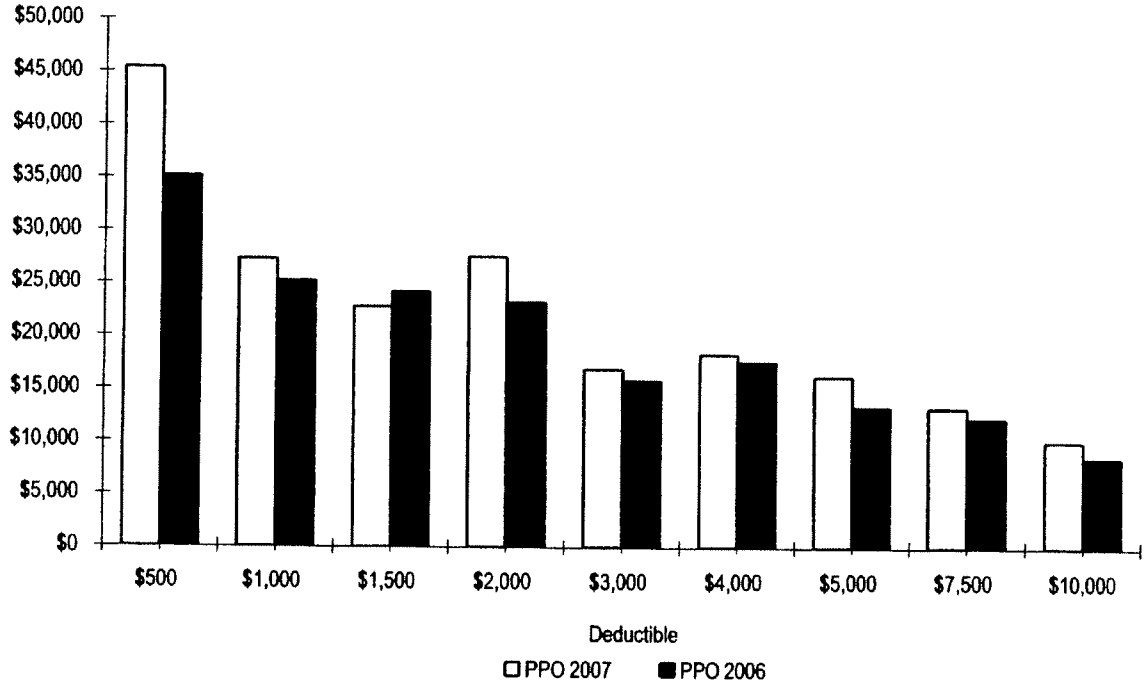
EXHIBIT XVI

Top 25 Medications by Dollar January 1, 2007 through December 31, 2007

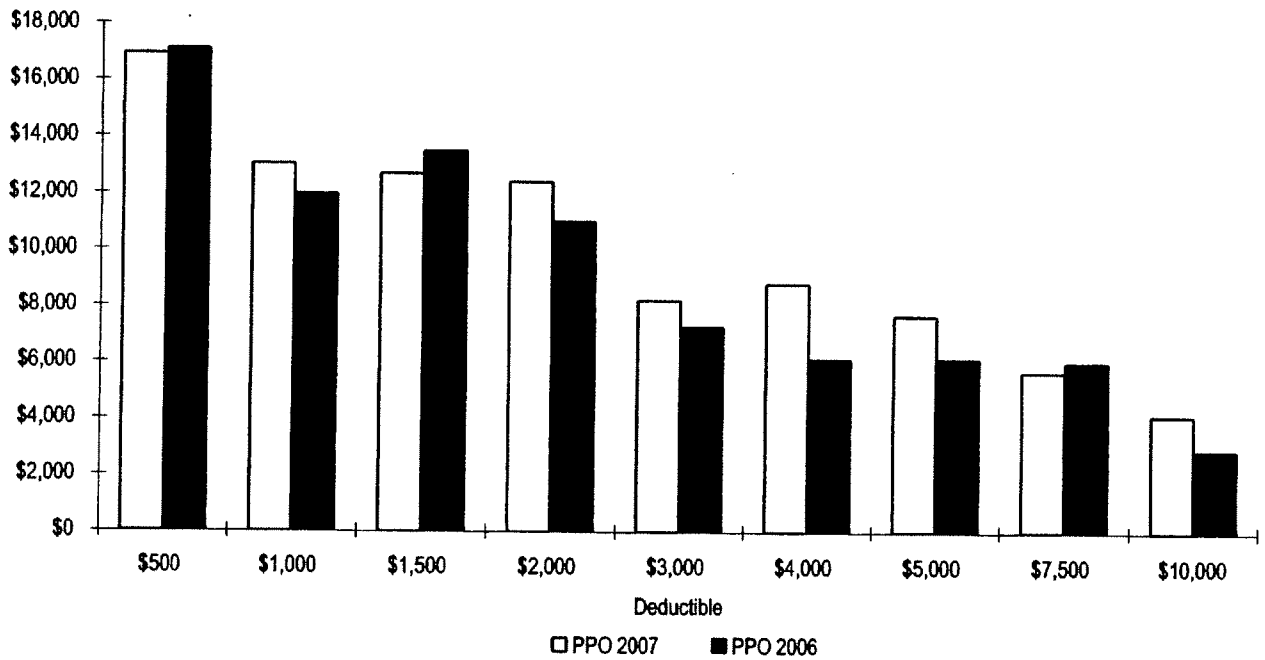
DRUG NAME	Total Paid	Total Prescriptions	Average Paid
Enbrel (Rheumatoid arthritis)	\$442,881	300	\$1,476.27
Lipitor (Cholesterol-lowering)	\$359,361	4,632	\$77.58
Avonex (Treatment for multiple sclerosis)	\$356,537	230	\$1,550.16
Copaxone (Multiple sclerosis treatment)	\$315,385	174	\$1,812.55
Effexor XR (Antidepressant)	\$269,173	1,796	\$149.87
Nexium (Gastric acid inhibitor)	\$258,863	1,912	\$135.39
Advate (Antihemophilic factor)	\$255,790	14	\$18,270.69
Actos (Anti-diabetic agent)	\$237,137	1,585	\$149.61
CellCept (Immunosuppressant)	\$220,144	467	\$471.40
Prograf (Immunosuppressant)	\$218,767	497	\$440.17
Lantus (Antidiabetic agent)	\$213,173	1,941	\$109.83
Topamax (Anticonvulsant)	\$210,596	786	\$267.93
Humira (Antirheumatic)	\$197,166	104	\$1,895.83
Abilify (Antipsychotic)	\$196,462	428	\$459.02
Humalog (Antidiabetic agent)	\$188,700	1,292	\$146.05
Lamictal (Anticonvulsant)	\$186,290	831	\$224.18
Recombinant (Antihemophilic factor)	\$183,028	8	\$22,878.55
Advair Diskus (Asthma)	\$172,636	1,062	\$162.56
Oxycodone (Analgesic)	\$165,917	603	\$275.15
Prevacid (Gastric acid inhibitor)	\$165,884	1,131	\$146.67
Protonix (Gastric acid inhibitor)	\$155,362	1,356	\$114.57
Provigil (Central nervous system stimulant)	\$151,070	498	\$303.35
Aciphex (Gastric acid inhibitor)	\$147,796	981	\$150.66
Rapamune (Immunosuppressant)	\$145,866	233	\$626.04
Vytorin (Cholesterol-lowering)	<u>\$140,022</u>	<u>2,008</u>	\$69.73
Total Top 25	\$5,554,005	24,869	\$223.33
All other drugs	<u>\$10,099,998</u>	<u>176,357</u>	<u>\$57.27</u>
GRAND TOTAL	\$15,654,003	201,226	\$77.79

NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL COVERED CHARGES AND PAYMENTS PER MEMBER BY DEDUCTIBLE

COVERED CHARGES PER MEMBER



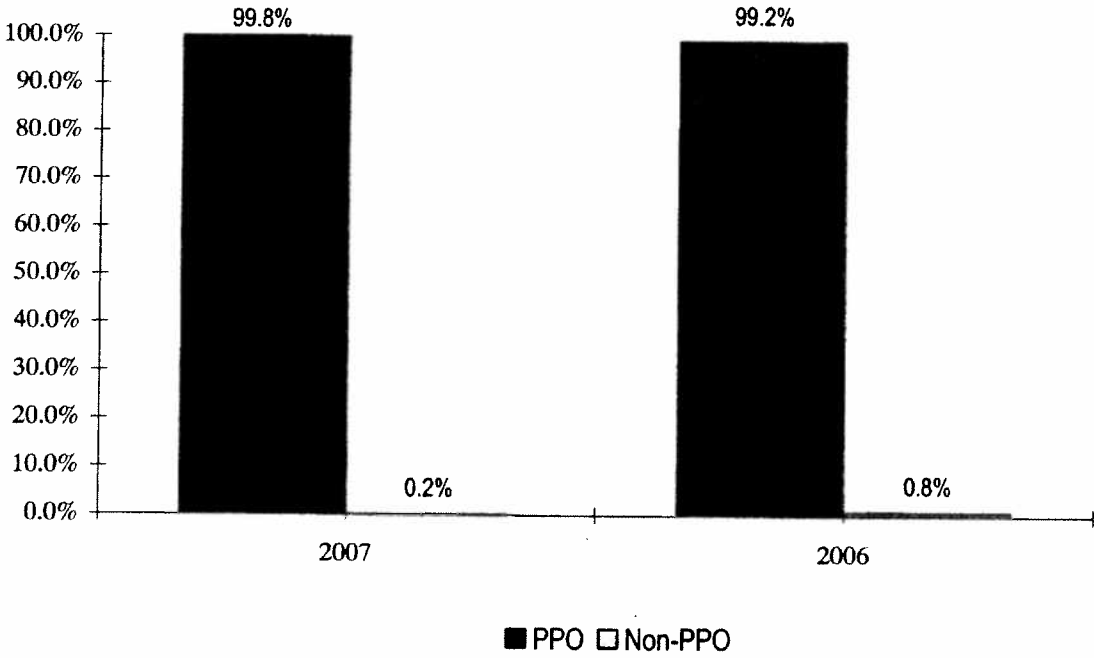
NET PAYMENTS PER MEMBER



**NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL
PAYMENT DISTRIBUTION BY PROVIDER CONTRACTING STATUS**

	2007		2006	
	<u>Payments</u>	<u>% of Total</u>	<u>Payments</u>	<u>% of Total</u>
PPO	\$54,125,501	99.8%	\$53,376,608	99.2%
Non-PPO	\$84,402	0.2%	\$430,457	0.8%
Total	\$54,209,903	100.0%	\$53,807,065	100.0%

PAYMENT DISTRIBUTION



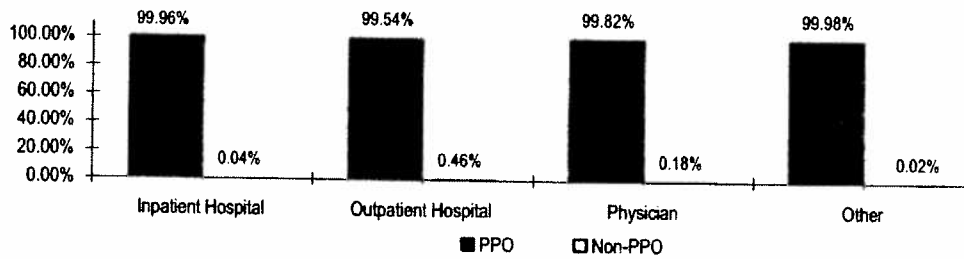
**NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL
PAYMENT DISTRIBUTION BY PROVIDER CONTRACTING STATUS
BY PLACE OF SERVICE**

2007

Inpatient Hospital			Outpatient Hospital		
	Payments	% of Total		Payments	% of Total
PPO	\$13,714,148	99.96%	PPO	\$11,425,179	99.54%
Non-PPO	\$5,304	0.04%	Non-PPO	\$52,920	0.46%
Total	\$13,719,452	100.00%	Total	\$11,478,099	100.00%

Physician			Other		
	Payments	% of Total		Payments	% of Total
PPO	\$12,814,940	99.82%	PPO	\$16,171,234	99.98%
Non-PPO	\$23,546	0.18%	Non-PPO	\$2,632	0.02%
Total	\$12,838,486	100.00%	Total	\$16,173,866	100.0%

2007 PAYMENT DISTRIBUTION

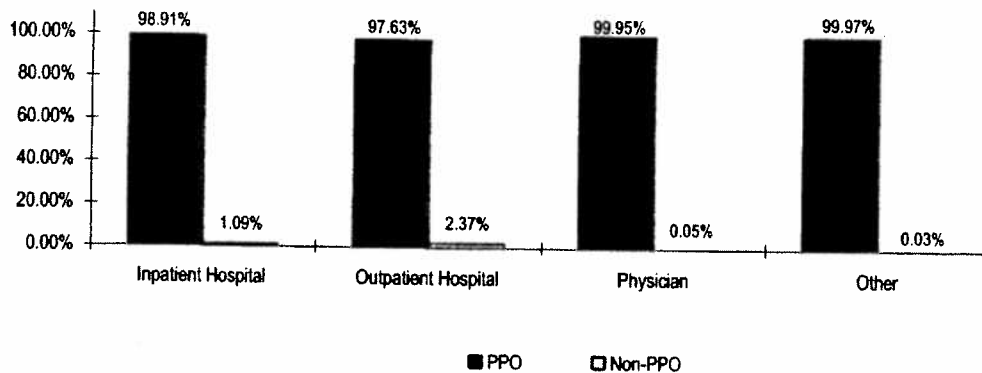


2006

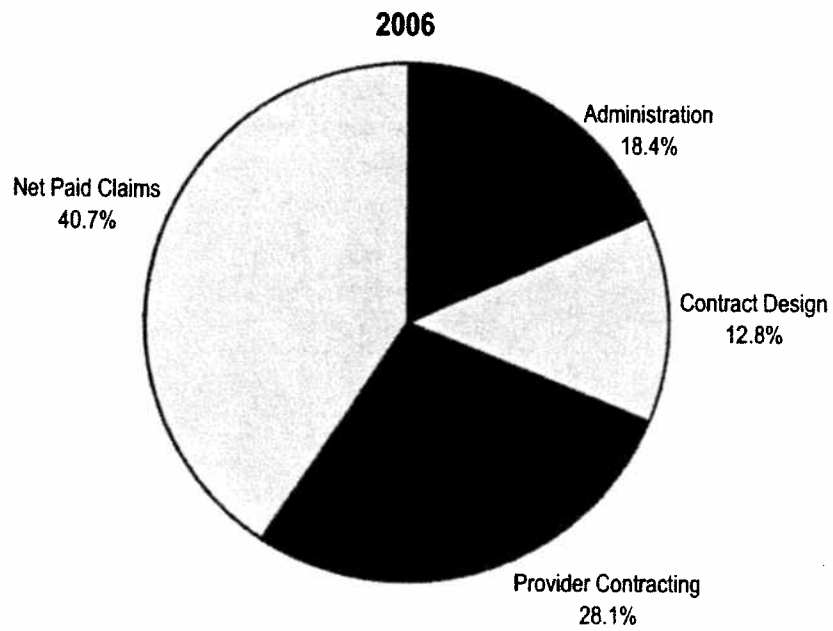
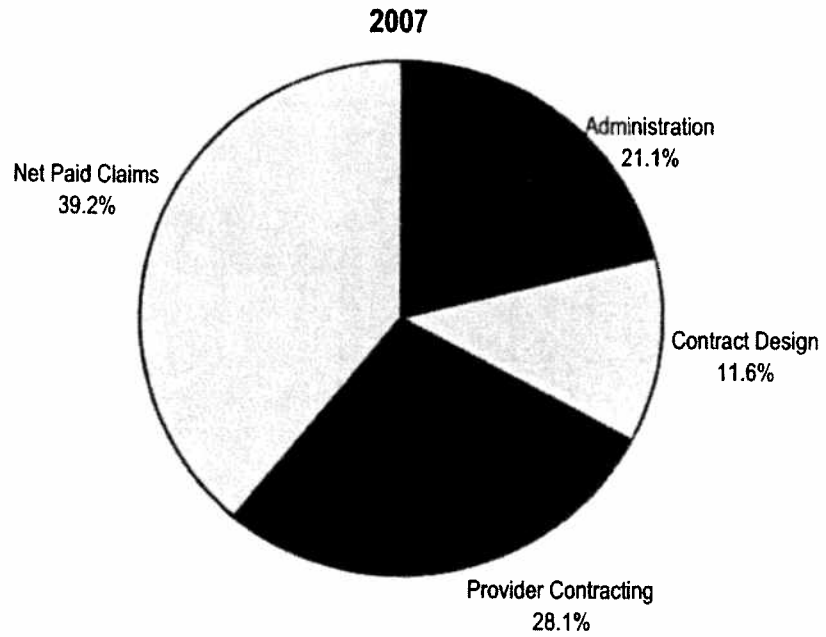
Inpatient Hospital			Outpatient Hospital		
	Payments	% of Total		Payments	% of Total
PPO	\$14,856,616	98.91%	PPO	\$11,693,653	97.63%
Non-PPO	\$164,054	1.09%	Non-PPO	\$283,755	2.37%
Total	\$15,020,670	100.0%	Total	\$11,977,408	100.0%

Physician			Other		
	Payments	% of Total		Payments	% of Total
PPO	\$11,503,802	99.95%	PPO	\$15,295,818	99.97%
Non-PPO	\$5,345	0.05%	Non-PPO	\$3,898	0.03%
Total	\$11,509,147	100.0%	Total	\$15,299,716	100.0%

2006 PAYMENT DISTRIBUTION



NEBRASKA COMPREHENSIVE HEALTH INSURANCE POOL SAVINGS AND NET PAYMENTS AS A PERCENTAGE OF TOTAL CHARGES



MAJOR DIAGNOSTIC CATEGORIES

- 01 **Diseases & Disorders of the Nervous System:** Craniotomy; Carpal tunnel release; Nervous system cancers; Transient ischemic attack; Seizure; Concussion
- 02 **Diseases and Disorders of the Eye:** Retinal & Orbital Procedures; Lens Procedures
- 03 **Diseases & Disorders of the Ear, Nose, Mouth & Throat:** Cleft lip; Sinus procedures; Rhinoplasty; Tonsillectomy/Adenoidectomy; Myringotomy (ear tubes)
- 04 **Diseases & Disorders of the Respiratory System:** Major chest procedures; Respiratory infections/inflammations; Chronic obstructive pulmonary disease (COPD); Pneumonia; Bronchitis/Asthma; Respiratory cancers
- 05 **Diseases & Disorders of the Circulatory System:** Heart transplant; Cardiac valve procedures; Coronary bypass surgery; Angioplasty; Amputation for circulatory system disorders; Pacemaker implant; Chest pain; Hypertension; Angina
- 06 **Diseases & Disorders of the Digestive System:** Rectal resection; Large & small bowel procedures; Stomach, esophageal & duodenal procedures; Anal & stomal procedures; Hernia; Digestive cancers; Gastroenteritis
- 07 **Diseases & Disorders of the Hepatobiliary System & Pancreas:** Liver, gall bladder, pancreas procedures; Cirrhosis; Hepatitis
- 08 **Diseases & Disorders of the Musculoskeletal System & Connective Tissue:** Hip/knee replacement; Amputation for musculoskeletal system disorders; Back & neck procedures; Arthroscopy; Foot procedures; Soft tissue procedures; Fractures/Sprains; Bone diseases
- 09 **Diseases & Disorders of the Skin, Subcutaneous Tissue & Breast:** Mastectomy; Breast biopsy; Skin grafts; Cellulitis; Breast & skin cancers
- 10 **Endocrine, Nutritional & Metabolic Diseases & Disorders:** Adrenal, pituitary, thyroid procedures; Diabetes; Procedures for obesity
- 11 **Diseases & Disorders of the Kidney & Urinary Tract:** Kidney transplant; Kidney/urinary tract, bladder cancers; Renal failure; Renal dialysis; Urinary stones
- 12 **Diseases & Disorders of the Male Reproductive System:** Transurethral prostatectomy; Penis procedures; Testicular cancer; Circumcision; Sterilization; Other male reproductive system cancers
- 13 **Diseases & Disorders of the Female Reproductive System:** Hysterectomy; Uterine/ovarian procedures; Vagina, cervix, vulva procedures; Laparoscopy; D&C; Female reproductive system cancers; Menstrual disorders
- 14 **Pregnancy, Childbirth & the Puerperium** (period of time immediately following childbirth): Cesarean section; Vaginal delivery; Ectopic pregnancy; Threatened abortion; Abortion; False labor

MDC Definitions, continued

- 15 Newborns & Other Neonates with Conditions Originating in the Perinatal Period** (period surrounding the time of birth): Extreme immaturity; Respiratory distress syndrome of neonate; Premature newborn; Neonate died or transferred; Normal newborn
- 16 Diseases & Disorders of the Blood and Blood-Forming Organs and Immunological Disorders:** Splenectomy; Coagulation disorders; Red blood cell disorders; Immunity disorders
- 17 Myeloproliferative Diseases & Disorders, Poorly Differentiated Neoplasms:** Leukemia; Lymphoma; Bone marrow cancer
- 18 Infectious & Parasitic Diseases:** Septicemia; Post-operative or post-traumatic infections; Viral illness
- 19 Mental Diseases & Disorders:** Acute adjustment reactions; Neuroses; Psychoses; Childhood mental disorders; Personality disorders
- 20 Alcohol/Drug use and Alcohol/Drug Induced Organic Mental Disorders:** Alcohol/Drug use or abuse; Detoxification; Rehabilitation therapy
- 21 Injury, Poisoning & Toxic Effects of Drugs:** Skin grafts for injuries; Wound debridements for injuries; Hand procedures for injuries; Traumatic injury; Allergic reactions; Complications of treatment; Shock; Adult or child maltreatment syndrome
- 22 Burns:** Extensive or non-extensive burns with or without skin graft or wound debridement
- 23 Factors Influencing Health Status & Other Contact with Health Services:** Chemotherapy; Radiation therapy; Physical rehabilitation; Signs & symptoms; Organ or tissue donation
- 24 Ill-Defined, Symptoms, and Other:** Chest pain; Convulsions; Loss of consciousness; Fever of unknown origin; Shortness of breath; Headache; Abdominal pain; Nausea and vomiting; Abnormal lab findings
- 25 Human Immunodeficiency Virus Infections:** HIV with or without other related condition
- 99 Unrelated OR Procedures:** Operating Room Procedures not related to principal diagnosis

**DATA FIELD DEFINITIONS FOR
COST SAVINGS REPORT**

1. **FROM** - The first day of the observation period.
2. **THRU** - The last day of the observation period.
3. **GROUP NAME** - Name corresponding to the specified group number selected.
4. **COORDINATION OF BENEFITS** - Savings realized by monitoring the amount another insurance carrier paid on a claim and reducing our payment accordingly to avoid paying more than 100% of the incurred charges.
5. **BLUE ON BLUE** - Savings realized by coordinating benefits between Blue Cross Blue Shield contracts when a member is covered by more than one Blue Cross and Blue Shield benefit Plan (whether both Nebraska, or another State's Plan).
6. **COB SAVINGS BANK** - Payments made pursuant to the Nebraska statute which requires determination of allowable expenses be based on an insured's total payments in a year and not on an individual claim basis. Explanation: Savings realized due to coordinating of benefits are "banked" for each member from January 1 through December 31. Nebraska statutes require that any claims adjudicated with an unpaid balance should have the unpaid balance paid out of the COB savings "bank" of the insured if any amount of that claim was covered by either carrier. Example: An insured incurs claims of \$1,000, of which the primary carrier pays \$800. Normal liability of BCBSN would be \$800 if no other carrier existed, (for example, \$100 deductible and \$100 coinsurance). As a result BCBSN, as secondary, pays \$200 and "banks" \$600 for that insured. Once a positive balance exists in an insured's "bank" previously submitted and subsequent claims are reviewed. Should a prior or subsequent claim have an unpaid balance, due to any reason other than both carriers considering it a noncovered benefit, the balance in the "bank" must be used to pay the unpaid balance of claims, up to the positive balance in the "bank". The COB savings bank is zeroed out each January 1 with no carryover.
7. **OTHER COORDINATION** - Savings realized by coordinating benefits with Medicare.
8. **WORKERS COMPENSATION** - Savings realized by investigating employment related accidents and injuries and coordinating benefits with Workman's Compensation.
9. **SUBROGATION** - Savings realized by exercising BCBSN's right to recovery of benefits paid which are the liability of another type of insurance carrier (for example, Auto insurance).
10. **DUPLICATE SERVICES** - Savings realized from identifying those claims which have been submitted more than once (for example, both the doctor and the subscriber submit a claim for the same procedure).
11. **COST CONTAINMENT** - Savings realized by channeling claims through the Precertification, Utilization Review, and other Cost containment departments. This includes applied penalties, denied claims, and reduced benefits for noncompliance with Cost Containment requirements such as Precertification of a Hospital Admission, attainment of a second surgical opinion, and attainment of prior authorization for Physical Rehabilitation or a Transplant. Also included are denied claims for nonemergency weekend hospital admissions.

12. **OTHER SAVINGS** - The difference between charges and what was actually paid not classified elsewhere in the report. Unidentified savings is limited to .5% of total benefit payments. Amounts in excess of .5% of total benefits paid are investigated and assigned to the proper savings classifications (i.e., New remark codes not yet classified are included in Other Savings).
13. **READJUDICATION** - Savings realized by reopening a claim that was previously paid incorrectly. An example of this would be a claim that was overpaid originally and after further review a refund is sought from the payee. This refund would be classified a savings.
14. **INELIGIBLE MEMBER** - Savings realized by denying benefits for individuals who are not on our membership database. This category also covers claims submitted for dates of service prior to or after the termination of coverage. Savings realized by identifying claims submitted for members not on the BCBSN membership database, claims with dates of service prior to respective member's effective date, or claims with dates of service after the respective member's termination date.
15. **RETURNS** - Savings realized when claims are returned, due to insufficient information, to the subscriber or provider and are never resubmitted. Common reasons for returning a claim include: required dependent student information, other insurance information, and medical rationale missing. The submitter often realizes the claim was submitted in error and does not resubmit the claim. Since the claim was entered on the system prior to being returned, it will remain on the system with the "Returned" status code.
16. **DEDUCTIBLE** - Amount applied to the benefit plan deductible which is the insured's responsibility.
17. **COINSURANCE** - Amount applied to the benefit plan required coinsurance amount which is the insured's liability (for example, a \$200 claim with \$100 deductible and paid at 80%; subscriber liability is \$100 deductible and \$20 coinsurance).
18. **COPAYMENT** - Amount applied to contractual copayment required for each applicable service, which is the insured's responsibility (for example, \$10 per office visit copay or a \$15 prescription drug copay).
19. **MAXIMUM LIMITS** - Amounts which exceed the contractual maximum limits for a specified service (for example, exceed annual maximum for Nervous and Mental outpatient benefits). Benefits commonly limited include: Nervous/Mental and Drug/Alcohol benefits, chiropractic benefits, lifetime maximums, cardiac rehabilitation benefits, physical rehabilitation benefits, maternity benefits, mammography benefits, biofeedback benefits, routine exams, well child care benefits, and home health benefits.
20. **CONTRACT LIMITS** - Savings realized by recognizing specified limits inherent in the standard Blue Cross and Blue Shield contract for insurance coverage. An example would be declining to provide benefits for pre-existing conditions. Another example would be the claim filing time limit for benefit consideration.
21. **INELIGIBLE SERVICES** - Amounts submitted for benefits and services which are not covered under the insured's benefit plan. Examples include: drugs or medicines not requiring a prescription, services deemed to be experimental or investigational, and not medically necessary treatments.

22. **MAXIMUM BENEFIT ALLOWANCE (MBA)** - The difference between charges submitted by a contracting BCBSN physician and the BCBSN contractual reimbursement amount (the MBA). Participating BCBSN physicians have agreed to accept the BCBSN contractual reimbursement as payment in full and cannot bill the insured for the difference. This excess amount constitutes a real savings to the group and the individual member.
23. **DISCOUNTS / OUTPATIENT HOSPITAL ARRANGEMENTS** - The difference between charges submitted by a participating BCBSN hospital and the BCBSN contractual reimbursement amount. Participating BCBSN hospitals have agreed to accept the contractual reimbursement as payment in full and cannot bill the insured for the difference. Discounts are applicable for those hospitals not on a DRG arrangement or for claims not falling within a DRG category.
24. **DRG** - The difference between charges submitted by a participating BCBSN hospital and the BCBSN contractual DRG reimbursement amount. Participating BCBSN hospitals have agreed to accept the DRG reimbursement as payment in full and cannot bill the insured for the difference.
25. **NON-PAR SUB LIABILITY** - The difference between charges submitted by a nonparticipating BCBSN provider and the BCBSN negotiated amount (for participating providers). This difference is the responsibility of the insured due to utilization of a nonparticipating provider.
26. **PPO-PAR SAVINGS** - The difference between charges submitted and the BCBSN contractual reimbursement amount due to a PPO arrangement with the provider. The PPO provider has agreed to accept the PPO reimbursement amount as payment in full and cannot bill the insured for the difference.
27. **NON-PPO PAR SAVINGS** - The difference between charges submitted and the BCBSN contractual reimbursement amounts applicable to a PPO arrangement. This difference is the responsibility of the insured due to utilizing a non-PPO provider. Some part of this difference may not be the responsibility of the insured should the non-PPO provider be a participating BCBSN provider.
28. **DRUG CARD SAVINGS** - The difference between charges submitted by a participating pharmacy and the contractual reimbursement amount negotiated by BCBSN.
29. **BLUECARD PROVIDER SAVINGS** - The difference between charges submitted by an out-of-state provider and the contractual reimbursement amount negotiated by the Blue Cross Blue Shield Plan in that particular state. This is savings realized when a BCBSN member living or traveling outside of Nebraska receives care from an out-of-state provider who belongs to the local Blue Cross Blue Shield Plan's provider network.
30. **BLUECARD ACCESS FEE** - The fee charged to BCBSN by a Blue Cross Blue Shield Plan in another state for the use of that Plan's negotiated provider contracts by a BCBSN member receiving care in that Plan's state.
31. **TOTAL SAVINGS** - The sum of each column of savings.
32. **TOTAL** - The sum of the Hospital and Medical columns for each applicable category.
33. **TOTAL BENEFIT PAYMENT** - The total amount of dollars paid for Hospital, Medical, and in total, for the respective group within the specified time period.