

**ATTESTATION REPORT  
OF THE  
DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM**

**JULY 1, 2009 THROUGH JUNE 30, 2010**

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**Issued on May 14, 2012**

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Lance Lambdin, JD, CFE, Legal Counsel

Philip Olsen, CPA, CISA, Senior Auditor-In-Charge

Craig Kubicek, CPA, CFE, Auditor-In-Charge

Julie Smith, CPA, CFE, Auditor-In-Charge

Acacia Crist, CFE, ACDA, Auditor II

Jennifer Cromwell, CFE, Investigation Examiner

Stephanie Todd, CFE, Auditor II

Joan Arnold, Auditor II

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NEBRASKA STATE INSURANCE PROGRAM

**BACKGROUND**

Program History

The Nebraska State Insurance Program (Program) is governed by Neb. Rev. Stat. §§ 84-1601 to 84-1617 (Reissue 2008). The Program became operative on January 1, 1974, as provided under § 84-1615. Prior to that time, no general program of health insurance applied uniformly to all permanent State employees. Instead, individual State agencies established separate group insurance programs for their respective workers. Although the Program includes both life and health insurance, § 84-1604 requires the two coverages to “be totally independent of one another and the loss experience and the rates for the two coverages . . . [to] be maintained separate and apart from one another.”

Implemented through LB 516 (1973), the Program was touted by the Retirement System Committee as “a major step in improving fringe benefits for state employees,” as well as bringing “greater consistency into the total compensation package.” The Program was created by § 84-1601, which states:

*(1) There is hereby established a program of group life and health insurance for all permanent employees of this state who work one-half or more of the regularly scheduled hours during each pay period, excluding employees of the University of Nebraska, the state colleges, and the community colleges. Such program shall be known as the Nebraska State Insurance Program and shall replace any current program of such insurance in effect in any agency and funded in whole or in part by state contributions.*

*(2) Temporary employees of the state who have a work assignment of at least six months' duration and who work at least twenty hours per week may purchase health insurance through the Nebraska State Insurance Program. The state shall pay the same proportion of the insurance premium for temporary employees as is established through the collective bargaining process for permanent employees. For purposes of this subsection, temporary employees means individuals (a) employed in the Temporary Employee Pool as described in subdivision (6) of section 81-1307 and (b) hired directly by state agencies. In no event shall a temporary employee mean an individual hired through a private employment agency.*

*(3) For purposes of sections 84-1601 to 84-1615, health insurance may be construed to include coverage for disability and dental health care services.*

*(4) Any commissioned employee of the Nebraska State Patrol who on or after July 17, 1986, has reached fifty-one years of age or becomes medically disabled and who will not receive benefits from the federal social security program shall be afforded the opportunity to remain enrolled in the state employees group health insurance program until age sixty-five. Employees electing this option shall be responsible for the entire premium cost, including the state's share, the employee's share, and an administrative fee consistent with that allowed by federal guidelines for continuation of health insurance.*

Furthermore, § 84-1610 expressly prohibits any State agency from offering “its employees any program of life or health insurance supplementary to that provided” under the Program.

The Program is currently self insured, meaning that the employer – in this case, the State of Nebraska – assumes the major cost of health insurance for its employees. The State of Nebraska pays the majority of the claims incurred by the Program’s participants through the collection of premiums from its employees and from other public funds comprising the employer’s share of the premium. Premiums are set to cover the claims incurred by participants, to fund a reserve, and to maintain a fund balance. According to responses to APA inquiries, the Program was not always self insured; however, the Department of Administrative Services (DAS) was unable to provide information regarding the Program’s history as a self-insured or fully-insured plan.

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**BACKGROUND**

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Program Administration

Neb. Rev. Stat. § 84-1602 authorizes the personnel division of DAS to administer the Program. As directed by § 84-1603, that division selects, through open competitive bidding, “one or more carriers or combinations of carriers licensed to do insurance business in Nebraska to serve as administrator of the insurance contract or contracts.” Additionally, pursuant to § 84-1605(2), the personnel division is to “enter into a contract to purchase a contract of group health insurance to be financed by the state to the extent that appropriations made for that purpose are available and, if necessary, by contributions from each employee.” Key employees and independent contractors of DAS responsible for administering the Program include:

Name	Title
Carlos Castillo	DAS Director
Roger Wilson	DAS Financial Administrator
Paula Fankhauser	DAS Benefits Administrator
Mike Wanetka	Health Fitness Wellness Coordinator (Contractor; not a State Employee)

As mentioned above, State statute authorizes the personnel division of DAS to administer the Program; however, the Personnel Director, Mike McCrory, is not significantly involved. Instead, the DAS Financial Administrator, reporting directly to the DAS Director, maintains significant involvement in the Program’s administration. The benefits staff of DAS is technically under the personnel division of DAS, though.

The DAS Director is ultimately responsible for the final approval of premiums and any plan design changes; however, DAS utilizes several contracts for the administration of the Program. The following is a summary of significant health insurance contracts entered into by DAS for fiscal year 2010:

Contract	Contract Description	Amounts paid by health insurance funds during FY 2010 (1)
Blue Cross Blue Shield of Nebraska Health Care Benefit Plan Administration and Support Services	Provides complete administrative and support services for the healthcare benefit plan. Blue Cross Blue Shield of Nebraska (BCBSNE) acts as the third party administrator, receiving and processing medical claims for a fee; however, claims are paid by the State. The State is charged \$31.50 per employee per month for this service.	\$ 5,383,634
BCBSNE Stop Loss Insurance (2)	Provides stop loss coverage to protect the State's exposure to large claims. This coverage acts like a fully-insured plan; once an employee reaches a certain level of claims, the stop loss insurance pays the remaining health and prescription claims incurred in the fiscal year. The State is charged \$11.23 per covered employee per month for this coverage.	\$ 1,969,665
Health Fitness Corporation Wellness Program Contract	Provides an integrated Wellness Program that includes health risk assessment tools, educational content, health tools and resources, educational programs, on-line tracking, health coaching, reporting, and day-to-day on-site management.	\$ 1,267,338
Express Scripts, Inc. (ESI) Pharmacy Benefit Manager	Provides complete administrative and support services for pharmaceutical claims. ESI acts as the third party administrator, receiving and processing pharmaceutical claims for a fee; however, claims are paid by the State.	\$ 1,108,285
Aon Consulting, Inc.	Provides professional consulting including detailed analysis of plan designs and contributions.	\$ 387,397

(1) Amounts paid do not include claims paid by the State. The purpose is to show the cost charged for these services. Effective July 1, 2011, the administrative fee charged by BCBSNE increased to \$33.71 per employee per month.

(2) The financial schedule includes an additional \$747 in stop loss insurance fees paid to a prior administrator – Coventry.

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As noted above, the State of Nebraska includes stop loss coverage within the Program. Stop loss insurance is a form of reinsurance for self-insured employers that limits the amount the State must pay for each participant's health care costs. The State of Nebraska has contracted with Blue Cross Blue Shield of Nebraska to provide stop loss coverage for the group. The provisions of the stop loss insurance agreement for July 1, 2009, through June 30, 2010, were as follows:

<b>Individual/Specific Stop Loss Insurance</b>	
Covered Expenses	Medical and Prescription Drug Claims
Specific Deductible in Each Contract Period per Covered Person (1)	\$ 500,000
Contract Period	Covered Expenses Incurred from 1/1/2007 and before 6/30/2010 and Paid from 6/1/2009 and before 6/30/2010
Specific Percentage Reimbursable	100%
Monthly Specific Premium Rate per Covered Employee (2)	\$ 11.23

- (1) After the plan has paid \$500,000 for a covered person, 100% of eligible expenses are reimbursable to the plan from BCBSNE under the stop loss insurance. The plan pays the initial expense but is reimbursed for expenses over \$500,000 for each member.
- (2) Effective July 1, 2011, the stop loss rate increased to **\$13.85** per covered employee.

Two separate funds have been created to manage Program money. Neb. Rev. Stat. § 84-1613 establishes the State Employees Insurance Fund, which receives “[a]ll funds appropriated to pay the state's share of the cost of the coverages” and “all payroll deductions” used to pay for the Program. Premium payments to the administrator(s) of the insurance contract(s) under § 84-1603 are also paid from that fund. At the same time, the Health and Life Benefit Administration Cash Fund, created under § 84-1616, consists of “payments made by individuals eligible for program benefits, transfers from the State Employees Insurance Fund for administrative and operation expenses as authorized by the Legislature, and interest earnings as authorized by the Legislature.” The fund is used “to administer the provisions of the federal Public Health Service Act and for the administration of the section 125 plan.” Though not expressly authorized by statute to do so, DAS also maintains the Health History Fund. That fund is used to transfer money to the Health and Life Benefit Administration Cash Fund to be used for the administrative costs of the plan. These three funds are included in the financial schedule within this report.

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**BACKGROUND**  
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The following provides a five-year summary of the financial activity in the three health insurance funds:

	FY 06	FY 07	FY 08	FY 09	FY 10	Totals
<b>State Employees Insurance Fund Beginning Fund Balance</b>	<b>\$ 2,893,618</b>	<b>\$ 1,927,459</b>	<b>\$ (770,557)</b>	<b>\$ 4,864,606</b>	<b>\$ 13,521,273</b>	<b>\$ 2,893,618</b>
<b>Revenues</b>						
Investment Income	\$ 507,129	\$ 409,341	\$ 406,120	\$ 868,432	\$ 1,118,700	\$ 3,309,722
Pharmaceutical Rebates	\$ 556,225	\$ 1,269,988	\$ 1,523,868	\$ 1,889,509	\$ 4,144,425	\$ 9,384,015
Contributions (Premiums)	\$ 148,650,581	\$ 149,259,342	\$ 154,709,496	\$ 168,216,462	\$ 179,625,790	\$ 800,461,671
COBRA and Retiree Contributions (Premiums)	\$ 2,954,354	\$ 3,096,774	\$ 3,341,649	\$ 3,073,158	\$ 2,876,213	\$ 15,342,148
Miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ 115,817	\$ 115,817
<b>Total Revenues</b>	<b>\$ 152,668,289</b>	<b>\$ 154,035,445</b>	<b>\$ 159,981,133</b>	<b>\$ 174,047,561</b>	<b>\$ 187,880,945</b>	<b>\$ 828,613,373</b>
<b>Expenses by Vendor</b>						
Claims Paid						
BCBS of Nebraska	\$ 106,662,751	\$ 98,584,418	\$ 75,561,912	\$ 100,543,214	\$ 121,940,740	\$ 503,293,035
Mutual/Coventry	\$ 10,993,194	\$ 22,379,164	\$ 42,134,709	\$ 26,582,424	\$ -	\$ 102,089,491
Walgreens	\$ 26,357,916	\$ 29,142,335	\$ 29,606,352	\$ 15,918,557	\$ -	\$ 101,025,160
Express Scripts Inc	\$ -	\$ -	\$ -	\$ 13,716,779	\$ 30,533,939	\$ 44,250,718
<i>Total</i>	\$ 144,013,861	\$ 150,105,917	\$ 147,302,973	\$ 156,760,974	\$ 152,474,679	\$ 750,658,404
Administrative Fees						
BCBS of Nebraska	\$ 4,978,737	\$ 4,373,616	\$ 3,207,221	\$ 4,211,107	\$ 5,383,634	\$ 22,154,315
Mutual/Coventry	\$ 619,303	\$ 1,217,698	\$ 2,084,555	\$ 1,514,215	\$ 252,116	\$ 5,687,887
Express Scripts Inc	\$ -	\$ -	\$ -	\$ 467,979	\$ 1,108,285	\$ 1,576,264
<i>Total</i>	\$ 5,598,040	\$ 5,591,314	\$ 5,291,776	\$ 6,193,301	\$ 6,744,035	\$ 29,418,466
Stop Loss Insurance	\$ -	\$ 448,449	\$ 1,185,526	\$ 1,827,574	\$ 1,970,412	\$ 5,431,961
Wellness Program	\$ -	\$ -	\$ -	\$ -	\$ 1,267,338	\$ 1,267,338
Management Consultant Services (Note 3)	\$ -	\$ -	\$ 84,308	\$ 137,230	\$ 287,397	\$ 508,935
Miscellaneous	\$ 642	\$ 1,182	\$ 119,083	\$ 165,177	\$ 210,483	\$ 496,567
<b>Total Expenses</b>	<b>\$ 149,612,543</b>	<b>\$ 156,146,862</b>	<b>\$ 153,983,666</b>	<b>\$ 165,084,256</b>	<b>\$ 162,954,344</b>	<b>\$ 787,781,671</b>
<b>Transfers Out of Fund (Note 1)</b>	<b>\$ -</b>	<b>\$ (586,599)</b>	<b>\$ (362,304)</b>	<b>\$ (306,638)</b>	<b>\$ (19,564,885)</b>	<b>\$ (20,820,426)</b>
<b>Change in Fund Equity (Note 2)</b>	<b>\$ (4,021,905)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (4,021,905)</b>
<b>Change in Fund Balance</b>	<b>\$ (966,159)</b>	<b>\$ (2,698,016)</b>	<b>\$ 5,635,163</b>	<b>\$ 8,656,667</b>	<b>\$ 5,361,716</b>	<b>\$ 15,989,371</b>
<b>Ending State Employees Insurance Fund Balance</b>	<b>\$ 1,927,459</b>	<b>\$ (770,557)</b>	<b>\$ 4,864,606</b>	<b>\$ 13,521,273</b>	<b>\$ 18,882,989</b>	<b>\$ 18,882,989</b>
<b>Health History Fund Balance</b>	<b>\$ 5,978,261</b>	<b>\$ 6,637,187</b>	<b>\$ 6,772,721</b>	<b>\$ 6,508,264</b>	<b>\$ 25,435,691</b>	<b>\$ 25,435,691</b>
<b>Health and Life Benefit Administration Cash Fund Balance</b>	<b>\$ 217,343</b>	<b>\$ 349,583</b>	<b>\$ 87,514</b>	<b>\$ 149,945</b>	<b>\$ 240,104</b>	<b>\$ 240,104</b>
<b>Total Health Insurance Funds</b>	<b>\$ 8,123,063</b>	<b>\$ 6,216,213</b>	<b>\$ 11,724,841</b>	<b>\$ 20,179,482</b>	<b>\$ 44,558,784</b>	<b>\$ 44,558,784</b>

**Note 1:** The transfers out of the State Employees Insurance Fund were transferred into the Health History Fund.

**Note 2:** During fiscal year 2006, prior period corrections were made and recorded as a change in equity. Of this amount, \$4,221,905 was recorded for prior period amounts owed by the State Employees Insurance Fund to the imprest fund, which has not been paid back as of July 2011.

**Note 3:** An additional \$100,000 in Management Consultant Services was charged to the Cash Fund in FY 10.

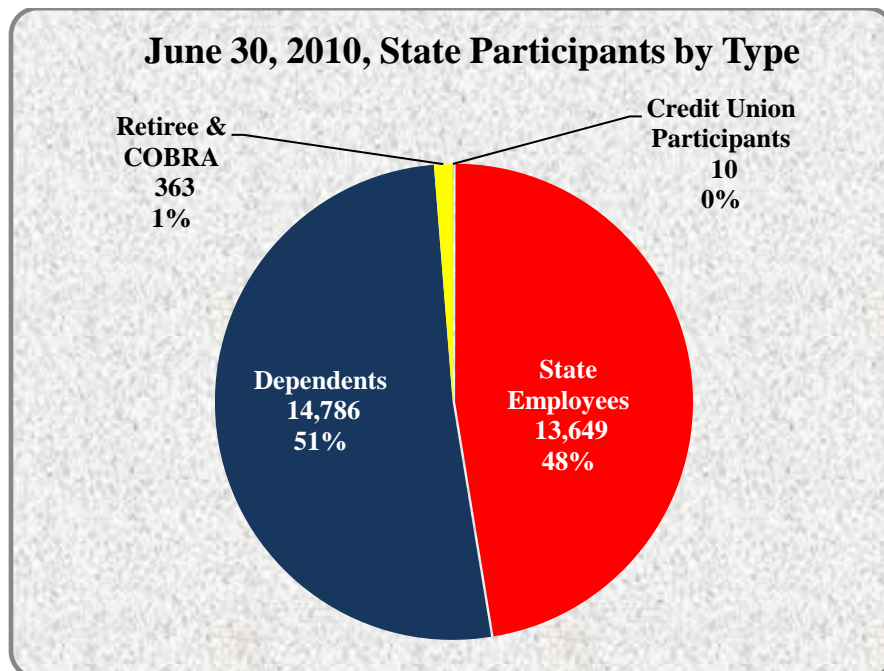


DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**BACKGROUND**  
(Continued)

Claims Information

The Program covers eligible employees, retirees, COBRA participants, and their spouses and dependent children. The information for the chart below was derived from two sources – active employee data was obtained from the June 24, 2010, enrollment file DAS sent to BCBSNE, and COBRA and retiree participant data was obtained from DAS deposit reports that recorded the payment of premiums. These sources indicated that, as of June 30, 2010, the total number of participants in the Program was 28,808.



*Source: The APA obtained the active employee figures from the enrollment file run on June 24, 2010, which includes all participants at that point in time, not throughout the fiscal year.*

DAS receives two separate emails from BCBSNE each day. In the first, BCBSNE points out that a Detailed Claim Report is available for download on its secure website. The second email contains an invoice indicating the amount of claims that have cleared BCBSNE's bank account the previous day – for which BCBSNE is requesting reimbursement from the State. The Detailed Claim Report identifies the claims ***processed by*** BCBSNE for the prior day. When downloaded from the secure website, this excel file contains the participants' names, dates the services were incurred, claim numbers, provider names, claim amounts, and net amounts paid. The invoice includes the ***claims paid and cleared*** by type of payments (i.e., electronic funds transfer, check, or Bluecard), dates that the payments cleared the BCBSNE bank account, claim numbers, service dates, and amounts. The APA received these files from DAS initially on May 25, 2010. The fiscal year had not yet ended, so the APA received heavily redacted information for the remainder of the fiscal year on September 30, 2010. Because these files represent different types of claims data, the APA reconciled the files to each other. See Comment Number 8 for further information regarding that process.

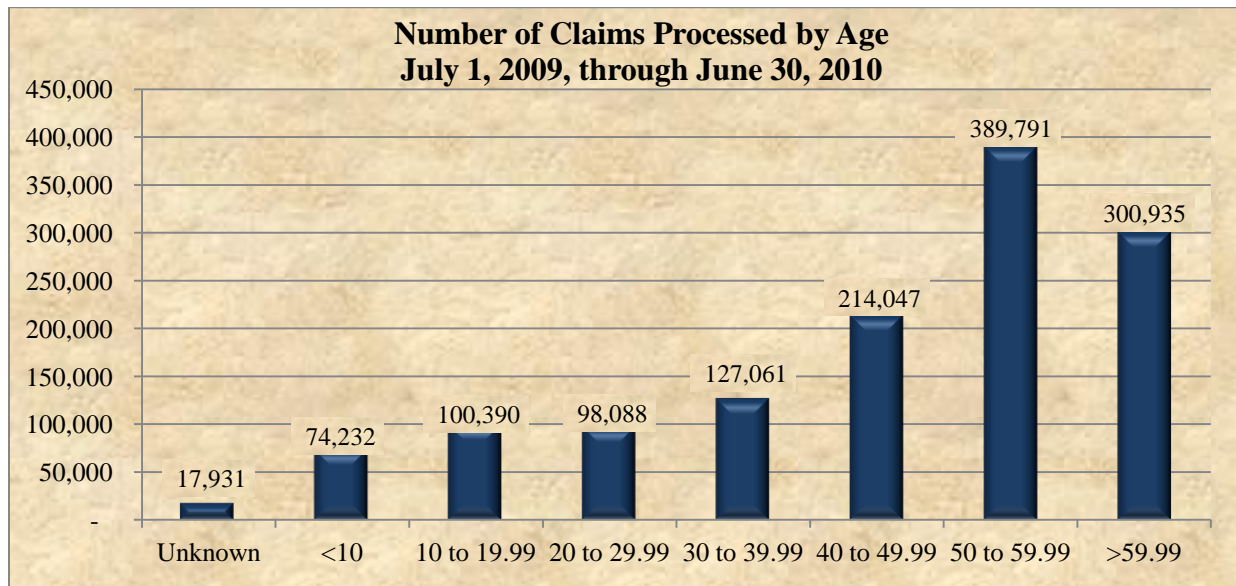
DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**BACKGROUND**  
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Each week, DAS also receives a detailed file of prescription claims from ESI. This file includes the member name, drug prescribed, pharmacy, date filled, prescribing physician, various costs, and amount of the claim. The files provided by ESI are not formatted; however, when properly formatted, all of the claim information is available. Being unfamiliar with the formatting process, DAS had not been reviewing the detailed information contained within the files. The APA worked directly with ESI to access the detailed claim information for the fiscal year, obtaining that information from ESI on July 7, 2010, and July 20, 2010. The APA used the information obtained directly from ESI for our testing purposes and reporting the prescription claims amounts.

As noted in Comment Number 12, the APA had difficulty obtaining the medical claims information from DAS in order to properly test and determine if claims were paid only for eligible participants. Therefore, the APA combined the claims information from each Detailed Claim Report for use in our testing to ensure claims processed by BCBSNE were for eligible participants. These reports are the basis for the medical claims amounts included below. The APA reconciled these claims to the more limited claims information for the financial audit provided by DAS on March 28, 2011.

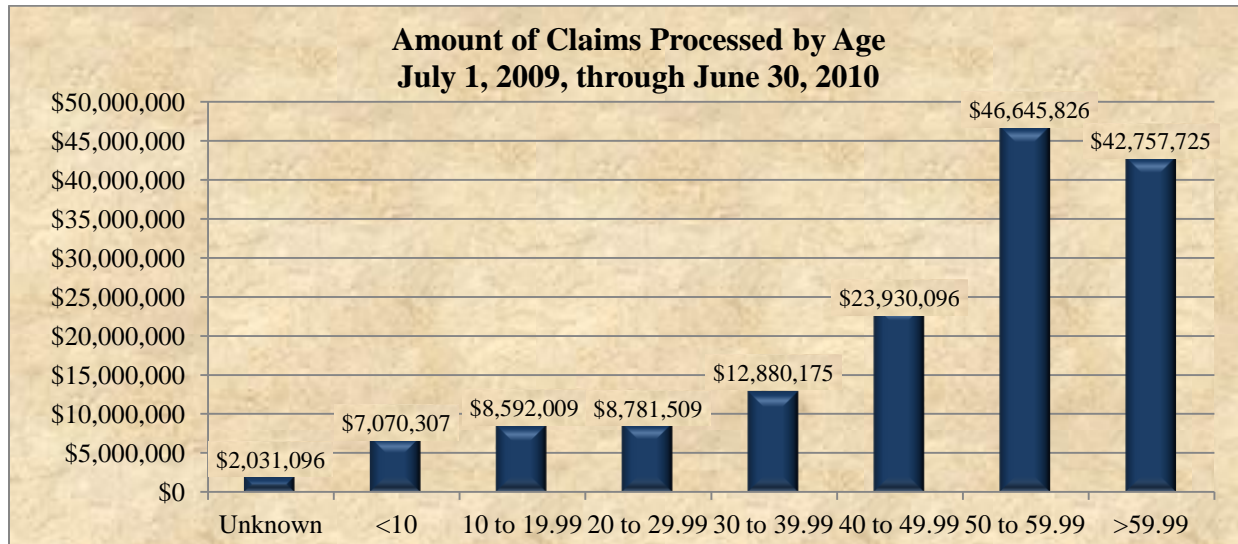
The following graphs describe the number and dollar amounts of claims filed and paid during fiscal year ended June 30, 2010, based on the age of the Program participants.



The average age of the State employee participating in the Program is 47.68 years.

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The following is a summary of all claims processed by individual or dollar range for the fiscal year ended June 30, 2010:

Employee/Spouse/Child	Number of Households with a Claim Processed (1)	Number of Claims Processed	Amount of Claims Processed	Age/Average Age
<b>Top 10 Largest \$:</b>				
SPOUSE		775	\$ 501,194.88	64.84
EMPLOYEE	1	992	\$ 493,672.20	27.18
EMPLOYEE	1	917	\$ 489,892.93	44.40
SPOUSE		1,401	\$ 418,694.98	53.31
SPOUSE		617	\$ 374,800.13	68.79
EMPLOYEE	1	1,216	\$ 308,903.94	58.22
CHILD		491	\$ 293,059.52	9.03
EMPLOYEE	1	717	\$ 289,547.66	78.05
EMPLOYEE	1	486	\$ 281,038.33	47.27
SPOUSE		883	\$ 270,732.81	56.93
Subtotal Top 10		8,495	\$ 3,721,537.38	
<b>Other Claims by Range:</b>				
\$100,000 to \$269,999	90	59,146	\$ 20,401,033.44	54.10
\$20,000 to \$99,999	857	244,262	\$ 53,048,789.37	51.42
\$10,000 to \$19,999	1,098	191,824	\$ 24,422,715.86	47.61
\$5,000 to \$9,999	1,891	227,126	\$ 21,176,074.23	46.56
\$1,000 to \$4,999	5,259	402,393	\$ 23,600,671.35	40.52
Less than \$1,000	5,997	171,298	\$ 4,286,825.93	31.35
DAS Redacted/Unknown	10	17,931	\$ 2,031,095.52	
Subtotal Other Claims	15,202	1,313,980	\$ 148,967,205.70	
Households with No Claims (2)	851	0	\$ 0.00	40.29
Subtotal No Claims	851	0	\$ 0.00	
<b>Total (3)</b>	<b>16,058</b>	<b>1,322,475</b>	<b>\$ 152,688,743.08</b>	
<b>Average Claim Cost per Household</b>			<b>\$ 9,508.58</b>	

(1) This column is the number of households with a claim. A household is counted only once for the employee who paid the premium and is not counted for dependents – spouses or children.

(2) This average age includes only employees, no family members.

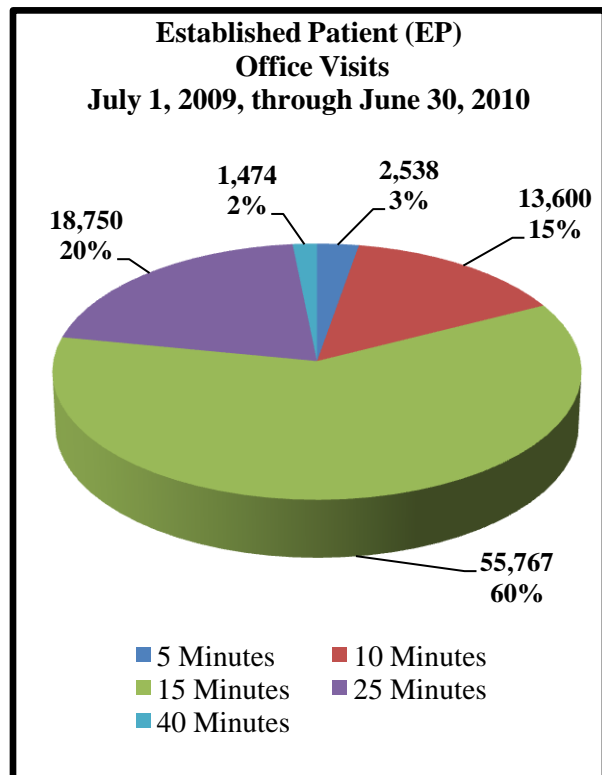
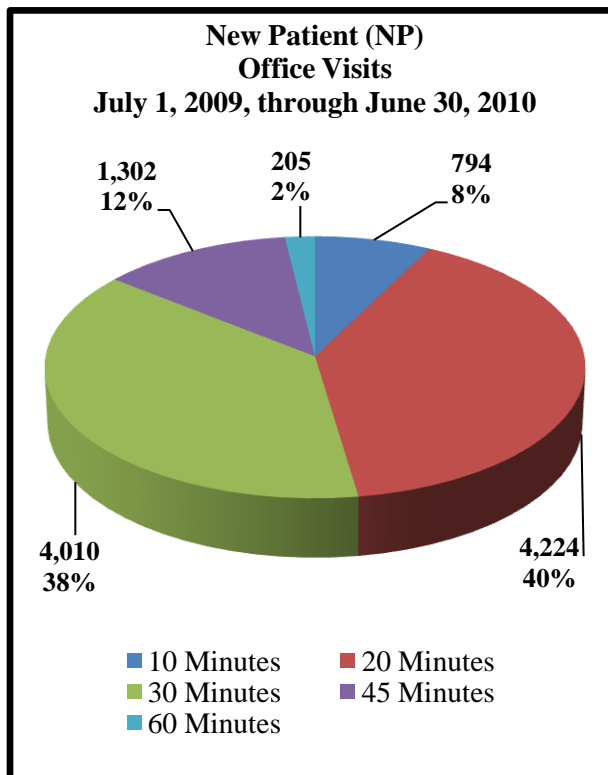
(3) This total includes both the top 10 largest and the summary of the rest of the individuals. It includes all households with a claim processed at any point during the fiscal year; therefore, it differs from the 13,649 number of employees reported at June 30, 2010.

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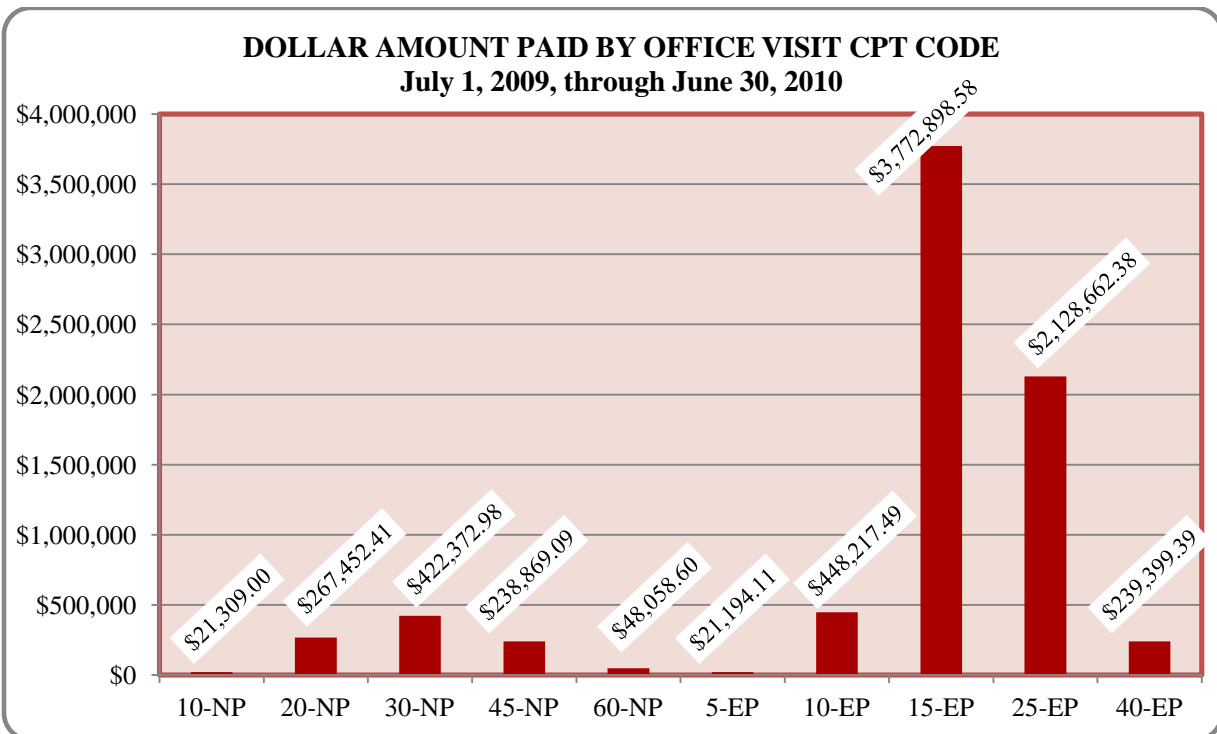
The 16,058 contributing households averaged 6.39 office visits per year, for an average cost of \$473.81. The following table includes the details of doctor office visits by CPT code classifications for the period July 1, 2009, to June 30, 2010. The minutes refer to the amount of face-to-face time the physician spent with the patient and/or family. Included are the numbers of visits, as well as the total amounts paid for each code.

Office Visit Description	New or Established	Office Visits	Amount Paid
10 Minutes	New Patient (NP)	794	\$ 21,309.00
20 Minutes	New Patient	4,224	\$ 267,452.41
30 Minutes	New Patient	4,010	\$ 422,372.98
45 Minutes	New Patient	1,302	\$ 238,869.09
60 Minutes	New Patient	205	\$ 48,058.60
5 Minutes	Established Patient (EP)	2,538	\$ 21,194.11
10 Minutes	Established Patient	13,600	\$ 448,217.49
15 Minutes	Established Patient	55,767	\$ 3,772,898.58
25 Minutes	Established Patient	18,750	\$ 2,128,662.38
40 Minutes	Established Patient	1,474	\$ 239,399.39
<b>Total July 1, 2009, to June 30, 2010</b>		102,664	\$ 7,608,434.03



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**BACKGROUND**  
(Continued)



Premium and Program Information

As mentioned already, the Program is self insured, and DAS is charged with setting appropriate premiums to ensure claims and administrative expenses are sufficiently covered. The State has also chosen to increase its reserves and fund balances, over and above the premium amount required to fund claims and administrative expenses. The premiums are paid by both the State and the members.

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**BACKGROUND**  
(Continued)

Each plan the State offers has a different set of coverage levels and services provided. The following table provides a summary of the services covered under the different health plans for fiscal year 2010:

Blue Cross Blue Shield of Nebraska									
Health Coverage		BlueChoice Plan		Wellness PPO Plan		Regular PPO Plan		High Deductible PPO Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Plan/Lifetime Maximum	Individual	Unlimited	\$2 million	\$4 million		\$4 million		\$4 million	
Annual Deductible	Individual	\$200	\$500	\$400	\$600	\$400	\$600	\$1,000	\$2,000
	Family	\$400	\$1,000	\$800	\$1,200	\$800	\$1,200	\$2,000	\$4,000
Out-of-Pocket Maximum	Individual	\$1,500	\$3,000	\$1,400	\$3,400	\$1,400	\$3,400	\$2,000	\$4,000
	Family	\$3,000	\$5,000	\$2,800	\$5,200	\$2,800	\$5,200	\$4,000	\$8,000
Office visit	Copay /Coinsurance (1)	\$20	60%, after deductible	\$20	70%, after deductible	\$20	70%, after deductible	\$25	60% after deductible
Annual exam	Copay /Coinsurance (1)	Annual exam \$20; mammogram, pap smear, colonoscopy, & prostate cancer screening 80%, after deductible	60%, after deductible	No copay	70%, after deductible	Annual exam & prostate cancer screening not covered; mammogram, pap smear, and colonoscopy 80%, after deductible	Annual exam & prostate cancer screening not covered; mammogram, pap smear, and colonoscopy 70%, after deductible	Annual exam & prostate cancer screening not covered; mammogram, pap smear, and colonoscopy 70%, after deductible	Annual exam & prostate cancer screening not covered; mammogram, pap smear, and colonoscopy 60%, after deductible
Well baby exam	Copay /Coinsurance (1)	\$20	60%, after deductible	No copay	70%, after deductible	Not covered		Not covered	
Urgent care	Copay /Coinsurance (1)	\$25	\$25	\$40	70%, after deductible	80%, after deductible	70%, after deductible	70%, after deductible	60%, after deductible
Hospital ER	Copay/Coinsurance (1)	\$50 (waived if admitted for the same diagnosis within 24 hours)	\$50 (waived if admitted for the same diagnosis within 24 hours)	\$100 (waived if admitted for the same diagnosis within 24 hours)	\$100 (waived if admitted for the same diagnosis within 24 hours)	\$50 (waived if admitted for the same diagnosis within 24 hours)	\$50 (waived if admitted for the same diagnosis within 24 hours)	\$100 (waived if admitted for the same diagnosis within 24 hours)	\$100 (waived if admitted for the same diagnosis within 24 hours)
Inpatient hospital	Copay/Coinsurance (1)	80%, after deductible	60%, after deductible	80%, after deductible	70%, after deductible	80%, after deductible	70%, after deductible	70%, after deductible	60%, after deductible
Outpatient surgical center	Copay/Coinsurance (1)	\$50	60%, after deductible	80%, after deductible	70%, after deductible	80%, after deductible	70%, after deductible	70%, after deductible	60%, after deductible
Inpatient mental health	Copay/Coinsurance (1)	80%, after deductible; up to 30 days per plan year	50%, after deductible; up to 30 days per plan year	80%, after deductible; up to 60 days per plan year	60%, after deductible; up to 60 days per plan year	80%, after deductible; up to 60 days per plan year	60%, after deductible; up to 60 days per plan year	70%, after deductible; up to 60 days per plan year	60%, after deductible; up to 60 days per plan year
Outpatient mental health	Copay/Coinsurance (1)	\$20; up to 60 visits per plan year	50%, after deductible; up to 60 visits per plan year	\$40; up to 60 visits per plan year	\$50; up to 60 visits per plan year	\$40; up to 60 visits per plan year	\$50; up to 60 visits per plan year	\$40; up to 60 visits per plan year	\$50; up to 60 visits per plan year

Express Scripts Inc.								
Prescription Drug Coverage	Retail 30-day supply	Retail or Home Delivery 180-day supply	Retail 30-day supply	Retail or Home Delivery 180-day supply	Retail 30-day supply	Retail or Home Delivery 180-day supply	Retail 30-day supply	Retail or Home Delivery 180-day supply
Generic	\$10	\$35	\$10	\$35	\$10	\$35	\$10	\$35
Preferred (Formulary)	\$25	\$100	\$25	\$100	\$25	\$100	\$25	\$100
Non-Preferred (Non-Formulary)	\$40	\$150	\$40	\$150	\$40	\$150	\$40	\$150

(1): In the table above, the APA has shown the coinsurance percentage as the amount covered by the Plan. The remaining percentage is the responsibility of the subscriber.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**BACKGROUND**  
(Continued)

Per § 84-1611, the State pays 79% of the total cost of any plan chosen by the Program participant. The monthly premiums for the different health insurance plans, effective July 1, 2009, through June 30, 2010, were as follows:

<b>Plan</b>	<b>Coverage Type</b>	<b>Total Premium</b>	<b>State Share</b>	<b>Employee Share</b>
<b>BlueChoice Plan</b>	Employee	\$ 579.20	\$ 457.56	\$ 121.64
	Employee + spouse	\$ 1,537.24	\$ 1,214.42	\$ 322.82
	Employee + children	\$ 1,189.70	\$ 939.86	\$ 249.84
	Family	\$ 2,056.06	\$ 1,624.28	\$ 431.78
<b>Wellness PPO Plan</b>	Employee	\$ 446.82	\$ 352.98	\$ 93.84
	Employee + spouse	\$ 1,185.88	\$ 936.84	\$ 249.04
	Employee + children	\$ 917.78	\$ 725.04	\$ 192.74
	Family	\$ 1,586.12	\$ 1,253.02	\$ 333.10
<b>Regular PPO Plan</b>	Employee	\$ 470.34	\$ 371.56	\$ 98.78
	Employee + spouse	\$ 1,248.30	\$ 986.16	\$ 262.14
	Employee + children	\$ 966.08	\$ 763.20	\$ 202.88
	Family	\$ 1,669.60	\$ 1,318.98	\$ 350.62
<b>High Deductible PPO Plan</b>	Employee	\$ 403.30	\$ 318.60	\$ 84.70
	Employee + spouse	\$ 1,070.42	\$ 845.62	\$ 224.80
	Employee + children	\$ 828.40	\$ 654.44	\$ 173.96
	Family	\$ 1,431.68	\$ 1,131.02	\$ 300.66

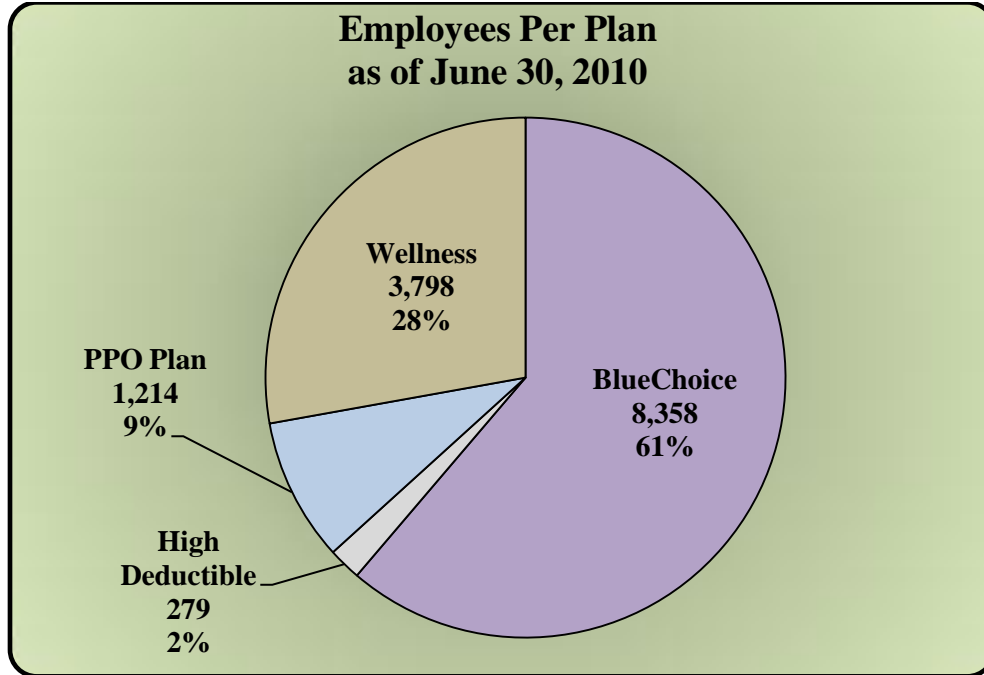
Note: Employee + spouse coverage is also referred to as 2-Party, while Employee + children is also referred to as 4-Party.

(Continued on Next Page)

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**BACKGROUND**  
(Continued)

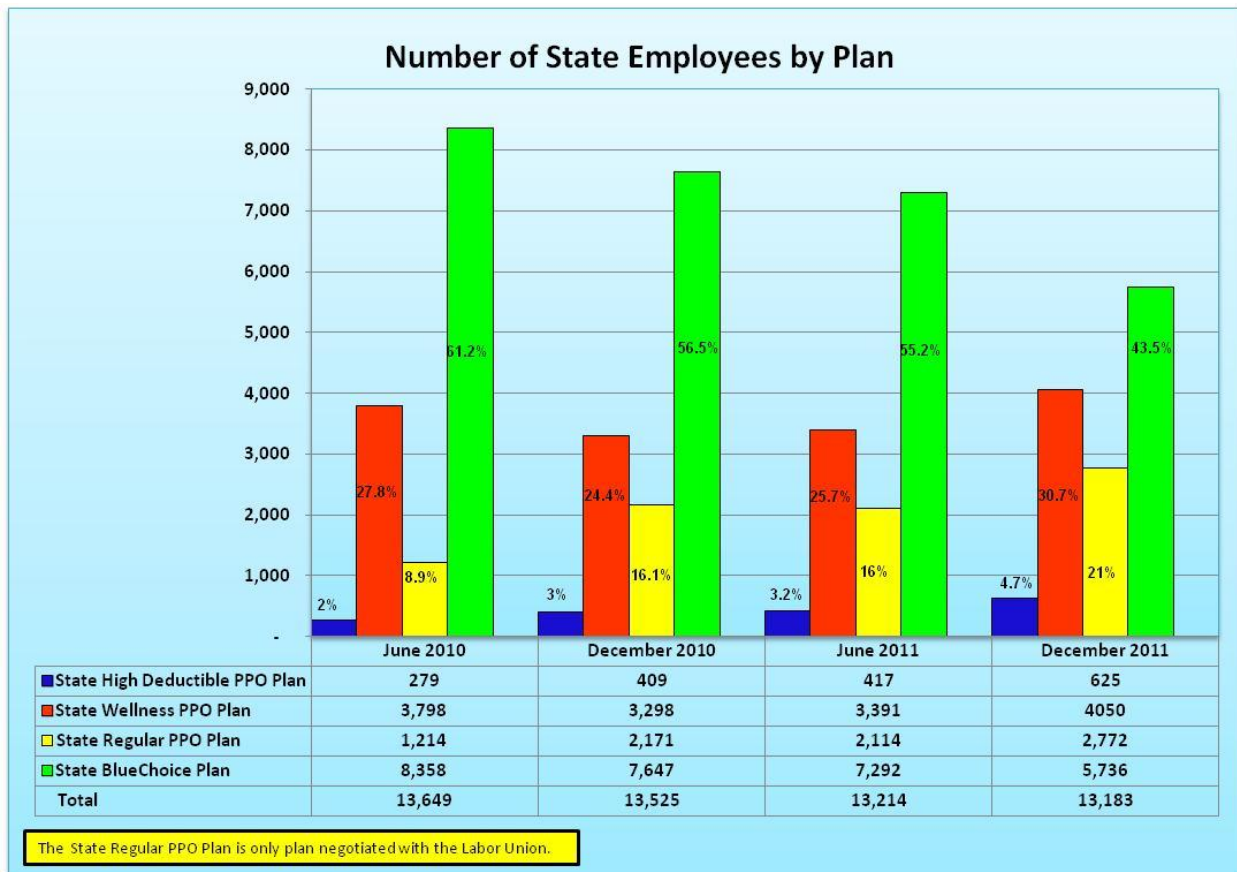
The following is a breakdown of employees by plan:





DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**BACKGROUND**  
(Continued)



As the employer, the State of Nebraska withholds the employee share of the premiums from each employee's pay. Premiums withheld from the employee and employer during the payroll process, are then transferred to the State's imprest fund. Once in the imprest fund, the premiums are transferred to the State Employees Insurance Fund in accordance with statute. Claims and other expenses are paid from this fund.

Miscellaneous Items

The APA reviewed employees covered under the Program who also received Medicaid assistance and found certain employees paid for employee/children or family coverage but did not enroll all eligible children under the State's plan. These employees obtained coverage for one or more children under Medicaid, while paying the premium to cover other children through the Program. The APA has summarized examples of some of these employees and their dependents in **Exhibit A**. Though unable to find any State provisions requiring coverage for all eligible dependents, the APA felt it was important to point out that some employees fail to obtain health insurance coverage for all of their children through the Program – relying instead upon Medicaid assistance programs to provide the additional needed coverage.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**EXIT CONFERENCE**

An exit conference was held March 15, 2012, with DAS to discuss the results of our examination. Those in attendance for DAS were:

<b>NAME</b>	<b>TITLE</b>
Carlos Castillo	DAS Director
Dacia Kruse	DAS Deputy Director
Bo Botelho	DAS General Counsel
Shannon Anderson	DAS Risk Manager; General Counsel
Roger Wilson	DAS Central Services Financial Administrator
Paula Fankhauser	DAS Employee Wellness and Benefits – Benefits Administrator
Ann Martinez	DAS Central Services – Accounting and Finance Manager

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**SUMMARY OF COMMENTS**

During our examination of the Program, we noted certain matters involving the internal control over financial reporting and other operational matters that are presented here. These comments and recommendations are intended to improve the internal control over financial reporting or result in operational efficiencies in the following areas:

1. *Administration and Plan Design*
2. *Ineligible Participant*
3. *Ineligible Credit Union Employees*
4. *Other Eligibility Issues*
5. *Lack of Monitoring Prescription Claims*
6. *Monitoring of Pharmaceutical Rebates and Pricing and Performance Guarantees*
7. *Contracts*
8. *Lack of Reconciliations*
9. *Handling of Retiree and COBRA Funds*
10. *Internal Controls*
11. *Financial Coding and Withholdings Errors*
12. *Lack of Cooperation*

More detailed information on the above items is provided hereafter. It should be noted that this report is critical in nature, as it contains only our comments and recommendations on the areas noted for improvement and does not include our observations on any accounting strengths of the Program.

Draft copies of this report were furnished to DAS to provide them an opportunity to review the report and to respond to the comments and recommendations included in this report. All formal responses received have been incorporated into this report. Where no response has been included, the DAS declined to respond. Responses have been objectively evaluated and recognized, as appropriate, in the report. Responses that indicate corrective action has been taken were not verified at this time, but will be verified in the next examination.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

**1.     Administration and Plan Design**

Pursuant to § 84-1602, the Program is administered by the personnel division of DAS. As noted in the background section of this report, the Program is self insured – meaning that the State (or other public funds) pays 79% of the premium costs, while State employees pay the remaining 21% of the premiums. These premiums are held by the State and used to pay medical and prescription claims made on behalf of State employees and their dependents. The premiums are also used to pay administration fees associated with the Program.

The APA has concluded DAS lacks adequate monitoring of the Program and its operations. Worse yet, the State seems to be moving in a direction of even less monitoring, which places the assets of the Program at an increased risk for fraud or misuse. Most of the deficiencies noted in this report can be attributed directly to a lack of appropriate monitoring by DAS, as summarized briefly below:

- A total of \$678,882 in claims has been paid on behalf of ineligible participants between July 1, 2009, and June 30, 2010. DAS admitted to lacking procedures for determining whether all spouses and other dependents were eligible participants. In September 2011, DAS informed its agencies and employees of its intent to conduct a dependent eligibility audit to ensure the eligibility of spouses and dependents covered under the Program.

Additionally, DAS failed to monitor whether every employee with a claim incurred had actually paid a premium for the month in which the claim was incurred. Similarly, DAS made no effort to review all terminated employees to ensure claims were not paid after the termination date. See Comments Numbers 2, 3, and 4 for more detailed information regarding ineligible claims.

- After this examination began, DAS requested both ESI and BCBSNE to stop providing claimant names and social security numbers on the claims detail reports received from these entities. In February 2011, ESI complied with DAS' request; however, BCBSNE continues to provide claimant names and social security numbers to DAS in accordance with the terms of the administrative services agreement. Without claimant names or social security numbers, DAS would be unable to determine if claims paid were for eligible members of the Program and, therefore, would be unable to monitor those claims adequately.
- DAS did not reconcile the file of processed claims to the file of claims paid to ensure the amounts paid by the State agreed to detailed support. The APA found \$431,594 in claims paid that could not be traced to detailed support, as well as \$66,573 in claims that were paid twice. See Comment Number 8 for more detailed information regarding the failure to reconcile claims incurred with claims paid.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design** (Continued)

- DAS did not review claims detail for appropriateness and compliance with the terms of its provider agreements. See Comment Numbers 5, 6, and 11 for more detailed information regarding the failure to review claims detail.

The APA also found the following issues related to DAS' inadequate monitoring of the Program:

*Actuary Information*

DAS has contracted with Aon Consulting, Inc., (Aon) to provide actuarial services for the determination of the annual premiums and proposed plan design changes. Aon utilizes various assumptions, past claims history, and plan designs when compiling its premium analysis, which is submitted to DAS annually. DAS and Aon hold various meetings to discuss potential plan design modifications, such as adjusting the deductible amounts, the services available under the plans, and the co-insurance or co-pay amounts, etc. A list of possible plan changes is presented to the Director of DAS for approval. Once the plan designs are finalized, Aon calculates the premiums based on the plan designs chosen by DAS. The APA identified the following issues regarding this process:

- As of June 30, 2010, DAS has not required a formal actuarial report from Aon documenting that its actuarial valuations and analysis were performed in accordance with the actuarial standards of practice promulgated by the Actuarial Standards Board. See **Attachment A** for an example of the analysis presented to DAS.
- DAS has not formally approved the methods and assumptions used by Aon in its premium analysis.
- DAS does not have a formal process for establishing and documenting changes to plan designs. A list is presented to the DAS Director for approval; however, the reasons for the changes, the effects of the changes, and the approval of the changes are not documented.
- DAS does not have a formal process for documenting and approving annual premiums. The analysis provided by Aon is discussed through a series of meetings and is presented to the Director of DAS for approval. However, neither the approval of the final premiums nor the analysis of their effect upon the Program is documented by DAS.

*Reserves and Fund Balance*

At the end of fiscal year 2007, the State Employees Insurance Fund had a negative fund balance, and the Health History Fund had approximately \$6.6 million. Since that time, the State's available fund balances have risen significantly to \$18.9 million in the State Employees Insurance Fund and \$25.4 million in its Health History Fund. These increases are due to premium amounts that have been in excess of the actual claims paid. The State made a conscious effort to increase the funds' available balances beginning in August 2007, when Aon

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design** (Continued)

presented its 2008 Health Plan Premium Executive Summary. During this presentation, a Claims Fluctuation Reserve (CFR) was first presented, which sets aside funds for future, potentially catastrophic events that could cause a large loss to the Program. At that time, Aon calculated the CFR at a 95% confidence interval to be \$25 million, which is the basis for the State's increasing its fund balances. See **Attachment B** for a copy of Aon's 2008 determination of CFR levels at various confidence intervals.

Aon also calculates an amount of claims Incurred But Not Reported (IBNR), which represents all liability components incurred but not reported to the claims administrator, incurred and reported to the administrator and awaiting processing, and incurred and processed but not yet paid. In its analysis, dated September 14, 2010, for the period ending June 30, 2010, Aon summarized its analysis of the IBNR and CFR amounts as follows:

Confidence Level	IBNR	CFR	Total
75.0%	\$9,824,000	\$14,160,000	\$23,984,000
90.0%	\$9,824,000	\$22,920,000	\$32,744,000
95.0%	\$9,824,000	\$26,590,000	\$36,414,000
99.5%	\$9,824,000	\$37,170,000	\$46,994,000

The State sets its health insurance premiums to ensure these reserves and a fund balance are met and maintained; therefore, the State, as well as its employees, funds the reserve and fund balance through the premiums. According to Aon's summarization, the State should hold at least \$26.59 million in reserve above and beyond the IBNR in order to be 95% confident that claims will not exceed expectations. See **Attachment C**. However, the APA found a March 2010 memorandum from the Deputy Director of the Kansas Health Policy Authority to the Kansas Health Care Commission. According to that document, Aon had reported that most of the other states it works with have been using the 90% confidence level for setting their reserve funding, and other states are reviewing their reserve funding levels due to current budgetary shortfalls. See **Attachment D**.

The State also pays for separate stop loss insurance, which reduces the risk posed by significant claims payments for any one individual. DAS did not provide any analysis of the relationship between the stop loss insurance and the claims fluctuation reserve or how they affected each other.

DAS does not have a formal policy implementing the use of a claims fluctuation reserve, nor does it have a process to review and approve the reserve and fund balance amount, including documentation of the discussions of how the State's current economic condition affects the reserve and fund balances. The final approval of the reserve and fund balance is determined

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design** (Continued)

by the DAS Director. There is also little documentation to support the calculation of the CFR; rather, an amount is simply presented to DAS. It is unclear what factors and amounts were used to calculate and approve the reserve amount.

*Transfer*

At the end of fiscal year 2010, DAS transferred nearly \$20 million out of the State Employees Insurance Fund and into the Health History Fund. This amount represented the excess premium contributions over claims paid during the 18-month period from January 2008 through June 2009. In November 2011, DAS transferred another \$25.8 million out of the State Employees Insurance Fund and into the Health History Fund. This \$45.8 million represents excess premiums collected over claims and administrative expenses paid. The Health History Fund is used primarily to transfer funds to the Benefit Administration Cash Fund for use in paying expenses incurred in administering the Program. Because the \$45.8 million was intended as a reserve amount to pay catastrophic claims, the transfer of that money out of the State Employees Insurance Fund increased the risk that those funds, as well as the interest earned on them, could be used for expenses unrelated to health insurance claims.

*Stop Loss Insurance*

DAS has not performed an analysis to determine whether stop loss insurance coverage has been cost beneficial to the State since its inception. The following summarizes the stop loss insurance activity since it was implemented in January 2007:

<b>Stop Loss</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>Total</b>
Stop Loss Expense	\$ 448,449	\$ 1,185,526	\$ 1,827,574	\$ 1,970,412	\$ 5,431,961
Stop Loss Reimbursements	\$ 0	\$ 562,227	\$ 171,429	\$ 359,871	\$ 1,093,527
<b>Excess Expense over Reimbursements</b>	<b>\$ 448,449</b>	<b>\$ 623,299</b>	<b>\$ 1,656,145</b>	<b>\$ 1,610,541</b>	<b>\$ 4,338,434</b>

DAS did not separately record the stop loss reimbursements received from BCBSNE in the accounting system. Instead, the stop loss reimbursements were recorded as a credit to the claims paid expenses – making it difficult to determine the amount of stop loss reimbursements received by the State. Through a review of the claims paid expenses, the APA was able to determine the amount of stop loss reimbursements the State has received since January 2007.

Stop loss insurance effective during fiscal year 2010 covered both medical claims, which were administered by BCBSNE, and pharmacy claims, which were administered by ESI. DAS requested information from both administrators in order to determine if any individuals exceeded the stop loss limit of \$500,000. BCBSNE provided DAS with three individuals who had claims

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design** (Continued)

in excess of \$450,000. DAS requested prescription claim information from ESI for only two of the three individuals and found that one of them had exceeded the stop loss limit by \$8,636. According to the APA's review of the claim information, two individuals actually exceeded the \$500,000 limit. The table below shows those individuals who were close to or exceeded the stop loss limit.

Participant	DAS				APA			
	BCBSNE Claims	ESI Claims	Total Claims	Amount Over \$500,000	BCBSNE Claims	ESI Claims	Total Claims	Amount Over \$500,000
Individual 1	\$ 498,017	\$ 10,619	\$508,636	\$ 8,636	\$ 498,017	\$ 10,619	\$508,636	\$ 8,636
Individual 2	\$ 491,550	\$ 4,351	\$495,901	\$ 0	\$ 491,550	\$ 4,351	\$495,901	\$ 0
Individual 3	\$ 478,902	Note 1	\$478,902	\$ 0	\$ 478,912	\$ 22,694	\$501,606	\$ 1,606
<b>Total</b>				<b>\$ 8,636</b>				<b>\$ 10,242</b>

**Note 1:** DAS did not request ESI claim information for this individual.

*Account Payable*

As of June 30, 2010, the State Employees Insurance Fund owed the State's imprest fund \$4.5 million due to errors in the transfer of health insurance premiums from January 2003 to May 2006. During that time, more money was transferred to the health insurance funds than had been contributed by the employees and the State. As a result, on June 29, 2006, DAS recorded an accounts payable entry in the State Employees Insurance Fund of \$4,564,076. As of July 31, 2011, DAS had still not recorded the transfer of funds in the State accounting system.

*Open Enrollment*

The annual open enrollment period for the July 1, 2011, through June 30, 2012, plan year ran from May 2, 2011 through May 20, 2011, and allowed employees to make changes to their benefits, including health insurance plan and coverage changes. Subsequent to the initial open enrollment period, DAS opened up a second "Open Enrollment Extension period" from July 18, 2011, through July 22, 2011, after the plan year had started. This allowed employees to make "one-time only" corrections to errors made during the May 2011 open enrollment period. DAS – Benefits handled all of the changes and accounting system updates.

Certain rules applied to the open enrollment extension period, as follows:

- Employees could not enroll in a benefit in which they were not already currently enrolled.
- Employees could not change from their current enrolled plan to a different plan (e.g. moving from Blue Choice to the regular PPO plan).
- Employees could change their coverage option (e.g., 2-party to family coverage).
- Employees could change their elected flex spending amounts.



DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design** (Continued)

The APA found two individuals who changed plans during the open enrollment extension period, which was not allowed. Both were originally enrolled in the regular PPO plan in error, after completing all of the required steps for participation in the Wellness plan. DAS Benefits staff manually changed the plans for each employee during the open enrollment extension period by correctly changing one individual to the Wellness plan and incorrectly changing the other to the BlueChoice plan. Only after the APA's inquiries in October 2011, was the error acknowledged by DAS. The BlueChoice plan was \$157 more per month than the Wellness plan. Including another error in a previous refund amount made by DAS, a total of \$550 was due to the employee.

Without adequate monitoring over the Program, claims for ineligible participants and duplicate or unsubstantiated claims increase the risk of higher premiums being required to fund the Program sufficiently. Furthermore, a lack of documentation to support decisions regarding premium amounts, plan designs, reserves, and fund balance, as well as stop loss insurance costs, also increases the risk of State premiums being higher than necessary. Finally, when DAS makes manual adjustments to employee benefits, there is an increased risk for errors to occur.

To safeguard assets and provide affordable premiums of its self-insured insurance program, DAS needs to make significant changes. Therefore, the APA recommends that DAS take the following action:

- Ensure all current Program participants (employees, spouses, dependents, COBRA, retiree) are eligible.
- Implement procedures requiring all new employees entering the Program to provide adequate documentation verifying their dependents' eligibility.
- Compare claims provided by BCBSNE and ESI to health insurance deductions paid by employees each month to ensure everyone with a claim incurred paid a health insurance premium during that same period.
- Review terminated employees to ensure no claims are paid after the date of termination.
- Implement formal policies requiring proper documentation to support decisions regarding premium setting, plan designs, reserves, and fund balances. These policies should allow for transparency in administering the health insurance plans.
- Obtain and maintain proper documentation from consultants to adequately support decisions regarding the health insurance plan.

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NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design** (Continued)

- Establish a formal process to approve the setting of premiums, any plan design changes, reserves, and fund balances. All approvals should be in writing and maintained for subsequent inspection.
- Transfer all funds accumulated to maintain appropriate reserves to the State Employees Insurance Fund, thereby ensuring that such funds are used only for paying claims.
- Obtain supporting documentation and analysis for the costs and benefits of the current level of stop loss insurance.
- Transfer funds from the State Employees Insurance Fund to the State's imprest fund to compensate for overpayments dating back to 2003 and clear the account payable entry carried on the State's financials.
- Document and review all manual benefit changes to ensure they are appropriate and correctly performed.

*DAS' Response: The DAS does safeguard the State of Nebraska's (State's) assets of our self-insured insurance program (Program) as documented below.*

- *DAS has statutory authority over the Program and overall financial management. We utilize a process that includes the Budget division; senior executive branch officials; and a nationally recognized, highly qualified company to help set rates and make plan design changes. Stop loss insurance and reserve balances are routinely evaluated during plan design.*
- *DAS currently compares claims processed by our health insurance administrator and pharmacy benefit manager to two financial documents provided by the vendors.*
- *As allowed by State statute 84-1613, DAS only has one Trust fund named State Employees Insurance Fund. Under this fund is a sub fund allowing DAS to categorize cash. Categorization of cash is an essential tool assisting DAS in the process of premium rate setting. In addition, DAS has transferred funds to the State imprest fund correcting overpayments from the account.*
- *The Auditor of Public Accounts (APA) references Open Enrollment dates of May 2, 2011 – May 20, 2011 as well as July 18, 2011 – July 22, 2011. These dates fall outside the scope of the audit and should be removed. In addition, DAS does have procedures in place for all manual benefit changes due to specific rules surrounding the qualifying events.*

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**1. Administration and Plan Design (Concluded)**

*DAS' Response, Concluded:*

- *The State began discussions about eligibility audits in 2009, long before the 2010 commencement of procedures by the APA. In addition to the dependent eligibility audit, additional controls will be implemented as of 7/1/2012 to ensure the eligibility rules are met for dependents related to all new hire employees and to those dependent changes resulting in from open enrollment. It is important to note DAS has always required specific documentation for proof of plan eligibility when life status changes occur.*

**APA Response:** The policies and processes referred to by DAS were not formalized or documented during the course of the audit. Any processes implemented after the audit period have not been analyzed and reviewed by the APA.

**Additionally, information presented that was subsequent to the audit period has not been removed, as requested by DAS. The APA is required by auditing standards to report on subsequent events during the course of an audit.**

**2. Ineligible Participant**

During 1993, an employee of a State agency was injured twice during the same year. As a result of those injuries, the employee became both inactive and eligible for lifetime permanent disability payments under workers' compensation, including medical and prescription coverage for any expenses related to the injuries. Despite having performed no work for the agency in more than 17 years, the inactive employee has never been formally terminated and also continues to receive health insurance coverage and other benefits from the State. During fiscal year 2010, the State paid \$38,655 in medical and prescription claims for this individual.

Every month, from January of 1994 to the present, the State has paid 79% of the inactive employee's health insurance premiums – despite the fact that the inactive employee has not worked a single day for any State agency during all of that time. The State's monthly contribution for fiscal year 2010 amounted to \$457.56, while the inactive employee's monthly contribution was only \$121.64. Under a self-insured insurance plan like that offered by the State, any claims not covered by the inactive employee's premiums are covered by premiums of the other members of the plan. Therefore, in addition to the State's portion of monthly premiums, taxpayers have been saddled with tens of thousands of dollars in claims payments for a person who has not worked for the State in more than 17 years. To illustrate, a comparison of the premiums paid to the claims and expenses for this individual, for only one fiscal year, is provided below:

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**2. Ineligible Participant** (Continued)

Description	FY 2010 Amount
Premiums Contributed to Self-insured Plan	
Employee-Paid Share of Premium	\$ 1,460
State-Paid Share of Premium	\$ 5,491
Total Premium	\$ 6,951
Claims and Expenses Paid from Self-insured Plan	
Medical Claims Paid	\$ 34,411
Prescription Claims Paid	\$ 4,244
Subtotal Claims Paid	\$ 38,655
Administrative and Stop Loss Fees	\$ 513
Total Claims and Expenses	\$ 39,168
Excess of Claims and Expenses over Premiums	\$ 32,217

In an effort to determine why State health insurance coverage and other benefits continue to be provided to someone who has not performed any work for the State in more than 17 years, the APA corresponded and met with representatives from various agencies, including the employing agency, the Nebraska Worker's Compensation Court, and DAS Risk Management. From those contacts, the APA learned the following.

- Subsequent to the second injury, the inactive employee requested a 30-to-60 day leave of absence. The Director of the agency at that time responded on January 21, 1994, writing:  
*"Your request for a leave of absence is approved. We understand that this leave will begin once you have exhausted your vacation leave to supplement your workers compensation . . . [The] Personnel Section, informs me that you will exhaust all forms of leave on the pay period ending January 23, 1994."*

That letter continued:

*"You will begin your leave of absence on January 24, 1994, and it will continue until you are released from your doctor to return to work. Please contact . . . [name] regarding your portion of the insurance premiums which you will be responsible for after January 23, 1994. A check will need to be sent to . . . [the agency] every two weeks until your return."*

The inactive employee did not return to work following the completion of the requested leave of absence. Additionally, more than a year-and-a-half after the leave of absence began, a July 25, 1995, "Attending Physician's Physical Capacity Report" did, in fact, release the inactive employee to return to work with certain restrictions. Nevertheless, the inactive employee failed to resume even the limited duties permitted – opting instead, as the inactive employee stated in 2003, to enjoy no fewer than 8 ocean cruises and 58 airplane trips, as well as visit 10 foreign countries, during the preceding four and-a-half years. Thus, rather than returning to work with restrictions, as advised by a physician, the inactive employee has continued to claim full disability – all the while enjoying extensive domestic and international travel. Throughout this

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(Continued)

time, the State has never stopped paying, with taxpayer dollars, for that individual's health insurance and other benefits.

The above arrangement is problematic, if not actually illegal, for a number of reasons. First and foremost, insurance coverage for State employees is restricted by law to those individuals who work a prescribed number of hours per pay period. Section 84-1601(1) provides, in relevant part: *"There is hereby established a program of group life and health insurance for all permanent employees of this state who work one-half or more of the regularly scheduled hours during each pay period . . ."*

Section 84-1604 reiterates: *"The coverages provided for by sections 84-1601 to 84-1615 shall be afforded to each permanent state employee who works one-half or more of the regularly scheduled hours during each pay period . . ."*

Additionally, insurance premium contributions by employees are required by law to be made through payroll deductions – not, as the former agency Director permitted, by direct payment. Section 84-1612 states clearly: *"All contributions by employees under sections 84-1601 to 84-1615 shall be made by payroll deductions. As each new employee becomes eligible for coverage under sections 84-1601 to 84-1615, the Director of Administrative Services shall certify the amount to be deducted each pay period from the employee's pay under sections 84-1601 to 84-1615. When there is any change in the amount of required contribution, such change shall be similarly certified. Such amount shall be deducted each pay period by the director."*

It should be noted also that the ongoing arrangement with the inactive employee runs afoul of relevant DAS personnel rules and regulations – which, having been properly promulgated and filed with the Secretary of State, have the effect of statutory law. To start, Title 273 NAC 10-011 says: *"Agency heads may grant employees . . . an unpaid leave of absence, not to exceed one year . . . when such absences will not interfere with the best interests of the state."*

That same provision states: *"The leave of absence, when granted, shall be in writing and detail the employment conditions that shall be in effect at the end of the absence."*

Not only has the inactive employee been treated as though on an extended leave of absence lasting over fifteen years longer than the period permitted by governing rules and regulations, but also the letter authorizing the leave of absence lacked the required details regarding "employment conditions that shall be in effect at the end of the absence."

Moreover, Title 273 NAC 10-008.02F says: *"After one year from date of disability, if the employee has not or is not able to return to work the employing agency is relieved from any re-employment obligation and the employee may be terminated."*

The employing agency has not formerly exercised this option, leaving the status of the inactive employee ambiguous, at best.

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(Continued)

**2. Ineligible Participant** (Continued)

In a January 25, 2007, email message to the employing agency, a representative of DAS State Personnel Benefits inquired as to why the inactive employee, who had been receiving workers' compensation benefits for over 13 years by then, was still receiving State health insurance coverage and other benefits. Specifically, that message asked: *"Isn't the normal period an EE remains on the state's group health coverage about a year under these circumstances? Please clarify . . . [the] situation in regard to continued State health coverage."*

Due to the apparent lack of a satisfactory response, the DAS State Personnel Benefits representative sent a subsequent email inquiry to the employing agency on February 16, 2007, asking: *"Have you had a chance to look into this? Please respond ASAP."* Any further correspondence between the two agencies was not available to the APA.

The APA obtained a June 17, 2009, memo prepared by the Assistant Human Resource Administrator for the employing agency. Documenting the inactive employee's case, the memo noted that representatives of the employing agency met with the State Risk Manager in 2009. During that meeting, the State Risk Manager stated unequivocally that the employing agency had no legal authority to provide the inactive employee with State insurance and other benefits. Afterward, according to the memo, both the Assistant Human Resource Administrator and the Legal Counsel for the employing agency concurred that the insurance benefits should cease.

On June 16, 2009, the Assistant Human Resource Administrator for the employing agency sent an email message to the agency's Deputy Director. That message stated: *"Per State Statute and labor contract, group insurance benefits are offered to State of Nebraska employees: 1) who work full time or part-time schedule on an ongoing basis; or, 2) for those who retire from full or part-time employment until the age of sixty-five and become Medicare eligible."*

Despite this message, as well as the prior concurrence between the employing agency's Assistant Human Resource Administrator and its Legal Counsel, the agency's current Director decided, on June 17, 2009, that State insurance coverage and other benefits for the inactive employee would continue uninterrupted – even though the inactive employee turned age 65 in early 2009 and may have qualified for Medicare.

On October 28, 2010, the APA met with the current Director and other representatives of the employing agency, presenting them with, among other things, the information set out herein. The current Director indicated that the June 17, 2009, decision to continue providing the inactive employee with State insurance coverage and other benefits was consistent with the previous Director's letter of January 21, 1994. The current director then claimed full responsibility for the decision to continue the benefits, declaring that it would not be reversed.

According to the current Director of the employing agency, the inactive employee has long sought to resume working there; however, the proper release had yet to be obtained from a physician. The APA offered information regarding the inactive employee's above-mentioned

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**2. Ineligible Participant** (Continued)

penchant for regular travel abroad, including a feature article from a prominent travel magazine about frequent excursions by that individual since claiming disability. Professing ignorance of such details, the Director indicated an interest in investigating them further. Moreover, subsequent to the meeting with the Director of the employing agency, the APA proved the fallacy of the assertion that the inactive employee sought to resume work, obtaining a copy of the July 25, 1995, "Attending Physician's Physical Capacity Report," which released the inactive employee to return to work with certain restrictions more than fifteen years ago.

For monthly contributions of only \$121.64, at least one of which was not paid in a timely fashion, the inactive employee continues to receive comprehensive health insurance and other benefits – paid for by the State with taxpayer dollars – in the monthly amount of \$457.56 for fiscal year 2010. In addition to the benefits received by the State, the inactive employee has also been provided the following benefits through workers' compensation, dating back to 1993.

Type of Payment	Time Period	Amounts
Workers' Compensation Disability Payments	August 1993 – October 2010	\$ 238,538
Workers' Compensation Medical Claims	August 1993 – October 2010	\$ 224,728

**Note 1:** The workers' compensation medical claims included above relate to medical claims allegedly caused by the injury. The State's self-insured Program has been obligated to pay medical claims unrelated to the injury. However, the State lacks procedures to confirm that its self-insured Program pays only for such unrelated claims.

The employing agency lacks legal authority to provide, at taxpayer expense, ongoing health insurance coverage and other benefits to an inactive employee who no longer performs any work for the State.

The APA recommends that the employing agency take immediate action, including formally terminating the inactive employee, to stop providing that individual with State health insurance and other benefits, to the detriment of the self-insured Program, contrary to law.

*DAS' Response: DAS disagrees with the APA in concluding an ambiguous situation has been created. The employing agency has exercised its discretion to retain the employee in question as a permanent employee. Until the employing agency makes a change to the employee's status, the employee is eligible for health benefits. Furthermore, the life activities of an injured worker are not a determination of whether the injured worker can return to work as the Nebraska Supreme Court found in Money v. Tyrrell Flowers, 748 N.W.2d 49 (Neb. 2008), "And total disability does not mean a state of absolute helplessness". DAS objects to the conclusions drawn by the APA relating personal activities the determination whether the employee should have returned to work.*

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**COMMENTS AND RECOMMENDATIONS**  
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**2. Ineligible Participant** (Concluded)

**APA Response:** As mentioned already, Section 84-1601(1) provides a program of group health insurance for all permanent employees of this state who work one-half or more of the regularly scheduled hours during each pay period. Section 84-1604 reiterates: “The coverages provided for by sections 84-1601 to 84-1615 shall be afforded to each permanent state employee who works one-half or more of the regularly scheduled hours during each pay period . . .” It is abundantly clear that the individual in question, who has not performed any work for the State in more than 17 years, is not eligible for participation in the Plan, and should be immediately removed.

**3. Ineligible Credit Union Employees**

At least five employees of the Nebraska State Employees Credit Union (Credit Union) have been permitted to participate in, thereby receiving health insurance benefits through, the Program. Credit Union employees have participated in the Program since, at least, 2002. As discussed in greater detail below, under Nebraska law, these individuals are ineligible for participation in the Program; nevertheless, during fiscal year 2010, they and their covered dependents incurred \$147,502.51 in medical and prescription claims paid for by the Program.

Unlike other Program members, who typically pay only 21% of their premiums, with the State paying the remaining 79%, the Credit Union pays 100% of the five employees’ premiums to the State. However, because the Program is totally self insured, any claims not covered by Credit Union premium payments would be paid with taxpayer dollars.

The APA has summarized the Credit Union members’ coverage types, total premiums, and claims paid, as follows:

	Coverage Type	Annual Premium	Medical Claims	Prescription Claims	Total Claims Paid
<b>Credit Union Employee 1</b>	Employee + Children	\$ 11,592.96	\$ 63,881.65	\$ 13,598.01	\$ 77,479.66
<b>Credit Union Employee 2</b>	Employee	\$ 5,644.08	\$ 39,063.14	\$ 1,969.10	\$ 41,032.24
<b>Credit Union Employee 3</b>	Employee + Spouse	\$ 14,979.60	\$ 13,879.29	\$ 4,036.52	\$ 17,915.81
<b>Credit Union Employee 4</b>	Employee + Spouse	\$ 14,979.60	\$ 5,872.14	\$ 5,038.19	\$ 10,910.33
<b>Credit Union Employee 5</b>	Employee + Spouse	\$ 14,979.60	\$ 120.53	\$ 43.94	\$ 164.47
<b>Totals</b>		\$ 62,175.84	\$ 122,816.75	\$ 24,685.76	\$ 147,502.51

As indicated by the above chart, for fiscal year 2010, claims paid on behalf of the credit union employees or their dependents were more than double the amount of the premiums paid during the year for those employees.



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(Continued)

3. **Ineligible Credit Union Employees** (Continued)

Section 84-1601 provides, in relevant part:

*“(1) There is hereby established a program of group life and health insurance for all permanent employees of this state who work one-half or more of the regularly scheduled hours during each pay period, excluding employees of the University of Nebraska, the state colleges, and the community colleges. Such program shall be known as the Nebraska State Insurance Program and shall replace any current program of such insurance in effect in any agency and funded in whole or in part by state contributions.*

*(2) Temporary employees of the state who have a work assignment of at least six months' duration and who work at least twenty hours per week may purchase health insurance through the Nebraska State Insurance Program . . .”*

Section 84-1604 reiterates, as is relevant:

*“The coverages provided for by sections 84-1601 to 84-1615 shall be afforded to each permanent state employee who works one-half or more of the regularly scheduled hours during each pay period, commencing after thirty days of such employment, and to each temporary employee only as described in subsection (2) of section 84-1601, commencing after thirty days of such employment . . .”*

All participating Credit Union employees are enrolled in the State's regular PPO option. Every month, the Credit Union sends a single check to the State to pay the premium amounts due for the five employees. This practice appears to conflict with § 84-1612, which states clearly:

*"All contributions by employees under sections 84-1601 to 84-1615 shall be made by payroll deductions. As each new employee becomes eligible for coverage under sections 84-1601 to 84-1615, the Director of Administrative Services shall certify the amount to be deducted each pay period from the employee's pay under sections 84-1601 to 84-1615. When there is any change in the amount of required contribution, such change shall be similarly certified. Such amount shall be deducted each pay period by the director."*

The Credit Union is a private cooperative association organized in accordance with the provisions of the Credit Union Act, which is set out at Neb. Rev. Stat. § 21-1701 to 21-17,116 (Reissue 2007, Cum. Supp. 2010). The Credit Union caters almost exclusively to governmental workers and their dependents; however, a field of membership consisting primarily of public employees does not alter the private, as opposed to the governmental, nature of the Credit Union. Because the Credit Union is a private entity, its employees cannot be classified as State employees – which, under both § 84-1601(1) and § 84-1604, is an essential prerequisite for participation in the Program.

It should be noted that, on November 27, 2001, the Nebraska Attorney General responded to an inquiry from then Director of the Department of Administrative Services, Lori McClurg. That inquiry asked whether non-State employees – specifically including, among others, employees of the Credit Union – should be permitted to participate in the Program. See a copy of the Attorney General's response at **Attachment E**.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**3. Ineligible Credit Union Employees (Continued)**

The Attorney General concluded that the Director of DAS lacks the statutory authority to permit non-State employees to participate in the Program, which was created exclusively for the benefit of State employees. Thus, the Attorney General explained, the Director of DAS may not “*allow non-state employees to expand their coverages and participate in all the insurance options offered to state employees . . .*” The Attorney General cautioned, however, that “*it may not be proper to exclude non-state employees from any insurance coverage options they are presently receiving . . .*”

The Attorney General's determination regarding the inviolable status of existing unqualified Program participants is based upon the doctrine of equitable estoppel, as applied by the Nebraska Supreme Court in *State ex rel. Stenberg v. Moore*, 253 Neb. 535, 571 N.W.2d 317 (1997). However, the APA believes that the facts of the issue at hand are inconsistent with those found in the *Stenberg v. Moore* case – which necessarily casts doubt upon the Attorney General's conclusion.

*Stenberg v. Moore* addressed whether more than 500 noncertified employees should be allowed to remain in the school retirement system in contravention of statutory law. Deciding in the affirmative, the Court emphasized that excluding those employees from the system – after, in some circumstances, up to 17 years of participation – would unjustly deprive them of earned retirement benefits. Such unique and compelling circumstances led the court to devise an equitable remedy to preclude that specific injustice.

Unlike members of a retirement system, Program participants build no long-term equitable interest in maintaining health insurance beyond a given term of coverage. Therefore, it would be neither unjust nor unduly burdensome to deny non-qualifying individuals the opportunity to re-enroll in the Program after their present terms of coverage expire – provided, of course, sufficient advance notice of that change in policy to allow them to obtain alternative health insurance coverage elsewhere.

We recommend the State deny Credit Union employees the opportunity to re-enroll in the Program during the next open enrollment. For equitable reasons, we recommend also that the State provide Credit Union employees with sufficient advance notice of this change in policy, thereby facilitating their efforts to secure alternative health insurance coverage.

*DAS' Response: DAS has reviewed the APA's comment and recommendation and would respectfully disagree with the APA's recommendation. DAS has and will continue to follow the November 27, 2001, Attorney General's Opinion, "...that it may not be proper to remove non-state employees from any insurance coverage options they are presently receiving..." Per that same opinion, no new non-state employees have been extended state insurance coverage nor have those few that were previously extended coverage, prior to the 2001 opinion, been removed. If and when the Attorney General provides further opinion or direction in this matter, DAS will then proceed accordingly. DAS is disinclined to accept the APA's legal advice over an Attorney General's opinion.*

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**3. Ineligible Credit Union Employees** (Concluded)

**APA Response:** Reliance upon the Attorney General's opinion in question is imprudent, as that opinion mistakenly attempts to equate the long-term, continual benefits obtained through a retirement program with their immediate and provisional counterparts offered by health insurance coverage. In the *Stenberg v. Moore* case cited by the Attorney General's opinion, the Court explained: "Allowing the state to exclude the affected noncertificated employees from the system after they have made contributions for up to 17 years would be manifestly unjust. Therefore, the APA finds that compelling circumstances exist so that this court may devise an equitable remedy and apply that remedy against the state." Id. at 542, 571 N.W.2d at 322. The Court explained further: "Each employee was required to accumulate 5 years or more of creditable service prior to receiving retirement benefits. Many of the employees have participated in the system for 17 years and have made retirement contributions for that time. Even if their premiums were returned, the employees would not receive the benefits of membership in the system, and it would be manifestly unfair and unjust to now remove these employees from the system and deny them their retirement benefits." Id. at 543, 571 N.W.2d at 323. Because a similar equitable interest is not acquired through health insurance, the same type of analysis cannot reasonably be applied to the Credit Union employees. That being the case, DAS would be well advised to seek clarification of this matter from the Attorney General.

Additionally, as pointed out in the comment, the total cost of the claims incurred by the ineligible Credit Union employees exceeded the amount of the premiums paid by those individuals. As a result, contributions made by either eligible State employees or the employer – all of which are essentially taxpayer funds – have been required to supplement the cost of covering those ineligible claims.

**4. Other Eligibility Issues**

The APA found other ineligible participants and observed that DAS has virtually no procedures to ensure those enrolled in the Plan are eligible. The following table shows the amount of ineligible claims paid, which were identified during our testing of fiscal year 2010 claims.

Description of Testing	Medical Claims Paid	Prescription Claims Paid	Total Claims Paid
Premiums Not Paid or Not Paid Timely	\$ 270,169.50	\$ 35,975.55	\$ 306,145.05
Disabled Dependents	\$ 165,094.25	\$ 9,739.01	\$ 174,833.26
Terminated Employees	\$ 1,484.80	\$ 8,361.61	\$ 9,846.41
Dependents Over Age 24	\$ 0.00	\$ 1,684.96	\$ 1,684.96
COBRA refund	\$ 71.37	\$ 143.86	\$ 215.23
<b>Totals</b>	<b>\$ 436,819.92</b>	<b>\$ 55,904.99</b>	<b>\$ 492,724.91</b>

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(Continued)

**4. Other Eligibility Issues (Continued)**

The APA identified the following weaknesses in the State's administration of its health insurance plans, which resulted in ineligible claims being paid:

*Premiums Not Paid or Not Paid Timely*

From DAS, the APA obtained files containing all medical claims processed by BCBSNE for payment each day. ESI also provided the APA a list of all prescriptions filled from July 1, 2009, through June 30, 2010. The APA electronically matched these claims files to a list of employees' health insurance premiums, which was obtained from the State's accounting system, in order to ensure all employees for whom a claim was processed had paid their health insurance premiums each month. DAS did not have adequate procedures to ensure claims were paid only for those individuals who paid a premium timely. The following individuals had not paid the health insurance premium for the month in which claims were incurred and paid by the State:

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
<b>Missed Premiums</b>				
Employee	September 2009 to June 2010	\$ 132,707.20	\$ 0.90	No premiums paid after August 2009.
Employee	August 2009 to June 2010	\$ 4,159.67	\$ 629.96	No premiums paid from August 2009 to June 2010. Terminated in January 2010.
Employee	July 2009 to June 2010	\$ 889.06	\$ 0.00	Terminated in November 2008. No COBRA premiums found.
Dependent	June 2010	\$ 657.44	\$ 0.00	Premiums stopped in May 2010, but employee did not terminate. Agency did not properly terminate benefits.
Dependent	December 2009 to June 2010	\$ 321.21	\$ 1,574.69	Half of December 2009, and all of January to March 2010 premiums not paid. Employee terminated in March.
Employee	April to June 2010	\$ 276.86	\$ 3,012.53	Half of April 2010 premium made up in June 2010. May and June 2010 premiums not paid.
Employee	September to October 2009	\$ 168.64	\$ 127.00	September and October 2009 missed premiums made up one month late. No premiums after October 2009, but employee continued coverage under wife's insurance. Employee was also in a non-pay status during September and October 2009 and did not pay required amount of health insurance (State share).
Employee	December 2009 to June 2010	\$ 127.65	\$ 218.95	Half of December 2009, and all of January to March 2010 premiums not paid. Employee terminated in March.
Dependent	April to June 2010	\$ 122.56	\$ 0.00	Half of April 2010 premium made up in June 2010. May and June 2010 premiums not paid.
Dependent	July 2009 to June 2010	\$ 101.38	\$ 0.00	Terminated in November 2008. No COBRA premiums found.
Dependent	July 2009 to June 2010	\$ 76.82	\$ 197.20	No premiums paid after June 2009. Employee did not terminate, but the agency did not properly terminate benefits in accounting system and also did not terminate the benefits timely.
Dependent	December 2009 to June 2010	\$ 69.87	\$ 0.00	Half of December 2009, and all of January to March 2010 premiums not paid. Employee terminated in March.

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**4. Other Eligibility Issues (Continued)**

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
<b>Missed Premiums</b>				
Employee	February 2010 to June 2010	\$ 68.90	\$ 13.12	Employee did not terminate but insurance coverage ended and Agency did not terminate benefits in accounting system timely.
Dependent	June 2010	\$ 67.58	\$ 0.00	Employee terminated coverage after May 2010. The benefit was terminated in the accounting system the same day, but after the weekly enrollment file was run. Therefore, the individual remained on the file until the following Thursday, and the claim was incurred on Tuesday since DAS does not send the file again until Friday.
Employee	June 2010	\$ 56.84	\$ 5.56	Premiums stopped in May 2010, but employee did not terminate. Agency did not properly terminate benefits.
Employee	February 2010 to June 2010	\$ 0.00	\$ 251.15	Employee terminated his benefits coverage after January 2010. Agency terminated benefit timely; however, prescription claims paid since enrollment information is only sent to ESI once per week.
Dependent	April to June 2010	\$ 0.00	\$ 121.59	Half of April 2010 premium made up in June 2010. May and June 2010 premiums not paid.
Dependent	January 2010 to June 2010	\$ 0.00	\$ 36.36	Employee was temporary and did not pay premiums from January to March 2010. Agency did not terminate benefits in accounting system timely.
Employee	September 2009 to December 2009	\$ 0.00	\$ 6.02	Employee did not receive pay checks from September through November 2009, but did not terminate. However, agency did not properly terminate benefits in accounting system.
Dependent	June 2010	\$ 0.00	\$ 0.03	Employee terminated coverage after May 2010. The benefit was terminated in the accounting system on the same day, but apparently after the weekly enrollment file was run. Therefore, the individual remained on the file until the following Thursday, and the prescription was filled on Saturday since DAS does not send the file until Friday, and ESI does not process the file until the following Monday.
Employee	September 2009 to June 2010	\$ 38,753.22	\$ 344.54	Missed premiums from Sept 2009 to January 2010, but made up the missed premiums. Terminated in January 2010.
Employee	January 2010	\$ 15,165.12	\$ 26.42	January 2010 premium was made up in February 2010.
Dependent	August 2009 to May 2010	\$ 14,462.90	\$ 2,644.24	No premiums paid from August 2009 to March 2010. Premiums made up in April 2010 to June 2010.
Employee	October and November 2009	\$ 8,204.39	\$ 0.00	October 2009 and a portion of November 2009 premiums paid from December 2009 to February 2010.
Employee	April 2010	\$ 8,107.58	\$ 454.84	April 2010 premium was made up in May 2010.
Employee	October and December 2009	\$ 6,984.46	\$ 61.02	October and December 2009 premiums paid in January 2010.
Employee	September 2009	\$ 6,964.20	\$ 0.00	September 2009 premium not paid until October 2009.
Employee	June 2010	\$ 4,828.01	\$ 4,281.90	No June 2010 paycheck or premium payment. June 2010 premium was made up in July 2010.
Employee	March and May 2010	\$ 4,360.32	\$ 854.09	Half of March 2010 and all of May 2010 premium paid in June 2010.

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**COMMENTS AND RECOMMENDATIONS**  
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**4. Other Eligibility Issues** (Continued)

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
<b>Missed Premiums</b>				
Employee	September and November 2009 and January 2010	\$ 3,935.45	\$ 25.44	These premiums missed were all paid one month later.
Dependent	September 2009 to June 2010	\$ 2,908.56	\$ 302.67	September 2009 premium not paid until October and November 2009. Employee terminated October 2009.
Dependent	September 2009 to June 2010	\$ 2,809.59	\$ 58.52	September 2009 premium not paid until October and November 2009. Employee terminated October 2009.
Dependent	March and May 2010	\$ 2,410.04	\$ 298.61	Half of March 2010 and all of May 2010 premium paid in June 2010.
Dependent	September and November 2009 and January 2010	\$ 1,767.75	\$ 74.74	These premiums missed were all paid one month later.
Employee	May 2010	\$ 1,696.44	\$ 18.50	May 2010 premium made up in June 2010.
Employee	July to November 2009 and April to June 2010	\$ 1,683.67	\$ 251.89	Full premiums not paid timely. Made up missed premiums by December 2009. No premiums paid after March 2010.
Dependent	October and December 2009	\$ 1,682.86	\$ 0.00	October and December 2009 premiums paid in January 2010.
Dependent	July, Aug, Oct, Nov, Dec 2009 and March to June 2010	\$ 982.67	\$ 750.44	Made up missed premiums generally one month after due date.
Dependent	February 2010	\$ 509.40	\$ 0.00	February 2010 premium made up in March 2010.
Employee	August 2009 to January 2010 and March 2010 to June 2010	\$ 433.24	\$ 5,578.83	Premium payments were not consistent, but made up missed premiums. No premiums paid after March 2010.
Employee	August 2009 to May 2010	\$ 390.36	\$ 8,022.52	No premiums paid from August 2009 to March 2010. Premiums made up from April 2010 to June 2010.
Dependent	July, Aug, Oct, Nov, Dec 2009 and March to June 2010	\$ 335.00	\$ 13.03	Made up missed premiums generally one month after due date.
Dependent	October and November 2009	\$ 193.00	\$ 0.00	October 2009 and a portion of November 2009 premiums paid from December 2009 to February 2010.
Employee	August 2009	\$ 139.38	\$ 20.93	August 2009 premium made up in September 2009.
Dependent	August 2009	\$ 115.91	\$ 894.40	August 2009 premium made up in September 2009.
Dependent	September and November 2009 and January 2010	\$ 92.00	\$ 50.16	These premiums missed were all paid one month later.
Employee	February 2010	\$ 85.13	\$ 45.65	February 2010 premium made up in March 2010.
Dependent	August 2009	\$ 63.61	\$ 72.43	August 2009 premium made up in September 2009.
Dependent	February 2010	\$ 59.64	\$ 10.05	February 2010 premium made up in March 2010.
Dependent	February 2010	\$ 59.64	\$ 3.56	February 2010 premium made up in March 2010.
Employee	September 2009 to June 2010	\$ 59.64	\$ 0.06	September 2009 premium not paid until October and November 2009. Employee terminated October 2009.
Dependent	August 2009	\$ 54.64	\$ 4.22	August 2009 premium made up in September 2009.
Employee	August 2009	\$ 0.00	\$ 2,989.03	August 2009 premium made up in September 2009.

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(Continued)

**4. Other Eligibility Issues** (Continued)

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
<b>Missed Premiums</b>				
Employee	July, Aug, Oct, Nov, Dec 2009 and March to June of 2010	\$ 0.00	\$ 1,148.81	Made up missed premiums generally one month after due date.
Employee	August 2009	\$ 0.00	\$ 337.93	August 2009 premium made up in September 2009.
Employee	April 2010	\$ 0.00	\$ 83.09	April 2010 COBRA payment not paid until May 2010.
Dependent	August 2009	\$ 0.00	\$ 40.59	August 2009 premium made up in September 2009.
Dependent	July, Aug, Oct, Nov, Dec 2009 and March to June 2010	\$ 0.00	\$ 17.34	Made up missed premiums generally one month after due date.
<b>Totals</b>		<b>\$ 270,169.50</b>	<b>\$ 35,975.55</b>	

*Note: The APA considered claims ineligible if a claim was paid during a time period when the premium had not been paid, even if the premium was remitted at a later time. At the time of the missed premium, DAS did not know whether the missed premium would ever be remitted.*

*Disabled Dependents*

DAS relies on BCBSNE for the determination of a disabled dependent and ongoing monitoring. Some dependents are listed in the State's accounting system as disabled, but there is no documentation on file to support the determination of the dependents' disabilities. Other individuals are listed as dependents in the State's accounting system, but BCBSNE does not consider them to be dependents.

Each of the State's four plan options offers a Certificate of Coverage, which includes a partial description of the benefits, exclusions, limitations, and other terms of the Master Group Contract. The Certificate of Coverage, called "A Guide to Your Nebraska [BlueChoice] Health Benefits for the State of Nebraska Employees," can be found on the DAS website at [http://www.das.state.ne.us/personnel/benefits/2012/index\\_active.html](http://www.das.state.ne.us/personnel/benefits/2012/index_active.html). The Certificate of Coverage defines a disabled dependent as a child who reaches age 19 (or 24, if a full-time student) who is both "incapable of self-sustaining employment, or of returning to school as a full-time student, by reason of mental or physical handicap" and is "dependent upon the Subscriber for support and maintenance."

BCBSNE approves or denies the extension of coverage for mentally or physically handicapped dependents based on the completion of a form by the employee and a physician. DAS does not receive a copy of the form for review or verification. In an email message, BCBSNE stated that permanently disabled dependents are neither monitored nor reevaluated once determined to be disabled; however, BCBSNE approves disabled dependents as either permanent or temporary. Once a dependent has been approved by BCBSNE as permanently disabled, no further monitoring is performed to ensure the dependent continues to qualify as a disabled dependent.

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**4. Other Eligibility Issues** (Continued)

The APA reviewed 12 dependents older than 19 years of age who were listed as disabled in the State's accounting system, requesting information from BCBSNE to support their disability. The APA determined 5 of the 12 individuals listed as disabled had \$165,094 in ineligible medical claims and \$9,739 in ineligible prescription claims paid on their behalf, as follows:

Dependent	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
Disabled Dependent #1	\$ 125,480.74	\$ 0.00	Does not meet criteria for a disabled dependent. BCBSNE criteria states, "If a child is institutionalized because of a disability, and if the cost of his/her maintenance is provided by public welfare, the child does not qualify as a dependent under the health insurance plan." The State's summary plan documents also indicate the disabled dependent must be dependent upon the subscriber for support. The cost of maintenance for this disabled individual is not provided by the subscriber, but is provided through Medicaid. Neither BCBSNE nor the State maintained support identifying the individual as disabled; rather, BCBSNE indicated the individual was listed as disabled from the previous third party administrator.
Disabled Dependent #2	\$ 38,424.18	\$ 4,741.92	Neither BCBSNE nor the State maintained support identifying the individual as disabled.
Disabled Dependent #3	\$ 258.57	\$ 0.00	BCBSNE did not have support identifying the individual as disabled because the individual was listed as a full-time student. The individual was over 19 and still in high school. BCBSNE did not require verification from the school, but accepted a signed certification from the parent to document the full-time student status.
Disabled Dependent #4	\$ 807.66	\$ 4,997.09	BCBSNE did not have support identifying the individual as disabled because the individual was listed as a full-time student. The individual was over 19 and still in high school. BCBSNE did not require verification from the school, but accepted a signed certification from the parent to document the full-time student status.
Disabled Dependent #5	\$ 123.10	\$ 0.00	Neither BCBSNE nor the State maintained support identifying the individual as disabled; rather, BCBSNE indicated the individual was listed as disabled from the previous third party administrator.
<b>Total</b>	<b>\$ 165,094.25</b>	<b>\$ 9,739.01</b>	

*Terminated Employees*

From both BCBSNE and ESI claims files, the APA found that State agencies did not properly terminate benefits in the State's accounting system or failed to do so timely, which allowed ineligible claims to be paid by the State. Generally, agencies either did not enter the correct dates in the State's accounting system to end the benefits properly or terminated the benefits in the accounting system too far after the actual termination date. Additionally, the prescription claims are paid at the point-of-service, which means the claim is paid when the prescription is filled at the pharmacy. The State provides ESI with a weekly update of eligible participants. ESI then updates its own system accordingly. Because the file is sent only once a week, there is a lapse between when the agency terminates the benefit and when the updated file is received by ESI, which allows ineligible claims to be paid during that brief interim. Finally, the State generally sends the updated participant file to ESI on a Friday, but ESI does not update its system until Monday, causing some ineligible claims to be paid over the intervening weekend.



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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**4. Other Eligibility Issues (Continued)**

The table below sets out issues found by the APA related to employees who have terminated employment:

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
Dependent	June 2010	\$ 636.62	\$ 0.00	Agency did not properly terminate benefits in accounting system.
Employee	June 2010	\$ 278.40	\$ 139.23	Agency did not properly terminate benefits in accounting system.
Employee	June 2010	\$ 98.64	\$ 91.46	Agency did not properly terminate benefits in accounting system.
Employee	June 2010	\$ 40.00	\$ 7.01	Agency did not properly terminate benefits in accounting system.
Dependent	June 2010	\$ 36.52	\$ 0.00	Agency did not properly terminate benefits in accounting system.
Dependent	June 2010	\$ 0.00	\$ 93.20	Agency did not properly terminate benefits in accounting system.
Employee	June 2010	\$ 0.00	\$ 53.42	Agency did not properly terminate benefits in accounting system.
Dependent	June 2010	\$ 0.00	\$ 3.05	Agency did not properly terminate benefits in accounting system.
Dependent	January 2010 to June 2010	\$ 0.00	\$ 391.67	Agency did not properly terminate benefits in accounting system and also did not terminate benefits timely.
Employee	March 2010 to June 2010	\$ 0.00	\$ 33.19	Agency did not properly terminate benefits in accounting system and also did not terminate the benefits timely.
Dependent	January 2010 to June 2010	\$ 0.00	\$ 0.03	Agency did not properly terminate benefits in accounting system and also did not terminate benefits timely.
Dependent	December 2009 to June 2010	\$ 172.80	\$ 0.00	Agency did not terminate benefits in accounting system timely.
Employee	February 2010 to June 2010	\$ 78.45	\$ 3,739.02	Agency did not terminate benefits in accounting system timely.
Dependent	January 2010 to June 2010	\$ 0.00	\$ 1,983.82	Agency did not terminate benefits in accounting system timely.
Employee	April 2010 to June 2010	\$ 0.00	\$ 616.91	Agency did not terminate benefits in accounting system timely.
Employee	July 2009 to June 2010	\$ 0.00	\$ 122.97	Agency did not terminate benefits in accounting system timely.
Employee	December 2009 to June 2010	\$ 0.00	\$ 66.32	Agency did not terminate benefits in accounting system timely.
Employee	January 2010 to June 2010	\$ 0.00	\$ 54.50	Agency did not terminate benefits in accounting system timely.
Employee	January 2010 to June 2010	\$ 0.00	\$ 42.89	Agency did not terminate benefits in accounting system timely.
Employee	January 2010 to June 2010	\$ 0.00	\$ 34.57	Agency did not terminate benefits in accounting system timely.
Employee	April 2010 to June 2010	\$ 0.00	\$ 24.78	Agency did not terminate benefits in accounting system timely.
Dependent	September 2009 to June 2010	\$ 0.00	\$ 19.77	Agency did not terminate benefits in accounting system timely.
Employee	January 2010 to June 2010	\$ 0.00	\$ 9.19	Agency did not terminate benefits in accounting system timely.
Employee	January 2010 to June 2010	\$ 0.00	\$ 8.02	Agency did not terminate benefits in accounting system timely.
Dependent	February 2010 to June 2010	\$ 0.00	\$ 4.69	Agency did not terminate benefits in accounting system timely.
Employee	May 2010 to June 2010	\$ 72.00	\$ 2.02	Agency did not terminate benefits in accounting system timely.
Employee	June 2010	\$ 0.00	\$ 300.52	Agency terminated benefit timely. Prescription claims paid since enrollment information is only sent to ESI once per week.
Employee	September 2009 to June 2010	\$ 0.00	\$ 195.79	Agency terminated benefit timely. Prescription claims paid since enrollment information is only sent to ESI once per week.
Employee	August 2009 to June 2010	\$ 71.37	\$ 5.40	Agency terminated benefit timely. Prescription claims paid since enrollment information is only sent to ESI once per week.
Dependent	September 2009 to June 2010	\$ 0.00	\$ 0.06	Agency terminated benefit timely. Prescription claims paid since enrollment information is only sent to ESI once per week.
Employee	February 2010 to June 2010	\$ 0.00	\$ 0.03	Agency terminated benefit timely. Prescription claims paid since enrollment information is only sent to ESI once per week.
Employee	January 2010 to June 2010	\$ 0.00	\$ 0.03	Agency terminated benefit timely. Prescription claims paid since enrollment information is only sent to ESI once per week.
Employee	August 2009 to June 2010	\$ 0.00	\$ 29.33	Agency terminated benefit timely. Prescription claims paid since enrollment information is run on Thursday and sent to ESI on Friday. ESI does not process the file until the following Monday.
Employee	August 2009 to June 2010	\$ 0.00	\$ 38.92	Agency did not terminate benefits in accounting system timely; however, prescription claims also paid since enrollment information is run on Thursday and sent to ESI on Friday. ESI does not process the file until the following Monday.
Employee	May 2010 to June 2010	\$ 0.00	\$ 230.85	Agency terminated benefit timely. Prescription claims paid since enrollment information is run on Thursday and sent to ESI on Friday. ESI does not process the file until the following Monday.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**4. Other Eligibility Issues** (Continued)

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
Employee	June 2010	\$ 0.00	\$ 18.95	Agency terminated benefit timely; however, this claim appears to have processed due to the timing of the update done at ESI. The Monday of the update was a holiday, but the claim was paid on Wednesday. Appears to be an exception with ESI.
<b>Totals</b>		<b>\$ 1,484.80</b>	<b>\$ 8,361.61</b>	

*Dependents over 24 Years of Age*

DAS does not continuously monitor Program participants to ensure dependents meet eligibility requirements. The employee is responsible for reporting to his or her respective agency when a dependent child has aged-out of the system. DAS could provide proper monitoring by simply reviewing all dependents who have reached certain age limits each month. Due to a lack of such monitoring; however, the APA noted the following:

- ESI does not appear to have edits built into its system to deny prescription claims for individuals who have reached the maximum age limit. This greatly increases the risk ineligible prescription claims will be paid.
- The APA sampled only 2 of 52 weekly enrollment files provided by the State to BCBSNE and ESI. These weekly enrollment files contain all of the Program's participants as recorded in the State's accounting system. From the 2 weekly enrollment files tested, 41 dependents exceeded the maximum age limit, and 6 of the 41 incurred a total of \$1,685 in ineligible prescription claims. The six ineligible dependents with claims are listed below:

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
Dependent	February to June 2010	\$ 0.00	\$ 1,072.27	Age at June 2010 - 24.42; DOB 1/21/86
Dependent	January to June 2010	\$ 0.00	\$ 180.24	Age at June 2010 - 24.49; DOB 12/26/85
Dependent	Oct 2009 to June 2010	\$ 0.00	\$ 162.70	Age at Dec 2009 - 24.32; DOB 9/5/85
Dependent	April to June 2010	\$ 0.00	\$ 147.20	Age at June 2010 - 24.23; DOB 3/31/86
Dependent	Oct 2009 to June 2010	\$ 0.00	\$ 122.52	Age at Dec 2009 - 24.32; DOB 9/5/85
Dependent	May and June 2010	\$ 0.00	\$ 0.03	Age at June 2010 - 24.23; DOB 4/1/86
<b>Totals</b>		<b>\$ 0.00</b>	<b>\$ 1,684.96</b>	

*COBRA Refund*

DAS did not notify BCBSNE or ESI that a COBRA premium had been refunded to a participant who was no longer eligible for coverage, as noted below:

Type	Time Period Ineligible	Ineligible Medical Claims	Ineligible Prescription Claims	Reason Ineligible
COBRA	April 2010 to June 2010	\$ 71.37	\$ 143.86	COBRA premium paid on 3/26/10 but was refunded on 4/2/10. DAS did not notify BCBSNE or ESI timely and claims were paid by BCBSNE on 4/14/10 and by ESI on 4/22/10.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**4. Other Eligibility Issues** (Continued)

*Additional Premiums Paid by the State*

In addition to paying medical and prescription claims for ineligible dependents, the State has paid higher monthly premiums to cover some ineligible dependents. The APA identified four State employees who should have received a lower-cost coverage after their dependents became ineligible due to either turning 24 years of age or failing to meet the definition of a disabled dependent. Dropping these ineligible dependents from the Program could have saved the State \$10,247 in premiums from July 1, 2009, through June 30, 2010.

*Inadequate Monitoring*

- DAS does not require documentation to support the eligibility of all dependents added to the health insurance plan. Dependents can be added without documentation upon hire and during the annual open enrollment process. Marriage certificates, birth certificates, divorce decrees, court orders, or college transcripts could be used to verify the eligibility of dependents; however, because DAS does not demand such documentation, there is a significant risk ineligible dependents are covered under the Program. In September 2011, well after the present audit was under way, and the APA had indicated to the agency concerns in this area, DAS notified its agencies and employees of its intent to conduct a dependent eligibility audit. However, no other procedures have been implemented to ensure any new participants are eligible.
- DAS does not have adequate procedures to ensure premiums have been paid by all employees for whom a claim is paid by the State. The APA noted instances of leave without pay, family medical leave, and other non-pay situations, in which employees did not pay a premium for a month or more, but still incurred claims that were paid by the State.
- DAS does not adequately monitor dependents to ensure that they remain eligible for coverage throughout the plan year; rather, DAS relies on the individual agencies to report the information upon notification from the employee. Monitoring the age of dependents, marital status, student status, and the availability of other health insurance coverage on a monthly basis could provide needed controls over dependents who no longer meet the criteria of a dependent. Between July 1, 2009, and June 30, 2010, the APA found 601 dependents over the age of 19, who had \$463,542 in claims paid during the period tested. Without procedures to ensure these dependents are eligible (meaning the dependents were full-time students), there is an increased risk the State is paying for ineligible claims.
- As noted previously, DAS does not determine eligibility for disabled dependents, but relies on BCBSNE to determine their eligibility. Because the Program is self-insured, the State bears the sole responsibility for the payment of claims – meaning that there is no financial incentive for BCBSNE, as the third party administrator, to ensure only eligible participants are covered. Thus, the State should protect its own financial interests by determining for itself the eligibility of disabled dependents.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**4. Other Eligibility Issues** (Continued)

- DAS performs limited testing of the eligibility of Program participants on a monthly basis, which is inadequate to reduce significantly the risk of ineligible participants. Between July 1, 2009, and June 30, 2010, DAS selected 11 participants from the BCBSNE daily files and 3 participants from the ESI weekly claims files for testing each month. The daily file used by DAS to select the claims for testing is not the file used to pay the claims, so DAS has no assurance the claims tested were ever actually paid by the State. (See Comment Number 8 for issues related to the reconciliation between the two files received from BCBSNE.) The limited testing performed by DAS consisted simply of verification in the accounting system that the employee was active, and the premium was paid for the month in which the claim was incurred. There was no testing to ensure the dependent was eligible for coverage under the Program.

From the April 2010 testing performed by DAS, the APA noted one individual who was listed as a disabled child. DAS indicated the child was eligible, but did not have any documentation verifying the child's disability. DAS relied on information from BCBSNE, indicating the child was permanently disabled, to determine the child was eligible. The APA also selected a sample of 15 individuals from 3 different months to verify the results of DAS testing and found 1 employee was not verified as being an eligible participant. The participant was an employee of the Nebraska State Employees Credit Union; therefore, the participant did not have the health insurance contribution recorded in the accounting system. As noted previously, the APA determined these employees are not eligible for participation in the Program. DAS did not make a determination in its testing whether the participant was eligible.

After our audit began, DAS established additional procedures in an attempt to verify dependent eligibility. DAS used the same sample from the process described above (14 participants per month) and requested State employees to provide proof of their dependents' eligibility. To verify dependent eligibility for a spouse, DAS required a copy of both the marriage certificate and the front page of the employee's most recent tax return. Similarly, DAS required a birth certificate and a copy of the front page of the employee's most recent tax return for verification of a child's eligibility – and, if applicable, a copy of the child's paid tuition receipt to substantiate full-time student status. The APA reviewed six employees tested and found DAS did not follow its own newly implemented policy for four of those six individuals, failing to obtain both a marriage certificate and the tax return for them.

It does not appear DAS has the express authority to obtain copies of employee tax returns from its employees. Furthermore, DAS correspondence to employees during this verification process referenced the State's obligation to comply with the Federal Employee Retirement Income Security Act of 1974 (ERISA). Because the State's insurance program does not qualify as an ERISA plan, however, the provisions of that Federal law are not applicable.

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(Continued)

**4. Other Eligibility Issues (Continued)**

See Comment Number 1 for further information regarding DAS' testing of plan participants.

DAS also relies on BCBSNE to approve extended coverage for dependents, which is described in the 2009-2010 Enrollment Guide as: *"Effective January 1, 2010, an employee may elect to continue coverage to age 30 for a dependent child who would otherwise lose coverage when he/she ceases to meet the medical plan's student criteria or attains an age which exceeds the plan's limiting age..."*

The dependent must continue to be financially dependent upon the employee and be covered as an eligible dependent at the time coverage would have terminated. The employee is also responsible for paying the Program's full, unsubsidized, single, adult premium through payroll deductions. The employee is required to send to BCBSNE the "Extension of Coverage Request for Extended Eligibility to Age 30" form, which asks general questions regarding residency, marital status, and additional health insurance coverage. BCBSNE is charged with the approval or rejection of these requests, but does not appear to verify any of the information provided on the form. DAS also does not verify all information on the form.

- One individual did not pay the required premium for June 2010. The individual was on military leave for 240 hours (30 days) in May and June 2010. According to the State Insurance Manual, if an employee is called to military duty for a period of less than 31 days, no adjustment in health insurance coverage or premium occurs. Therefore, the employee and the agency should have paid the June 2010 premium. Although no medical or prescription claims were incurred and paid in this period, there is an increased risk that ineligible claims will be paid without proper monitoring by DAS.

Definition of Eligible Employees and Dependents

Employees working a minimum of 20 hours per week (on a regular calendar basis) are eligible for health insurance coverage on the first business day of the month 30 days from the date of hire. An employee is eligible for health insurance coverage upon payment of his or her share of the premium, usually with each paycheck. An employee may also choose to cover dependents under the Program. During the audit period tested, eligible dependents were defined in each of the four Summary Plan documents, as follows:

1. The legal spouse of the subscriber unless the marriage has been ended by a legal, effective decree of dissolution, divorce or separation.
2. Unmarried children 18 years of age or less who live with the subscriber, are provided financial support, or are provided health coverage by order of the court.

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**COMMENTS AND RECOMMENDATIONS**  
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**4. Other Eligibility Issues** (Continued)

3. A child who reaches age 19 (or 24, if a full-time student) who is both incapable of self-sustaining employment, or of returning to school as a full-time student, by reason of mental or physical handicap, and is dependent upon the subscriber for support and maintenance.
4. Unmarried dependent children (students) 23 years of age or less for whom the subscriber provides support and who are in full-time attendance at an educational institution.

Under 29 CFR § 2590.715-2714 (June 17, 2010), which implements the Patient Protection and Affordable Care Act (PPACA) (Public Law 111-148), all plan years beginning on or after September 23, 2010, must expand coverage to include children up to the age of 26.

The State's Request For Proposal (RFP) Number 2395Z1, Section (IV)(K)(3), for administrative and support services for the Program specified: *"The State determines eligibility for current members and all dependents (e.g., fulltime students, disabled dependents, etc.) All participant dependent additions or terminations will be processed by the State and sent to the contractor."*

Without procedures to ensure the eligibility of all Program participants, there is an increased risk ineligible claims will be paid with State funds.

We recommend DAS implement policies and procedures to ensure all participants are eligible for claims payments under the Program. Specifically, DAS should:

- Ensure proper support is obtained and maintained for the determination that a disabled dependent is eligible for coverage under the Program.
- Monitor disabled dependents to ensure their continued coverage under the Program.
- Implement procedures to ensure premiums are paid for all participants whose claims are covered by the State, or develop accounting system edits to flag employees who did not pay a monthly premium but have not been terminated.
- Implement procedures for periodically monitoring terminated employees to ensure benefits are properly terminated by State agencies.
- Increase and improve training for State agencies regarding the termination of benefits.
- Consider whether real-time eligibility updates to vendors are feasible to ensure claims are not paid after an employee is terminated but before the vendor is notified of the termination.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**4. Other Eligibility Issues (Continued)**

- If real-time updates are not feasible, require vendors to load the updated eligibility information the day it is received so that ineligible claims are not paid in the interim.
- Ensure third party providers have proper edits in their systems so that individuals who reach 24 (or under current law 26) years of age no longer receive benefits.
- Implement periodic monitoring of dependents who “age-out” of the Program to ensure no ineligible claims are paid.
- Ensure procedures exist to notify third party vendors when COBRA or retiree participants receive a premium refund and are no longer eligible for Program coverage.
- Consider the possibility of recovering claims paid for these ineligible individuals.

*DAS’ Response: DAS does have procedures to ensure the eligibility of Program participants.*

- *The state does not have a centralized Human Resources (HR) and payroll team. DAS is dependent upon individual HR staff to enter a termination date into the system. DAS has educated all agencies as to the importance of timely employee termination date entry and leave without pay. We view this as an ongoing process. Education of termination date or leave without pay entry for all State agency HR staff is an ongoing process in order to ensure reduced exposure.*
- *To mitigate timing issues, DAS has a report to audit paychecks and premium withholdings to current members of the Plan. This control ensures that plan participants have paid a premium. DAS will continue to explore additional controls to reduce the State’s exposure.*
- *Ineligible claims paid are reimbursable by our health insurance administrator for a period of one year after payment. This one year period has been identified as the time of greatest risk for ineligible claims to be paid, due to the various factors such as untimely termination date entry. Therefore, DAS has ensured the time of greatest risk has a minimized exposure for liability. DAS is reviewing ways to recover claims identified after the one year period has expired.*
- *The health insurance administrator determines disability status of plan participants as they are the experts of health status and have their own approved clinical process. If a plan participant is determined to be permanently disabled by definition that participant is not going to recover from disability status.*

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**4. Other Eligibility Issues** (Concluded)

**APA Response:** Based upon the amount of ineligible claims paid in a one year period, it seems clear that DAS's procedures to ensure the eligibility of participants are not adequate. DAS should implement procedures to ensure a premium is paid for each employee who incurred claims and should also carefully review our other recommendations for implementation.

The APA agrees that the health insurance administrator determines the disability status of plan participants. The issue is that neither DAS nor BCBSNE had documentation on file to support the status of some of the disabled participants. DAS should ensure each new insurance provider has proper documentation to support the disability status of participants.

**5. Lack of Monitoring Prescription Claims**

DAS did not adequately monitor the ESI contract to ensure all fees charged to the State were in accordance with the terms of the Pharmacy Benefit Management (PBM) agreement. The following fees are allowable under the contract between the State and ESI:

<b>Fee</b>	<b>Amount</b>	<b>Description</b>
Administrative Fee	\$ 5.97	The administrative fee to ESI for processing of the claims. This fee is charged for each employee every month.
Dispensing Fee	2009: \$0.77/\$1.61 2010: \$0.60/\$1.43	This is a fee to the pharmacy for the cost of dispensing the drug. It is charged per prescription and depends on the number of days' supply received.
Administrative Fee for Member-Submitted Claims	\$ 2.50	Fee charged when the member submits the claim, as opposed to the pharmacy submitting the claim.
Safety Management - Retrospective Drug Utilization Review (DUR)	\$ 0.03	Daily and weekly physician communication targeting multiple utilization issues, such as drug-drug interactions, drug-patient interactions, drug-disease interactions, drug-pregnancy interactions, drug overutilization, drug underutilization, etc. Fee is charged per claim.
Individual Trend Program - Prior Authorization - Other Clinical Override Fees	\$ 30.00	Examples include non-standard prior authorization medications, medical exceptions, etc., and are charged per decision.
Audit Recovery Fees	20% of audit recoveries or \$.02 per claim	100% of network pharmacies are subject to various post-payment analysis. Statistical audits include looking for questionable days' supply, questionable dosage, or high ingredient costs. The State pays 20% of any audit recoveries.
Clinical Program - Prior Authorization	\$ 0.05	This is a supplemental prior authorization to support appropriate use at the point of service through pre-established clinical criteria. The fee is per member per month.



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**5. Lack of Monitoring Prescription Claims (Continued)**

Fee	Amount	Description
Clinical Program - COX 2's	\$ 0.07	Step Therapy (ST) requires the patient to try one medication first to see if it is effective before "stepping" to another medication. The first step is usually a preferred medication for a certain condition. If the first step medication is not effective, then the patient may be able to "step" to the next medication. The State has chosen this program for COX 2 inhibitors, which are a class of drugs used for treating the pain and inflammation of conditions such as colon polyps, rectal polyps, menstrual cramps, rheumatoid arthritis, psoriatic arthritis, and sports injuries. This is charged per member per month.
Clinical Program - Other anti-depressants	\$ 0.03	This is also a step therapy program chosen by the State and is charged per member per month.
Drug Card/Packet Fees	\$ 1.50	Member-requested replacement packets or client-requested annual re-carding.
Manual Eligibility Fees	\$ 1.00	Changes to eligibility made by phone, paper, or fax - charged per change made.

Note: This is not an all-inclusive list of fees charged under the contract.

Weekly, DAS received a file from ESI of all the pharmacy claims and fees that had been processed by ESI and were owed by the State. This file was not formatted and was virtually unreadable unless properly formatted. During our audit, DAS did not understand how to format the file; therefore, they were not analyzing the information contained in the file and were unable to determine what specific fees were charged each week and whether the fees conformed to the terms of the agreement with ESI. There is an increased risk of loss of State funds because DAS is not reformatting and reviewing the detail provided by ESI. Specifically, the APA noted the following:

The dispensing fees charged to the State did not agree to the dispensing fees specified in the PBM agreement. As indicated above, the agreement sets the dispensing fee at \$0.77 or \$1.61 and \$0.60 or \$1.43, for 2009 and 2010, respectively. These fees are dependent on the number of days' supply of the prescription. Upon review of the claims file, it was found that ESI had charged the State anywhere from nothing to \$2.50 for the dispensing fee on an August 2009 and March 2010 weekly claims file. Due to its failure to format and review the weekly files from ESI, DAS did not appear to be aware of the discrepancies in these dispensing fees. Prompted by the APA's inquiries into the discrepancies, DAS asked ESI about the dispensing fees. The email message from DAS to ESI states: *"In reading Exhibit A-1 . . . Pharmacy Reimbursement Rates, Participating Pharmacy Reimbursements Rates, it appears that the Ingredient Cost is Pass-through, but when it comes to Dispensing Fee/Rx there are stated charges for 2009 & 2010. However, on the invoice detail that the state is sent weekly the state is being charged varying amounts for the Dispensing fees. (see attachment 8, the auditors office was able to format the excel file that I am sent weekly into this format)."*

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(Continued)

**5. Lack of Monitoring Prescription Claims (Continued)**

ESI responded: *“For our pass through clients, everything is all encompassing meaning dispensing fees and ingredient cost are both included as according to my setup team that is the only way our system will support it. The varying amounts are the retail pharmacies fees which are passed through.”*

The excerpt below is from the PBM agreement and does not appear to identify the dispensing fee as pass through, as indicated by ESI:

**I. Participating Pharmacy Reimbursement Rates**

Network	Minimum 50,000 Participating Pharmacy Network 1 – 83 days' supply	Participating Pharmacy Maintenance Broad Network 84 – 90 days' supply
Ingredient Cost - Brand <i>single source Generic Drugs are priced as brands</i>	Pass-through	Pass-through
Ingredient Cost - Generic	Pass-through	Pass-through
Ingredient Cost - Compound Drugs	Pass-through	Pass-through
Dispensing Fee/Rx	2009: \$1.61 2010: \$1.43	2009: \$0.77 2010: \$0.60
Administrative Fee/Rx	\$5.97 PEPM	

- DAS did not have proper documentation to support certain fees charged - the Clinical Program – Cox 2's step therapy fees. The PBM agreement included step therapy for non-steroidal anti-inflammatory drugs (NSAIDs) and Cox 2's for \$0.15 per member per month. Upon the APA's inquiries regarding the fees, DAS found an email from March 2009, which indicated the State did not choose both the NSAIDs and the Cox 2's, so it is being charged \$0.07 per month for the Cox 2's step therapy. This is not part of the agreement or the Benefit Design approved by the State.
- DAS does not reconcile invoices from ESI to reports received from ESI, which include the details of each fee. DAS simply ensures the invoiced amounts are similar from month to month. Those amounts include fees for clinical programs, audit recoveries, prior authorizations, member packets, and replacement drug cards. There is an increased risk that incorrect fees will be charged because DAS did not reconcile invoices to the support provided. Additionally, DAS would not provide the APA with the entire reports from ESI, claiming that the reports contained protected health information. However, DAS provided the APA with the weekly claims files from ESI, which included the same information.
- The ESI claims-processing system is Anchor, and Trend Central is the State's link to Express Scripts' prescription claims-based reporting. According to its contract with ESI (in Exhibit A-2 of the agreement), DAS has inquiry access to the Anchor claims processing system and several other reports at no additional cost. Nevertheless, DAS is unfamiliar with these systems, as it does not access them in order to view claims data and reports to properly review fees assessed to the State.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**5. Lack of Monitoring Prescription Claims (Concluded)**

- ESI conducts audits of claims submitted by providers; however, the State does not receive copies of those audits. ESI has a Prescription Fraud, Waste and Abuse Program that assists the pharmacy audit team in identifying and addressing risks. When DAS does not monitor ESI's prevention and detection measures for fraud, waste, and abuse, there is an increased risk of fraud, waste, and abuse occurring with pharmacy claims and funds not being recovered. According to an email message from ESI, all clients' claims are included in the program, and the State can request additional program features, including reports on member and physician utilization, to identify members using multiple physicians, members filling prescriptions for narcotics, physicians showing high volumes of prescriptions, and physicians writing high numbers of prescriptions for narcotics. The program identifies potential problem prescribers and members with unusual or excessive utilization patterns. However, the State has not requested such additional features.

Because the State operates a self-insured insurance program, we recommend the following:

- DAS begin to utilize all support provided by ESI in order to properly monitor amounts charged by the contractor. DAS should reformat the ESI weekly claims data to view the amounts of claims and all fees charged to the State. This will permit DAS to reconcile the claims details to the weekly reimbursement invoices to ensure all fees charged are in compliance with the terms of the PBM agreement.
- DAS review the terms of that PBM agreement regarding dispensing fees to ensure the fees charged are in accordance with the agreement and that the agreement clearly identifies those fees.
- DAS ensure all fees charged are adequately documented under the terms of the PBM agreement.
- DAS utilize reports from Anchor and Trend Central to monitor more effectively claims and fees assessed to the State.
- DAS research whether it is cost beneficial to participate more fully in ESI's Prescription Fraud, Waste, and Abuse Program.

*DAS' Response: DAS does understand the dispensing fees and is converting the claim detail file into a document allowing the verification of claim and fee details to the invoice. DAS will continue to work diligently to review current procedures regarding the monitoring of prescription claims to reduce the State's exposure.*

**APA Response: At the time of our audit, DAS was not formatting and reviewing the file. Any changes subsequent to our audit period have not been reviewed or verified.**

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**6. Monitoring of Pharmaceutical Rebates and Pricing and Performance Guarantees**

*Pharmaceutical Rebates*

Rebates are defined in the agreement between the State and ESI as: “[R]etropective rebates that are paid to ESI, or otherwise retained by ESI, pursuant to the terms of a rebate contract negotiated independently by ESI with a pharmaceutical manufacturer, and directly attributable to the utilization of certain pharmaceuticals by Members.”

Exhibit A-3 of the agreement describes those rebates. See **Attachment F**. The State received the following rebates during fiscal year 2010 from ESI:

Time Period	Date Recorded by DAS	Amount
January - March 2009	10/22/2009	\$638,061.50
April - June 2009	12/7/2009	\$721,894.67
July - September 2009	3/8/2010	\$926,167.26
October - December 2009	6/3/2010	\$772,004.04
<b>Total</b>		<b>\$3,058,127.47</b>

The State also received over \$1 million in rebates during fiscal year 2010 from Walgreens, the former pharmacy benefit manager.

One of the components covered under ESI’s contractual audit protocol is rebates. Exhibit B, Section (3)(B), of the State’s agreement with ESI states: “*When performing a Rebate audit, Sponsor may perform an on-site review of the applicable Rebate rate components of manufacturer agreements, selected by Sponsor, as reasonably necessary to audit the calculation of the Rebate payments made to Sponsor by ESI.*”

See **Attachment G** for ESI’s audit protocol. Since the inception of the agreement in January 2009, the State has not implemented audit procedures at ESI to test the accuracy of financial rebates provided thereunder. As a result, the State currently has no way to determine whether the rebates received from the provider are complete and accurate.

Additionally, the agreement with ESI requires the rebates to be paid quarterly, approximately 150 days following the end of each quarter. The first quarter rebate was received almost two months after this deadline.

*Pricing Guarantees*

The ESI agreement also includes pricing guarantees, in which ESI promises a minimum average discount on the drugs’ ingredient costs based on the Average Wholesale Price (AWP). See **Attachment H**. The AWP is defined as the average wholesale price of a prescription drug, as identified by a drug pricing service. In short, the State will receive reimbursement when the ingredient cost paid by the State exceeds a pre-determined percentage of the AWP.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**6. Monitoring of Pharmaceutical Rebates and Pricing and Performance Guarantees**  
(Continued)

The State received \$233,730 from ESI for the 2009 pricing guarantees. ESI provided DAS a spreadsheet, which included the calculation of the guarantee; however, DAS lacked adequate information to determine if that calculation was correct. Moreover, the State's agreement with ESI is unclear as to whether the factors used to determine the pricing guarantee are covered under the audit protocol section of the agreement, permitting the State to review and monitor the AWP.

*Performance Guarantees*

The State's agreements with BCBSNE and ESI both contain provisions requiring the contractor to place a dollar amount at risk to guarantee the performance of certain service standards. See **Attachment I** for the section in the BCBSNE agreement related to performance guarantees and **Attachment J** for the section in the ESI agreement related to performance guarantees.

The ESI agreement provides audit rights to the State to ensure the integrity of the business relationship. Those audit rights are set out in an audit protocol established by ESI to facilitate a responsive and responsible audit process. See **Attachment G** for the ESI Audit Protocol. The BCBSNE agreement also permits the State certain audit rights. However, while the ESI agreement grants the State broad audit rights, BCBSNE is required only to maintain membership and claims records for a period of eight years.

Due to its failure to obtain adequate documentation from either BCBSNE or ESI or to perform audits of performance guarantees, DAS was unable to ensure the performance guarantees stipulated in each agreement were met. Instead, both contractors simply provided DAS with periodic reports indicating the performance measures had been met. See **Attachment K** for a copy of a statement from BCBSNE and **Attachment L** for a copy of a report from ESI.

The contractors paid the State the following performance guarantees for calendar year 2009:

<b>Performance Guarantees Paid to State for CY 2009</b>	
BCBSNE	\$ 53,843
ESI	\$ 0

The APA was unable to verify whether the dollar amounts presented above represented all of the performance guarantees received by the State, as DAS did not record the performance guarantees separately in the accounting system. Rather, the amounts received were netted against the claims paid. Additionally, DAS did not receive the calendar year 2009 report from BCBSNE until October 1, 2010, or 273 days after the end of the 2009 contract year. The BCBSNE agreement provides for the percent of administration fee at risk to be calculated within 60 days of the end of the contract and savings calculations to be finalized approximately 120 days following the end of the contract year.

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**6. Monitoring of Pharmaceutical Rebates and Pricing and Performance Guarantees**  
(Concluded)

Without adequate monitoring and review of information received from the contractor, including audit procedures, there is a high risk the State is not receiving all monies due under the agreements.

We recommend DAS implement procedures to audit financial components of its agreements, when allowed, to ensure rebate and performance guarantee amounts received under those agreements are accurate. When it is unclear whether specific audit procedures are allowed, we recommend DAS take action, including amending contractual provisions as needed, to clarify the relevant language in its agreements.

*DAS' Response: DAS will research new procedures to obtain more detailed reports for the pharmaceutical rebates, pricing and performance guarantees. We will also work with our vendors to obtain the statistical information to support the performance guarantees paid or not paid to the State by the Pharmacy Benefit Manager (PBM) and health insurance administrators.*

**7. Contracts**

As noted in the background section, DAS utilizes several contracts in its administration of the Program. The APA reviewed five significant contracts and found numerous amendments not included in the original RFP and several instances in which the contract amounts entered into the State accounting system were not accurate or properly supported. Furthermore, subsequent to the RFP process, not all contract information was available in either the State accounting system or on the DAS website. For the contracts reviewed, the service contract awards prepared by DAS Materiel usually require the incorporation of the following documents:

1. Contract award;
2. Any contract amendments;
3. Any RFP addenda and amendments to include questions and answers;
4. The original RFP document;
5. The signed RFP form; and
6. The contractor's proposal.

Generally, the RFP for each contract was not available on the DAS website or in the accounting system.

Aon Consulting, Inc. (Aon)

The State requested bids to engage the services of a professional consulting firm with demonstrated successful experience with health benefit programs and other employee benefit programs. The RFP issued by the State was for the following five phases:

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**7. Contracts (Continued)**

Phase	Description
1	Analyze and provide recommendations for potential plan design changes.
2	Analyze and develop future plan rates.
3	Provide quarterly monitoring, analysis, and review services to evaluate plan performance. Also prepare reports and presentations on analysis.
4	Assist the State in developing RFPs for future benefit plans along with reviewing submitted proposals and awarding of any contract.
5	Evaluate the State's internal process relating to employee benefits.

The \$247,707.75 contract was awarded to Aon on May 29, 2007, and continued until December 31, 2008, with the option to renew for two additional one-year periods, as mutually agreed upon by all parties. The contract was subsequently extended until December 31, 2009, for the first renewal and December 31, 2010, for the second renewal. On October 4, 2010, the State and Aon agreed to extend the second renewal through September 30, 2011. On August 26, 2011, an additional extension of the second renewal was agreed upon for the period October 1, 2011, through December 31, 2011. The APA noted the following issues with the Aon contract:

- Since being awarded, the Aon contract has been amended thirteen times. Moreover, additional services were added to the second extension of the second renewal. All of these amendments and changes have increased the total contract amount by \$1,135,561.85. The total contract amount as of the August 26, 2011, extension is \$1,383,269.60 – more than five times the cost of the original contract. See **Exhibit B** for a list of the amendments made to the original contract. The renewals of the contract, along with the addition of significant work provided in the amendments, may result in the loss of State funds, as DAS would not know if other vendors could provide the work at a better price.

The RFP issued by DAS stated: *“Bidder may bid any additional optional services at your discretion with costs as an alternate; . . . If optional services are proposed, bidder must provide all documentation and supporting material with their bid for the State to review and determine if the service is viable.”*

Several of the amendments, as well as one revision to the original contract, appeared to be for optional services proposed in Aon’s response to the State’s RFP; however, costs to perform these optional services were not included in Aon’s response. The total cost of these amendments was \$601,857.10. Additionally, other amendments totaling \$190,816 were not covered under the original RFP or in Aon’s response to the RFP. See **Exhibit B** for these amendments. Because optional service costs do not appear to have been provided by the vendor in its response to the RFP, the State would be unable to determine if the services were obtained at the best price.

- The contract amounts shown in the State’s accounting system exceeded by \$89,525.01 the actual contract document amounts provided by DAS. The table below summarizes the differences.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**7. Contracts** (Continued)

Line in Accounting System	Contract Document	Description	Amount per Contract Document	Amount in Accounting System	Difference
1	Original Contract	Phase 1 - Plan Designs	\$ 54,458.75	\$ 71,683.76	\$ 17,225.01
10	Amendment 1	Communication Assistance Open Enrollment 2008	\$ 20,500.00	\$ 41,000.00	\$ 20,500.00
11	Amendment 1	Travel Expenses	\$ 6,800.00	\$ 13,600.00	\$ 6,800.00
23	Amendment 5	Claims Audit Services	\$ 45,000.00	\$ 90,000.00	\$ 45,000.00
<b>Total</b>					<b>\$ 89,525.01</b>

For line 1, DAS received a \$17,225 invoice from the vendor and amended the contract amount in the accounting system; however, an actual written amendment to the contract was not completed. For lines 10, 11, and 23, DAS indicated the original amount of the line item was incorrectly rolled over into the renewed contract in the State's accounting system even though these services were not actually renewed. Essentially, the accounting system doubled the amount of the line item. When contract amounts are not entered accurately into the accounting system, there is an increased risk the State will pay more than the contractual amount.

- The APA also found issues with the contract usage report in the State's accounting system. This report did not reflect the correct dollar amount used on the contract because DAS did not include the contract number in all lines of the purchase order. Those lines for which no contract number was entered are not reflected as a used portion of the contract. When contract numbers are not properly entered by the State's accounting staff, the resulting contract usage report does not offer a reliable reflection of the dollar amounts used on a contract.

Contract Amounts in the State's Accounting System

As previously discussed, BCBSNE acts as the third party administrator for the Program, receiving and processing State medical claims for a fee. The State has also contracted with ESI to provide complete administrative and support services for pharmaceutical claims. The State makes two types of payments to BCBSNE and ESI. One type is the reimbursement of State employees' medical and pharmacy claims, and the second type is the administrative fees. The State also contracted with BCBSNE for stop loss coverage, a form of reinsurance for self-insured employers that limits the amount the employers will have to pay for each member's health care and prescriptions (individual limit) or for the total expenses of the employer (group limit).

Amounts recorded in the accounting system for these contracts were not always accurate. Initially, DAS did not include dollar amounts for contracts in the accounting system for either the administrative services or claims contracts. Later, DAS began to include contract amounts in the accounting system, but those amounts were simply estimates. Generally, the estimated amounts entered by DAS were far greater than the actual value of the contract. According to the accounting system, the following amounts were recorded as medical and prescription claims:



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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**7. Contracts (Continued)**

<b>Claims - January 2009 through June 2009</b>		
<b>Description</b>	<b>Contract Amount in System</b>	<b>Amount Used as of June 30, 2010</b>
Medical Claims Blue Choice	\$ 110,000,000	\$51,908,020
Medical Claims Blue Select	\$ 28,000,000	\$ 8,234,361
Medical Claims PPO	\$ 6,000,000	\$ 5,376,375
Medical Claims PPO High Deductible	\$ 3,000,000	\$ 820,230
Pharmacy Claims	\$ 30,000,000	\$16,082,328
<b>TOTALS</b>	<b>\$ 177,000,000</b>	<b>\$82,421,314</b>

<b>Claims - July 2009 through June 2010</b>		
<b>Description</b>	<b>Contract Amount in System</b>	<b>Amount Used as of June 30, 2010</b>
Medical Claims Blue Choice	\$110,000,000	\$ 79,901,917
Medical Claims Wellness PPO	\$ 28,000,000	\$ 22,325,053
Medical Claims PPO	\$ 9,000,000	\$ 7,776,794
Medical Claims PPO High Deductible	\$ 3,000,000	\$ 1,132,518
Pharmacy Claims	\$ 30,000,000	\$ 28,260,121
<b>TOTALS</b>	<b>\$180,000,000</b>	<b>\$139,396,403</b>

From the above tables, it is clear that accurate contract amounts for medical and prescription claims have not been recorded in the accounting system.

Likewise, the following amounts were recorded as the administrative costs of the contracts:

<b>Administrative Fees - January 2009 through June 2009</b>		
<b>Description</b>	<b>Amount Recorded in System</b>	<b>Amount Used as of June 30, 2010</b>
Medical Blue Choice	\$4,600,000	\$ 2,477,722
Medical Blue Select	\$1,650,000	\$ 495,986
Medical PPO	\$ 650,000	\$ 391,752
Medical PPO High Deductible	\$ 200,000	\$ 104,788
Stop Loss - Blue Choice	\$ 982,000	\$ 892,123
Stop Loss - Blue Select	\$ 218,000	\$ 169,131
Stop Loss - PPO (1)	\$ 247,000	\$ 153,268
Stop Loss - PPO High Deductible	\$ 61,000	\$ 43,158
Pharmacy	\$1,000,000	\$ 558,496
<b>TOTALS</b>	<b>\$ 9,608,000</b>	<b>\$ 5,286,424</b>

<b>Administrative Fees - July 2009 through June 2010</b>		
<b>Description</b>	<b>Amount Recorded in System</b>	<b>Amount Used as of June 30, 2010</b>
Medical Blue Choice	\$ 4,100,000	\$ 3,053,421
Medical Wellness PPO	\$ 1,500,000	\$ 1,330,623
Medical PPO	\$ 520,000	\$ 440,937
Medical PPO High Deductible	\$ 130,000	\$ 110,565
Stop Loss - Blue Choice	\$ 1,230,363	\$ 1,088,569
Stop Loss - Wellness PPO	\$ 534,462	\$ 474,378
Stop Loss - PPO	\$ 181,591	\$ 157,198
Stop Loss - PPO High Deductible	\$ 49,364	\$ 39,417
Pharmacy	\$ 1,034,000	\$ 926,037
<b>TOTALS</b>	<b>\$ 9,279,780</b>	<b>\$ 7,621,145</b>

(1) This line was initially for \$146,932. A revision was requested by DAS to increase the amount by \$50,000, to \$196,932, (rounded to \$197,000) on February 17, 2009, five days after the contract was finalized. However, the amount of this portion of the contract in the accounting system is \$247,000, or \$50,000 more than the revision amount. DAS could not adequately explain or support the additional \$50,000 revision.

Without procedures to adequately estimate the contract amounts entered into the State's accounting system, the risk greatly increases that the accounting system will contain inaccurate contract information.

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**7. Contracts** (Continued)

Additionally, DAS inconsistently updated contract amounts in the State's accounting system. The stop loss insurance amounts recorded in the accounting system are based on projected enrollment figures at the time of the original contract. These amounts were not consistently updated by DAS. For example, DAS modified the July 2010 to June 2011 BCBSNE stop loss insurance contract amount for the Wellness PPO Plan to reflect more accurately current enrollment figures; however, DAS did not update the other three plans in the accounting system. This is illustrated in the table below:

Stop Loss Insurance Contract Amounts for July 2010 through June 2011				
Description	Original Amount	Updated Amount	APA's Updated Amount For All 4 Plans	Variance
Blue Choice	\$1,653,025	\$ 1,653,025	\$ 1,455,746	\$ 197,279
Wellness PPO	\$ 314,450	\$ 597,489	\$ 597,489	\$ 0
PPO	\$ 275,560	\$ 275,560	\$ 193,124	\$ 82,436
PPO High Deductible	\$ 76,120	\$ 76,120	\$ 42,381	\$ 33,739
<b>TOTALS</b>	<b>\$2,319,155</b>	<b>\$ 2,602,194</b>	<b>\$ 2,288,740</b>	<b>\$ 313,454</b>

As a result of not updating the other three plans with revised enrollment data, the estimated contract amount in the accounting system was potentially overstated by more than \$300,000.

Finally, as of July 2010, DAS discontinued assigning the contract numbers to the claim payments during the payment process. As a result, the accounting system no longer will provide the amount spent on the medical and prescription contracts.

**Health Fitness Corporation**

The Health Fitness Corporation contract included a pricing schedule for most of its components. However, the amounts included in the pricing schedule did not always agree to the amounts recorded in the State's accounting system because DAS would request increases to the latter, as follows:

Line Number	Description	Fiscal Year	Amount per Contract Pricing Schedule	Amount Recorded in System	Amount Used as of June 30, 2010
1	Implementation	2009-2010	\$ 34,250	\$ 34,250	\$ 34,250
2	Health Risk Assessment (1)	2009-2010	\$ 124,430	\$ 284,430	\$ 166,566
3	Health Advising/Coaching (1)	2009-2010	\$ 403,915	\$ 1,263,915	\$ 608,322
4	Disease Management	2009-2010	\$ 1,335,514	\$ 1,335,514	\$ 174,997
5	Gaps in Care	2009-2010	\$ 238,680	\$ 238,680	\$ 120,457
6	Reporting (1)	2009-2010	\$ 144,300	\$ 204,300	\$ 162,746
	<b>Grand Total</b>		<b>\$ 2,281,089</b>	<b>\$ 3,361,089</b>	<b>\$ 1,267,338</b>

**Note:** This contract ends June 30, 2014. Only 2009-2010 is included in this table, as there was no contract usage for the other years as of June 30, 2010.

**Note 1:** These amounts were increased in the accounting system after the contract was entered.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**7. Contracts (Continued)**

Health Fitness Corporation created a power point presentation for the State that included a comparison of demographic enrollee information from Plan Year 1 (through March 31, 2010) to Plan Year 2 (as of July 31, 2010). Although Health Fitness Corporation analyzed the effectiveness of the Wellness Plan on the State employees' overall health, no analysis appears to have been performed of that plan's effectiveness in reducing the cost of health insurance for the State.

We recommend DAS implement procedures to ensure:

- The best price is obtained for services provided. DAS should limit the amount of additional services provided through the amendment of contracts, especially when those amendments total five times the original contract amount.
- Contract amounts in the accounting system reflect the actual amounts of the contract. Any required changes should be adequately supported.
- Contract payments are appropriately tracked and tied to related contracts to ensure contract amounts are not exceeded.
- Reviews are performed to make certain the services the State receives are the best use of taxpayer funds.

*DAS' Response: DAS has procedures to ensure contracts are handled appropriately.*

- *It is acceptable to add amendments to contracts and in many cases it is more efficient to work with an existing vendor who offers the services desired by the State because of their existing knowledge of the State and how it operates. Savings to the State from the use of a single vendor are potentially more significant when the additional services requested are part of a unified effort using the same general parameters established in the original contract.*
- *Original contract amounts in the statewide accounting system are estimates. The statewide accounting system used for processing contract payments via purchase orders against a contract, identifies the contract number for each line of the purchase order. The accounts payable information in the State's accounting system more clearly reflects the payments for the services provided, the decision was made to separate the payment of services fees from the reimbursement of claim payments. DAS procedures continue to utilize purchase orders to process the payment of administrative fees and create efficiencies when paying claims.*
- *Through a combined effort between the State Purchasing Bureau and agency subject matter experts the Request for Proposal process includes the development of requirements, evaluation of needs, and scoring of responses in order to make the best use of taxpayer funds.*

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**7. Contracts** (Concluded)

**APA Response:** The APA does not think amending a contract originally valued at \$247,708 to over \$1.3 million is an acceptable or efficient procurement practice. Furthermore, DAS is unable to determine the potential savings from using the same vendor because other vendors have not been afforded the opportunity to provide the services at a better rate.

DAS also indicates that the accounts payable information in the State's accounting system more accurately reflects the payments for the services provided. Neb. Rev. Stat. 73-501 (Reissue 2009) states, "The purposes of sections [73-501](#) to [73-509](#) are to establish a standardized, open, and fair process for selection of contractual services and to create an accurate reporting of expended funds for contractual services . . . There shall also be an accountable, efficient reporting method of expenditures for these services." The procurement area in the State accounting system is supposed to satisfy the accurate reporting requirements of this statute. However, because of the process used by DAS staff to record some of the payments on its service contracts, not all of the payments are accurately charged to the contract in the procurement area of the accounting system. Therefore, DAS should ensure the service contract payments are accurately recorded not only on the account payable area, but also in the procurement area of the accounting system.

**8. Lack of Reconciliations**

The APA was unable to determine if DAS provided accurate claims data for use in the audit. Audit data provided by DAS differed from previous DAS data, as indicated below:

**BCBSNE Daily Files**

As the third party administrator for the State's self-insured health insurance Program, BCBSNE initially pays service providers for any medical claims incurred by plan participants. As discussed in the background section, DAS - Benefits staff downloaded Detailed Claim Reports from BCBSNE, which contained the subscriber ID (employee's social security number), first and last name of the person who incurred the medical service, claim number, date incurred, provider name, amount billed, amount allowed, net amount paid, and the access amount. These files included State medical claims processed for payment each day by BCBSNE. DAS - Benefits staff also downloaded files from BCBSNE documenting claims that had cleared the BCBSNE bank, for which BCBSNE asked the State for reimbursement. The APA will refer to those files as the Payment Request files – which include, among other fields, the claims number, service year, service date, claim amount, and the cleared date. As mentioned, those files were used for the payment of claims to BCBSNE.

For the period June 30, 2009, through June 30, 2010, the Payment Request files contained \$123,836,342 in claims. The APA reconciled those files to the amounts recorded in the State's accounting system, as follows:

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**8. Lack of Reconciliations** (Continued)

<b>\$123,836,342.43</b>	<b>BCBSNE Payment Request Files</b>
\$(1,495,660.35)	Refund Credits - The Payment Request files did not include the detail of any refunds received; consequently, the amount therein was higher than what was recorded in the accounting system. DAS did not obtain support for the refund credits.
\$(24,525.95)	Remicade Rebate – Remicade is an antibody typically covered under medical insurance rather than prescription drug insurance. Rebates were collected and submitted back to the State. Those amounts were not included in the Payment Request files.
\$(373.70)	Litigation Settlement – Three small litigation settlements from the prior fiscal year were netted against the claims paid in the fiscal year tested. Again, the detailed amounts were not included in the Payment Request files.
\$(359,871.03)	Stop Loss Insurance Proceeds - The Payment Request files did not include the detail of any stop loss insurance proceeds received; consequently, the amounts therein were higher than what was recorded in the accounting system. The stop loss proceeds were not recorded separately. Rather, they were netted against the claims paid in the accounting system.
\$(14,694.47)	Deductible Error Correction – These were errors related to the set-up of the Wellness Plan deductible amounts by BCBSNE. The errors were not included in the Payment Request files.
\$(327.92)	Four cleared checks from June 29, 2010, were included with the June 30, 2010, cleared checks in the Payment Request files. As a result, the June 29, 2010, checks were not paid until July 1, 2010, which was outside our audit period and not reflected in the June 30, 2010, payments out of the Health Insurance Trust Fund.
\$(148.74)	The Payment Request files included an older claim, which DAS paid out of the Health History Fund; therefore, the amount on the Payment Request file was higher than what was recorded in the Health Insurance Trust Fund in the accounting system.
<b>\$121,940,740.27</b>	<b>Health Insurance Trust Fund – BCBSNE Claims Payments</b>

DAS did not compare or reconcile the Detailed Claim Reports and the Payment Request files to ensure claims paid by the State agreed to detailed support; rather, DAS simply paid the amount requested from BCBSNE. Therefore, the APA reconciled the Payment Request files and the Detailed Claim Reports to verify all claims paid by the State contained appropriate supporting documentation. The APA noted the following during our reconciliation process:

- DAS made 2,570 claim payments totaling \$431,594 from the Payment Request files, which could not be traced to any detailed support on the Detailed Claim Reports; therefore, DAS could not identify whom those claims were paid for. See **Exhibit C**.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**8. Lack of Reconciliations** (Continued)

- DAS paid 214 claims totaling \$66,533 twice. DAS correctly paid the 214 claims under the Wellness plan, as supported by records from the Detailed Claim Reports. However, DAS then erroneously paid the claims again on the same day under the PPO high deductible plan. All claims were paid by BCBSNE via electronic funds transfer on either January 25, 2010, or April 9, 2010. One additional claim of \$40 was paid by BCBSNE via check, with a cleared date of November 17, 2009. See **Exhibit D**. Also, a portion of one of those claims, totaling \$63, appears to have been inadvertently corrected through a refund, followed by an additional payment; however, no support was available to determine if the refund was properly received by the State.
- DAS paid 11 claims totaling \$5,766, which could not be traced to any detail supporting the amounts paid. After each claim was paid by DAS, the Detailed Claim Reports indicated the claims were refunded anywhere from one to six months after they were initially paid. However, due to a lack of detailed information regarding refunds and credits received by DAS, the APA was unable to determine if the refunds were properly credited to the State.
- DAS paid 137 claims totaling \$8,841, whose supporting documentation did not agree to the amounts paid. Supporting documentation indicated there was no Net Paid amount on the 135 claims; however, BCBSNE paid the claims nonetheless. Supporting documentation for the two remaining claims showed amounts to be paid that did not agree with the amounts actually paid. In total, DAS overpaid BCBSNE by \$4,485 for those claims. See **Exhibit E**.
- DAS paid seven claims totaling \$783 and coded the payments to the Wellness plan; however, the supporting documentation indicated the claims were incurred under the BlueChoice or BlueSelect plans. After further review, the APA determined the covered individuals changed plans on July 1, 2009. Three claims totaling \$423 were incurred prior to that date and were incorrectly coded by DAS. Four claims totaling \$360 were incurred during the first two days of July 2009, and the supporting documentation DAS obtained from BCBSNE was incorrect.

We also noted the following issues during our reconciliation process:

- DAS did not receive proper documentation from BCBSNE to support refunds or stop loss benefits received by the State. The refund and stop loss amounts were included on daily summary files from BCBSNE as credits; however, no documentation was provided to support which claims were refunded or to indicate which individuals were covered by the stop loss reimbursements. Additionally, refunds and stop loss benefits received from BCBSNE were not separately accounted for in the accounting system; instead, they were netted against amounts owed to BCBSNE.
- During our reconciliation of the BCBSNE files, we found that DAS failed to download the Detailed Claim Reports for records processed on August 20, 2009, totaling \$489,187.

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**8. Lack of Reconciliations** (Continued)

- In spite of the assertion made by certain State officials that State employee health information is not provided to the employer, DAS Benefits staff obtained the Detailed Claim Reports, which included the employee and social security number, as well as the provider of the services for all claims under the Program. DAS also obtained detail claims data for the prescription program, including employee names and the drug prescribed. Despite having access to this information, DAS redacted social security numbers and, in some cases, patient and provider names for a portion of the data provided to the APA. In total, 107,373 detailed claims records totaling \$13,239,333 were redacted. The detailed claims records support the payment of State funds for medical claims and were needed by the APA to ensure only eligible participants received services. Further information on this issue is detailed in Comment Number 12.

**BCBSNE Performance Audit Data File**

Because DAS refused to provide the APA a complete listing of the detailed claims data from BCBSNE and ESI for our testing purposes, as allowed under HIPAA, the APA agreed to receive more limited data. The APA consented to the limited data because, as explained already, the complete claims details were not needed for reviewing the financial data. Moreover, agreeing to accept the limited data was necessary to proceed with the audit. DAS provided a separate list of BCBSNE claims paid during fiscal year 2010 with all personally identifiable information redacted. The file was referred to as the BCBSNE Performance Audit Data File. The APA reconciled the BCBSNE Performance Audit Data File to the Payment Request files to verify all claims paid by the State were included in this new file, as noted below:

<b>\$ 123,467,270.29</b>	<b>BCBSNE Performance Audit (PA) Data File</b>
\$ (129,746.41)	Timing difference end of year – PA claims with June 30, 2010, cleared date, but paid by DAS after June 30, 2010. Therefore, PA Data file was higher than the DAS Payment Request files.
\$ 129,433.77	Timing difference beginning of year – PA claims cleared in June 2009, but paid by DAS in FY 2010. Therefore, PA Data file was lower than DAS Payment Request files.
\$ (822.07)	PA claims not found in Payment Request files, so PA Data file was higher than Payment Request files.
\$ 10,857.53	Payment Request files claims not found in PA file, so PA Data file was lower than the Payment Request files.
\$ 66,445.93	Duplicate claims paid and noted in the Payment Request files. These were only included once in the PA file, so the PA file was lower than the Payment Request files.
\$ 75,474.07	Amount paid from the Payment Request files was higher than claim amounts in PA file.
\$ 281,556.63	It appeared that not all refund claims were included in the PA file, so the PA file was lower than the Payment Request file.
\$ (64,127.31)	An access amount was included in the PA file, but it was not paid by DAS, so the PA file was higher than the Payment Request files.
<b>\$ 123,836,342.43</b>	<b>BCBSNE Payment Request files</b>



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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**8. Lack of Reconciliations** (Continued)

The APA noted the following during our reconciliation process:

- DAS paid 73 claims totaling \$10,858, which could not be traced to the BCBSNE Performance Audit Data File. See **Exhibit F**.
- The BCBSNE Performance Audit Data File included 20 claims totaling \$822, which could not be traced to the Payment Request files.
- The Payment Request files contained 212 duplicate claims that matched a claim number on the BCBSNE Performance Audit Data File. Those duplicate claims appeared only once on the BCBSNE Performance Audit Data File. The total paid in error on those 212 claims was \$66,446. See **Exhibit G**.
- Several claim numbers matched on both files; however, the dollar amounts did not agree. The State paid \$75,612 more than the amount included on the BCBSNE Performance Audit Data File. See **Exhibit H**.
- One discrepancy was due to the fact the Payment Request files did not contain all refund records. Additionally, the \$281,557 in refunds identified in the BCBSNE Performance Audit Data File was significantly lower than the \$1,495,660 in refunds actually received by the State. Thus, it appears the BCBSNE Performance Audit Data File also did not include the majority of State refund records.

**ESI File**

The APA initially received prescription claims data from ESI for prescriptions filled between July 1, 2009, and June 30, 2010. This original ESI file indicated \$30,670,033 in prescriptions had been filled during that time. The APA reconciled this amount to the amount recorded in the State's accounting system, as noted below:

<b>\$ 30,670,033.41</b>	<b>Original ESI File</b>
\$ (693,702.94)	Claims filled and included in original ESI file, but not paid by the State as of June 30, 2010. This is basically a timing issue.
\$ 557,608.61	Claims paid by the State during fiscal year 2010, but filled prior to July 1, 2009. Again, this is simply a timing issue.
<b>\$ 30,533,939.08</b>	<b>Health Insurance Trust Fund – ESI Claims Payments</b>

**ESI Performance Audit Data File**

Despite having already obtained the detailed prescription claim information directly from ESI, the APA also requested and received limited claims data similar to what was obtained from BCBSNE. This limited data was needed in order to provide consistency in the information used for testing. This new file of limited data was referred to as the ESI Performance Audit Data File. Again, this information supported the payment of claims with State funds; however, any personally identifiable information in the data was redacted. The APA reconciled the original ESI claims file to the ESI Performance Audit Data file to verify all claims paid by the State were included. The APA noted the following during our reconciliation process:



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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**8. Lack of Reconciliations** (Continued)

<b>\$ 30,706,337.80</b>	<b>ESI Performance Audit (PA) Data File Plan Cost and Administration Fee</b>
\$ 2,114.85	Claim amounts on PA file did not agree to amounts on ESI file. In total, the claim amounts on the PA file were lower than those on the ESI file.
\$ (54,074.83)	Claims on PA file did not correspond to any claims on the ESI file.
\$ 15,631.37	Claims on the ESI file did not correspond to any claims on the PA file.
\$ 24.22	Claims on each file, but one had some of the claims reversed. The administration fees on the ESI file were not refunded, so the PA file was lower.
<b>\$ 30,670,033.41</b>	<b>Original ESI File</b>

- Several prescription claim numbers matched on both files; however, the dollar amounts did not agree. The State paid \$2,115 more than was on the ESI Performance Audit Data File. See **Exhibit I**.
- The ESI Performance Audit Data File contained 444 claims totaling \$54,075, which were not on the original ESI file. See **Exhibit J**.
- The original ESI file contained 13,310 claims totaling \$15,631, which were not on the ESI Performance Audit Data File. Part of the issue appeared to be caused by the ESI Performance Audit Data File lacking all reversed claims records. We noted claims on the original ESI file that were paid, reversed, and then paid again. On the ESI Performance Audit Data File, those same claims were shown only once as being paid. However, the dollar amounts did not agree because ESI did not refund DAS an administrative fee paid when claims were reversed. For those matched claims, the State was not reimbursed \$24 in administrative fees. Thus, DAS paid the administration fee on those claims twice.

**Ineligible Participant Claims Data**

Through testing of the claims files, the APA developed a list of ineligible participants, with the understanding DAS would provide all of the claims detail for those ineligible individuals. Upon review of the information provided by DAS, the APA found the following issues:

- The service dates on eight claims for one individual changed from the Detailed Claim Reports downloaded from BCBSNE by DAS to the BCBSNE Performance Audit Data File information provided to the APA. The service dates for the eight claims on the Claims Reports were all August 31, 2009; however, the service dates for those same claims numbers on the BCBSNE Performance Audit Data File were all after September 1, 2009. August 2009 was the last month this employee was eligible for health insurance coverage. It appears the dates changed between the time the claims were processed by BCBSNE and the time they were paid by the State. The result of this date change increased the amount of ineligible claims by \$115,164. See **Exhibit K**.
- DAS provided claims for five individuals totaling \$8,820, which were not paid by the State during the fiscal year or in the following two months of July and August 2010. The APA could not determine if these claims were ever paid by the State.
- DAS did not include refunds or credits totaling \$1,776 for four individuals.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**8. Lack of Reconciliations** (Continued)

- The State paid BCBSNE claims totaling \$209 for 2 individuals and ESI claims totaling \$1,425 for 13 individuals, all of whom the APA identified as ineligible; however, the detailed claims were not provided by DAS.
- DAS did not include the administrative fees paid on ESI claims totaling \$29 for the ineligible individuals.

Good internal control includes procedures to ensure adequate documentation is maintained to support all vendor payments, refunds and credits. When DAS makes payments to its vendors without reconciling the amount to supporting documentation, there is an increased risk the payment will be incorrect, duplicated, miscoded, or unwarranted due to a lack of support. When refunds and other credits are not reconciled and separately accounted for, there is a risk the State will not receive the proper amount due. When data provided to the APA is inaccurate or does not agree to previous data provided, there is an increased risk for loss or misuse of State funds.

We recommend DAS:

- Ensure support exists for all amounts paid by reconciling the BCBSNE Detailed Claim Reports and the BCBSNE Payment Request files.
- Seek reimbursement from its vendors for all duplicate payments.
- Request and review documentation supporting the detail for all refunds and stop loss insurance benefits listed as credits on the daily summary files to ensure the correct amount is received.
- Separately code refunds, insurance proceeds, and payments in the State's accounting system, so they can be appropriately identified.
- Implement proper monitoring procedures to ensure all daily claims files from BCBSNE are downloaded and reviewed.
- Reconcile the support obtained from its vendors to the State's accounting system to ensure the accuracy of payments.

*DAS' Response: It is against standard accounting practice to include Performance Audit data in a Financial Attestation Audit which includes data from two separate audits where the desired outcomes are different. The focus on performance differs from determining the accuracy of financial data. Before additional processes would be implemented, as proposed by the APA, DAS will consider the cost/benefit analysis of adding required staff.*

**APA Response: It is standard practice to ensure the accuracy and completeness of data provided during an audit. Therefore, the APA compared the total dollar amount of claims provided in the financial audit file to the total dollar amount of claims provided in the performance audit file.**

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**8. Lack of Reconciliations** (Concluded)

**APA Response, Concluded:**

**Additionally, the comment included duplicate claims payments and claims payments made without supporting documentation, which necessitate the need for improved procedures and monitoring of information obtained from the third party administrators.**

**9. Handling of Retiree and COBRA Funds**

In the same way that State agencies are responsible for the collection and remittance of active employee premiums, DAS – Benefits is responsible for the collection and remittance of premiums for COBRA and retiree participants.

In accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), which is codified at 29 USC § 1161 et seq., the employee and eligible dependents may obtain continued health insurance coverage, at their own expense, for a temporary period of time. To be eligible, a qualifying event causing the loss of coverage must take place. If employment is terminated or work hours are reduced below 20 hours per week, and the employee was covered by a State plan, the employee is eligible for COBRA for up to 18 months. Certain family members also have the option to continue receiving health insurance after the benefits would normally cease. Those family members may be eligible to continue receiving health insurance benefits for an additional 18 to 36 months.

For employees who meet the qualifications of retirement, DAS – Benefits has established, pursuant to § 84-1608, an Early Retiree and Disability Retirement Program that allows the retiree, at his or her own expense, to continue health insurance coverage if actively enrolled in the benefit on the last day of employment. Coverage can be continued up to the first of the month in which the employee reaches age 65.

DAS – Benefits utilizes two computer software applications to administer these programs. TravisCOBRA is used to manage the COBRA program, while T-BILL is used to manage the retiree program. DAS – Benefits pays a license fee for each user of these applications.

The following table shows the COBRA and retiree premiums paid into the State Health Insurance Fund for the last five fiscal years:

FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	Total
\$ 2,954,354	\$ 3,096,775	\$ 3,341,649	\$ 3,073,158	\$ 2,876,212	\$ 15,342,148

The APA found the following issues with DAS – Benefits' collection of these monies:

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**9. Handling of Retiree and COBRA Funds (Continued)**

- A lack of segregation of duties exists over the receipt process for COBRA and retiree premiums. Multiple individuals are able to open the mail containing the premium payment, enter the premium into the appropriate computer application, and prepare the deposit document. The checks and deposit documents are forwarded to DAS – Central Finance for approval and actual deposit. DAS – Benefits does not review the general ledger from the accounting system to ensure all premiums received were actually deposited. Additionally, the DAS – Benefits staff controls eligibility, so the risk for errors or fraud exists.

For example, if a premium is received from a participant and not deposited, that individual would typically be ineligible for continued coverage because the computer application would notify DAS a premium had not been paid. However, DAS' current practice of allowing the same person to handle checks, deposits, and eligibility weakens this control. In fact, such control does not even function properly without an independent verification of the monies recorded in the computer software to the monies deposited with the State. DAS – Benefits should reconcile amounts from the two computer applications to the State's general ledger on a monthly basis to ensure all monies collected and recorded have been deposited. The APA attempted to reconcile the two computer applications to the State's accounting system and encountered the following issues:

- Accurate historical reports could not be produced from either computer application that agreed to the State's accounting system. Therefore, the APA manually reconciled the systems.

<b>COBRA Payments</b>	
State's Accounting System	\$ 446,912
TravisCOBRA	\$ 446,013
Variance	\$ 899
Administrative fees were incorrectly recorded as premium payments in the State's accounting system.	\$ (381)
Five payments in TravisCOBRA did not agree to the State's accounting system.	\$ 4
There were voided payments in TravisCOBRA due to a software update.	\$ (2,005)
Two payments were miscoded as a retiree payment instead of a COBRA payment.	\$ (774)
Three participants had corrupt files with amounts that do not match to the accounting system.	\$ 1,243
The computer software does not record payments properly if there is a partial payment or if a balance exists for the participant.	\$ (1,190)
Ten payments were not properly voided in TravisCOBRA.	\$ 2,204
Remaining Variance	\$ 0

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**9. Handling of Retiree and COBRA Funds** (Continued)

<b>Retiree Payments</b>	
State's Accounting System	\$ 2,307,964
T-BILL	\$ 2,306,945
Variance	\$ 1,019
Four payments in T-BILL did not agree to the State's accounting system.	\$ 18
Six payments in T-BILL did not agree to the State's accounting system due to partial payments not being properly recorded in T-BILL.	\$ 346
Three payments were miscoded as Vision payments in the State's accounting system.	\$ 1,341
Two payments were miscoded as retiree payments instead of COBRA payments. (Difference in amount from the COBRA schedule above is due to the recording of an administrative fee.)	\$ 798
Two corrupt files were found with amounts that do not match the State's accounting system.	\$ 1,409
Four participants' payments did not appear on the T-BILL report.	\$ (4,931)
Remaining Variance	\$ 0

- As noted above, certain payments were voided upon a software update from the vendor. DAS – Benefits could provide no further explanation on this issue.
  - The system does not correctly record payments when a balance exists for the participant at the time a payment is received.
  - For reasons unknown to DAS – Benefits, files become corrupt; therefore, the data from the computer software does not agree to the financial information in the accounting system.
- The TBILL and TravisCOBRA software used by DAS to track retiree and COBRA participants do not interface with BCBSNE or Express Scripts, so communicating new enrollments to or terminations from these groups is a separate and sometimes manual process. Thus, a good system of internal control would include a checklist or other tool to ensure coverage is started or ended appropriately. DAS – Benefits does not utilize a checklist or other tool to ensure both the medical and prescription coverages are terminated once an employee is no longer eligible for participation. Instead, DAS – Benefits sends an email to BCBSNE to add participants to the COBRA or retiree plans and also maintains a spreadsheet for employees whose coverage has terminated. The spreadsheet is sent to BCBSNE monthly. For prescription coverage, DAS – Benefits is able to enroll and terminate participants' coverage on-line. This manual process is subject to error, as noted in the COBRA refund section of Comment Number 4. In that instance, a premium refund was processed for the participant's April 2010 coverage; however, DAS – Benefits did not properly notify BCBSNE and Express Scripts that the coverage had terminated for this participant. As a result, \$144 in prescription claims and \$71 in medical claims were processed for services incurred in April 2010, when the participant was not covered.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**9. Handling of Retiree and COBRA Funds (Continued)**

- When an employee terminates employment, the agency human resources representative emails DAS – Benefits the “COBRA/Retiree Termination Form,” which includes the date of the qualifying event, the type of qualifying event, the coverage termination date, and the type of coverage. According to DAS – Benefits, dates on these forms are verified to information in the State’s accounting system. However, this verification was not documented to ensure it was performed.
- Checks received at DAS – Benefits were not properly stored in a secured location during the day. The checks were placed instead in an unlocked desk drawer.
- Receipts were not prepared for money received, unless a participant requested it while making payment in the DAS – Benefits office.
- No written approval was required prior to refunding a premium payment.
- DAS – Benefits did not review voided payments in the TravisCOBRA application to ensure such payments were proper.

Good internal control includes adequate procedures and records to produce reliable financial information and to safeguard assets. Without adequate procedures and reliable systems to record financial data, there is an increased risk for loss or misuse of funds.

We recommend DAS:

- Implement procedures to ensure an adequate segregation of duties exists over the receipt and deposit of retiree and COBRA funds received in the office. An individual not involved in the process should document a detailed review of the general ledger to amounts received to ensure all amounts received have been deposited.
- Review its computer applications, T-BILL and TravisCOBRA, to ensure the reliability of financial reporting. When unexpected issues occur, DAS should work diligently with the vendor to ensure the integrity of the data processed by the application.
- Consider the implementation of a checklist or other tool to ensure all applicable coverages are entered and terminated properly.
- Document its review of the application forms received from State agencies for accuracy.
- Ensure checks received are properly secured at all times during the day.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**9. Handling of Retiree and COBRA Funds** (Concluded)

- Prepare receipts for COBRA and retiree monies received to provide better controls over these funds.
- Implement a formal, supervisory approval of all refunds issued and a supervisory review of all voided payments in its computer applications to ensure the transactions were handled properly.

*DAS' Response: DAS will continue to work diligently to ensure data is not compromised and will continue to explore additional controls to reduce the State's exposure.*

**10. Internal Controls**

The APA found that DAS lacked adequate monitoring and internal controls in the following areas:

*DAS Monitoring*

DAS did not have adequate procedures in place to review medical claims paid by or refunds issued to the State. Additionally, DAS appeared to lack an adequate understanding of BCBSNE's processes for administering the Program.

- DAS testing procedures were inadequate. Monthly, DAS selected 11 medical claims and 3 prescription claims to verify that the claimant was an active employee and had paid the appropriate premium. This sample size is too small to have any significant effect on the roughly 13,000 employees in the plan. Additionally, DAS made no effort to determine if the employees' dependents under the plan were eligible. The APA reviewed one month of the DAS testing and found one person who was listed as neither eligible nor ineligible by DAS. That individual was actually employed by the Nebraska State Employees Credit Union and, pursuant to State statute, ineligible to participate in the Program. The APA also noted DAS selected its sample from the claims file, which shows all claims processed for one day – as opposed to the claims paid file, which contains the claims actually paid by the State. During September 2011, DAS notified agencies and employees of its intent to conduct a dependent eligibility audit.
- DAS did not review claims detail for compliance with the terms of the provider agreement. The detailed claims received from BCBSNE did not indicate the medical procedure; therefore, DAS was unable to determine whether the service was covered under its plan, as well as whether the deductible or coinsurance had been appropriately applied. Because the Program is self insured, and the State pays its own medical claims, BCBSNE has no incentive to ensure claims paid are either accurate or for eligible services.

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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**10. Internal Controls** (Continued)

- DAS received no documentation identifying the refund credits and adjustments obtained from BCBSNE. These amounts were reflected as a deduction on the reimbursement invoice. The following is an example from the July 1, 2009, invoice. More than \$80,000 was deducted for these refund credits and other adjustments, for which DAS received no supporting documentation:

<b>July 1, 2009</b>	<b>BlueChoice EFT</b>	<b>BlueSelect EFT</b>	<b>PPO EFT</b>	<b>HDHP EFT</b>	<b>Total (1)</b>
Total Claims Paid	\$ 280,468.02	\$44,722.08	\$ 20,573.91	\$ 4,560.09	\$ 512,900.79
Less Refund Credits not on C/A	\$ (547.09)	\$ (106.23)	\$ (15.00)	\$ 0.00	\$ (668.32)
Less Refund Credits	\$ (60,033.99)	\$ (7,717.28)	\$ (11,450.34)	\$ (138.25)	\$ (79,339.86)
Less Serostim Litigation Sett.	\$ (227.56)	\$ (44.43)	\$ (89.78)	\$ (11.93)	\$ (373.70)
Total Owed by State	\$ 219,659.38	\$36,854.14	\$ 9,018.79	\$ 4,409.91	\$ 432,518.91

**Note 1:** Not all columns on the invoice are presented above, only those with refunds or other adjustments. The Total column reflects the total of all columns, including those not shown.

- DAS staff appeared to lack a general knowledge and understanding of certain BCBSNE administrative processes and operations. For example, the APA asked DAS to clarify why BCBSNE did not have a child's social security number even though that number was provided to BCBSNE on an enrollment file. To find the answer, DAS looked to BCBSNE – only to learn that adding the social security number in this instance was a manual process, which BCBSNE inadvertently overlooked.

Without adequate monitoring procedures, there is an increased risk of ineligible participants, procedures, and expenses, all of which would increase the premiums required to fund the Program.

*Written Policies*

DAS lacked sufficient written policies for communicating to State agencies the proper procedures for handling State employee health insurance benefits. According to DAS, the current insurance manual was dated January 1, 2000. However, multiple revisions of that document were sent to the human resources personnel of various State agencies, and DAS was uncertain whether the original publication had been updated accordingly. The APA obtained a November 1, 2003, version of the insurance manual. On August 30, 2010, some four months after the initiation of this audit, DAS issued a revised insurance manual, dated September 1, 2010, to State agency human resources personnel.

When policy and procedure manuals relating to employee insurance benefits are not updated and distributed systematically, consistently, and timely for use by all State agencies alike, there is an increased risk that policies and procedures will not be applied correctly and uniformly. In addition, there is an increased risk for errors in the determination of employee eligibility, status changes, and contribution calculations.



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**COMMENTS AND RECOMMENDATIONS**

(Continued)

**10. Internal Controls** (Continued)

*Review of Enrollment Files*

DAS lacked adequate procedures to ensure the information included in the enrollment files sent to BCBSNE or ESI was complete and accurate. From its accounting system, DAS accumulated information weekly on each eligible participant. That information, which contained new enrollees, terminated employees, and any other changes in status or dependents covered, was then sent to BCBSNE and ESI. The APA used the June 24, 2010, enrollment file in our testing and noted the following:

- Thirty-two covered dependents were listed in the file with no social security number. The ages of these dependents ranged from 12 days to 65 years, with 22 of them being over the age of 6 months. It should be noted that Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007, which is set out at 42 U.S.C. 1395y(b)(7) & (8), requires group health plans to submit, among other information, social security numbers to the Federal government.
- Eight dependents listed in the file shared the same social security number with other dependents also found in the enrollment file. The names and dates of birth of these eight individuals differed from those of the people with whom the files showed them sharing identical social security numbers.
- Three individuals were eligible for insurance coverage for June 2010 because they paid a premium, but they were not listed on this enrollment file due to agency input errors in the accounting system.

Without an adequate review of the enrollment files, there is an increased risk incorrect or incomplete data will be sent to the third party administrators.

*Funds in Accounting System*

Pursuant to statute, DAS is to maintain two funds in the State's accounting system for managing the Program. The first, established under § 84-1613, is the State Employees Insurance Fund, which serves to hold health insurance premiums and pay health insurance vendors. The second, established under § 84-1616, is the Health and Life Benefit Administration Cash Fund, which is used primarily for administrative and operation expenses. However, DAS maintains also a third fund, the Insurance Trust Fund. Lacking a statutory basis, the Insurance Trust Fund was set up under the old accounting system to track health insurance financial information. When the new accounting system was implemented in 2003, DAS came to rely exclusively upon the State Employees Insurance Fund to record health insurance information.

The following list of funds and sub-funds comprise the State Employees Insurance Fund and the Insurance Trust Fund:

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**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**10. Internal Controls** (Continued)

<b>Fund #</b>	<b>Name</b>
<b>68920</b>	<b>STATE EMPLOYEES INSURANCE</b>
68921	Life Health History*
68922	Health Insurance History
68923	State Employees Insurance
68950	TRICARE Health Supplement*
68951	Walgreens Health Initiative
68960	Health Insurance
<b>68930</b>	<b>INSURANCE TRUST</b>
68931	Blue Select Health Insurance
68933	BCBSNE PPO
68934	BCBSNE POS
68936	BCBSNE HMO
68937	Blue Choice Health Insurance
68940	Mutual PPO Health Insurance
68941	Mutual POS Health Insurance
68942	Mutual HMO Health Insurance
68943	Mutual Preferred HMO Health Insurance
68944	Mutual Preferred POS Health Insurance

\* These funds were not included in the financial analysis of the health insurance information.

Because the funds remaining in the Insurance Trust Fund are still active in the accounting system, there is an increased risk of improper use of health insurance funds unless they are maintained together in the State Employees Insurance Fund, as required by State statute.

We recommend DAS:

- Implement adequate monitoring of information received from claims administrators to ensure such information is both accurate and compliant with the terms of the administrative services agreements.
- Ensure procedures exist to update written manuals in a timely fashion.
- Review information provided to claims administrators for completeness and accuracy prior to its submission.
- Ensure all funds in the accounting system used for administration of the Program are maintained as directed by statute.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**10. Internal Controls** (Concluded)

*DAS' Response: DAS has internal controls and has used these to build and sustain a stable wellness and benefit program. DAS is dependent on individual Agency HR administrators and their employees to implement policies and procedures. We regularly communicate policy updates to Agency HR employees as part of its ongoing education to State Agencies. All funds authorized for use by the health insurance plans are maintained as directed by statute. The cost/benefit of adding additional staff to increase controls will be considered.*

**11. Financial Coding and Withholdings Errors**

Our testing and review of other documentation revealed certain coding errors and other incorrect premiums collected by the State. Moreover, while reconciling the expense accounts, the APA found additional instances of coding errors.

The following errors were noted:

- Three of 11 transactions totaling \$149,552, which were tested within the State Employees Insurance Fund, were coded incorrectly. Two transactions for \$137,480 were related to the administrative cost of the Program and should have been coded to the Health and Life Benefit Administration Cash Fund, while the third transaction coded \$12,072 of wellness-related expenses across all of the Program's business units.
- A payment of \$564,377 to Express Scripts was coded to the claims paid account; however, \$91,731 of this payment was for administrative fees that should have been coded to other contractual services, similar to the other monthly payments. The APA also found comparable issues related to the COBRA and Retiree premiums received, including administrative fees that were coded to premiums received but should have been coded and recorded separately.
- Beginning in February 2009, the American Recovery and Reinvestment Act (ARRA), Public Law 111-5, temporarily reduced the premium for COBRA or comparable State continuation coverage for eligible individuals. Under the Act, the eligible individual was responsible for only 35% of the cost of the premium, and the Federal government paid the remaining 65%. Normally, individuals eligible for continuation of health insurance coverage were responsible for 100% of the premium. Several amendments to the Act extended the qualification period to May 31, 2010. Federal income tax monies collected by the State fund this program. Instead of remitting the funds to the Federal government; therefore, the State transferred a portion of the Federal income tax withholdings to the State Employees Insurance Fund to cover the premium costs of insurance, thereby reducing the amount of Federal income tax owed to the IRS. The State did not properly transfer ARRA funds from the Federal tax withholdings to the State Employees Insurance Fund for seven months in 2010. In August 2010, DAS transferred \$131,194 from the imprest fund to the State Employee Health Insurance fund for the period of January 2010 to August 2010.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**11. Financial Coding and Withholdings Errors** (Continued)

Pursuant to § 84-1612, the Director of DAS is responsible for certifying that the appropriate coverage amounts are made by employee payroll deductions. This process should include procedures and reconciliations to ensure amounts withheld from employee paychecks are timely and accurate. The APA noted the following issues related to withholding the incorrect premium amounts from employee paychecks, as well as problems with the State's share of the premiums:

- DHHS erroneously paid \$3,093.30 in premiums for an employee in a non-pay status who ceased payment of his share of the health insurance premium.
- The Department of Corrections erroneously paid \$4,872.84 and \$1,372.40 in premiums for two employees in non-pay status who also ceased payment of their share of the health insurance premiums.
- The Game and Parks Commission (Game and Parks) did not pay the correct share of the health insurance premium for one employee. That employee used family medical leave from January 2010 into April 2010. The employee continued medical coverage due to the fact that she paid her share of the premium while on family medical leave; however, Game and Parks did not pay the correct employer share for this employee. Due to having incorrectly calculated the amount paid for the employee, during her family medical leave, Game and Parks owes \$406 in additional health insurance premiums.
- The APA noted an instance in which the incorrect premium amounts were withheld from an employee's payroll because that individual had changed jobs between two different State agencies during fiscal year 2010. As a result, the employee underpaid \$61, while the State underpaid \$229, for one month.
- One Department of Corrections' employee paid an additional \$110 in biweekly premiums from June 2, 2010, through December 15, 2010. In addition, those premiums were deposited incorrectly into the State Colleges health insurance account. Because the State Colleges had not used that particular account since July 2009, the incorrect funds transferred to it were not discovered by the State. After being questioned by the APA on December 22, 2010, about the balance in the State Colleges account, DAS took corrective action on December 29, 2010.
- There were a number of small, unexplained variances in the premium amounts paid by the State and its employees to different object accounts and funds in the State's accounting system. Good business practice requires that the premium withholdings agree to the amounts recorded in the State's accounting system.
- The Department of Labor allocates certain expenses, including health insurance costs, across several Federal programs. In order to perform this allocation, the Department has established a formula within the State's accounting system to make the automatic distribution. The allocation is split between two clearing accounts, depending upon whether the expense is payroll or non-payroll related. A total of \$719,246 in health insurance expenses (which are all payroll expenses) were allocated across the Federal programs during fiscal year 2010. However, of this total, only \$187,281 was correctly

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**11. Financial Coding and Withholdings Errors** (Concluded)

allocated to the payroll clearing account, while the remaining \$531,965 was incorrectly allocated to the non-payroll account. The financial information is not presented fairly when transactions are recorded to the incorrect accounts. The APA recognizes that DAS has no authority over this allocation process involving health insurance costs, so we are referring the issue to the Department of Labor.

When transactions are not coded to the appropriate accounts and performed timely, the financial schedule is not presented fairly. Moreover, there is an increased risk for the loss or misuse of State health insurance funds when premium payments are incorrect and not paid to the proper accounts.

The APA recommends DAS implement policies and procedures to ensure:

- Transactions are coded to the correct accounts and recorded in a timely manner.
- Timely transfers are made of Federal income tax withholdings from the imprest fund to the State Employees Insurance Fund for ARRA participants.
- Insurance premiums (State and employee share) are correct and transferred to the correct accounts.
- Expense accounts are properly reconciled to ensure premiums are recorded correctly. DAS should be able to provide explanations for any known variances.

*DAS' Response: The APA mentions a single isolated issue which pertained to American Recovery and Reinvestment Act (ARRA) money and was discovered and resolved by DAS. ARRA money is no longer available, and as a result, is not an issue. DAS continues to review coding procedures and explores additional controls to ensure accuracy.*

**APA Response: The single, isolated issue mentioned by DAS was an error that went undetected for seven months of the fiscal year audited.**

**12. Lack of Cooperation**

From the outset, the present audit was hampered by the unwillingness of DAS to provide the documentation needed to ascertain whether individuals participating in the Program were actually qualified for such participation. This persistent lack of cooperation on the part of DAS is responsible for delaying, by more than an entire year, the completion of the audit and the release of this report.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**12. Lack of Cooperation** (Continued)

Because the Program is self insured, the majority of the medical and prescription claims are paid by the State through its collection of premiums. As noted in the background section of the report, the State pays 79% of the total premiums, while the remaining 21% of the premiums are paid by State employees. Thus, it is essential to determine whether those State funds are being spent, as required by statute, solely for the benefit of qualified participants or their eligible dependents. The only way to make such a determination is to compare the claims payments made for individuals to State employee records. It is this documentation that DAS has consistently refused to make fully available to the auditors.

The records withheld by DAS included State employee health care claims payment data maintained by BCBSNE, the third party administrator for the Program. DAS's refusal to provide requested documents for the audit constitutes an open and deliberate violation of State law. Neb. Rev. Stat. § 84-305 (Reissue 2008) provides:

*"The Auditor of Public Accounts shall have access to all records of any public entity, in whatever form or mode the records may be, unless the auditor's access to the records is specifically prohibited or limited by federal or state law."*

DAS claimed that providing the APA with the requested records would constitute a violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Though unable or unwilling to specify which provisions of the act risked violation, DAS maintained spuriously that the APA's request would jeopardize the privacy of State employees' protected health information. In doing so, DAS fostered the false impression that the APA sought to review individual employee medical records; in fact, as the APA made clear from the outset, such records would not be accessed. Rather, the APA explained, claims expenditures would be reviewed for the limited purpose of ensuring that only qualifying State employees or their dependents have been participating in the Program.

Unlike DAS, the APA was able to point to specific exceptions in HIPAA permitting state auditors to access otherwise protected employee health information. The applicability of these audit exceptions to the APA's request was verified by representatives from the Office of Inspector General, U.S. Department of Health and Human Services. Nevertheless, DAS continued to exploit baseless fears regarding the privacy of employee health information to avoid complying with both § 84-305 and the relevant provisions of HIPAA.

During the course of the events discussed herein, the APA worked directly with BCBSNE in negotiating a nondisclosure agreement establishing parameters for the permissible use of any health insurance payment records released to the APA. An agreement approved by BCBSNE was signed by the APA's office as early as July 13, 2010. Due to the intervention of DAS, however, that agreement was never honored, and the requested records continued to be withheld.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**

(Continued)

**12. Lack of Cooperation** (Continued)

On March 1, 2011, a representative from BCBSNE requested the APA to sign a revised nondisclosure agreement. The APA responded that the original nondisclosure agreement was sufficient, as the APA was now willing to accept less information than previously requested.

Finally, on March 28, 2011, DAS provided the APA with a “limited data set” of information. However, the last piece of information, which would allow the APA to connect the ESI and BCBSNE claims for purposes of reviewing stop loss information, was not made available until April 15, 2011.

The refusal of DAS to abide by both State and Federal law by providing the APA with access to requested audit records severely impeded not only the APA’s ability to audit the financial data of the Program but also the State’s accountability and transparency in its handling of many millions of taxpayer dollars.

We recommend DAS comply with relevant provisions of both State statute and HIPAA by providing the APA with complete and timely access to requested audit records in future audits.

*DAS’ Response: We strongly disagree with this comment which is flawed in the following areas:*

- *It fails to include details demonstrating that the reason for many of the delays was the APA’s refusal to sign standard non-disclosure agreements. DAS has a fiduciary duty and legal obligations to employees, plan participants, and third party administrators to protect the confidential and proprietary information.*
- *The report fails to note that after receiving signed non-disclosure/confidentiality agreement and an approved list of data elements from member claims, all information requested by the APA was provided in a reasonable time frame.*

**APA Response: The APA signed the original non-disclosure form on July 13, 2010, shortly after the performance audit began. See below. The APA did not receive the complete set of requested claims information from DAS until April 15, 2011.**

(Continued on Next Page)



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**  
(Continued)

12. **Lack of Cooperation** (Continued)

**CONFIDENTIALITY AND NONDISCLOSURE AGREEMENT**

This Confidentiality and Nondisclosure Agreement (Agreement), is made and entered into this 13<sup>th</sup> day of July, 2010, by and between **BLUE CROSS AND BLUE SHIELD OF NEBRASKA**, a Nebraska company with principal offices at 7261 Mercy Road, Omaha, Nebraska (BCBSNE) and **NEBRASKA AUDITOR OF PUBLIC ACCOUNTS (AUDITOR)**.

Pursuant to this Agreement, BCBSNE and AUDITOR may provide each other with certain Confidential Information for the purpose of auditing the benefit and/or health insurance programs for the State of Nebraska, the University of Nebraska, and the Educators Health Alliance. This Agreement also pertains to any Confidential Information either party may possess which is obtained from the State of Nebraska, University of Nebraska or Educators Health Alliance regarding their benefit and/or health insurance programs. Accordingly, the parties agree as follows:

**I. Confidential Information**

The term "Confidential Information" shall mean, regardless of whether in written or oral form, all proprietary information pertaining to BCBSNE's or AUDITOR's business, including but not limited to: a) business plans; b) trade secrets and patent information; c) actuarial analysis; and d) pricing, discount, and provider reimbursement rate information.

For the purposes of this Agreement, "Confidential Information" shall not include, and the obligations herein shall not apply to, information that: a) is obtained from EnterpriseOne and/or the State of Nebraska's accounting system; b) is now or subsequently becomes generally available to the public; c) either party can demonstrate was rightfully in its possession prior to disclosure; d) is independently developed by either party without the use of any Confidential Information; e) either party rightfully obtains from a third party; f) is released or approved for release by BCBSNE or AUDITOR without restriction; or g) is inherently disclosed in the use, lease, sale, or other distribution of any present or future product or service produced by, for, or under authorization of BCBSNE or AUDITOR or in publicly available supporting documentation for any such product or service.

**II. Protection of Confidential Information**

Both parties agree to maintain the confidentiality of Confidential Information during and after the term of this Agreement.

**III. Use and Disclosure of Confidential Information**

Both parties may use Confidential Information only for the purpose described above. Other than for purposes of an external quality control review pursuant to Neb. Rev. Stat. § 84-311 (Reissue 2008), such information may not be included in any database or material for subsequent use in connection with other parties. Both parties may disclose Confidential Information to employees, contractors, directors and officers only on a need-to-know basis and at no time may the AUDITOR disclose information to any representative of a hospital, physician, or other health care provider that is responsible for or works on negotiating reimbursement discounts with BCBSNE or other health care payers or insurers. In all cases in which a party shall permit a person other than an employee of that party to have access to or use or disclose confidential information, such party, as a condition precedent thereto, shall obtain a confidentiality agreement in writing from such person to the effect contained herein.

In addition, both parties may use or disclose Confidential Information if and to the extent: a) required by any request or order of any government authority; b) otherwise required by law; or c) necessary to establish rights under this Agreement; provided that, in each case each party will first notify the other party of such requirement, permit the other party to contest such requirement if reasonably appropriate, and cooperate with the other party in limiting the scope of the proposed use or disclosure.



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**12. Lack of Cooperation (Concluded)**

**IV. Return of Confidential Information**

Upon termination of this Agreement or upon request, both parties shall promptly return all documents and other tangible materials representing Confidential Information. However, it is understood that, pursuant to the directives set out in Section 4.19 et seq. of *Government Auditing Standards* (July 2007 Revision), promulgated by the United States Government Accountability Office, the AUDITOR must prepare and maintain working papers containing sufficient documentation to support all audit findings. Documents and other tangible materials comprising any part of audit working papers prepared by the AUDITOR shall be exempt from the requirements of this section. Nevertheless, such items shall be subject to the non-disclosure provisions of Neb. Rev. Stat. § 84-311 (Reissue 2008).

**V. Remedies**

It is agreed that the unauthorized use or disclosure of any Confidential Information by either could cause severe and irreparable damage. In the event of such unauthorized disclosure, the non-breaching party is entitled to obtain from any court of competent jurisdiction preliminary and/or permanent injunctive relief, as well as any other form of relief permitted by applicable law. The disclosing party shall notify the non-breaching party immediately upon discovery of any loss or compromise of Confidential Information.

**VI. Entire Agreement**

This Agreement constitutes the entire agreement between the parties and may not be amended except in a writing executed by both parties. This Agreement shall be governed by the laws of the State of Nebraska.

**VII. Relationship of the Parties**

BCBSNE and AUDITOR are independent entities and nothing in this Agreement shall be interpreted to create any type of partnership, joint venture, or other similar business relationship.

**VIII. Term and Termination**

This Agreement shall commence as of the date set forth above and shall remain in force until terminated in writing by either party.

**AUDITOR**

BY: Mary Avery  
(Signature)

DATE: 7/13/10

NAME: Mary Avery  
(Print Name)

TITLE: Special Audits and Finance Manager

**Overall Conclusion**

As indicated at the outset of this attestation report, the issues addressed herein pertain to specific deficiencies in internal control over financial reporting and other operational matters relating to the Program. Left uncorrected, those issues risk having – both individually and collectively – a substantially deleterious impact upon the Program's financial well being.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**COMMENTS AND RECOMMENDATIONS**  
(Continued)

**Overall Conclusion** (Concluded)

The issues noted are especially problematic for a self-insured insurance plan, such as the Program. By choosing to implement a self-insured Program, DAS necessarily assumes the responsibility of managing it effectively. Even when utilizing the services of a third party administrator, DAS remains ultimately responsible for ensuring the proper management of the Program. As the various comments contained herein make clear, however, DAS has failed to implement and maintain the financial reporting and operational controls required to ensure the Program's financial integrity.

By failing to oversee adequately the activities of BCBSNE, the third party administrator, DAS has been unable to exercise fully its managerial responsibility for the Program – a situation that has precipitated many of the issues addressed in this report. In order to eliminate those issues, along with their present and prospective consequences, the APA strongly encourages DAS to implement, as soon as practicable, all of the recommendations provided herein.



## NEBRASKA AUDITOR OF PUBLIC ACCOUNTS

Mike Foley  
State Auditor

Mike.Foley@nebraska.gov  
P.O. Box 98917  
State Capitol, Suite 2303  
Lincoln, Nebraska 68509  
402-471-2111, FAX 402-471-3301  
www.auditors.state.ne.us

### NEBRASKA DEPARTMENT OF ADMINISTRATIVE SERVICES NEBRASKA STATE INSURANCE PROGRAM

#### INDEPENDENT ACCOUNTANT'S REPORT

We have examined the accompanying Schedule of Revenues, Expenditures, and Changes in Fund Balances of the Nebraska Department of Administrative Services – Nebraska State Insurance Program as of and for the period July 1, 2009 through June 30, 2010. The Department of Administrative Services management is responsible for the Schedule. Our responsibility is to express an opinion based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants, and the standards applicable to attestation engagements contained in *Government Auditing Standards* issued by the Comptroller General of the United States and, accordingly, included examining, on a test basis, evidence supporting the amounts and disclosures in the Schedule and performing such other procedures as we considered necessary in the circumstances. We believe that our examination provides a reasonable basis for our opinion.

In our opinion, the Schedule referred to above presents, in all material respects, the Revenues, Expenditures, and Changes in Fund Balances of the Nebraska Department of Administrative Services – Nebraska State Insurance Program for the period July 1, 2009, through June 30, 2010, based on the accounting system and procedures prescribed by the Nebraska Department of Administrative Services as described in Note 1.

In accordance with *Government Auditing Standards*, we are required to report findings of deficiencies in internal control, violations of provisions of contracts or grant agreements, and abuse that are material to the Schedule and any fraud and illegal acts that are more than inconsequential that come to our attention during our examination. We are also required to obtain the views of management on those matters. We performed our examination to express an opinion on whether the Schedule is presented in accordance with the criteria described above and not for the purpose of expressing an opinion on the internal control over the Schedule or on compliance and other matters; accordingly we express no such opinions. Our examination disclosed no findings that are required to be reported under *Government Auditing Standards*.

This report is intended solely for the information and use of management, the Department of Administrative Services, others within DAS, and the appropriate Federal and regulatory agencies. However, this report is a matter of public record and its distribution is not limited.

SIGNED ORIGINAL ON FILE

April 6, 2012

Mike Foley  
Auditor of Public Accounts

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**SCHEDULE OF REVENUES EXPENDITURES, AND CHANGES IN FUND BALANCES**  
For the period July 1, 2009 through June 30, 2010

	State Employees Insurance Fund	Health History Fund	Health and Life Benefit Cash Fund	Totals
<b>July 1, 2009 Fund Balances</b>	<b>\$ 13,521,273</b>	<b>\$ 6,508,264</b>	<b>\$ 149,945</b>	<b>\$ 20,179,482</b>
<b>Revenues</b>				
Premium Contributions	179,625,790	-	-	179,625,790
Pharmaceutical Rebates	4,144,425	-	-	4,144,425
COBRA and Retiree Contributions	2,876,213	-	13,120	2,889,333
Investment Income	1,118,700	13,108	20,255	1,152,063
Miscellaneous	115,817	53,749	-	169,566
<b>Total Revenues</b>	<b>187,880,945</b>	<b>66,857</b>	<b>33,375</b>	<b>187,981,177</b>
<b>Expenses by Vendor</b>				
Payroll Expense	-	-	334,244	334,244
<b>Claims Paid</b>				
BCBS of Nebraska	121,940,740	149	-	121,940,889
Express Scripts Inc	30,533,939	-	-	30,533,939
<i>Total</i>	152,474,679	149	-	152,474,828
<b>Administrative Fees</b>				
BCBS of Nebraska	5,383,634	-	-	5,383,634
Express Scripts Inc	1,108,285	-	-	1,108,285
Mutual/Coventry	252,116	-	-	252,116
<i>Total</i>	6,744,035	-	-	6,744,035
Stop Loss Insurance	1,970,412	-	-	1,970,412
Wellness Program	1,267,338	-	-	1,267,338
Management Consultant Services	287,397	-	100,000	387,397
Miscellaneous	210,483	-	308,972	519,455
<b>Total Expenses</b>	<b>162,954,344</b>	<b>149</b>	<b>743,216</b>	<b>163,697,709</b>
<b>Transfers Into Fund</b>	-	19,660,719	800,000	20,460,719
<b>Transfers Out of Fund</b>	(19,564,885)	(800,000)	-	(20,364,885)
<b>Change in Fund Balances</b>	<b>5,361,716</b>	<b>18,927,427</b>	<b>90,159</b>	<b>24,379,302</b>
<b>June 30, 2010 Fund Balances</b>	<b>\$ 18,882,989</b>	<b>\$ 25,435,691</b>	<b>\$ 240,104</b>	<b>\$ 44,558,784</b>

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**NOTES TO FINANCIAL SCHEDULE**

For the Period July 1, 2009 through June 30, 2010

**1. Criteria**

**A. Reporting Entity**

The Nebraska State Insurance Program is a self-insured insurance plan administered by the Nebraska Department of Administrative Services and established by Neb. Rev. Stat. § 84-1601 (Reissue 2008).

The accounting policies of the Nebraska State Insurance Program are on the basis of accounting as prescribed by the State of Nebraska Department of Administrative Services (DAS).

Per Neb. Rev. Stat. § 81-1107(2) (Reissue 2008), the duties of the State of Nebraska Director of Administrative Services include “The keeping of general accounts and the adoption and promulgation of appropriate rules, regulations, and administrative orders designed to assure a uniform and effective system of accounts and accounting, the approval of all vouchers, and the preparation and issuance of warrants for all purposes.”

In accordance with Neb. Rev. Stat. § 81-1111(1) (Reissue 2008), the State Accounting Administrator has prescribed the system of accounts and accounting to be maintained by the State and its departments and agencies and has developed necessary accounting policies and procedures. The prescribed accounting system currently utilizes EnterpriseOne to maintain the general ledger and all detailed accounting records. Policies and procedures are detailed in the Nebraska State Accounting Manual published by the DAS State Accounting Division (State Accounting) and are available to the public. The financial information used to prepare the Schedule of Revenues, Expenditures, and Changes in Fund Balances was obtained directly from the general ledger and fund balance information maintained on EnterpriseOne. As transactions occur, the agencies record the accounts receivables and accounts payable in the general ledger. As such, certain revenues are recorded when earned and expenditures are recorded when a liability is incurred, regardless of the timing of related cash flows. The expenditures and related accounts payables recorded in the general ledger as of June 30, 2010, include only those payables posted in the general ledger before June 30, 2010, and not yet paid as of that date. The amount recorded as expenditures as of June 30, 2010, **does not** include amounts for goods and services received before June 30, 2010, which had not been posted to the general ledger as of June 30, 2010.

The following funds were used in this report:

**State Employees Insurance Fund** – Used primarily to collect premiums, pay claims, and pay administrators of the Program.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**NOTES TO FINANCIAL SCHEDULE**  
(Continued)

1. **Criteria** (Continued)

**Health History Fund** – Established to pay administrative costs of the Program.

**Health and Life Benefit Cash Fund** – Created for administrative and operational expenses authorized by the Legislature.

The following revenue accounts were used in this report:

- **Premium Contributions** – Contributions received for the employee and State share of the premium costs.
- **Pharmaceutical Rebates** – Rebates received in accordance with the pharmaceutical agreement.
- **COBRA and Retiree Contributions** – Contributions received from COBRA participants and retirees. The two percent administrative fee is recorded in the Health and Life Benefit Cash Fund.
- **Investment Income** – Income allocated from the State's Operating Investment Pool.
- **Miscellaneous** – Primarily consists of refunds received on past claims.

The following expense accounts were used in this report:

- **Payroll Expense** – Accounts for all personal services expenses associated with administering the Program.
- **Claims Paid** – Payment of claims for services incurred by members.
- **Administrative Fees** – Fees paid to third parties for processing claims, etc.
- **Stop Loss Insurance** – Premiums paid for stop loss insurance.
- **Wellness Program** – Expenses paid to Health Fitness Corporation for wellness program services.
- **Management Consultant Services** – Expenses paid for actuary and consulting services.
- **Miscellaneous** – All other expenses of the Program.

Transfers were recorded as follows:

**Transfers Into Fund** – Transfers in from other funds. The transfers into the Health History Fund did not agree to the transfers out of the State Employees Insurance Fund because the Health History Fund transfers in also include transfers from other sources, such as flexible spending money.

**Transfers Out of Fund** – Transfers out to other funds. Funds are transferred out of the Health History Fund to the Health and Life Benefit Cash Fund to pay for administrative expenses of the Program.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**NOTES TO FINANCIAL SCHEDULE**  
(Continued)

**1. Criteria** (Concluded)

**B. Basis of Accounting**

DAS is a State agency established under and governed by the laws of the State of Nebraska. As such, DAS is exempt from State and Federal income taxes. The Schedule includes all funds of the Nebraska State Insurance Program included in the general ledger.

DAS is part of the primary government for the State of Nebraska.

**2. Subsequent Events**

Fiscal Year 2010 through 2012 Rates

The following table identifies the fiscal years 2010 through 2012 total annual premium rates.

Plan	Coverage Type	FY 10 Total Premium	FY 11 Total Premium	FY 12 Total Premium
<b>BlueChoice Plan</b>	Employee	\$ 6,950.40	\$ 7,622.40	\$ 7,641.36
	Employee + spouse	\$ 18,446.88	\$ 20,230.56	\$ 20,280.72
	Employee + children	\$ 14,276.40	\$ 15,656.88	\$ 15,695.52
	Family	\$ 24,672.72	\$ 27,058.32	\$ 27,125.52
<b>Wellness PPO Plan</b>	Employee	\$ 5,361.84	\$ 5,025.12	\$ 5,119.68
	Employee + spouse	\$ 14,230.56	\$ 13,337.28	\$ 13,587.84
	Employee + children	\$ 11,013.36	\$ 10,321.92	\$ 10,515.84
	Family	\$ 19,033.44	\$ 17,838.48	\$ 18,173.52
<b>Regular PPO Plan</b>	Employee	\$ 5,644.08	\$ 5,646.24	\$ 5,990.88
	Employee + spouse	\$ 14,979.60	\$ 14,985.60	\$ 15,900.24
	Employee + children	\$ 11,592.96	\$ 11,597.52	\$ 12,305.52
	Family	\$ 20,035.20	\$ 20,043.36	\$ 21,266.40
<b>High Deductible PPO Plan</b>	Employee	\$ 4,839.60	\$ 3,952.32	\$ 3,594.72
	Employee + spouse	\$ 12,845.04	\$ 10,489.92	\$ 9,540.24
	Employee + children	\$ 9,940.80	\$ 8,118.48	\$ 7,383.36
	Family	\$ 17,180.16	\$ 14,030.40	\$ 12,759.84

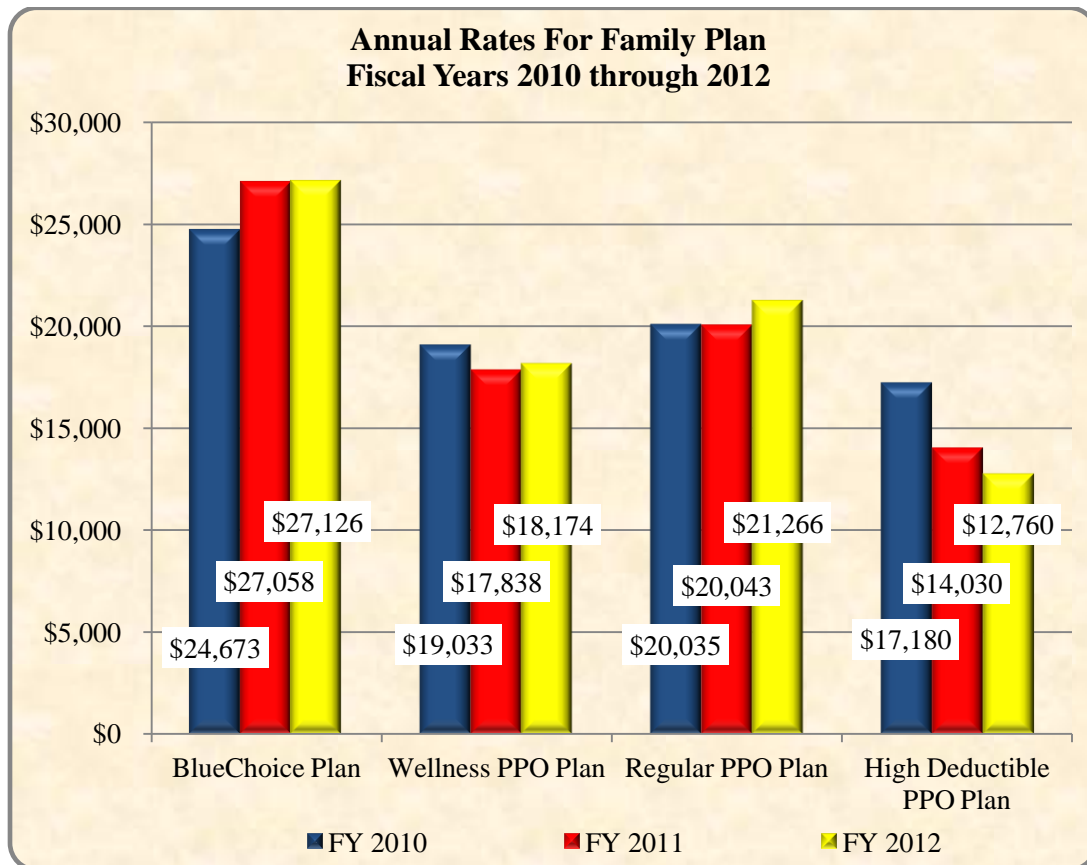


DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**NOTES TO FINANCIAL SCHEDULE**  
(Continued)

**2. Subsequent Events** (Continued)

The following chart represents the changes in the family coverage for each plan between fiscal year 2010 and fiscal year 2012.



**Dependent Eligibility Audit**

In September 2011, some 17 months after the initial audit began, State employees were notified that DAS had contracted with Aon Consulting, Inc., to conduct a dependent eligibility audit at a cost of \$135,816. On February 14, 2012, DAS provided the APA with a draft copy of the Dependent Verification Final Results Summary. On March 12, 2012, the APA was provided a copy of the Dependent Verification Final Results Summary, dated February 28, 2012.

The verification included 8,640 participants covering 17,219 dependents. There were 311 unverified dependents from 199 participants, or 1.81% of the dependent population. The 311 unverified dependents included 104 unverified spouses, 65 unverified children over age 19 and 130 unverified children under age 19, and 12 verified after the project close date. The report indicated 83 employees with 147 unverified dependents had terminated employment prior to December 15, 2011.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**NOTES TO FINANCIAL SCHEDULE**  
(Continued)

**2. Subsequent Events** (Continued)

The report also included a first year savings of \$574,587 based on the employer cost of the dependents (164 active dependents) per month (\$367.96) and the audit cost (\$149,558). However, the audit did not report the cost of ineligible claims paid for all of the unverified dependents.

Transfer to Health History Fund

In November 2011, DAS transferred another \$25.8 million out of the State Employees Insurance Fund and into the Health History Fund. This is in addition to the \$20 million transferred in June 2010, as noted in Comment Number 1. This \$45.8 million represents excess premiums collected over claims and administrative expenses paid. As noted in Comment Number 1, by transferring this money out of the State Employees Insurance Fund, DAS can use the money for its administrative expenses.

New Healthcare Provider and Pharmacy Benefit Manager

On February 15, 2012, the DAS Director announced that through a Request for Proposal issued in November 2011, UnitedHealthcare (UHC), as the lowest, most responsible bidder, would be the new healthcare provider and pharmacy benefit manager, effective July 1, 2012.

On February 24, 2012, DAS received a protest/grievance letter on behalf of BCBSNE regarding the State's Intent to Award the contract to UHC. BCBSNE contended that UHC did not submit a proposal in response to the RFP that conformed in all requisites with the State's requirements, as follows:

- 1) The RFP indicated that bidder shall not "subvert the procurement process" by employing "lobbyists, attorneys, political activists and consultants to secure the contract." BCBSNE contends that UHC, in fact, did this.
- 2) The RFP required bidders to certify that there was no "appearance of a conflict of interest" in its bid, that its representatives would take no action creating a conflict of interest, and that it would employ no person having a conflict of interest. BCBSNE contends that UHC did this.
- 3) The scoring of the bids was flawed, specifically; it gave UHC credit for purported discounts that are not guaranteed, not verified and probably illusory, among other flaws. Moreover, the State's scoring failed to take into account that 5 percent of UHC claims will be "out-of-network", compared to virtually zero percent of BCBSNE claims. BCBSNE contends these factors resulted in the State failing to award the Contract to the lowest qualified bidder.

On March 5, 2012, DAS replied to the BCBSNE protest letter, indicating the "protest is hereby denied and the Intent to Award will stand."

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**NOTES TO FINANCIAL SCHEDULE**  
(Continued)

**2. Subsequent Events** (Concluded)

On April 4, 2012, BCBSNE brought an action in the Lancaster County District Court, alleging the scoring evaluation upon which the contract award to UHC was based to have been "erroneous, unfair, legally flawed, believed to be conducted in a manner contrary to industry standards, and in violation of the State's own relevant and applicable requirements relating to the handling and consideration of the RFP." For relief, BCBSNE petitioned the court, among other things, to order the award of the contract to UHC rescinded and DAS enjoined from implementing further that contract pending a "determination of the proper party to be entitled to an award of said Contract."

On April 23, 2012, in response to a motion to intervene filed by UHC on April 10, 2012, the Court, finding that UHC "has a direct and legal interest in the subject matter" of the case, granted the motion.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM

**SUPPLEMENTARY INFORMATION**

Our examination was conducted for the purpose of forming an opinion on the Schedule of Revenues, Expenditures, and Changes in Fund Balances. Supplementary Information is presented for purposes of additional analysis. Such information has not been subjected to the procedures applied in the examination of the Schedule and, accordingly, we express no opinion on it.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**EMPLOYEES WITH BOTH STATE INSURANCE AND MEDICAID ASSISTANCE**

**EXHIBIT A**

Employee	Gross Pay	State's Health Insurance Plan Type	State's Health Insurance Coverage	State's Health Insurance Effective Dates	# of Children covered under State's Health Insurance	Medicaid Effective Dates	# of Children covered under Medicaid	Notes
1	\$41,941.86	Blue Choice	4-party	7/1/09 - 2/28/10	3	9/1/09 - 1/31/10	3	This individual had employee + children coverage in the State's insurance plan from July 1, 2009, through June 30, 2010, which covered all of her children. From September 1, 2009, through January 31, 2010, all three children were also covered under Medicaid. As of March 2010, after the birth of another child, this individual had four children covered under the State's plan, while two of those children were also covered under Medicaid. The APA also found two of the children were covered under the Kids Connection program from September 2009 through January 2010, even though Kids Connection disallows children covered by other health insurance.
				3/1/10 - 6/30/10	4	2/1/10 - 6/30/10	2	
2	\$35,691.72	Blue Choice	2-party	7/1/09 - 6/30/10	0	7/1/09 - 6/30/10	1	This individual had employee + spouse coverage, with coverage for one child under Medicaid.
3	\$35,531.69	Blue Choice	2-party	7/1/09 - 6/30/10	0	7/1/09 - 6/30/10	3	This individual had employee + spouse coverage, with coverage for three children under Medicaid.
4	\$31,111.35	Blue Choice	2-party	7/1/09 - 6/30/10	0	7/1/09 - 4/30/10	6	From July 1, 2009, through April 30, 2010, this individual had employee + spouse coverage under the State's insurance plan, while six children were covered under Medicaid. After June 2010, this individual changed to family coverage under the State's insurance plan, as one child had reached the Medicaid age limit and was added to the State's plan. The five other children remained on Medicaid.
						5/1/10 - 6/30/10	5	
			Family	7/1/10 - current	1	7/1/2010 - current	5	
5	\$30,422.56	Blue Choice	Single	7/1/09 - 9/30/09	0	7/1/09 - 6/30/10	2	During fiscal year 2010, this individual had single, employee + spouse, and family coverages under the State's insurance plan. Two children were covered under Medicaid throughout the year. Beginning January 2010, this individual added two other children to the State's plan; however, it appears the children do not live in the employee's household.
			2-party	10/1/09 - 12/31/09	0			
			Family	1/1/10 - 6/30/10	2			
6	\$28,192.55	Blue Choice	4-party	7/1/09 - 1/31/10	1	7/1/09 - 1/31/10	2	This individual had employee + children coverage under the State's insurance plan throughout the fiscal year. From July 1, 2009 through January 31, 2010, one child was covered under the State's plan, and two children were covered under Medicaid. Beginning February 1, 2010, another child was added to the State's plan and removed from Medicaid due to reaching the Medicaid age limit.
				2/1/10 - 6/30/10	2	2/1/10 - 6/30/10	1	
7	\$26,994.70	Blue Choice	4-party	7/1/09 - 6/30/10	1	7/1/09 - 6/30/10	4	This individual had employee + children coverage under the State's insurance plan throughout the fiscal year. One child was covered under the State's plan while four other children were covered under Medicaid throughout the fiscal year.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**EMPLOYEES WITH BOTH STATE INSURANCE AND MEDICAID ASSISTANCE**

**EXHIBIT A**

Employee	Gross Pay	State's Health Insurance Plan Type	State's Health Insurance Coverage	State's Health Insurance Effective Dates	# of Children covered under State's Health Insurance	Medicaid Effective Dates	# of Children covered under Medicaid	Notes
8	\$24,960.31	High PPO	4-party	7/1/09 - 2/28/10	1	7/1/09 - 6/30/10	1	This individual had employee + children coverage under the State's insurance plan. One child was covered under the State's plan and another child was covered under Medicaid.
9	\$30,304.03	Wellness	2-party	7/1/09 - 5/31/10	0	7/1/09 - 5/31/10	5	From July 1, 2009, through May 31, 2010, this individual had employee + spouse coverage under the State's insurance program and also had five children covered under Medicaid. During June 2010, the employee changed to family coverage under the State's insurance plan and added the five children to the State's health insurance.
			Family	6/1/10 - 6/30/10	5	6/1/10 - 6/30/10	0	
10	\$30,022.55	High PPO	4-party	7/1/09 - 6/30/10	1	7/1/09 - 3/31/10	2	From July 1, 2009, through June 30, 2010, this individual had employee + children coverage under the State's insurance plan. One child was covered under the State's plan and two other children were covered under Medicaid, until March 31, 2010, when the Medicaid case closed and Medicaid coverage was terminated. The Medicaid case was reopened on June 1, 2010 to cover one of the children.
						6/1/10 - 6/30/10	1	

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
AON CONSULTING CONTRACT AMENDMENTS

**EXHIBIT B**

Document	Date	Description of Service	Amount	
Original Award	5/29/2007	Five Phases	\$221,582.75	
Original Award	5/29/2007	Phase 1 Additional Services	\$26,125.00	*
<b>Original Award Total</b>			<b>\$247,707.75</b>	
Amendment 1 (1)	7/31/2007	Communication Assistance Open Enrollment 2008 - Planning and Strategy	\$29,000.00	*
Amendment 1 (1)	7/31/2007	Communication Assistance Open Enrollment 2008 - Enrollment Tools	\$33,000.00	*
Amendment 1 (1)	7/31/2007	Communication Assistance Open Enrollment 2008 - Building the Delivery System	\$22,000.00	*
Amendment 1 (1)	7/31/2007	Communication Assistance Open Enrollment 2008 - Follow-up and Reinforcement	\$20,500.00	*
Amendment 1 (1)	7/31/2007	Travel Expenses	\$6,800.00	*
<b>Amendment 1 Total</b>			<b>\$111,300.00</b>	
Amendment 2 (2)	12/20/2007	Conceptual Wellness Strategy	\$2,500.00	*
<b>Amendment 2 Total</b>			<b>\$2,500.00</b>	
Amendment 3	4/16/2008	Phase 2 Plan Contribution Analysis and Recommendations for Year 2	\$43,513.75	
<b>Amendment 3 Total</b>			<b>\$43,513.75</b>	
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Planning and Project Management	\$18,125.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Enrollment Tools - Pre-enrollment newsletter (2 versions)	\$15,200.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Enrollment Tools - Enrollment Guide (3 versions)	\$14,900.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Enrollment Tools - Enrollment Form/Process	\$14,350.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - The Delivery System - Q & A's	\$7,075.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - The Delivery System - PowerPoint Presentation (2 versions - one for open enrollment one for new hires)	\$13,625.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Optional Design and Production of Print Ready Files - 2 newsletters	\$3,300.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Optional Design and Production of Print Ready Files - 3 versions of Enrollment Guide	\$4,125.00	*
Amendment 4	7/31/2008	Communication Assistance Open Enrollment 2009 - Optional Design and Production of Print Ready Files - Enrollment Form or Process Tip Sheet	\$1,100.00	*
<b>Amendment 4 Total</b>			<b>\$91,800.00</b>	
Amendment 5	12/10/2008	Claims Audit Services	\$47,500.00	**
<b>Amendment 5 Total</b>			<b>\$47,500.00</b>	
Amendment 6 (3)	5/13/2009	Phase 1 Plan Designs for Wellness Services	\$27,500.00	
Amendment 6	5/13/2009	Phase 1 Wellness Services	\$15,000.00	*
<b>Amendment 6 Total</b>			<b>\$42,500.00</b>	
Amendment 7	6/24/2009	Rate Analysis Consulting Fees	\$47,000.00	
Amendment 7	6/24/2009	Wellness Plan Communication	\$53,870.00	*
Amendment 7	6/24/2009	Strategic Planning	\$82,000.00	*
<b>Amendment 7 Total</b>			<b>\$182,870.00</b>	

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
AON CONSULTING CONTRACT AMENDMENTS

**EXHIBIT B**

Document	Date	Description of Service	Amount	
Amendment 8	7/13/2009	Claims Audit Services	\$2,500.00	**
Amendment 8	7/13/2009	Wellness Plan Communication	\$5,000.00	*
Amendment 8	7/13/2009	Video - Open Enrollment	\$20,000.00	*
Amendment 8	7/13/2009	Video - Wellness Plan	\$57,800.00	*
Amendment 8	7/13/2009	Color Reproductions and Traveling Expense	\$2,412.10	*
<b>Amendment 8 Total</b>			<b>\$82,712.10</b>	
Amendment 9	3/15/2010	Rate Projection for 7/1/10	\$53,000.00	
Amendment 9	3/15/2010	Legislative Analysis	\$8,000.00	**
<b>Amendment 9 Total</b>			<b>\$61,000.00</b>	
Amendment 10	4/16/2010	Phase 1 Onsite Clinic Financial Feasibility	\$25,000.00	*
Amendment 10	4/16/2010	Phase 2 Onsite Clinic Vendor Bidding	\$40,000.00	*
Amendment 10	4/16/2010	Phase 3 Onsite Clinic	\$15,000.00	*
Amendment 10	4/16/2010	Travel Expenses	\$3,000.00	*
<b>Amendment 10 Total</b>			<b>\$83,000.00</b>	
Amendment 11 (4)	6/8/2010	Wellness Roadmap	\$28,050.00	*
Amendment 11	6/8/2010	Actuarial Consulting	\$20,000.00	*
<b>Amendment 11 Total</b>			<b>\$48,050.00</b>	
Amendment 12	9/22/2010	Actuarial Consulting	\$3,000.00	*
Amendment 12	9/22/2010	Phase 1 Plan Designs	\$50,000.00	
Amendment 12	9/22/2010	Rate Projection	\$55,000.00	
Amendment 12	9/22/2010	Legislative Analysis	\$2,000.00	**
<b>Amendment 12 Total</b>			<b>\$110,000.00</b>	
Amendment 13	11/17/2010	Consulting Services for Evaluation of Wellness Program to Date	\$7,500.00	
Amendment 13	11/17/2010	Travel Expenses for Consulting Services	\$1,000.00	
<b>Amendment 13 Total</b>			<b>\$8,500.00</b>	
2 <sup>nd</sup> ext. 2 <sup>nd</sup> ren.	8/26/2011	Pharmacy Benefit Manager Consulting Services for RFP Support	\$50,000.00	
2 <sup>nd</sup> ext. 2 <sup>nd</sup> ren.	8/26/2011	Travel Expenses	\$1,500.00	
2 <sup>nd</sup> ext. 2 <sup>nd</sup> ren.	8/26/2011	Medical Plan Administration Consulting Services for RFP Support	\$30,000.00	
2 <sup>nd</sup> ext. 2 <sup>nd</sup> ren.	8/26/2011	Travel Expenses	\$1,500.00	
2 <sup>nd</sup> ext. 2 <sup>nd</sup> ren.	8/26/2011	Dependent Eligibility Audit Consulting Services	\$135,816.00	**
2 <sup>nd</sup> ext. 2 <sup>nd</sup> ren.	8/26/2011	Travel and Miscellaneous Expenses	\$1,500.00	
<b>2<sup>nd</sup> extension, 2<sup>nd</sup> renewal Total</b>			<b>\$220,316.00</b>	
<b>FINAL CONTRACT AMOUNT</b>			<b>\$1,383,269.60</b>	

\* These services appeared to be for optional services discussed in the Aon response to the State's RFP; however costs to perform these optional services were not included in Aon's response. (\$601,857.10)

\*\* These services were not covered under the original RFP or in the response to the RFP. (\$190,816)

(1) Amendment 1 was not signed between parties

(2) Services included in Amendment 2 were performed prior to the contract amendment.

(3) These services appear to be previously included in the original scope of the RFP for Phase 1 and looks as if the purpose of the amendment was to increase the cost of the contract rather than add services.

(4) The proposal for the Wellness Roadmap was not signed between parties. Instead DAS approved this project through an email sent to Aon. DAS considered this project to be a "sole source" however it doesn't appear graphic design of a brochure is a unique service.



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIM REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	7/3/2009	\$181.63	4576
EFT	11/6/2009	7/10/2009	\$185.34	4576
EFT	11/6/2009	7/17/2009	\$102.48	4576
EFT	11/6/2009	7/29/2009	\$135.12	4576
EFT	11/6/2009	8/3/2009	\$215.62	4576
EFT	11/6/2009	8/5/2009	\$19.33	4576
EFT	11/6/2009	8/6/2009	\$55.82	4945
EFT	11/6/2009	8/9/2009	\$109.48	4576
EFT	11/6/2009	8/10/2009	\$316.91	4945
EFT	11/6/2009	8/24/2009	\$139.47	4711
EFT	11/6/2009	8/26/2009	\$23.79	4945
EFT	11/6/2009	9/1/2009	\$126.69	4945
EFT	11/6/2009	9/2/2009	\$22.00	4576
EFT	11/6/2009	9/3/2009	\$73.69	4576
EFT	11/6/2009	9/4/2009	\$12.00	4576
EFT	11/6/2009	9/11/2009	\$15.11	4576
EFT	11/6/2009	9/16/2009	\$2,976.68	4576
EFT	11/6/2009	9/16/2009	\$13.55	4945
EFT	11/6/2009	9/17/2009	\$118.62	4576
EFT	11/6/2009	9/19/2009	\$293.82	4576
EFT	11/6/2009	9/21/2009	\$36.29	4576
EFT	11/6/2009	9/22/2009	\$1,085.32	4576
EFT	11/6/2009	9/23/2009	\$172.18	4945
EFT	11/6/2009	9/25/2009	\$81.21	4576
EFT	11/6/2009	9/28/2009	\$115.07	4576
EFT	11/6/2009	9/29/2009	\$90.24	4576
EFT	11/6/2009	9/29/2009	\$78.45	4945
EFT	11/6/2009	9/30/2009	\$267.60	4576
EFT	11/6/2009	9/30/2009	\$154.14	4576
EFT	11/6/2009	9/30/2009	\$13.55	4945
BlueCard	11/6/2009	10/1/2009	\$81.87	4576
EFT	11/6/2009	10/1/2009	\$58.69	4576
BlueCard	11/6/2009	10/1/2009	\$10.72	4711
EFT	11/6/2009	10/1/2009	\$48.06	4945
BlueCard	11/6/2009	10/2/2009	\$2,964.00	4576
BlueCard	11/6/2009	10/2/2009	\$112.96	4945
EFT	11/6/2009	10/2/2009	\$128.30	4945
BlueCard	11/6/2009	10/3/2009	\$51.00	4945
EFT	11/6/2009	10/4/2009	\$144.98	4576
BlueCard	11/6/2009	10/5/2009	\$290.66	4576
EFT	11/6/2009	10/5/2009	\$38.06	4576
BlueCard	11/6/2009	10/5/2009	\$37.00	4945
EFT	11/6/2009	10/5/2009	\$91.42	4945
EFT	11/6/2009	10/6/2009	\$50.96	4576
EFT	11/6/2009	10/6/2009	\$706.02	4711
BlueCard	11/6/2009	10/6/2009	\$219.20	4945
EFT	11/6/2009	10/6/2009	\$256.51	4945
EFT	11/6/2009	10/7/2009	\$19.87	4576
EFT	11/6/2009	10/7/2009	\$5.86	4576
EFT	11/6/2009	10/7/2009	\$768.18	4576
EFT	11/6/2009	10/7/2009	\$10.00	4945
EFT	11/6/2009	10/8/2009	\$29.56	4576
EFT	11/6/2009	10/9/2009	\$44.70	4576
EFT	11/6/2009	10/9/2009	\$13.55	4576
EFT	11/6/2009	10/10/2009	\$13.55	4576
BlueCard	11/6/2009	10/12/2009	\$121.00	4576
EFT	11/6/2009	10/12/2009	\$716.85	4576
EFT	11/6/2009	10/13/2009	\$27.10	4576
EFT	11/6/2009	10/13/2009	\$180.34	4576
EFT	11/6/2009	10/13/2009	\$43.34	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
BlueCard	11/6/2009	10/14/2009	\$74.00	4576
BlueCard	11/6/2009	10/14/2009	\$13.44	4576
BlueCard	11/6/2009	10/14/2009	\$49.21	4576
EFT	11/6/2009	10/14/2009	\$143.34	4576
EFT	11/6/2009	10/14/2009	\$1,164.68	4711
EFT	11/6/2009	10/14/2009	\$73.69	4945
EFT	11/6/2009	10/14/2009	\$58.80	4945
BlueCard	11/6/2009	10/15/2009	\$42.29	4576
EFT	11/6/2009	10/15/2009	\$115.07	4576
EFT	11/6/2009	10/15/2009	\$321.99	4576
EFT	11/6/2009	10/15/2009	\$294.55	4576
EFT	11/6/2009	10/15/2009	\$304.73	4576
EFT	11/6/2009	10/15/2009	\$26.44	4576
EFT	11/6/2009	10/15/2009	\$1,220.27	4945
EFT	11/6/2009	10/15/2009	\$72.58	4945
EFT	11/6/2009	10/16/2009	\$35.90	4576
EFT	11/6/2009	10/16/2009	\$47.04	4576
EFT	11/6/2009	10/16/2009	\$140.41	4576
EFT	11/6/2009	10/16/2009	\$29.55	4576
EFT	11/6/2009	10/16/2009	\$53.96	4576
EFT	11/6/2009	10/16/2009	\$7.18	4945
EFT	11/6/2009	10/17/2009	\$127.33	4576
EFT	11/6/2009	10/18/2009	\$315.75	4576
EFT	11/6/2009	10/18/2009	\$164.85	4576
EFT	11/6/2009	10/18/2009	\$164.85	4576
EFT	11/6/2009	10/18/2009	\$327.41	4576
EFT	11/6/2009	10/18/2009	\$71.78	4945
EFT	11/6/2009	10/18/2009	\$131.88	4945
BlueCard	11/6/2009	10/19/2009	\$344.25	4576
BlueCard	11/6/2009	10/19/2009	\$193.00	4576
EFT	11/6/2009	10/19/2009	\$60.63	4576
EFT	11/6/2009	10/19/2009	\$687.33	4576
EFT	11/6/2009	10/19/2009	\$47.04	4576
EFT	11/6/2009	10/19/2009	\$79.82	4576
EFT	11/6/2009	10/19/2009	\$268.58	4576
EFT	11/6/2009	10/19/2009	\$268.58	4576
EFT	11/6/2009	10/19/2009	\$187.15	4576
EFT	11/6/2009	10/19/2009	\$13.55	4576
EFT	11/6/2009	10/19/2009	\$11.47	4576
EFT	11/6/2009	10/19/2009	\$58.80	4945
EFT	11/6/2009	10/19/2009	\$27.45	4945
EFT	11/6/2009	10/19/2009	\$131.88	4945
EFT	11/6/2009	10/19/2009	\$73.69	4945
BlueCard	11/6/2009	10/20/2009	\$91.00	4576
BlueCard	11/6/2009	10/20/2009	\$44.76	4576
EFT	11/6/2009	10/20/2009	\$127.73	4576
EFT	11/6/2009	10/20/2009	\$56.60	4576
EFT	11/6/2009	10/20/2009	\$70.54	4576
EFT	11/6/2009	10/20/2009	\$266.90	4576
EFT	11/6/2009	10/20/2009	\$257.66	4576
EFT	11/6/2009	10/20/2009	\$13.55	4576
EFT	11/6/2009	10/20/2009	\$249.71	4576
EFT	11/6/2009	10/20/2009	\$232.15	4945
EFT	11/6/2009	10/20/2009	\$127.53	4945
EFT	11/6/2009	10/20/2009	\$63.61	4945
BlueCard	11/6/2009	10/21/2009	\$44.37	4576
BlueCard	11/6/2009	10/21/2009	\$31.36	4576
EFT	11/6/2009	10/21/2009	\$23.01	4576
EFT	11/6/2009	10/21/2009	\$84.40	4576
EFT	11/6/2009	10/21/2009	\$217.09	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	10/21/2009	\$1,129.95	4576
EFT	11/6/2009	10/21/2009	\$130.03	4576
EFT	11/6/2009	10/21/2009	\$162.13	4576
EFT	11/6/2009	10/21/2009	\$14.56	4576
EFT	11/6/2009	10/21/2009	\$37.85	4576
EFT	11/6/2009	10/21/2009	\$144.84	4576
EFT	11/6/2009	10/21/2009	\$120.91	4576
EFT	11/6/2009	10/21/2009	\$235.20	4711
EFT	11/6/2009	10/21/2009	\$21.38	4711
EFT	11/6/2009	10/21/2009	\$97.60	4711
EFT	11/6/2009	10/21/2009	\$91.02	4712
EFT	11/6/2009	10/21/2009	\$338.39	4945
EFT	11/6/2009	10/21/2009	\$12.07	4945
EFT	11/6/2009	10/21/2009	\$102.35	4945
EFT	11/6/2009	10/21/2009	\$132.64	4945
EFT	11/6/2009	10/21/2009	\$51.07	4945
EFT	11/6/2009	10/21/2009	\$112.09	4945
EFT	11/6/2009	10/21/2009	\$46.26	4945
BlueCard	11/6/2009	10/22/2009	\$70.00	4576
BlueCard	11/6/2009	10/22/2009	\$26.57	4576
BlueCard	11/6/2009	10/22/2009	\$114.00	4576
BlueCard	11/6/2009	10/22/2009	\$265.20	4576
BlueCard	11/6/2009	10/22/2009	\$1,595.00	4576
BlueCard	11/6/2009	10/22/2009	\$267.50	4576
EFT	11/6/2009	10/22/2009	\$32.84	4576
EFT	11/6/2009	10/22/2009	\$6.46	4576
EFT	11/6/2009	10/22/2009	\$8.04	4576
EFT	11/6/2009	10/22/2009	\$8.04	4576
EFT	11/6/2009	10/22/2009	\$21.47	4576
EFT	11/6/2009	10/22/2009	\$38.81	4576
EFT	11/6/2009	10/22/2009	\$214.98	4576
EFT	11/6/2009	10/22/2009	\$162.13	4576
EFT	11/6/2009	10/22/2009	\$1,008.77	4576
EFT	11/6/2009	10/22/2009	\$93.70	4576
EFT	11/6/2009	10/22/2009	\$60.49	4576
EFT	11/6/2009	10/22/2009	\$147.73	4576
EFT	11/6/2009	10/22/2009	\$48.95	4711
EFT	11/6/2009	10/22/2009	\$109.85	4945
EFT	11/6/2009	10/22/2009	\$32.30	4945
EFT	11/6/2009	10/22/2009	\$822.72	4945
EFT	11/6/2009	10/22/2009	\$102.35	4945
EFT	11/6/2009	10/22/2009	\$83.00	4945
BlueCard	11/6/2009	10/23/2009	\$166.32	4576
BlueCard	11/6/2009	10/23/2009	\$47.90	4576
BlueCard	11/6/2009	10/23/2009	\$83.29	4576
EFT	11/6/2009	10/23/2009	\$98.31	4576
EFT	11/6/2009	10/23/2009	\$56.13	4576
EFT	11/6/2009	10/23/2009	\$544.77	4576
BlueCard	11/6/2009	10/23/2009	\$531.60	4945
EFT	11/6/2009	10/23/2009	\$74.80	4945
EFT	11/6/2009	10/23/2009	\$37.30	4945
EFT	11/6/2009	10/23/2009	\$503.01	4945
EFT	11/6/2009	10/23/2009	\$146.58	4945
EFT	11/6/2009	10/23/2009	\$91.99	4945
EFT	11/6/2009	10/23/2009	\$201.65	4945
EFT	11/6/2009	10/23/2009	\$160.62	4945
EFT	11/6/2009	10/23/2009	\$917.31	4945
EFT	11/6/2009	10/23/2009	\$101.90	4945
EFT	11/6/2009	10/24/2009	\$88.75	4711
BlueCard	11/6/2009	10/24/2009	\$16.23	4712

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	10/25/2009	\$275.71	4576
EFT	11/6/2009	10/25/2009	\$73.69	4576
EFT	11/6/2009	10/25/2009	\$45.78	4576
EFT	11/6/2009	10/25/2009	\$91.04	4576
EFT	11/6/2009	10/25/2009	\$65.27	4945
EFT	11/6/2009	10/25/2009	\$16.04	4945
BlueCard	11/6/2009	10/26/2009	\$50.00	4576
BlueCard	11/6/2009	10/26/2009	\$2.80	4576
BlueCard	11/6/2009	10/26/2009	\$66.26	4576
BlueCard	11/6/2009	10/26/2009	\$137.90	4576
EFT	11/6/2009	10/26/2009	\$131.67	4576
EFT	11/6/2009	10/26/2009	\$58.51	4576
EFT	11/6/2009	10/26/2009	\$190.20	4576
EFT	11/6/2009	10/26/2009	\$166.56	4576
EFT	11/6/2009	10/26/2009	\$805.91	4576
EFT	11/6/2009	10/26/2009	\$434.72	4576
EFT	11/6/2009	10/26/2009	\$489.06	4576
EFT	11/6/2009	10/26/2009	\$768.18	4576
EFT	11/6/2009	10/26/2009	\$77.06	4576
EFT	11/6/2009	10/26/2009	\$77.06	4576
EFT	11/6/2009	10/26/2009	\$77.06	4576
EFT	11/6/2009	10/26/2009	\$59.64	4576
EFT	11/6/2009	10/26/2009	\$63.35	4576
EFT	11/6/2009	10/26/2009	\$139.21	4576
EFT	11/6/2009	10/26/2009	\$46.81	4576
EFT	11/6/2009	10/26/2009	\$41.16	4576
EFT	11/6/2009	10/26/2009	\$274.88	4576
EFT	11/6/2009	10/26/2009	\$23.68	4576
EFT	11/6/2009	10/26/2009	\$165.59	4576
EFT	11/6/2009	10/26/2009	\$72.58	4576
EFT	11/6/2009	10/26/2009	\$138.65	4576
EFT	11/6/2009	10/26/2009	\$72.58	4576
EFT	11/6/2009	10/26/2009	\$98.00	4576
EFT	11/6/2009	10/26/2009	\$151.43	4576
EFT	11/6/2009	10/26/2009	\$120.91	4576
EFT	11/6/2009	10/26/2009	\$24.75	4711
EFT	11/6/2009	10/26/2009	\$240.15	4711
EFT	11/6/2009	10/26/2009	\$46.86	4711
BlueCard	11/6/2009	10/26/2009	\$37.29	4712
EFT	11/6/2009	10/26/2009	\$67.24	4712
BlueCard	11/6/2009	10/26/2009	\$44.15	4945
EFT	11/6/2009	10/26/2009	\$227.13	4945
EFT	11/6/2009	10/26/2009	\$55.68	4945
EFT	11/6/2009	10/26/2009	\$328.76	4945
EFT	11/6/2009	10/26/2009	\$55.68	4945
EFT	11/6/2009	10/26/2009	\$143.43	4945
EFT	11/6/2009	10/26/2009	\$161.36	4945
EFT	11/6/2009	10/26/2009	\$161.36	4945
EFT	11/6/2009	10/26/2009	\$739.02	4945
EFT	11/6/2009	10/26/2009	\$367.84	4945
EFT	11/6/2009	10/26/2009	\$129.06	4945
EFT	11/6/2009	10/26/2009	\$47.23	4945
EFT	11/6/2009	10/26/2009	\$120.00	4945
EFT	11/6/2009	10/27/2009	\$633.36	4576
EFT	11/6/2009	10/27/2009	\$5,059.67	4576
EFT	11/6/2009	10/27/2009	\$24.75	4576
EFT	11/6/2009	10/27/2009	\$44.54	4576
EFT	11/6/2009	10/27/2009	\$147.44	4576
EFT	11/6/2009	10/27/2009	\$19.00	4576
EFT	11/6/2009	10/27/2009	\$40.10	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	10/27/2009	\$190.04	4576
EFT	11/6/2009	10/27/2009	\$103.81	4576
EFT	11/6/2009	10/27/2009	\$96.67	4576
EFT	11/6/2009	10/27/2009	\$118.62	4576
EFT	11/6/2009	10/27/2009	\$163.09	4576
EFT	11/6/2009	10/27/2009	\$57.75	4576
EFT	11/6/2009	10/27/2009	\$167.42	4576
EFT	11/6/2009	10/27/2009	\$2,000.63	4576
EFT	11/6/2009	10/27/2009	\$73.69	4576
EFT	11/6/2009	10/27/2009	\$120.70	4576
EFT	11/6/2009	10/27/2009	\$18.01	4711
BlueCard	11/6/2009	10/27/2009	\$155.90	4945
EFT	11/6/2009	10/27/2009	\$62.36	4945
EFT	11/6/2009	10/27/2009	\$160.62	4945
EFT	11/6/2009	10/27/2009	\$6.67	4945
BlueCard	11/6/2009	10/28/2009	\$203.33	4576
EFT	11/6/2009	10/28/2009	\$24.75	4576
EFT	11/6/2009	10/28/2009	\$24.75	4576
EFT	11/6/2009	10/28/2009	\$264.47	4576
EFT	11/6/2009	10/28/2009	\$434.60	4576
EFT	11/6/2009	10/28/2009	\$59.12	4576
EFT	11/6/2009	10/28/2009	\$107.16	4576
EFT	11/6/2009	10/28/2009	\$74.94	4576
EFT	11/6/2009	10/28/2009	\$28.34	4576
EFT	11/6/2009	10/28/2009	\$20.05	4576
EFT	11/6/2009	10/28/2009	\$78.36	4576
EFT	11/6/2009	10/28/2009	\$282.70	4576
EFT	11/6/2009	10/28/2009	\$283.26	4576
EFT	11/6/2009	10/28/2009	\$130.33	4576
EFT	11/6/2009	10/28/2009	\$81.75	4576
EFT	11/6/2009	10/28/2009	\$258.82	4576
EFT	11/6/2009	10/28/2009	\$42.36	4576
EFT	11/6/2009	10/28/2009	\$149.83	4576
EFT	11/6/2009	10/28/2009	\$55.54	4711
EFT	11/6/2009	10/28/2009	\$153.77	4711
EFT	11/6/2009	10/28/2009	\$65.38	4711
EFT	11/6/2009	10/28/2009	\$3.64	4711
BlueCard	11/6/2009	10/28/2009	\$105.00	4712
BlueCard	11/6/2009	10/28/2009	\$78.80	4945
EFT	11/6/2009	10/28/2009	\$48.69	4945
EFT	11/6/2009	10/28/2009	\$258.12	4945
BlueCard	11/6/2009	10/29/2009	\$51.00	4576
BlueCard	11/6/2009	10/29/2009	\$96.37	4576
BlueCard	11/6/2009	10/29/2009	\$0.11	4576
BlueCard	11/6/2009	10/29/2009	\$61.11	4576
EFT	11/6/2009	10/29/2009	\$37.98	4576
EFT	11/6/2009	10/29/2009	\$201.48	4576
EFT	11/6/2009	10/29/2009	\$194.27	4576
EFT	11/6/2009	10/29/2009	\$62.85	4576
EFT	11/6/2009	10/29/2009	\$374.14	4576
EFT	11/6/2009	10/29/2009	\$24.75	4576
EFT	11/6/2009	10/29/2009	\$46.13	4576
EFT	11/6/2009	10/29/2009	\$210.23	4576
EFT	11/6/2009	10/29/2009	\$52.78	4576
EFT	11/6/2009	10/29/2009	\$820.59	4576
EFT	11/6/2009	10/29/2009	\$99.60	4576
EFT	11/6/2009	10/29/2009	\$20.05	4576
EFT	11/6/2009	10/29/2009	\$128.16	4576
EFT	11/6/2009	10/29/2009	\$81.75	4576
EFT	11/6/2009	10/29/2009	\$72.58	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	10/29/2009	\$55.32	4576
EFT	11/6/2009	10/29/2009	\$139.00	4576
EFT	11/6/2009	10/29/2009	\$120.91	4576
EFT	11/6/2009	10/29/2009	\$105.51	4576
EFT	11/6/2009	10/29/2009	\$973.46	4576
EFT	11/6/2009	10/29/2009	\$43.34	4576
EFT	11/6/2009	10/29/2009	\$131.97	4576
EFT	11/6/2009	10/29/2009	\$212.09	4576
EFT	11/6/2009	10/29/2009	\$261.76	4711
EFT	11/6/2009	10/29/2009	\$262.36	4711
EFT	11/6/2009	10/29/2009	\$192.30	4711
EFT	11/6/2009	10/29/2009	\$3.64	4711
EFT	11/6/2009	10/29/2009	\$70.92	4711
BlueCard	11/6/2009	10/29/2009	\$140.40	4945
BlueCard	11/6/2009	10/29/2009	\$56.00	4945
EFT	11/6/2009	10/29/2009	\$17.10	4945
EFT	11/6/2009	10/29/2009	\$575.15	4945
EFT	11/6/2009	10/29/2009	\$1,903.82	4945
EFT	11/6/2009	10/29/2009	\$212.34	4945
EFT	11/6/2009	10/29/2009	\$58.69	4945
BlueCard	11/6/2009	10/30/2009	\$29.25	4576
BlueCard	11/6/2009	10/30/2009	\$37.00	4576
EFT	11/6/2009	10/30/2009	\$111.24	4576
EFT	11/6/2009	10/30/2009	\$84.40	4576
EFT	11/6/2009	10/30/2009	\$260.32	4576
EFT	11/6/2009	10/30/2009	\$153.53	4576
EFT	11/6/2009	10/30/2009	\$120.57	4576
EFT	11/6/2009	10/30/2009	\$71.37	4576
EFT	11/6/2009	10/30/2009	\$56.60	4576
EFT	11/6/2009	10/30/2009	\$78.36	4576
EFT	11/6/2009	10/30/2009	\$87.81	4576
EFT	11/6/2009	10/30/2009	\$13.43	4576
EFT	11/6/2009	10/30/2009	\$78.36	4576
EFT	11/6/2009	10/30/2009	\$917.18	4576
EFT	11/6/2009	10/30/2009	\$186.35	4576
EFT	11/6/2009	10/30/2009	\$158.62	4576
EFT	11/6/2009	10/30/2009	\$98.00	4576
EFT	11/6/2009	10/30/2009	\$106.30	4576
EFT	11/6/2009	10/30/2009	\$125.93	4576
EFT	11/6/2009	10/30/2009	\$67.52	4711
EFT	11/6/2009	10/30/2009	\$174.66	4711
EFT	11/6/2009	10/30/2009	\$801.22	4711
BlueCard	11/6/2009	10/30/2009	\$135.10	4945
EFT	11/6/2009	10/30/2009	\$3.91	4945
EFT	11/6/2009	10/30/2009	\$78.36	4945
EFT	11/6/2009	10/30/2009	\$125.61	4945
EFT	11/6/2009	10/30/2009	\$2,842.47	4945
EFT	11/6/2009	10/30/2009	\$84.49	4945
EFT	11/6/2009	10/30/2009	\$650.90	4945
EFT	11/6/2009	10/30/2009	\$30.31	4945
EFT	11/6/2009	10/31/2009	\$10.12	4576
EFT	11/6/2009	10/31/2009	\$240.38	4576
EFT	11/6/2009	10/31/2009	\$321.19	4576
EFT	11/6/2009	10/31/2009	\$40.10	4576
EFT	11/6/2009	10/31/2009	\$98.00	4576
EFT	11/6/2009	10/31/2009	\$5.67	4945
EFT	11/6/2009	11/1/2009	\$98.00	4576
EFT	11/6/2009	11/1/2009	\$24.28	4576
EFT	11/6/2009	11/2/2009	\$8.43	4576
EFT	11/6/2009	11/2/2009	\$9.84	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	11/2/2009	\$83.49	4576
EFT	11/6/2009	11/2/2009	\$173.30	4576
EFT	11/6/2009	11/2/2009	\$372.48	4576
EFT	11/6/2009	11/2/2009	\$86.46	4576
EFT	11/6/2009	11/2/2009	\$25.00	4576
EFT	11/6/2009	11/2/2009	\$25.00	4576
EFT	11/6/2009	11/2/2009	\$92.82	4576
EFT	11/6/2009	11/2/2009	\$108.59	4576
EFT	11/6/2009	11/2/2009	\$56.60	4576
EFT	11/6/2009	11/2/2009	\$192.80	4576
EFT	11/6/2009	11/2/2009	\$294.72	4576
EFT	11/6/2009	11/2/2009	\$22.36	4576
EFT	11/6/2009	11/2/2009	\$22.36	4576
EFT	11/6/2009	11/2/2009	\$59.64	4576
EFT	11/6/2009	11/2/2009	\$62.82	4576
EFT	11/6/2009	11/2/2009	\$22.36	4576
EFT	11/6/2009	11/2/2009	\$281.52	4576
EFT	11/6/2009	11/2/2009	\$130.57	4576
EFT	11/6/2009	11/2/2009	\$96.85	4576
EFT	11/6/2009	11/2/2009	\$78.36	4576
EFT	11/6/2009	11/2/2009	\$131.59	4576
EFT	11/6/2009	11/2/2009	\$72.58	4576
EFT	11/6/2009	11/2/2009	\$104.08	4576
EFT	11/6/2009	11/2/2009	\$72.58	4576
EFT	11/6/2009	11/2/2009	\$98.00	4576
EFT	11/6/2009	11/2/2009	\$122.75	4576
EFT	11/6/2009	11/2/2009	\$79.13	4576
EFT	11/6/2009	11/2/2009	\$62.09	4576
EFT	11/6/2009	11/2/2009	\$151.42	4576
EFT	11/6/2009	11/2/2009	\$158.51	4576
EFT	11/6/2009	11/2/2009	\$24.28	4576
EFT	11/6/2009	11/2/2009	\$37.30	4576
EFT	11/6/2009	11/2/2009	\$829.01	4576
EFT	11/6/2009	11/2/2009	\$34.53	4711
EFT	11/6/2009	11/2/2009	\$66.00	4711
EFT	11/6/2009	11/2/2009	\$37.30	4711
EFT	11/6/2009	11/2/2009	\$318.66	4711
EFT	11/6/2009	11/2/2009	\$318.66	4711
EFT	11/6/2009	11/2/2009	\$33.89	4711
EFT	11/6/2009	11/2/2009	\$78.45	4711
EFT	11/6/2009	11/2/2009	\$74.08	4711
EFT	11/6/2009	11/2/2009	\$68.80	4945
EFT	11/6/2009	11/2/2009	\$33.89	4945
EFT	11/6/2009	11/2/2009	\$59.64	4945
EFT	11/6/2009	11/2/2009	\$76.09	4945
EFT	11/6/2009	11/2/2009	\$59.64	4945
EFT	11/6/2009	11/2/2009	\$33.89	4945
EFT	11/6/2009	11/2/2009	\$274.88	4945
EFT	11/6/2009	11/2/2009	\$31.49	4945
EFT	11/6/2009	11/2/2009	\$58.36	4945
EFT	11/6/2009	11/2/2009	\$74.77	4945
EFT	11/6/2009	11/2/2009	\$34.64	4945
EFT	11/6/2009	11/2/2009	\$37.30	4945
EFT	11/6/2009	11/3/2009	\$141.68	4576
EFT	11/6/2009	11/3/2009	\$318.66	4576
EFT	11/6/2009	11/3/2009	\$118.62	4576
EFT	11/6/2009	11/3/2009	\$318.66	4576
EFT	11/6/2009	11/3/2009	\$100.00	4576
EFT	11/6/2009	11/3/2009	\$56.60	4576
EFT	11/6/2009	11/3/2009	\$56.60	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	11/3/2009	\$58.69	4576
EFT	11/6/2009	11/3/2009	\$24.40	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$46.86	4576
EFT	11/6/2009	11/3/2009	\$18.42	4576
EFT	11/6/2009	11/3/2009	\$131.28	4576
EFT	11/6/2009	11/3/2009	\$77.53	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$56.84	4576
EFT	11/6/2009	11/3/2009	\$341.93	4576
EFT	11/6/2009	11/3/2009	\$78.36	4576
EFT	11/6/2009	11/3/2009	\$70.63	4576
EFT	11/6/2009	11/3/2009	\$70.63	4576
EFT	11/6/2009	11/3/2009	\$137.81	4576
EFT	11/6/2009	11/3/2009	\$79.50	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$869.86	4576
EFT	11/6/2009	11/3/2009	\$3,656.09	4576
EFT	11/6/2009	11/3/2009	\$1,386.08	4576
EFT	11/6/2009	11/3/2009	\$48.68	4576
EFT	11/6/2009	11/3/2009	\$191.68	4576
EFT	11/6/2009	11/3/2009	\$104.13	4576
EFT	11/6/2009	11/3/2009	\$138.29	4576
EFT	11/6/2009	11/3/2009	\$36.26	4576
EFT	11/6/2009	11/3/2009	\$111.35	4576
EFT	11/6/2009	11/3/2009	\$58.69	4576
EFT	11/6/2009	11/3/2009	\$116.13	4576
EFT	11/6/2009	11/3/2009	\$140.16	4576
EFT	11/6/2009	11/3/2009	\$55.00	4576
EFT	11/6/2009	11/3/2009	\$61.54	4576
EFT	11/6/2009	11/3/2009	\$75.56	4576
EFT	11/6/2009	11/3/2009	\$94.96	4576
EFT	11/6/2009	11/3/2009	\$75.56	4576
EFT	11/6/2009	11/3/2009	\$75.56	4576
EFT	11/6/2009	11/3/2009	\$111.32	4576
EFT	11/6/2009	11/3/2009	\$356.88	4576
EFT	11/6/2009	11/3/2009	\$435.71	4576
EFT	11/6/2009	11/3/2009	\$110.07	4576
EFT	11/6/2009	11/3/2009	\$73.69	4576
EFT	11/6/2009	11/3/2009	\$104.85	4576
EFT	11/6/2009	11/3/2009	\$48.41	4576
EFT	11/6/2009	11/3/2009	\$48.41	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$22.36	4576
EFT	11/6/2009	11/3/2009	\$70.24	4576
EFT	11/6/2009	11/3/2009	\$52.22	4576
EFT	11/6/2009	11/3/2009	\$164.00	4576
EFT	11/6/2009	11/3/2009	\$59.12	4576
EFT	11/6/2009	11/3/2009	\$1,254.53	4576
EFT	11/6/2009	11/3/2009	\$128.16	4711
EFT	11/6/2009	11/3/2009	\$38.45	4711
EFT	11/6/2009	11/3/2009	\$22.16	4711
EFT	11/6/2009	11/3/2009	\$24.60	4712
EFT	11/6/2009	11/3/2009	\$56.60	4945
EFT	11/6/2009	11/3/2009	\$33.89	4945
EFT	11/6/2009	11/3/2009	\$78.36	4945
EFT	11/6/2009	11/3/2009	\$72.58	4945
EFT	11/6/2009	11/3/2009	\$19.06	4945

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	11/3/2009	\$151.28	4945
EFT	11/6/2009	11/3/2009	\$97.83	4945
EFT	11/6/2009	11/3/2009	\$72.58	4945
EFT	11/6/2009	11/3/2009	\$38.07	4945
EFT	11/6/2009	11/3/2009	\$242.18	4945
EFT	11/6/2009	11/3/2009	\$72.58	4945
EFT	11/6/2009	11/3/2009	\$72.58	4945
EFT	11/6/2009	11/3/2009	\$151.28	4945
EFT	11/6/2009	11/3/2009	\$58.69	4945
EFT	11/6/2009	11/3/2009	\$120.91	4945
EFT	11/6/2009	11/3/2009	\$73.69	4945
EFT	11/6/2009	11/4/2009	\$57.39	4576
EFT	11/6/2009	11/4/2009	\$132.19	4576
EFT	11/6/2009	11/4/2009	\$132.19	4576
EFT	11/6/2009	11/4/2009	\$645.78	4576
EFT	11/6/2009	11/4/2009	\$118.62	4576
EFT	11/6/2009	11/4/2009	\$430.13	4576
EFT	11/6/2009	11/4/2009	\$72.58	4576
EFT	11/6/2009	11/4/2009	\$67.88	4576
EFT	11/6/2009	11/4/2009	\$289.37	4576
EFT	11/6/2009	11/4/2009	\$23.45	4576
EFT	11/6/2009	11/4/2009	\$259.27	4576
EFT	11/6/2009	11/4/2009	\$102.97	4576
EFT	11/6/2009	11/4/2009	\$37.36	4576
EFT	11/6/2009	11/4/2009	\$15.00	4576
EFT	11/6/2009	11/4/2009	\$28.34	4576
EFT	11/6/2009	11/4/2009	\$7.39	4576
EFT	11/6/2009	11/4/2009	\$25.87	4576
EFT	11/6/2009	11/4/2009	\$72.58	4576
EFT	11/6/2009	11/4/2009	\$814.13	4576
EFT	11/6/2009	11/4/2009	\$814.13	4576
EFT	11/6/2009	11/4/2009	\$116.13	4576
EFT	11/6/2009	11/4/2009	\$194.06	4576
EFT	11/6/2009	11/4/2009	\$72.58	4576
EFT	11/6/2009	11/4/2009	\$43.37	4576
EFT	11/6/2009	11/4/2009	\$46.00	4576
EFT	11/6/2009	11/4/2009	\$399.62	4576
EFT	11/6/2009	11/4/2009	\$1,339.20	4576
EFT	11/6/2009	11/4/2009	\$10.54	4576
EFT	11/6/2009	11/4/2009	\$22.36	4576
EFT	11/6/2009	11/4/2009	\$22.16	4576
EFT	11/6/2009	11/4/2009	\$3,728.67	4576
EFT	11/6/2009	11/4/2009	\$73.40	4576
EFT	11/6/2009	11/4/2009	\$891.10	4576
EFT	11/6/2009	11/4/2009	\$6,856.15	4576
EFT	11/6/2009	11/4/2009	\$73.40	4576
EFT	11/6/2009	11/4/2009	\$967.94	4576
EFT	11/6/2009	11/4/2009	\$22.36	4576
EFT	11/6/2009	11/4/2009	\$22.36	4576
EFT	11/6/2009	11/4/2009	\$122.75	4576
EFT	11/6/2009	11/4/2009	\$79.13	4576
EFT	11/6/2009	11/4/2009	\$150.31	4576
EFT	11/6/2009	11/4/2009	\$157.17	4576
EFT	11/6/2009	11/4/2009	\$22.36	4576
EFT	11/6/2009	11/4/2009	\$430.13	4711
EFT	11/6/2009	11/4/2009	\$9.65	4711
EFT	11/6/2009	11/4/2009	\$371.30	4711
EFT	11/6/2009	11/4/2009	\$95.86	4945
EFT	11/6/2009	11/4/2009	\$78.45	4945
EFT	11/6/2009	11/4/2009	\$42.77	4945

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/6/2009	11/4/2009	\$72.58	4945
EFT	11/6/2009	11/4/2009	\$72.58	4945
EFT	11/6/2009	11/4/2009	\$69.65	4945
EFT	11/6/2009	11/4/2009	\$92.44	4945
EFT	11/6/2009	11/4/2009	\$208.06	4945
EFT	11/6/2009	11/4/2009	\$72.58	4945
EFT	11/6/2009	11/5/2009	\$114.11	4576
EFT	11/6/2009	11/5/2009	\$126.11	4576
EFT	11/6/2009	11/5/2009	\$140.87	4576
EFT	11/6/2009	11/5/2009	\$10.00	4576
EFT	11/6/2009	11/5/2009	\$72.58	4576
EFT	11/6/2009	11/5/2009	\$244.67	4576
EFT	11/6/2009	11/5/2009	\$6.48	4576
EFT	11/6/2009	11/5/2009	\$40.72	4576
EFT	11/6/2009	11/5/2009	\$56.17	4576
EFT	11/6/2009	11/5/2009	\$53.21	4576
EFT	11/6/2009	11/5/2009	\$67.58	4576
EFT	11/6/2009	11/5/2009	\$69.11	4576
EFT	11/6/2009	11/5/2009	\$29.64	4576
EFT	11/6/2009	11/5/2009	\$67.58	4576
EFT	11/6/2009	11/5/2009	\$83.75	4576
EFT	11/6/2009	11/5/2009	\$62.70	4711
EFT	11/6/2009	11/5/2009	\$74.06	4711
EFT	11/6/2009	11/5/2009	\$32.93	4945
EFT	11/6/2009	11/5/2009	\$88.80	4945
EFT	11/6/2009	11/5/2009	\$52.58	4945
Check	11/12/2009	8/26/2009	\$74.80	4576
Check	11/12/2009	9/4/2009	\$78.36	4576
Check	11/12/2009	9/16/2009	\$169.00	4945
Check	11/12/2009	9/21/2009	\$12.43	4576
Check	11/12/2009	9/24/2009	\$1,709.82	4945
Check	11/12/2009	10/2/2009	\$177.04	4945
Check	11/12/2009	10/5/2009	\$36.54	4576
Check	11/12/2009	10/14/2009	\$42.36	4576
Check	11/12/2009	10/15/2009	\$35.00	4576
Check	11/12/2009	10/19/2009	\$73.00	4576
Check	11/12/2009	10/20/2009	\$369.46	4711
Check	11/12/2009	10/21/2009	\$45.57	4576
Check	11/12/2009	10/21/2009	\$59.64	4711
Check	11/12/2009	10/21/2009	\$59.64	4945
Check	11/12/2009	10/22/2009	\$5.10	4576
Check	11/12/2009	10/22/2009	\$164.29	4576
Check	11/12/2009	10/27/2009	\$411.40	4576
Check	11/12/2009	10/28/2009	\$580.58	4576
Check	11/12/2009	10/29/2009	\$73.69	4576
Check	11/12/2009	10/29/2009	\$41.85	4576
Check	11/12/2009	10/30/2009	\$38.40	4576
Check	11/12/2009	10/30/2009	\$37.30	4576
Check	11/12/2009	10/30/2009	\$53.00	4576
Check	11/12/2009	10/30/2009	\$28.70	4576
Check	11/12/2009	10/30/2009	\$16.00	4576
Check	11/12/2009	10/31/2009	\$24.28	4576
Check	11/12/2009	10/31/2009	\$592.15	4576
Check	11/12/2009	11/2/2009	\$692.10	4576
Check	11/12/2009	11/3/2009	\$119.91	4576
Check	11/12/2009	11/3/2009	\$3.17	4576
Check	11/12/2009	11/3/2009	\$65.00	4576
Check	11/12/2009	11/3/2009	\$59.64	4576
Check	11/12/2009	11/4/2009	\$36.26	4576
Check	11/12/2009	11/4/2009	\$196.43	4576



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/12/2009	11/4/2009	\$118.62	4576
Check	11/12/2009	11/4/2009	\$167.42	4576
Check	11/12/2009	11/4/2009	\$1,044.96	4576
Check	11/12/2009	11/4/2009	\$161.57	4576
Check	11/13/2009	7/7/2009	\$111.00	4576
Check	11/13/2009	7/10/2009	\$1,393.29	4711
Check	11/13/2009	7/31/2009	\$70.00	4711
Check	11/13/2009	8/7/2009	\$66.48	4576
Check	11/13/2009	8/7/2009	\$78.36	4576
Check	11/13/2009	9/3/2009	\$478.02	4576
Check	11/13/2009	9/5/2009	\$574.32	4576
Check	11/13/2009	9/9/2009	\$93.29	4576
Check	11/13/2009	9/10/2009	\$74.80	4576
Check	11/13/2009	9/14/2009	\$17.67	4576
Check	11/13/2009	9/17/2009	\$100.88	4576
Check	11/13/2009	9/17/2009	\$94.50	4576
Check	11/13/2009	9/17/2009	\$111.00	4576
Check	11/13/2009	9/24/2009	\$41.85	4576
Check	11/13/2009	9/24/2009	\$34.64	4576
Check	11/13/2009	9/25/2009	\$49.12	4576
Check	11/13/2009	9/27/2009	\$115.78	4576
Check	11/13/2009	9/28/2009	\$380.38	4576
Check	11/13/2009	9/28/2009	\$273.64	4945
Check	11/13/2009	9/29/2009	\$230.00	4576
Check	11/13/2009	9/29/2009	\$760.76	4945
Check	11/13/2009	9/29/2009	\$15.86	4945
Check	11/13/2009	9/30/2009	\$238.97	4576
Check	11/13/2009	10/1/2009	\$96.00	4711
Check	11/13/2009	10/5/2009	\$70.00	4576
Check	11/13/2009	10/6/2009	\$55.62	4576
Check	11/13/2009	10/6/2009	\$120.00	4576
Check	11/13/2009	10/8/2009	\$42.81	4576
Check	11/13/2009	10/9/2009	\$74.80	4576
Check	11/13/2009	10/9/2009	\$266.16	4576
Check	11/13/2009	10/12/2009	\$159.29	4576
Check	11/13/2009	10/12/2009	\$189.13	4576
Check	11/13/2009	10/12/2009	\$1.58	4576
Check	11/13/2009	10/12/2009	\$102.74	4711
Check	11/13/2009	10/12/2009	\$19.00	4945
Check	11/13/2009	10/14/2009	\$191.39	4576
Check	11/13/2009	10/14/2009	\$35.90	4576
Check	11/13/2009	10/15/2009	\$199.27	4576
Check	11/13/2009	10/15/2009	\$116.13	4576
Check	11/13/2009	10/16/2009	\$43.35	4945
Check	11/13/2009	10/19/2009	\$43.35	4576
Check	11/13/2009	10/20/2009	\$208.76	4576
Check	11/13/2009	10/20/2009	\$140.65	4576
Check	11/13/2009	10/20/2009	\$15.14	4576
Check	11/13/2009	10/21/2009	\$166.51	4576
Check	11/13/2009	10/21/2009	\$6.96	4576
Check	11/13/2009	10/21/2009	\$259.83	4576
Check	11/13/2009	10/21/2009	\$226.88	4576
Check	11/13/2009	10/21/2009	\$71.37	4576
Check	11/13/2009	10/21/2009	\$66.92	4945
Check	11/13/2009	10/21/2009	\$59.64	4945
Check	11/13/2009	10/22/2009	\$120.72	4576
Check	11/13/2009	10/22/2009	\$929.25	4576
Check	11/13/2009	10/23/2009	\$63.73	4576
Check	11/13/2009	10/23/2009	\$32.27	4945
Check	11/13/2009	10/23/2009	\$6.67	4945

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/13/2009	10/23/2009	\$102.30	4945
Check	11/13/2009	10/24/2009	\$117.52	4576
Check	11/13/2009	10/26/2009	\$97.42	4576
Check	11/13/2009	10/26/2009	\$10.00	4576
Check	11/13/2009	10/26/2009	\$63.05	4576
Check	11/13/2009	10/26/2009	\$14.18	4711
Check	11/13/2009	10/26/2009	\$50.44	4711
Check	11/13/2009	10/26/2009	\$208.56	4945
Check	11/13/2009	10/27/2009	\$156.45	4576
Check	11/13/2009	10/27/2009	\$74.80	4576
Check	11/13/2009	10/27/2009	\$32.27	4576
Check	11/13/2009	10/27/2009	\$43.05	4576
Check	11/13/2009	10/27/2009	\$54.48	4576
Check	11/13/2009	10/27/2009	\$120.34	4576
Check	11/13/2009	10/27/2009	\$419.44	4711
Check	11/13/2009	10/27/2009	\$74.80	4945
Check	11/13/2009	10/27/2009	\$74.77	4945
Check	11/13/2009	10/28/2009	\$119.26	4576
Check	11/13/2009	10/28/2009	\$110.56	4576
Check	11/13/2009	10/28/2009	\$87.17	4576
Check	11/13/2009	10/28/2009	\$22.64	4576
Check	11/13/2009	10/28/2009	\$188.99	4576
Check	11/13/2009	10/28/2009	\$137.23	4576
Check	11/13/2009	10/28/2009	\$164.36	4576
Check	11/13/2009	10/28/2009	\$14.55	4576
Check	11/13/2009	10/28/2009	\$36.38	4576
Check	11/13/2009	10/28/2009	\$43.05	4576
Check	11/13/2009	10/28/2009	\$43.05	4576
Check	11/13/2009	10/28/2009	\$870.20	4576
Check	11/13/2009	10/28/2009	\$173.84	4576
Check	11/13/2009	10/28/2009	\$56.54	4576
Check	11/13/2009	10/28/2009	\$222.68	4576
Check	11/13/2009	10/28/2009	\$77.00	4576
Check	11/13/2009	10/28/2009	\$120.00	4576
Check	11/13/2009	10/28/2009	\$14.18	4711
Check	11/13/2009	10/28/2009	\$50.44	4711
Check	11/13/2009	10/28/2009	\$74.80	4945
Check	11/13/2009	10/28/2009	\$98.20	4945
Check	11/13/2009	10/28/2009	\$74.08	4945
Check	11/13/2009	10/29/2009	\$78.36	4576
Check	11/13/2009	10/29/2009	\$28.62	4711
Check	11/13/2009	10/29/2009	\$96.00	4945
Check	11/13/2009	10/29/2009	\$68.38	4945
Check	11/13/2009	10/29/2009	\$1,657.04	4945
Check	11/13/2009	10/30/2009	\$109.04	4576
Check	11/13/2009	10/30/2009	\$130.45	4576
Check	11/13/2009	10/30/2009	\$43.05	4576
Check	11/13/2009	10/30/2009	\$6.30	4576
Check	11/13/2009	10/30/2009	\$79.03	4576
Check	11/13/2009	10/30/2009	\$467.34	4576
Check	11/13/2009	10/30/2009	\$22.36	4576
Check	11/13/2009	10/30/2009	\$1,409.70	4945
Check	11/13/2009	10/30/2009	\$280.17	4945
Check	11/13/2009	10/30/2009	\$61.41	4945
Check	11/13/2009	10/30/2009	\$128.16	4945
Check	11/13/2009	10/31/2009	\$33.24	4576
Check	11/13/2009	10/31/2009	\$78.36	4576
Check	11/13/2009	10/31/2009	\$93.29	4576
Check	11/13/2009	11/2/2009	\$75.74	4576
Check	11/13/2009	11/2/2009	\$72.60	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/13/2009	11/2/2009	\$89.53	4576
Check	11/13/2009	11/2/2009	\$37.30	4576
Check	11/13/2009	11/2/2009	\$104.86	4576
Check	11/13/2009	11/2/2009	\$3.64	4576
Check	11/13/2009	11/2/2009	\$61.76	4576
Check	11/13/2009	11/2/2009	\$120.47	4576
Check	11/13/2009	11/2/2009	\$120.47	4576
Check	11/13/2009	11/2/2009	\$15.00	4576
Check	11/13/2009	11/2/2009	\$32.93	4576
Check	11/13/2009	11/2/2009	\$89.77	4576
Check	11/13/2009	11/2/2009	\$13.93	4576
Check	11/13/2009	11/2/2009	\$100.00	4576
Check	11/13/2009	11/2/2009	\$26.44	4711
Check	11/13/2009	11/2/2009	\$265.41	4711
Check	11/13/2009	11/2/2009	\$73.69	4945
Check	11/13/2009	11/2/2009	\$74.80	4945
Check	11/13/2009	11/2/2009	\$83.20	4945
Check	11/13/2009	11/2/2009	\$74.08	4945
Check	11/13/2009	11/2/2009	\$74.08	4945
Check	11/13/2009	11/2/2009	\$74.08	4945
Check	11/13/2009	11/2/2009	\$124.58	4945
Check	11/13/2009	11/2/2009	\$126.48	4945
Check	11/13/2009	11/3/2009	\$100.00	4576
Check	11/13/2009	11/3/2009	\$32.00	4576
Check	11/13/2009	11/3/2009	\$32.00	4576
Check	11/13/2009	11/3/2009	\$200.81	4576
Check	11/13/2009	11/3/2009	\$72.58	4576
Check	11/13/2009	11/3/2009	\$41.12	4576
Check	11/13/2009	11/3/2009	\$125.36	4576
Check	11/13/2009	11/3/2009	\$32.66	4576
Check	11/13/2009	11/3/2009	\$72.58	4576
Check	11/13/2009	11/3/2009	\$32.93	4576
Check	11/13/2009	11/3/2009	\$145.00	4576
Check	11/13/2009	11/3/2009	\$220.22	4576
Check	11/13/2009	11/3/2009	\$72.60	4576
Check	11/13/2009	11/3/2009	\$72.60	4576
Check	11/13/2009	11/3/2009	\$64.87	4576
Check	11/13/2009	11/3/2009	\$86.29	4576
Check	11/13/2009	11/3/2009	\$54.00	4576
Check	11/13/2009	11/3/2009	\$384.29	4576
Check	11/13/2009	11/3/2009	\$58.10	4576
Check	11/13/2009	11/3/2009	\$22.36	4576
Check	11/13/2009	11/3/2009	\$22.36	4576
Check	11/13/2009	11/3/2009	\$22.36	4576
Check	11/13/2009	11/3/2009	\$71.37	4576
Check	11/13/2009	11/3/2009	\$228.57	4576
Check	11/13/2009	11/3/2009	\$45.60	4711
Check	11/13/2009	11/3/2009	\$58.69	4711
Check	11/13/2009	11/3/2009	\$118.62	4711
Check	11/13/2009	11/3/2009	\$65.00	4945
Check	11/13/2009	11/3/2009	\$36.88	4945
Check	11/13/2009	11/3/2009	\$73.69	4945
Check	11/13/2009	11/3/2009	\$73.69	4945
Check	11/13/2009	11/3/2009	\$56.60	4945
Check	11/13/2009	11/3/2009	\$72.58	4945
Check	11/13/2009	11/3/2009	\$58.69	4945
Check	11/13/2009	11/3/2009	\$66.20	4945
Check	11/13/2009	11/3/2009	\$74.08	4945
Check	11/13/2009	11/3/2009	\$74.08	4945

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/13/2009	11/4/2009	\$6.39	4576
Check	11/13/2009	11/4/2009	\$122.28	4576
Check	11/13/2009	11/4/2009	\$32.00	4576
Check	11/13/2009	11/4/2009	\$78.48	4576
Check	11/13/2009	11/4/2009	\$71.37	4576
Check	11/13/2009	11/4/2009	\$22.36	4576
Check	11/13/2009	11/4/2009	\$254.49	4576
Check	11/13/2009	11/4/2009	\$50.24	4576
Check	11/13/2009	11/4/2009	\$197.86	4576
Check	11/13/2009	11/4/2009	\$139.86	4576
Check	11/13/2009	11/4/2009	\$37.30	4576
Check	11/13/2009	11/4/2009	\$76.09	4576
Check	11/13/2009	11/4/2009	\$158.46	4576
Check	11/13/2009	11/4/2009	\$43.44	4712
Check	11/13/2009	11/4/2009	\$78.36	4945
Check	11/13/2009	11/4/2009	\$33.60	4945
Check	11/13/2009	11/4/2009	\$29.60	4945
Check	11/13/2009	11/4/2009	\$112.32	4945
Check	11/13/2009	11/4/2009	\$199.33	4945
Check	11/13/2009	11/4/2009	\$47.86	4945
Check	11/13/2009	11/4/2009	\$151.47	4945
Check	11/13/2009	11/4/2009	\$151.28	4945
Check	11/13/2009	11/4/2009	\$64.00	4945
Check	11/13/2009	11/5/2009	\$110.00	4576
Check	11/13/2009	11/5/2009	\$120.57	4576
Check	11/13/2009	11/5/2009	\$116.58	4576
Check	11/13/2009	11/5/2009	\$85.08	4576
Check	11/13/2009	11/5/2009	\$163.07	4576
Check	11/13/2009	11/5/2009	\$70.00	4576
Check	11/13/2009	11/5/2009	\$71.37	4576
Check	11/13/2009	11/5/2009	\$71.37	4576
Check	11/13/2009	11/5/2009	\$98.95	4945
Check	11/13/2009	11/6/2009	\$241.83	4576
Check	11/13/2009	11/6/2009	\$5.40	4945
Check	11/16/2009	8/26/2009	\$33.74	4576
Check	11/16/2009	9/2/2009	\$108.89	4945
Check	11/16/2009	9/8/2009	\$22.00	4576
Check	11/16/2009	9/16/2009	\$172.18	4576
Check	11/16/2009	9/28/2009	\$74.86	4576
Check	11/16/2009	9/28/2009	\$290.40	4945
Check	11/16/2009	10/5/2009	\$140.00	4576
Check	11/16/2009	10/8/2009	\$25.00	4576
Check	11/16/2009	10/12/2009	\$90.62	4576
Check	11/16/2009	10/13/2009	\$544.50	4576
Check	11/16/2009	10/13/2009	\$880.86	4576
Check	11/16/2009	10/14/2009	\$70.00	4576
Check	11/16/2009	10/14/2009	\$50.31	4945
Check	11/16/2009	10/15/2009	\$161.73	4576
Check	11/16/2009	10/20/2009	\$114.21	4576
Check	11/16/2009	10/20/2009	\$10.39	4576
Check	11/16/2009	10/20/2009	\$81.76	4576
Check	11/16/2009	10/20/2009	\$202.68	4576
Check	11/16/2009	10/20/2009	\$72.58	4711
Check	11/16/2009	10/20/2009	\$72.46	4711
Check	11/16/2009	10/20/2009	\$51.37	4711
Check	11/16/2009	10/21/2009	\$114.21	4576
Check	11/16/2009	10/21/2009	\$163.74	4576
Check	11/16/2009	10/21/2009	\$71.37	4576
Check	11/16/2009	10/21/2009	\$120.57	4576
Check	11/16/2009	10/21/2009	\$114.21	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/16/2009	10/21/2009	\$6.48	4576
Check	11/16/2009	10/21/2009	\$72.58	4945
Check	11/16/2009	10/21/2009	\$72.58	4945
Check	11/16/2009	10/22/2009	\$72.58	4576
Check	11/16/2009	10/22/2009	\$72.58	4576
Check	11/16/2009	10/22/2009	\$484.00	4576
Check	11/16/2009	10/22/2009	\$115.46	4576
Check	11/16/2009	10/22/2009	\$71.37	4576
Check	11/16/2009	10/25/2009	\$93.29	4576
Check	11/16/2009	10/27/2009	\$194.00	4576
Check	11/16/2009	10/27/2009	\$205.87	4576
Check	11/16/2009	10/28/2009	\$41.08	4576
Check	11/16/2009	10/28/2009	\$118.83	4576
Check	11/16/2009	10/28/2009	\$116.13	4945
Check	11/16/2009	10/29/2009	\$2,716.44	4576
Check	11/16/2009	10/29/2009	\$122.85	4576
Check	11/16/2009	10/29/2009	\$22.36	4576
Check	11/16/2009	10/29/2009	\$94.82	4576
Check	11/16/2009	10/29/2009	\$73.69	4576
Check	11/16/2009	10/29/2009	\$248.88	4945
Check	11/16/2009	10/29/2009	\$74.11	4945
Check	11/16/2009	10/29/2009	\$74.63	4945
Check	11/16/2009	10/30/2009	\$306.22	4576
Check	11/16/2009	10/30/2009	\$32.62	4576
Check	11/16/2009	10/30/2009	\$170.30	4576
Check	11/16/2009	10/30/2009	\$103.00	4576
Check	11/16/2009	10/30/2009	\$48.29	4711
Check	11/16/2009	10/30/2009	\$59.64	4711
Check	11/16/2009	10/30/2009	\$871.09	4712
Check	11/16/2009	10/30/2009	\$15.12	4945
Check	11/16/2009	10/30/2009	\$18.42	4945
Check	11/16/2009	10/30/2009	\$29.95	4945
Check	11/16/2009	11/2/2009	\$180.91	4576
Check	11/16/2009	11/2/2009	\$114.48	4576
Check	11/16/2009	11/2/2009	\$106.10	4576
Check	11/16/2009	11/2/2009	\$34.64	4576
Check	11/16/2009	11/2/2009	\$26.44	4576
Check	11/16/2009	11/2/2009	\$40.36	4576
Check	11/16/2009	11/2/2009	\$75.00	4576
Check	11/16/2009	11/2/2009	\$41.08	4576
Check	11/16/2009	11/2/2009	\$56.84	4576
Check	11/16/2009	11/2/2009	\$73.00	4711
Check	11/16/2009	11/2/2009	\$161.61	4711
Check	11/16/2009	11/2/2009	\$10.14	4945
Check	11/16/2009	11/2/2009	\$100.88	4945
Check	11/16/2009	11/2/2009	\$105.00	4945
Check	11/16/2009	11/2/2009	\$53.88	4945
Check	11/16/2009	11/3/2009	\$71.00	4576
Check	11/16/2009	11/3/2009	\$73.00	4576
Check	11/16/2009	11/3/2009	\$26.44	4576
Check	11/16/2009	11/3/2009	\$180.91	4576
Check	11/16/2009	11/3/2009	\$58.00	4576
Check	11/16/2009	11/3/2009	\$73.86	4576
Check	11/16/2009	11/3/2009	\$26.44	4945
Check	11/16/2009	11/3/2009	\$26.44	4945
Check	11/16/2009	11/3/2009	\$93.69	4945
Check	11/16/2009	11/3/2009	\$40.98	4945
Check	11/16/2009	11/4/2009	\$78.00	4576
Check	11/16/2009	11/4/2009	\$1,075.59	4576
Check	11/16/2009	11/4/2009	\$124.35	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/16/2009	11/4/2009	\$60.10	4576
Check	11/16/2009	11/4/2009	\$138.94	4576
Check	11/16/2009	11/4/2009	\$65.00	4576
Check	11/16/2009	11/4/2009	\$15.30	4576
Check	11/16/2009	11/4/2009	\$49.58	4576
Check	11/16/2009	11/4/2009	\$58.12	4576
Check	11/16/2009	11/4/2009	\$136.00	4576
Check	11/16/2009	11/4/2009	\$125.00	4576
Check	11/16/2009	11/4/2009	\$105.00	4576
Check	11/16/2009	11/4/2009	\$69.16	4711
Check	11/16/2009	11/4/2009	\$40.00	4711
Check	11/16/2009	11/5/2009	\$116.23	4576
Check	11/16/2009	11/5/2009	\$59.64	4576
Check	11/16/2009	11/5/2009	\$73.69	4576
Check	11/16/2009	11/5/2009	\$68.42	4576
Check	11/16/2009	11/5/2009	\$59.64	4576
Check	11/16/2009	11/5/2009	\$73.69	4576
Check	11/16/2009	11/5/2009	\$105.36	4576
Check	11/16/2009	11/5/2009	\$61.32	4576
Check	11/16/2009	11/5/2009	\$73.00	4576
Check	11/16/2009	11/5/2009	\$30.00	4945
Check	11/16/2009	11/5/2009	\$76.00	4945
Check	11/17/2009	10/2/2009	\$90.62	4576
Check	11/17/2009	10/5/2009	\$107.79	4576
Check	11/17/2009	10/5/2009	\$141.20	4576
Check	11/17/2009	10/7/2009	\$22.36	4576
Check	11/17/2009	10/19/2009	\$205.00	4576
Check	11/17/2009	10/20/2009	\$402.02	4945
Check	11/17/2009	10/20/2009	\$246.44	4945
Check	11/17/2009	10/21/2009	\$100.00	4576
Check	11/17/2009	10/21/2009	\$78.36	4576
Check	11/17/2009	10/30/2009	\$115.96	4576
Check	11/17/2009	10/30/2009	\$194.56	4576
Check	11/17/2009	11/2/2009	\$48.96	4576
Check	11/17/2009	11/2/2009	\$67.67	4576
Check	11/17/2009	11/3/2009	\$118.64	4576
Check	11/17/2009	11/3/2009	\$31.00	4576
Check	11/17/2009	11/3/2009	\$48.27	4712
Check	11/17/2009	11/3/2009	\$57.53	4945
Check	11/18/2009	9/16/2009	\$277.17	4711
Check	11/18/2009	10/13/2009	\$71.37	4576
Check	11/18/2009	10/19/2009	\$11.50	4711
Check	11/18/2009	10/28/2009	\$51.91	4576
Check	11/18/2009	10/29/2009	\$180.48	4576
Check	11/18/2009	10/30/2009	\$15.00	4576
Check	11/18/2009	10/30/2009	\$399.62	4576
Check	11/18/2009	10/31/2009	\$10.39	4576
Check	11/18/2009	11/2/2009	\$16.00	4576
Check	11/18/2009	11/2/2009	\$118.95	4576
Check	11/18/2009	11/2/2009	\$33.89	4945
Check	11/18/2009	11/2/2009	\$15.48	4945
Check	11/18/2009	11/3/2009	\$71.37	4576
Check	11/18/2009	11/3/2009	\$175.87	4711
Check	11/18/2009	11/4/2009	\$71.37	4576
Check	11/18/2009	11/4/2009	\$72.58	4576
Check	11/18/2009	11/4/2009	\$264.57	4576
Check	11/18/2009	11/4/2009	\$34.64	4711
Check	11/18/2009	11/4/2009	\$51.37	4945
Check	11/18/2009	11/4/2009	\$111.82	4945
Check	11/18/2009	11/4/2009	\$48.86	4945



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/19/2009	10/14/2009	\$28.80	4945
Check	11/19/2009	11/3/2009	\$65.00	4576
Check	11/19/2009	11/3/2009	\$65.00	4945
Check	11/19/2009	11/3/2009	\$129.54	4945
Check	11/19/2009	11/4/2009	\$105.00	4576
Check	11/19/2009	11/5/2009	\$122.20	4576
Check	11/19/2009	11/5/2009	\$72.58	4945
Check	11/20/2009	9/9/2009	\$11.85	4576
Check	11/20/2009	9/21/2009	\$157.74	4945
Check	11/20/2009	9/22/2009	\$44.50	4576
Check	11/20/2009	9/23/2009	\$68.90	4945
Check	11/20/2009	9/28/2009	\$180.48	4576
Check	11/20/2009	9/30/2009	\$43.81	4945
Check	11/20/2009	10/1/2009	\$57.99	4711
Check	11/20/2009	10/1/2009	\$157.91	4945
Check	11/20/2009	10/5/2009	\$126.43	4576
Check	11/20/2009	10/5/2009	\$25.53	4576
Check	11/20/2009	10/5/2009	\$143.92	4576
Check	11/20/2009	10/5/2009	\$5.52	4576
Check	11/20/2009	10/5/2009	\$44.91	4576
Check	11/20/2009	10/5/2009	\$68.03	4711
Check	11/20/2009	10/5/2009	\$14.04	4945
Check	11/20/2009	10/5/2009	\$88.36	4945
Check	11/20/2009	10/8/2009	\$17.63	4576
Check	11/20/2009	10/8/2009	\$117.27	4945
Check	11/20/2009	10/21/2009	\$71.37	4576
Check	11/20/2009	10/28/2009	\$77.89	4711
Check	11/20/2009	10/29/2009	\$63.50	4945
Check	11/20/2009	10/30/2009	\$137.36	4576
Check	11/20/2009	10/30/2009	\$28.00	4945
Check	11/23/2009	10/26/2009	\$344.34	4576
Check	11/23/2009	10/28/2009	\$344.34	4576
Check	11/23/2009	11/3/2009	\$140.00	4576
Check	11/23/2009	11/5/2009	\$100.00	4576
Check	11/24/2009	9/17/2009	\$57.56	4576
Check	11/24/2009	10/7/2009	\$40.77	4576
Check	11/24/2009	10/9/2009	\$642.95	4576
Check	11/24/2009	10/13/2009	\$37.63	4576
Check	11/27/2009	11/2/2009	\$85.00	4945
BlueCard	11/30/2009	7/20/2009	\$51.60	4576
EFT	11/30/2009	7/22/2009	\$657.78	4576
EFT	11/30/2009	8/5/2009	\$13.22	4576
EFT	11/30/2009	8/9/2009	\$212.50	4576
EFT	11/30/2009	8/21/2009	\$139.55	4576
EFT	11/30/2009	8/26/2009	\$15.75	4576
EFT	11/30/2009	8/27/2009	\$115.78	4576
EFT	11/30/2009	8/31/2009	\$72.58	4576
EFT	11/30/2009	9/1/2009	\$59.64	4576
BlueCard	11/30/2009	9/1/2009	\$239.94	4945
EFT	11/30/2009	9/2/2009	\$13.22	4576
BlueCard	11/30/2009	9/3/2009	\$1,111.00	4576
EFT	11/30/2009	9/3/2009	\$251.78	4576
EFT	11/30/2009	9/4/2009	\$48.12	4576
EFT	11/30/2009	9/4/2009	\$48.12	4576
EFT	11/30/2009	9/4/2009	\$58.57	4945
EFT	11/30/2009	9/6/2009	\$93.29	4576
EFT	11/30/2009	9/8/2009	\$18.11	4576
EFT	11/30/2009	9/9/2009	\$74.80	4576
EFT	11/30/2009	9/10/2009	\$269.80	4576
EFT	11/30/2009	9/11/2009	\$812.37	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	9/16/2009	\$57.71	4945
EFT	11/30/2009	9/22/2009	\$74.80	4576
EFT	11/30/2009	9/30/2009	\$1,527.03	4576
EFT	11/30/2009	10/1/2009	\$69.16	4576
BlueCard	11/30/2009	10/2/2009	\$158.69	4576
EFT	11/30/2009	10/2/2009	\$168.06	4945
EFT	11/30/2009	10/5/2009	\$268.29	4576
BlueCard	11/30/2009	10/6/2009	\$134.65	4576
EFT	11/30/2009	10/6/2009	\$199.32	4576
EFT	11/30/2009	10/7/2009	\$41.67	4576
EFT	11/30/2009	10/8/2009	\$146.58	4945
EFT	11/30/2009	10/8/2009	\$83.18	4945
EFT	11/30/2009	10/9/2009	\$12.00	4576
EFT	11/30/2009	10/9/2009	\$13.55	4576
EFT	11/30/2009	10/9/2009	\$103.98	4576
EFT	11/30/2009	10/9/2009	\$24.09	4945
EFT	11/30/2009	10/12/2009	\$34.33	4576
EFT	11/30/2009	10/12/2009	\$115.97	4576
EFT	11/30/2009	10/12/2009	\$102.41	4945
EFT	11/30/2009	10/13/2009	\$93.29	4576
EFT	11/30/2009	10/13/2009	\$103.98	4576
EFT	11/30/2009	10/14/2009	\$36.00	4576
EFT	11/30/2009	10/14/2009	\$131.10	4945
BlueCard	11/30/2009	10/16/2009	\$71.24	4576
EFT	11/30/2009	10/16/2009	\$128.93	4576
EFT	11/30/2009	10/16/2009	\$13.57	4576
EFT	11/30/2009	10/16/2009	\$180.00	4576
EFT	11/30/2009	10/16/2009	\$12.42	4945
EFT	11/30/2009	10/17/2009	\$13.55	4576
EFT	11/30/2009	10/19/2009	\$270.82	4576
EFT	11/30/2009	10/19/2009	\$103.98	4576
EFT	11/30/2009	10/19/2009	\$78.19	4576
EFT	11/30/2009	10/19/2009	\$61.77	4576
EFT	11/30/2009	10/19/2009	\$214.39	4576
BlueCard	11/30/2009	10/19/2009	\$57.20	4945
EFT	11/30/2009	10/20/2009	\$62.75	4576
EFT	11/30/2009	10/20/2009	\$100.78	4576
EFT	11/30/2009	10/22/2009	\$314.39	4576
EFT	11/30/2009	10/22/2009	\$40.13	4576
EFT	11/30/2009	10/22/2009	\$13.55	4945
EFT	11/30/2009	10/22/2009	\$46.38	4945
EFT	11/30/2009	10/22/2009	\$126.39	4945
EFT	11/30/2009	10/23/2009	\$1,544.47	4576
EFT	11/30/2009	10/23/2009	\$13.55	4576
EFT	11/30/2009	10/23/2009	\$61.77	4576
EFT	11/30/2009	10/23/2009	\$78.36	4945
EFT	11/30/2009	10/23/2009	\$20.07	4945
EFT	11/30/2009	10/23/2009	\$30.42	4945
EFT	11/30/2009	10/24/2009	\$102.75	4945
EFT	11/30/2009	10/25/2009	\$382.32	4576
EFT	11/30/2009	10/25/2009	\$10.84	4945
EFT	11/30/2009	10/26/2009	\$12.00	4576
EFT	11/30/2009	10/26/2009	\$122.38	4576
EFT	11/30/2009	10/26/2009	\$184.65	4576
EFT	11/30/2009	10/26/2009	\$125.42	4711
BlueCard	11/30/2009	10/27/2009	\$301.91	4576
EFT	11/30/2009	10/27/2009	\$130.00	4576
EFT	11/30/2009	10/27/2009	\$73.69	4576
BlueCard	11/30/2009	10/28/2009	\$255.31	4576
EFT	11/30/2009	10/28/2009	\$172.18	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	10/28/2009	\$87.35	4576
EFT	11/30/2009	10/28/2009	\$186.39	4576
EFT	11/30/2009	10/28/2009	\$144.85	4576
EFT	11/30/2009	10/28/2009	\$32.62	4711
EFT	11/30/2009	10/28/2009	\$93.29	4945
EFT	11/30/2009	10/28/2009	\$119.86	4945
EFT	11/30/2009	10/29/2009	\$206.75	4576
EFT	11/30/2009	10/29/2009	\$72.58	4576
EFT	11/30/2009	10/29/2009	\$32.62	4711
EFT	11/30/2009	10/30/2009	\$180.30	4945
EFT	11/30/2009	10/30/2009	\$234.17	4945
BlueCard	11/30/2009	11/2/2009	\$344.25	4576
BlueCard	11/30/2009	11/2/2009	\$249.56	4576
EFT	11/30/2009	11/2/2009	\$483.56	4576
EFT	11/30/2009	11/2/2009	\$11.50	4576
EFT	11/30/2009	11/2/2009	\$780.31	4576
EFT	11/30/2009	11/2/2009	\$149.03	4576
EFT	11/30/2009	11/2/2009	\$139.00	4576
EFT	11/30/2009	11/2/2009	\$169.74	4576
EFT	11/30/2009	11/2/2009	\$295.11	4945
EFT	11/30/2009	11/2/2009	\$19.03	4945
EFT	11/30/2009	11/3/2009	\$395.43	4576
EFT	11/30/2009	11/3/2009	\$58.69	4576
EFT	11/30/2009	11/3/2009	\$30.51	4576
BlueCard	11/30/2009	11/4/2009	\$165.00	4576
EFT	11/30/2009	11/4/2009	\$73.69	4576
EFT	11/30/2009	11/4/2009	\$18.42	4576
EFT	11/30/2009	11/4/2009	\$65.00	4576
EFT	11/30/2009	11/4/2009	\$119.26	4576
EFT	11/30/2009	11/4/2009	\$462.59	4945
EFT	11/30/2009	11/4/2009	\$194.06	4945
EFT	11/30/2009	11/4/2009	\$254.51	4945
EFT	11/30/2009	11/5/2009	\$5.76	4576
EFT	11/30/2009	11/5/2009	\$139.72	4576
EFT	11/30/2009	11/5/2009	\$172.50	4712
EFT	11/30/2009	11/5/2009	\$258.37	4945
EFT	11/30/2009	11/5/2009	\$319.23	4945
BlueCard	11/30/2009	11/6/2009	\$37.75	4576
EFT	11/30/2009	11/6/2009	\$141.81	4576
EFT	11/30/2009	11/6/2009	\$93.29	4576
EFT	11/30/2009	11/6/2009	\$691.76	4576
EFT	11/30/2009	11/6/2009	\$2,809.81	4576
EFT	11/30/2009	11/6/2009	\$166.60	4576
EFT	11/30/2009	11/6/2009	\$61.72	4576
EFT	11/30/2009	11/6/2009	\$337.68	4711
EFT	11/30/2009	11/6/2009	\$6.83	4711
EFT	11/30/2009	11/6/2009	\$118.62	4711
EFT	11/30/2009	11/6/2009	\$46.26	4945
EFT	11/30/2009	11/6/2009	\$39.44	4945
BlueCard	11/30/2009	11/7/2009	\$240.00	4576
EFT	11/30/2009	11/7/2009	\$150.73	4576
EFT	11/30/2009	11/7/2009	\$139.18	4576
BlueCard	11/30/2009	11/9/2009	\$275.40	4576
BlueCard	11/30/2009	11/9/2009	\$91.08	4576
EFT	11/30/2009	11/9/2009	\$17.70	4576
EFT	11/30/2009	11/9/2009	\$30.00	4576
EFT	11/30/2009	11/9/2009	\$96.34	4576
EFT	11/30/2009	11/9/2009	\$36.05	4576
EFT	11/30/2009	11/9/2009	\$156.00	4576
EFT	11/30/2009	11/9/2009	\$53.95	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/9/2009	\$106.63	4576
EFT	11/30/2009	11/9/2009	\$187.06	4576
EFT	11/30/2009	11/9/2009	\$53.04	4576
EFT	11/30/2009	11/9/2009	\$278.11	4711
EFT	11/30/2009	11/9/2009	\$118.62	4945
BlueCard	11/30/2009	11/10/2009	\$44.37	4576
BlueCard	11/30/2009	11/10/2009	\$2,427.00	4576
BlueCard	11/30/2009	11/10/2009	\$117.90	4576
BlueCard	11/30/2009	11/10/2009	\$4,072.91	4576
EFT	11/30/2009	11/10/2009	\$16.54	4576
EFT	11/30/2009	11/10/2009	\$39.51	4576
EFT	11/30/2009	11/10/2009	\$20.25	4576
EFT	11/30/2009	11/10/2009	\$77.38	4576
EFT	11/30/2009	11/10/2009	\$168.24	4576
EFT	11/30/2009	11/10/2009	\$304.90	4576
EFT	11/30/2009	11/10/2009	\$197.33	4576
EFT	11/30/2009	11/10/2009	\$75.38	4576
EFT	11/30/2009	11/10/2009	\$180.03	4576
EFT	11/30/2009	11/10/2009	\$108.59	4576
EFT	11/30/2009	11/10/2009	\$47.22	4576
EFT	11/30/2009	11/10/2009	\$20.27	4711
EFT	11/30/2009	11/10/2009	\$109.98	4711
EFT	11/30/2009	11/10/2009	\$114.22	4945
EFT	11/30/2009	11/10/2009	\$58.69	4945
BlueCard	11/30/2009	11/11/2009	\$35.07	4576
BlueCard	11/30/2009	11/11/2009	\$13.39	4576
EFT	11/30/2009	11/11/2009	\$80.38	4576
EFT	11/30/2009	11/11/2009	\$7.50	4576
EFT	11/30/2009	11/11/2009	\$14.93	4576
EFT	11/30/2009	11/11/2009	\$59.99	4576
EFT	11/30/2009	11/11/2009	\$21.11	4576
EFT	11/30/2009	11/11/2009	\$107.99	4576
EFT	11/30/2009	11/11/2009	\$37.66	4576
EFT	11/30/2009	11/11/2009	\$77.49	4576
EFT	11/30/2009	11/11/2009	\$84.97	4576
EFT	11/30/2009	11/11/2009	\$13.57	4576
EFT	11/30/2009	11/11/2009	\$118.56	4576
EFT	11/30/2009	11/11/2009	\$37.88	4576
EFT	11/30/2009	11/11/2009	\$24.78	4576
EFT	11/30/2009	11/11/2009	\$181.29	4576
EFT	11/30/2009	11/11/2009	\$67.53	4576
EFT	11/30/2009	11/11/2009	\$102.05	4576
EFT	11/30/2009	11/11/2009	\$170.57	4576
EFT	11/30/2009	11/11/2009	\$32.62	4576
EFT	11/30/2009	11/11/2009	\$246.99	4576
EFT	11/30/2009	11/11/2009	\$73.69	4576
EFT	11/30/2009	11/11/2009	\$56.45	4576
EFT	11/30/2009	11/11/2009	\$292.72	4576
EFT	11/30/2009	11/11/2009	\$570.52	4576
EFT	11/30/2009	11/11/2009	\$760.76	4576
EFT	11/30/2009	11/11/2009	\$489.06	4576
EFT	11/30/2009	11/11/2009	\$61.77	4576
EFT	11/30/2009	11/11/2009	\$190.41	4576
EFT	11/30/2009	11/11/2009	\$59.64	4576
EFT	11/30/2009	11/11/2009	\$173.84	4576
BlueCard	11/30/2009	11/11/2009	\$21.60	4711
EFT	11/30/2009	11/11/2009	\$105.94	4711
EFT	11/30/2009	11/11/2009	\$32.62	4712
EFT	11/30/2009	11/11/2009	\$65.38	4945
EFT	11/30/2009	11/11/2009	\$38.74	4945

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/11/2009	\$38.87	4945
EFT	11/30/2009	11/11/2009	\$170.57	4945
EFT	11/30/2009	11/11/2009	\$170.57	4945
EFT	11/30/2009	11/11/2009	\$89.99	4945
EFT	11/30/2009	11/11/2009	\$104.27	4945
EFT	11/30/2009	11/11/2009	\$123.57	4945
EFT	11/30/2009	11/11/2009	\$98.77	4945
BlueCard	11/30/2009	11/12/2009	\$66.66	4576
BlueCard	11/30/2009	11/12/2009	\$416.00	4576
BlueCard	11/30/2009	11/12/2009	\$458.15	4576
EFT	11/30/2009	11/12/2009	\$166.66	4576
EFT	11/30/2009	11/12/2009	\$290.45	4576
EFT	11/30/2009	11/12/2009	\$128.64	4576
EFT	11/30/2009	11/12/2009	\$120.86	4576
EFT	11/30/2009	11/12/2009	\$120.91	4576
EFT	11/30/2009	11/12/2009	\$175.38	4576
EFT	11/30/2009	11/12/2009	\$10.00	4576
EFT	11/30/2009	11/12/2009	\$109.00	4576
EFT	11/30/2009	11/12/2009	\$117.00	4576
EFT	11/30/2009	11/12/2009	\$109.00	4576
EFT	11/30/2009	11/12/2009	\$67.10	4576
EFT	11/30/2009	11/12/2009	\$94.19	4576
EFT	11/30/2009	11/12/2009	\$74.03	4576
EFT	11/30/2009	11/12/2009	\$94.19	4576
EFT	11/30/2009	11/12/2009	\$74.03	4576
EFT	11/30/2009	11/12/2009	\$132.00	4576
EFT	11/30/2009	11/12/2009	\$58.80	4576
EFT	11/30/2009	11/12/2009	\$47.04	4576
EFT	11/30/2009	11/12/2009	\$229.48	4576
EFT	11/30/2009	11/12/2009	\$38.06	4576
EFT	11/30/2009	11/12/2009	\$39.29	4576
EFT	11/30/2009	11/12/2009	\$1,294.95	4576
EFT	11/30/2009	11/12/2009	\$815.10	4576
BlueCard	11/30/2009	11/12/2009	\$53.00	4711
BlueCard	11/30/2009	11/12/2009	\$36.80	4711
BlueCard	11/30/2009	11/12/2009	\$136.52	4711
EFT	11/30/2009	11/12/2009	\$174.00	4711
EFT	11/30/2009	11/12/2009	\$153.68	4711
EFT	11/30/2009	11/12/2009	\$342.34	4712
EFT	11/30/2009	11/12/2009	\$107.69	4945
EFT	11/30/2009	11/12/2009	\$677.34	4945
EFT	11/30/2009	11/12/2009	\$116.13	4945
EFT	11/30/2009	11/12/2009	\$79.20	4945
EFT	11/30/2009	11/12/2009	\$259.83	4945
BlueCard	11/30/2009	11/13/2009	\$78.00	4576
BlueCard	11/30/2009	11/13/2009	\$23.12	4576
BlueCard	11/30/2009	11/13/2009	\$28.00	4576
EFT	11/30/2009	11/13/2009	\$120.91	4576
EFT	11/30/2009	11/13/2009	\$83.00	4576
EFT	11/30/2009	11/13/2009	\$14.52	4576
EFT	11/30/2009	11/13/2009	\$102.25	4576
EFT	11/30/2009	11/13/2009	\$111.94	4576
EFT	11/30/2009	11/13/2009	\$30.79	4576
EFT	11/30/2009	11/13/2009	\$54.00	4576
EFT	11/30/2009	11/13/2009	\$251.78	4576
EFT	11/30/2009	11/13/2009	\$326.04	4576
EFT	11/30/2009	11/13/2009	\$760.76	4576
EFT	11/30/2009	11/13/2009	\$489.06	4576
EFT	11/30/2009	11/13/2009	\$706.42	4576
EFT	11/30/2009	11/13/2009	\$326.04	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/13/2009	\$652.08	4576
EFT	11/30/2009	11/13/2009	\$652.08	4576
EFT	11/30/2009	11/13/2009	\$117.00	4576
EFT	11/30/2009	11/13/2009	\$50.20	4711
EFT	11/30/2009	11/13/2009	\$342.34	4712
EFT	11/30/2009	11/13/2009	\$121.06	4945
EFT	11/30/2009	11/13/2009	\$1,263.18	4945
EFT	11/30/2009	11/13/2009	\$276.51	4945
EFT	11/30/2009	11/13/2009	\$166.38	4945
EFT	11/30/2009	11/13/2009	\$109.00	4945
EFT	11/30/2009	11/13/2009	\$98.43	4945
EFT	11/30/2009	11/14/2009	\$109.00	4576
EFT	11/30/2009	11/14/2009	\$101.81	4945
EFT	11/30/2009	11/14/2009	\$32.62	4945
EFT	11/30/2009	11/14/2009	\$29.57	4945
EFT	11/30/2009	11/15/2009	\$21.38	4576
EFT	11/30/2009	11/15/2009	\$21.38	4576
EFT	11/30/2009	11/15/2009	\$147.73	4576
EFT	11/30/2009	11/15/2009	\$93.29	4576
EFT	11/30/2009	11/15/2009	\$72.58	4945
BlueCard	11/30/2009	11/16/2009	\$66.00	4576
BlueCard	11/30/2009	11/16/2009	\$45.00	4576
BlueCard	11/30/2009	11/16/2009	\$126.88	4576
BlueCard	11/30/2009	11/16/2009	\$59.13	4576
EFT	11/30/2009	11/16/2009	\$96.01	4576
EFT	11/30/2009	11/16/2009	\$69.43	4576
EFT	11/30/2009	11/16/2009	\$1,818.67	4576
EFT	11/30/2009	11/16/2009	\$90.73	4576
EFT	11/30/2009	11/16/2009	\$956.62	4576
EFT	11/30/2009	11/16/2009	\$44.72	4576
EFT	11/30/2009	11/16/2009	\$21.38	4576
EFT	11/30/2009	11/16/2009	\$25.13	4576
EFT	11/30/2009	11/16/2009	\$44.54	4576
EFT	11/30/2009	11/16/2009	\$147.00	4576
EFT	11/30/2009	11/16/2009	\$1,209.32	4576
EFT	11/30/2009	11/16/2009	\$72.58	4576
EFT	11/30/2009	11/16/2009	\$118.62	4576
EFT	11/30/2009	11/16/2009	\$32.62	4576
EFT	11/30/2009	11/16/2009	\$130.45	4576
EFT	11/30/2009	11/16/2009	\$150.33	4576
EFT	11/30/2009	11/16/2009	\$486.59	4576
EFT	11/30/2009	11/16/2009	\$768.18	4576
EFT	11/30/2009	11/16/2009	\$72.58	4576
EFT	11/30/2009	11/16/2009	\$57.03	4576
EFT	11/30/2009	11/16/2009	\$74.03	4576
EFT	11/30/2009	11/16/2009	\$99.77	4576
EFT	11/30/2009	11/16/2009	\$78.73	4576
EFT	11/30/2009	11/16/2009	\$152.76	4576
EFT	11/30/2009	11/16/2009	\$84.98	4576
EFT	11/30/2009	11/16/2009	\$334.41	4576
EFT	11/30/2009	11/16/2009	\$237.47	4576
EFT	11/30/2009	11/16/2009	\$50.32	4576
EFT	11/30/2009	11/16/2009	\$78.36	4576
EFT	11/30/2009	11/16/2009	\$164.80	4576
EFT	11/30/2009	11/16/2009	\$17.69	4576
EFT	11/30/2009	11/16/2009	\$814.35	4576
EFT	11/30/2009	11/16/2009	\$22.16	4576
EFT	11/30/2009	11/16/2009	\$58.69	4576
EFT	11/30/2009	11/16/2009	\$73.69	4576
EFT	11/30/2009	11/16/2009	\$55.68	4711

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/16/2009	\$18.90	4711
EFT	11/30/2009	11/16/2009	\$268.58	4711
EFT	11/30/2009	11/16/2009	\$130.90	4712
EFT	11/30/2009	11/16/2009	\$236.78	4945
EFT	11/30/2009	11/16/2009	\$282.71	4945
EFT	11/30/2009	11/16/2009	\$120.91	4945
EFT	11/30/2009	11/16/2009	\$260.83	4945
EFT	11/30/2009	11/16/2009	\$83.00	4945
EFT	11/30/2009	11/16/2009	\$83.00	4945
EFT	11/30/2009	11/16/2009	\$158.64	4945
EFT	11/30/2009	11/16/2009	\$74.19	4945
EFT	11/30/2009	11/16/2009	\$118.62	4945
EFT	11/30/2009	11/16/2009	\$428.08	4945
BlueCard	11/30/2009	11/17/2009	\$30.84	4576
BlueCard	11/30/2009	11/17/2009	\$136.89	4576
BlueCard	11/30/2009	11/17/2009	\$50.71	4576
EFT	11/30/2009	11/17/2009	\$38.11	4576
EFT	11/30/2009	11/17/2009	\$115.78	4576
EFT	11/30/2009	11/17/2009	\$706.42	4576
EFT	11/30/2009	11/17/2009	\$126.11	4576
EFT	11/30/2009	11/17/2009	\$49.62	4576
EFT	11/30/2009	11/17/2009	\$207.98	4576
EFT	11/30/2009	11/17/2009	\$73.69	4576
EFT	11/30/2009	11/17/2009	\$72.58	4576
EFT	11/30/2009	11/17/2009	\$39.14	4576
EFT	11/30/2009	11/17/2009	\$51.37	4711
EFT	11/30/2009	11/17/2009	\$1,084.28	4711
EFT	11/30/2009	11/17/2009	\$1,632.89	4711
EFT	11/30/2009	11/17/2009	\$73.36	4712
EFT	11/30/2009	11/17/2009	\$53.76	4945
EFT	11/30/2009	11/17/2009	\$73.69	4945
EFT	11/30/2009	11/17/2009	\$48.69	4945
EFT	11/30/2009	11/17/2009	\$160.49	4945
EFT	11/30/2009	11/17/2009	\$219.80	4945
EFT	11/30/2009	11/17/2009	\$66.00	4945
EFT	11/30/2009	11/17/2009	\$63.61	4945
EFT	11/30/2009	11/17/2009	\$56.80	4945
EFT	11/30/2009	11/17/2009	\$693.99	4945
BlueCard	11/30/2009	11/18/2009	\$74.00	4576
BlueCard	11/30/2009	11/18/2009	\$118.00	4576
BlueCard	11/30/2009	11/18/2009	\$26.50	4576
BlueCard	11/30/2009	11/18/2009	\$70.00	4576
BlueCard	11/30/2009	11/18/2009	\$32.00	4576
EFT	11/30/2009	11/18/2009	\$16.33	4576
EFT	11/30/2009	11/18/2009	\$839.32	4576
EFT	11/30/2009	11/18/2009	\$22.36	4576
EFT	11/30/2009	11/18/2009	\$18.42	4576
EFT	11/30/2009	11/18/2009	\$114.21	4576
EFT	11/30/2009	11/18/2009	\$34.64	4576
EFT	11/30/2009	11/18/2009	\$61.68	4576
EFT	11/30/2009	11/18/2009	\$87.37	4576
EFT	11/30/2009	11/18/2009	\$64.82	4576
EFT	11/30/2009	11/18/2009	\$25.00	4576
EFT	11/30/2009	11/18/2009	\$73.69	4576
EFT	11/30/2009	11/18/2009	\$103.23	4576
EFT	11/30/2009	11/18/2009	\$575.89	4576
EFT	11/30/2009	11/18/2009	\$66.00	4576
EFT	11/30/2009	11/18/2009	\$66.00	4576
EFT	11/30/2009	11/18/2009	\$273.64	4576
EFT	11/30/2009	11/18/2009	\$52.36	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/18/2009	\$78.36	4576
EFT	11/30/2009	11/18/2009	\$232.86	4576
EFT	11/30/2009	11/18/2009	\$58.69	4576
EFT	11/30/2009	11/18/2009	\$275.95	4576
EFT	11/30/2009	11/18/2009	\$194.43	4576
EFT	11/30/2009	11/18/2009	\$73.69	4576
EFT	11/30/2009	11/18/2009	\$66.69	4576
EFT	11/30/2009	11/18/2009	\$41.08	4576
EFT	11/30/2009	11/18/2009	\$92.62	4711
EFT	11/30/2009	11/18/2009	\$13,182.86	4711
BlueCard	11/30/2009	11/18/2009	\$56.00	4945
BlueCard	11/30/2009	11/18/2009	\$27.85	4945
EFT	11/30/2009	11/18/2009	\$72.58	4945
EFT	11/30/2009	11/18/2009	\$38.42	4945
EFT	11/30/2009	11/18/2009	\$180.30	4945
EFT	11/30/2009	11/18/2009	\$23.53	4945
EFT	11/30/2009	11/18/2009	\$78.36	4945
EFT	11/30/2009	11/18/2009	\$63.61	4945
BlueCard	11/30/2009	11/19/2009	\$456.61	4576
BlueCard	11/30/2009	11/19/2009	\$185.60	4576
BlueCard	11/30/2009	11/19/2009	\$17.25	4576
BlueCard	11/30/2009	11/19/2009	\$20.63	4576
BlueCard	11/30/2009	11/19/2009	\$14.43	4576
EFT	11/30/2009	11/19/2009	\$130.70	4576
EFT	11/30/2009	11/19/2009	\$274.61	4576
EFT	11/30/2009	11/19/2009	\$274.61	4576
EFT	11/30/2009	11/19/2009	\$79.50	4576
EFT	11/30/2009	11/19/2009	\$79.50	4576
EFT	11/30/2009	11/19/2009	\$22.36	4576
EFT	11/30/2009	11/19/2009	\$92.99	4576
EFT	11/30/2009	11/19/2009	\$2,187.50	4576
EFT	11/30/2009	11/19/2009	\$370.34	4576
EFT	11/30/2009	11/19/2009	\$172.57	4576
EFT	11/30/2009	11/19/2009	\$158.57	4576
EFT	11/30/2009	11/19/2009	\$56.60	4576
EFT	11/30/2009	11/19/2009	\$220.99	4576
EFT	11/30/2009	11/19/2009	\$1,062.98	4576
EFT	11/30/2009	11/19/2009	\$130.68	4576
EFT	11/30/2009	11/19/2009	\$74.16	4576
EFT	11/30/2009	11/19/2009	\$295.64	4576
EFT	11/30/2009	11/19/2009	\$93.29	4576
EFT	11/30/2009	11/19/2009	\$20.94	4576
EFT	11/30/2009	11/19/2009	\$47.51	4576
EFT	11/30/2009	11/19/2009	\$214.57	4576
EFT	11/30/2009	11/19/2009	\$118.62	4576
EFT	11/30/2009	11/19/2009	\$251.78	4576
EFT	11/30/2009	11/19/2009	\$24.53	4576
EFT	11/30/2009	11/19/2009	\$49.35	4576
EFT	11/30/2009	11/19/2009	\$4,041.23	4576
EFT	11/30/2009	11/19/2009	\$118.62	4576
EFT	11/30/2009	11/19/2009	\$102.35	4576
EFT	11/30/2009	11/19/2009	\$187.06	4576
EFT	11/30/2009	11/19/2009	\$814.13	4576
EFT	11/30/2009	11/19/2009	\$2,865.30	4576
EFT	11/30/2009	11/19/2009	\$403.30	4576
EFT	11/30/2009	11/19/2009	\$343.12	4576
EFT	11/30/2009	11/19/2009	\$27.45	4576
EFT	11/30/2009	11/19/2009	\$94.31	4576
EFT	11/30/2009	11/19/2009	\$97.62	4576
EFT	11/30/2009	11/19/2009	\$1,460.02	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/19/2009	\$75.17	4711
EFT	11/30/2009	11/19/2009	\$192.42	4945
EFT	11/30/2009	11/19/2009	\$59.64	4945
EFT	11/30/2009	11/19/2009	\$153.90	4945
EFT	11/30/2009	11/19/2009	\$37.30	4945
EFT	11/30/2009	11/19/2009	\$92.00	4945
EFT	11/30/2009	11/19/2009	\$203.28	4945
EFT	11/30/2009	11/19/2009	\$442.99	4945
EFT	11/30/2009	11/19/2009	\$35.88	4945
EFT	11/30/2009	11/19/2009	\$22.17	4945
EFT	11/30/2009	11/19/2009	\$14.50	4945
EFT	11/30/2009	11/19/2009	\$278.10	4945
EFT	11/30/2009	11/19/2009	\$25.00	4945
EFT	11/30/2009	11/19/2009	\$362.52	4945
EFT	11/30/2009	11/19/2009	\$15.00	4945
EFT	11/30/2009	11/19/2009	\$26.44	4945
EFT	11/30/2009	11/19/2009	\$125.36	4945
BlueCard	11/30/2009	11/20/2009	\$17.25	4576
EFT	11/30/2009	11/20/2009	\$177.35	4576
EFT	11/30/2009	11/20/2009	\$20.42	4576
EFT	11/30/2009	11/20/2009	\$599.95	4576
EFT	11/30/2009	11/20/2009	\$79.50	4576
EFT	11/30/2009	11/20/2009	\$70.63	4576
EFT	11/30/2009	11/20/2009	\$115.04	4576
EFT	11/30/2009	11/20/2009	\$44.72	4576
EFT	11/30/2009	11/20/2009	\$22.36	4576
EFT	11/30/2009	11/20/2009	\$108.99	4576
EFT	11/30/2009	11/20/2009	\$127.36	4576
EFT	11/30/2009	11/20/2009	\$37.30	4576
EFT	11/30/2009	11/20/2009	\$73.69	4576
EFT	11/30/2009	11/20/2009	\$115.78	4576
EFT	11/30/2009	11/20/2009	\$240.38	4576
EFT	11/30/2009	11/20/2009	\$111.72	4576
EFT	11/30/2009	11/20/2009	\$126.11	4576
EFT	11/30/2009	11/20/2009	\$71.61	4576
EFT	11/30/2009	11/20/2009	\$78.51	4576
EFT	11/30/2009	11/20/2009	\$166.24	4576
EFT	11/30/2009	11/20/2009	\$181.20	4576
EFT	11/30/2009	11/20/2009	\$46.00	4576
EFT	11/30/2009	11/20/2009	\$22.00	4576
EFT	11/30/2009	11/20/2009	\$172.46	4576
EFT	11/30/2009	11/20/2009	\$31.00	4576
EFT	11/30/2009	11/20/2009	\$32.00	4576
EFT	11/30/2009	11/20/2009	\$128.30	4576
EFT	11/30/2009	11/20/2009	\$505.09	4576
EFT	11/30/2009	11/20/2009	\$159.96	4576
EFT	11/30/2009	11/20/2009	\$226.57	4576
EFT	11/30/2009	11/20/2009	\$284.20	4576
EFT	11/30/2009	11/20/2009	\$192.89	4576
EFT	11/30/2009	11/20/2009	\$152.73	4576
EFT	11/30/2009	11/20/2009	\$248.91	4576
EFT	11/30/2009	11/20/2009	\$1,505.35	4576
EFT	11/30/2009	11/20/2009	\$256.51	4576
EFT	11/30/2009	11/20/2009	\$184.29	4576
EFT	11/30/2009	11/20/2009	\$72.58	4576
EFT	11/30/2009	11/20/2009	\$118.62	4576
EFT	11/30/2009	11/20/2009	\$194.33	4576
EFT	11/30/2009	11/20/2009	\$97.14	4576
EFT	11/30/2009	11/20/2009	\$81.64	4576
EFT	11/30/2009	11/20/2009	\$490.76	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/20/2009	\$204.70	4576
EFT	11/30/2009	11/20/2009	\$34.64	4576
EFT	11/30/2009	11/20/2009	\$187.06	4576
EFT	11/30/2009	11/20/2009	\$164.57	4576
EFT	11/30/2009	11/20/2009	\$102.58	4576
EFT	11/30/2009	11/20/2009	\$115.33	4576
EFT	11/30/2009	11/20/2009	\$249.18	4576
EFT	11/30/2009	11/20/2009	\$59.64	4576
EFT	11/30/2009	11/20/2009	\$19.00	4576
EFT	11/30/2009	11/20/2009	\$19.00	4576
EFT	11/30/2009	11/20/2009	\$120.91	4576
EFT	11/30/2009	11/20/2009	\$65.41	4576
EFT	11/30/2009	11/20/2009	\$55.63	4576
EFT	11/30/2009	11/20/2009	\$59.64	4576
EFT	11/30/2009	11/20/2009	\$73.69	4576
EFT	11/30/2009	11/20/2009	\$59.64	4576
EFT	11/30/2009	11/20/2009	\$383.51	4576
EFT	11/30/2009	11/20/2009	\$148.46	4576
EFT	11/30/2009	11/20/2009	\$28.00	4576
EFT	11/30/2009	11/20/2009	\$37.30	4576
EFT	11/30/2009	11/20/2009	\$37.30	4576
EFT	11/30/2009	11/20/2009	\$78.71	4576
EFT	11/30/2009	11/20/2009	\$151.29	4576
EFT	11/30/2009	11/20/2009	\$5.74	4576
EFT	11/30/2009	11/20/2009	\$37.55	4576
EFT	11/30/2009	11/20/2009	\$105.94	4711
EFT	11/30/2009	11/20/2009	\$76.84	4711
EFT	11/30/2009	11/20/2009	\$21.63	4711
EFT	11/30/2009	11/20/2009	\$147.08	4945
EFT	11/30/2009	11/20/2009	\$664.88	4945
EFT	11/30/2009	11/20/2009	\$118.62	4945
EFT	11/30/2009	11/20/2009	\$97.83	4945
EFT	11/30/2009	11/20/2009	\$33.60	4945
EFT	11/30/2009	11/20/2009	\$134.03	4945
EFT	11/30/2009	11/20/2009	\$58.57	4945
EFT	11/30/2009	11/20/2009	\$58.57	4945
EFT	11/30/2009	11/20/2009	\$67.00	4945
EFT	11/30/2009	11/20/2009	\$91.78	4945
EFT	11/30/2009	11/20/2009	\$375.74	4945
EFT	11/30/2009	11/20/2009	\$174.52	4945
EFT	11/30/2009	11/20/2009	\$122.58	4945
EFT	11/30/2009	11/20/2009	\$58.36	4945
EFT	11/30/2009	11/20/2009	\$27.74	4945
EFT	11/30/2009	11/20/2009	\$314.85	4945
EFT	11/30/2009	11/20/2009	\$72.58	4945
EFT	11/30/2009	11/20/2009	\$38.69	4945
EFT	11/30/2009	11/20/2009	\$58.69	4945
EFT	11/30/2009	11/20/2009	\$567.32	4945
EFT	11/30/2009	11/20/2009	\$72.58	4945
EFT	11/30/2009	11/20/2009	\$234.19	4945
EFT	11/30/2009	11/20/2009	\$72.58	4945
EFT	11/30/2009	11/20/2009	\$91.64	4945
EFT	11/30/2009	11/20/2009	\$229.16	4945
EFT	11/30/2009	11/20/2009	\$208.87	4945
EFT	11/30/2009	11/21/2009	\$37.30	4576
EFT	11/30/2009	11/21/2009	\$108.61	4576
EFT	11/30/2009	11/21/2009	\$73.69	4576
EFT	11/30/2009	11/21/2009	\$73.69	4576
EFT	11/30/2009	11/21/2009	\$59.64	4945
EFT	11/30/2009	11/21/2009	\$84.79	4945

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/22/2009	\$118.24	4576
EFT	11/30/2009	11/22/2009	\$73.69	4576
EFT	11/30/2009	11/22/2009	\$92.46	4576
EFT	11/30/2009	11/22/2009	\$56.61	4576
EFT	11/30/2009	11/22/2009	\$59.64	4576
EFT	11/30/2009	11/22/2009	\$19.00	4576
EFT	11/30/2009	11/22/2009	\$59.64	4576
EFT	11/30/2009	11/22/2009	\$59.64	4945
EFT	11/30/2009	11/22/2009	\$76.09	4945
EFT	11/30/2009	11/22/2009	\$58.20	4945
EFT	11/30/2009	11/22/2009	\$59.64	4945
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$23.62	4576
EFT	11/30/2009	11/23/2009	\$78.36	4576
EFT	11/30/2009	11/23/2009	\$78.36	4576
EFT	11/30/2009	11/23/2009	\$78.36	4576
EFT	11/30/2009	11/23/2009	\$237.90	4576
EFT	11/30/2009	11/23/2009	\$372.48	4576
EFT	11/30/2009	11/23/2009	\$52.90	4576
EFT	11/30/2009	11/23/2009	\$70.63	4576
EFT	11/30/2009	11/23/2009	\$61.77	4576
EFT	11/30/2009	11/23/2009	\$18.42	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$120.88	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$138.31	4576
EFT	11/30/2009	11/23/2009	\$98.22	4576
EFT	11/30/2009	11/23/2009	\$98.22	4576
EFT	11/30/2009	11/23/2009	\$58.95	4576
EFT	11/30/2009	11/23/2009	\$65.24	4576
EFT	11/30/2009	11/23/2009	\$43.05	4576
EFT	11/30/2009	11/23/2009	\$177.50	4576
EFT	11/30/2009	11/23/2009	\$131.28	4576
EFT	11/30/2009	11/23/2009	\$75.56	4576
EFT	11/30/2009	11/23/2009	\$75.56	4576
EFT	11/30/2009	11/23/2009	\$75.56	4576
EFT	11/30/2009	11/23/2009	\$75.56	4576
EFT	11/30/2009	11/23/2009	\$58.69	4576
EFT	11/30/2009	11/23/2009	\$71.61	4576
EFT	11/30/2009	11/23/2009	\$153.20	4576
EFT	11/30/2009	11/23/2009	\$37.36	4576
EFT	11/30/2009	11/23/2009	\$27.28	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$201.44	4576
EFT	11/30/2009	11/23/2009	\$100.18	4576
EFT	11/30/2009	11/23/2009	\$87.37	4576
EFT	11/30/2009	11/23/2009	\$140.31	4576
EFT	11/30/2009	11/23/2009	\$50.92	4576
EFT	11/30/2009	11/23/2009	\$103.48	4576
EFT	11/30/2009	11/23/2009	\$73.69	4576
EFT	11/30/2009	11/23/2009	\$11.47	4576
EFT	11/30/2009	11/23/2009	\$125.61	4576
EFT	11/30/2009	11/23/2009	\$22.36	4576
EFT	11/30/2009	11/23/2009	\$2,298.95	4576
EFT	11/30/2009	11/23/2009	\$58.69	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/23/2009	\$58.69	4576
EFT	11/30/2009	11/23/2009	\$58.69	4576
EFT	11/30/2009	11/23/2009	\$441.65	4576
EFT	11/30/2009	11/23/2009	\$80.15	4576
EFT	11/30/2009	11/23/2009	\$4,568.85	4576
EFT	11/30/2009	11/23/2009	\$15.41	4576
EFT	11/30/2009	11/23/2009	\$84.77	4576
EFT	11/30/2009	11/23/2009	\$22.16	4576
EFT	11/30/2009	11/23/2009	\$80.15	4576
EFT	11/30/2009	11/23/2009	\$345.51	4576
EFT	11/30/2009	11/23/2009	\$1,173.47	4576
EFT	11/30/2009	11/23/2009	\$22.16	4576
EFT	11/30/2009	11/23/2009	\$78.59	4576
EFT	11/30/2009	11/23/2009	\$17.97	4576
EFT	11/30/2009	11/23/2009	\$279.20	4576
EFT	11/30/2009	11/23/2009	\$72.58	4576
EFT	11/30/2009	11/23/2009	\$118.62	4576
EFT	11/30/2009	11/23/2009	\$49.47	4576
EFT	11/30/2009	11/23/2009	\$19.06	4576
EFT	11/30/2009	11/23/2009	\$99.75	4576
EFT	11/30/2009	11/23/2009	\$102.35	4576
EFT	11/30/2009	11/23/2009	\$72.58	4576
EFT	11/30/2009	11/23/2009	\$94.74	4576
EFT	11/30/2009	11/23/2009	\$72.58	4576
EFT	11/30/2009	11/23/2009	\$167.42	4576
EFT	11/30/2009	11/23/2009	\$19.00	4576
EFT	11/30/2009	11/23/2009	\$73.69	4576
EFT	11/30/2009	11/23/2009	\$73.69	4576
EFT	11/30/2009	11/23/2009	\$120.91	4576
EFT	11/30/2009	11/23/2009	\$108.61	4576
EFT	11/30/2009	11/23/2009	\$58.69	4576
EFT	11/30/2009	11/23/2009	\$104.07	4576
EFT	11/30/2009	11/23/2009	\$94.19	4576
EFT	11/30/2009	11/23/2009	\$54.64	4576
EFT	11/30/2009	11/23/2009	\$20.00	4576
EFT	11/30/2009	11/23/2009	\$78.36	4711
EFT	11/30/2009	11/23/2009	\$142.98	4711
EFT	11/30/2009	11/23/2009	\$14.98	4711
EFT	11/30/2009	11/23/2009	\$73.29	4711
EFT	11/30/2009	11/23/2009	\$79.37	4711
EFT	11/30/2009	11/23/2009	\$430.67	4711
EFT	11/30/2009	11/23/2009	\$938.78	4711
EFT	11/30/2009	11/23/2009	\$58.69	4711
EFT	11/30/2009	11/23/2009	\$78.36	4945
EFT	11/30/2009	11/23/2009	\$179.73	4945
EFT	11/30/2009	11/23/2009	\$37.30	4945
EFT	11/30/2009	11/23/2009	\$50.44	4945
EFT	11/30/2009	11/23/2009	\$47.29	4945
EFT	11/30/2009	11/23/2009	\$52.90	4945
EFT	11/30/2009	11/23/2009	\$65.00	4945
EFT	11/30/2009	11/23/2009	\$167.01	4945
EFT	11/30/2009	11/23/2009	\$164.51	4945
EFT	11/30/2009	11/23/2009	\$33.89	4945
EFT	11/30/2009	11/23/2009	\$59.64	4945
EFT	11/30/2009	11/23/2009	\$42.36	4945
EFT	11/30/2009	11/23/2009	\$33.89	4945
EFT	11/30/2009	11/23/2009	\$209.46	4945
EFT	11/30/2009	11/23/2009	\$122.58	4945
EFT	11/30/2009	11/23/2009	\$33.89	4945
EFT	11/30/2009	11/23/2009	\$33.89	4945



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
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**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/23/2009	\$122.58	4945
EFT	11/30/2009	11/23/2009	\$78.36	4945
EFT	11/30/2009	11/23/2009	\$37.57	4945
EFT	11/30/2009	11/23/2009	\$273.72	4945
EFT	11/30/2009	11/23/2009	\$33.89	4945
EFT	11/30/2009	11/23/2009	\$58.69	4945
EFT	11/30/2009	11/23/2009	\$58.69	4945
EFT	11/30/2009	11/23/2009	\$250.63	4945
EFT	11/30/2009	11/23/2009	\$52.58	4945
EFT	11/30/2009	11/23/2009	\$46.26	4945
EFT	11/30/2009	11/23/2009	\$167.75	4945
EFT	11/30/2009	11/23/2009	\$72.58	4945
EFT	11/30/2009	11/23/2009	\$74.11	4945
EFT	11/30/2009	11/23/2009	\$72.58	4945
EFT	11/30/2009	11/23/2009	\$72.58	4945
EFT	11/30/2009	11/23/2009	\$194.19	4945
EFT	11/30/2009	11/23/2009	\$89.41	4945
EFT	11/30/2009	11/23/2009	\$72.58	4945
EFT	11/30/2009	11/23/2009	\$120.91	4945
EFT	11/30/2009	11/23/2009	\$62.36	4945
EFT	11/30/2009	11/24/2009	\$5.13	4576
EFT	11/30/2009	11/24/2009	\$32.59	4576
EFT	11/30/2009	11/24/2009	\$391.74	4576
EFT	11/30/2009	11/24/2009	\$73.59	4576
EFT	11/30/2009	11/24/2009	\$61.77	4576
EFT	11/30/2009	11/24/2009	\$70.63	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$108.07	4576
EFT	11/30/2009	11/24/2009	\$128.76	4576
EFT	11/30/2009	11/24/2009	\$108.07	4576
EFT	11/30/2009	11/24/2009	\$75.56	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$22.16	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$59.64	4576
EFT	11/30/2009	11/24/2009	\$18.42	4576
EFT	11/30/2009	11/24/2009	\$46.86	4576
EFT	11/30/2009	11/24/2009	\$58.61	4576
EFT	11/30/2009	11/24/2009	\$59.64	4576
EFT	11/30/2009	11/24/2009	\$93.00	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$62.75	4576
EFT	11/30/2009	11/24/2009	\$22.36	4576
EFT	11/30/2009	11/24/2009	\$56.84	4576
EFT	11/30/2009	11/24/2009	\$75.56	4576
EFT	11/30/2009	11/24/2009	\$75.56	4576
EFT	11/30/2009	11/24/2009	\$102.58	4576
EFT	11/30/2009	11/24/2009	\$72.58	4576
EFT	11/30/2009	11/24/2009	\$72.58	4576
EFT	11/30/2009	11/24/2009	\$107.00	4576
EFT	11/30/2009	11/24/2009	\$152.00	4576
EFT	11/30/2009	11/24/2009	\$1,527.03	4576
EFT	11/30/2009	11/24/2009	\$97.83	4576
EFT	11/30/2009	11/24/2009	\$223.96	4576
EFT	11/30/2009	11/24/2009	\$160.92	4576
EFT	11/30/2009	11/24/2009	\$3,656.09	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/24/2009	\$191.58	4576
EFT	11/30/2009	11/24/2009	\$118.62	4576
EFT	11/30/2009	11/24/2009	\$118.62	4576
EFT	11/30/2009	11/24/2009	\$22.16	4576
EFT	11/30/2009	11/24/2009	\$365.35	4576
EFT	11/30/2009	11/24/2009	\$72.58	4576
EFT	11/30/2009	11/24/2009	\$79.33	4576
EFT	11/30/2009	11/24/2009	\$72.58	4576
EFT	11/30/2009	11/24/2009	\$722.73	4576
EFT	11/30/2009	11/24/2009	\$72.58	4576
EFT	11/30/2009	11/24/2009	\$288.66	4576
EFT	11/30/2009	11/24/2009	\$73.01	4576
EFT	11/30/2009	11/24/2009	\$102.35	4576
EFT	11/30/2009	11/24/2009	\$176.63	4576
EFT	11/30/2009	11/24/2009	\$58.69	4576
EFT	11/30/2009	11/24/2009	\$99.34	4576
EFT	11/30/2009	11/24/2009	\$42.36	4576
EFT	11/30/2009	11/24/2009	\$176.32	4576
EFT	11/30/2009	11/24/2009	\$16.24	4711
EFT	11/30/2009	11/24/2009	\$16.00	4711
EFT	11/30/2009	11/24/2009	\$160.35	4711
EFT	11/30/2009	11/24/2009	\$118.62	4711
EFT	11/30/2009	11/24/2009	\$287.17	4711
EFT	11/30/2009	11/24/2009	\$72.58	4711
EFT	11/30/2009	11/24/2009	\$35.49	4712
EFT	11/30/2009	11/24/2009	\$261.39	4945
EFT	11/30/2009	11/24/2009	\$18.42	4945
EFT	11/30/2009	11/24/2009	\$62.70	4945
EFT	11/30/2009	11/24/2009	\$73.69	4945
EFT	11/30/2009	11/24/2009	\$31.53	4945
EFT	11/30/2009	11/24/2009	\$33.89	4945
EFT	11/30/2009	11/24/2009	\$33.89	4945
EFT	11/30/2009	11/24/2009	\$33.89	4945
EFT	11/30/2009	11/24/2009	\$17.00	4945
EFT	11/30/2009	11/24/2009	\$25.67	4945
EFT	11/30/2009	11/24/2009	\$25.67	4945
EFT	11/30/2009	11/24/2009	\$220.00	4945
EFT	11/30/2009	11/24/2009	\$58.69	4945
EFT	11/30/2009	11/24/2009	\$258.36	4945
EFT	11/30/2009	11/24/2009	\$74.11	4945
EFT	11/30/2009	11/24/2009	\$52.58	4945
EFT	11/30/2009	11/24/2009	\$19.06	4945
EFT	11/30/2009	11/24/2009	\$58.69	4945
EFT	11/30/2009	11/24/2009	\$118.62	4945
EFT	11/30/2009	11/25/2009	\$19.41	4576
EFT	11/30/2009	11/25/2009	\$13.42	4576
EFT	11/30/2009	11/25/2009	\$62.70	4576
EFT	11/30/2009	11/25/2009	\$127.77	4576
EFT	11/30/2009	11/25/2009	\$94.19	4576
EFT	11/30/2009	11/25/2009	\$100.51	4576
EFT	11/30/2009	11/25/2009	\$269.80	4576
EFT	11/30/2009	11/25/2009	\$269.80	4576
EFT	11/30/2009	11/25/2009	\$72.58	4576
EFT	11/30/2009	11/25/2009	\$94.97	4576
EFT	11/30/2009	11/25/2009	\$22.16	4576
EFT	11/30/2009	11/25/2009	\$61.92	4576
EFT	11/30/2009	11/25/2009	\$31.56	4576
EFT	11/30/2009	11/25/2009	\$29.00	4576
EFT	11/30/2009	11/25/2009	\$53.21	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	11/30/2009	11/25/2009	\$105.71	4576
EFT	11/30/2009	11/25/2009	\$67.58	4576
EFT	11/30/2009	11/25/2009	\$118.62	4576
EFT	11/30/2009	11/25/2009	\$32.00	4576
EFT	11/30/2009	11/25/2009	\$154.90	4576
EFT	11/30/2009	11/25/2009	\$102.05	4576
EFT	11/30/2009	11/25/2009	\$58.69	4576
EFT	11/30/2009	11/25/2009	\$79.25	4711
EFT	11/30/2009	11/25/2009	\$74.06	4711
EFT	11/30/2009	11/25/2009	\$78.36	4945
EFT	11/30/2009	11/25/2009	\$19.38	4945
EFT	11/30/2009	11/25/2009	\$87.06	4945
EFT	11/30/2009	11/25/2009	\$92.44	4945
EFT	11/30/2009	11/25/2009	\$52.58	4945
EFT	11/30/2009	11/25/2009	\$32.91	4945
EFT	11/30/2009	11/25/2009	\$107.75	4945
EFT	11/30/2009	11/25/2009	\$52.58	4945
EFT	11/30/2009	11/25/2009	\$34.64	4945
EFT	11/30/2009	11/25/2009	\$19.06	4945
EFT	11/30/2009	11/25/2009	\$19.06	4945
EFT	11/30/2009	11/25/2009	\$110.24	4945
EFT	11/30/2009	11/25/2009	\$40.04	4945
EFT	11/30/2009	11/25/2009	\$58.69	4945
EFT	11/30/2009	11/25/2009	\$29.40	4945
EFT	11/30/2009	11/25/2009	\$29.40	4945
EFT	11/30/2009	11/27/2009	\$70.00	4576
EFT	11/30/2009	11/27/2009	\$13.42	4576
EFT	11/30/2009	11/27/2009	\$69.11	4576
EFT	11/30/2009	11/27/2009	\$67.58	4576
EFT	11/30/2009	11/27/2009	\$64.56	4945
EFT	11/30/2009	11/28/2009	\$10.65	4576
EFT	11/30/2009	11/28/2009	\$67.58	4576
EFT	11/30/2009	11/28/2009	\$53.69	4576
EFT	11/30/2009	11/28/2009	\$69.11	4576
EFT	11/30/2009	11/28/2009	\$29.64	4576
EFT	11/30/2009	11/28/2009	\$40.00	4945
EFT	11/30/2009	11/29/2009	\$67.58	4576
EFT	11/30/2009	11/29/2009	\$53.69	4576
EFT	11/30/2009	11/29/2009	\$67.58	4576
EFT	11/30/2009	11/29/2009	\$97.97	4945
EFT	11/30/2009	11/29/2009	\$40.00	4945
EFT	11/30/2009	11/29/2009	\$78.67	4945
Check	12/2/2009	10/16/2009	\$78.44	4576
Check	12/2/2009	10/30/2009	\$51.91	4576
Check	12/2/2009	11/5/2009	\$22.36	4576
Check	12/2/2009	11/5/2009	\$22.36	4576
Check	12/3/2009	10/3/2009	\$142.85	4576
Check	12/3/2009	10/16/2009	\$61.68	4576
Check	12/3/2009	10/19/2009	\$125.48	4711
Check	12/3/2009	10/30/2009	\$78.75	4576
Check	12/3/2009	10/30/2009	\$40.27	4576
Check	12/3/2009	11/2/2009	\$59.64	4576
Check	12/3/2009	11/5/2009	\$950.04	4576
Check	12/3/2009	11/6/2009	\$135.00	4576
Check	12/3/2009	11/6/2009	\$173.84	4576
Check	12/3/2009	11/6/2009	\$17.33	4712
Check	12/3/2009	11/10/2009	\$371.70	4576
Check	12/3/2009	11/11/2009	\$67.91	4576
Check	12/3/2009	11/12/2009	\$1,424.85	4576
Check	12/3/2009	11/12/2009	\$15.02	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/3/2009	11/14/2009	\$50.00	4945
Check	12/3/2009	11/16/2009	\$332.07	4576
Check	12/3/2009	11/16/2009	\$89.41	4576
Check	12/3/2009	11/16/2009	\$139.00	4576
Check	12/3/2009	11/16/2009	\$123.00	4711
Check	12/3/2009	11/17/2009	\$867.30	4576
Check	12/3/2009	11/17/2009	\$701.48	4576
Check	12/3/2009	11/17/2009	\$49.63	4945
Check	12/3/2009	11/18/2009	\$139.98	4576
Check	12/3/2009	11/18/2009	\$100.95	4576
Check	12/3/2009	11/18/2009	\$433.65	4945
Check	12/3/2009	11/18/2009	\$37.30	4945
Check	12/3/2009	11/19/2009	\$1,432.53	4576
Check	12/3/2009	11/19/2009	\$58.55	4945
Check	12/3/2009	11/20/2009	\$50.46	4576
Check	12/3/2009	11/20/2009	\$73.56	4576
Check	12/3/2009	11/20/2009	\$120.60	4945
Check	12/3/2009	11/20/2009	\$189.27	4945
Check	12/3/2009	11/20/2009	\$58.55	4945
Check	12/3/2009	11/20/2009	\$252.96	4945
Check	12/3/2009	11/23/2009	\$64.72	4576
Check	12/3/2009	11/23/2009	\$32.00	4576
Check	12/3/2009	11/23/2009	\$32.00	4576
Check	12/3/2009	11/23/2009	\$32.00	4576
Check	12/3/2009	11/23/2009	\$95.00	4576
Check	12/3/2009	11/23/2009	\$62.68	4576
Check	12/3/2009	11/23/2009	\$66.28	4576
Check	12/3/2009	11/23/2009	\$94.30	4576
Check	12/3/2009	11/23/2009	\$35.17	4576
Check	12/3/2009	11/23/2009	\$31.23	4576
Check	12/3/2009	11/23/2009	\$63.73	4576
Check	12/3/2009	11/23/2009	\$153.37	4576
Check	12/3/2009	11/23/2009	\$117.52	4576
Check	12/3/2009	11/23/2009	\$48.60	4711
Check	12/3/2009	11/23/2009	\$383.67	4945
Check	12/3/2009	11/23/2009	\$41.60	4945
Check	12/3/2009	11/24/2009	\$102.97	4576
Check	12/3/2009	11/24/2009	\$96.27	4576
Check	12/3/2009	11/24/2009	\$32.00	4576
Check	12/3/2009	11/24/2009	\$32.00	4576
Check	12/3/2009	11/24/2009	\$95.00	4576
Check	12/3/2009	11/24/2009	\$270.73	4576
Check	12/3/2009	11/24/2009	\$58.69	4576
Check	12/3/2009	11/24/2009	\$118.62	4576
Check	12/3/2009	11/24/2009	\$32.62	4576
Check	12/3/2009	11/24/2009	\$32.62	4576
Check	12/3/2009	11/24/2009	\$28.40	4576
Check	12/3/2009	11/24/2009	\$159.05	4576
Check	12/3/2009	11/24/2009	\$123.21	4576
Check	12/3/2009	11/24/2009	\$148.00	4576
Check	12/3/2009	11/24/2009	\$85.08	4576
Check	12/3/2009	11/24/2009	\$169.74	4576
Check	12/3/2009	11/24/2009	\$64.00	4576
Check	12/3/2009	11/24/2009	\$95.00	4711
Check	12/3/2009	11/24/2009	\$33.60	4945
Check	12/3/2009	11/24/2009	\$41.60	4945
Check	12/3/2009	11/24/2009	\$109.69	4945
Check	12/3/2009	11/24/2009	\$167.42	4945
Check	12/3/2009	11/24/2009	\$73.69	4945
Check	12/3/2009	11/24/2009	\$151.28	4945



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/3/2009	11/24/2009	\$134.40	4945
Check	12/3/2009	11/25/2009	\$170.09	4576
Check	12/3/2009	11/25/2009	\$50.29	4576
Check	12/3/2009	11/25/2009	\$64.72	4576
Check	12/3/2009	11/25/2009	\$73.69	4576
Check	12/3/2009	11/25/2009	\$22.36	4576
Check	12/3/2009	11/25/2009	\$110.00	4711
Check	12/3/2009	11/25/2009	\$253.23	4945
Check	12/3/2009	11/25/2009	\$95.15	4945
Check	12/3/2009	11/27/2009	\$170.09	4576
Check	12/3/2009	11/27/2009	\$148.00	4576
Check	12/4/2009	8/4/2009	\$142.12	4576
Check	12/4/2009	8/18/2009	\$256.51	4576
Check	12/4/2009	8/21/2009	\$82.16	4576
Check	12/4/2009	9/21/2009	\$118.62	4576
Check	12/4/2009	9/28/2009	\$22.00	4711
Check	12/4/2009	10/10/2009	\$215.22	4576
Check	12/4/2009	10/10/2009	\$3.64	4576
Check	12/4/2009	10/10/2009	\$3.64	4576
Check	12/4/2009	10/12/2009	\$70.00	4576
Check	12/4/2009	10/14/2009	\$129.60	4945
Check	12/4/2009	10/16/2009	\$271.70	4576
Check	12/4/2009	10/16/2009	\$760.76	4945
Check	12/4/2009	10/16/2009	\$434.72	4945
Check	12/4/2009	10/19/2009	\$1,304.16	4576
Check	12/4/2009	10/20/2009	\$434.72	4576
Check	12/4/2009	10/20/2009	\$380.38	4576
Check	12/4/2009	10/21/2009	\$54.51	4945
Check	12/4/2009	10/22/2009	\$72.58	4576
Check	12/4/2009	10/25/2009	\$59.64	4576
Check	12/4/2009	10/25/2009	\$30.00	4576
Check	12/4/2009	10/26/2009	\$6.40	4576
Check	12/4/2009	10/26/2009	\$69.16	4576
Check	12/4/2009	10/26/2009	\$39.75	4576
Check	12/4/2009	10/26/2009	\$13.04	4576
Check	12/4/2009	10/26/2009	\$168.39	4945
Check	12/4/2009	10/27/2009	\$618.64	4711
Check	12/4/2009	10/28/2009	\$13.57	4576
Check	12/4/2009	10/28/2009	\$36.63	4576
Check	12/4/2009	10/28/2009	\$135.87	4945
Check	12/4/2009	10/28/2009	\$69.16	4945
Check	12/4/2009	10/29/2009	\$93.44	4576
Check	12/4/2009	10/29/2009	\$69.16	4576
Check	12/4/2009	10/29/2009	\$122.96	4712
Check	12/4/2009	10/30/2009	\$43.49	4576
Check	12/4/2009	10/30/2009	\$17.38	4712
Check	12/4/2009	11/1/2009	\$86.98	4576
Check	12/4/2009	11/1/2009	\$93.29	4576
Check	12/4/2009	11/2/2009	\$99.82	4576
Check	12/4/2009	11/2/2009	\$114.29	4576
Check	12/4/2009	11/3/2009	\$985.52	4576
Check	12/4/2009	11/4/2009	\$73.00	4576
Check	12/4/2009	11/4/2009	\$563.22	4576
Check	12/4/2009	11/4/2009	\$71.37	4576
Check	12/4/2009	11/5/2009	\$142.74	4576
Check	12/4/2009	11/5/2009	\$102.74	4945
Check	12/4/2009	11/6/2009	\$150.91	4576
Check	12/4/2009	11/6/2009	\$17.38	4712
Check	12/4/2009	11/6/2009	\$246.27	4945
Check	12/4/2009	11/7/2009	\$51.37	4945

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/4/2009	11/9/2009	\$154.12	4576
Check	12/4/2009	11/9/2009	\$71.37	4576
Check	12/4/2009	11/10/2009	\$71.37	4576
Check	12/4/2009	11/10/2009	\$99.60	4945
Check	12/4/2009	11/11/2009	\$158.79	4576
Check	12/4/2009	11/11/2009	\$14.66	4576
Check	12/4/2009	11/11/2009	\$19.06	4576
Check	12/4/2009	11/11/2009	\$154.12	4576
Check	12/4/2009	11/11/2009	\$104.58	4576
Check	12/4/2009	11/11/2009	\$32.70	4576
Check	12/4/2009	11/11/2009	\$37.55	4576
Check	12/4/2009	11/11/2009	\$322.21	4711
Check	12/4/2009	11/12/2009	\$327.61	4576
Check	12/4/2009	11/12/2009	\$121.94	4576
Check	12/4/2009	11/13/2009	\$82.16	4576
Check	12/4/2009	11/13/2009	\$144.58	4576
Check	12/4/2009	11/13/2009	\$120.70	4576
Check	12/4/2009	11/13/2009	\$78.36	4945
Check	12/4/2009	11/14/2009	\$48.06	4711
Check	12/4/2009	11/14/2009	\$148.64	4945
Check	12/4/2009	11/15/2009	\$93.29	4576
Check	12/4/2009	11/15/2009	\$60.08	4576
Check	12/4/2009	11/16/2009	\$152.57	4576
Check	12/4/2009	11/16/2009	\$62.46	4576
Check	12/4/2009	11/16/2009	\$144.58	4576
Check	12/4/2009	11/16/2009	\$71.37	4576
Check	12/4/2009	11/16/2009	\$122.21	4711
Check	12/4/2009	11/16/2009	\$56.00	4945
Check	12/4/2009	11/17/2009	\$13.62	4576
Check	12/4/2009	11/17/2009	\$342.36	4576
Check	12/4/2009	11/17/2009	\$52.90	4576
Check	12/4/2009	11/17/2009	\$22.36	4576
Check	12/4/2009	11/17/2009	\$33.89	4945
Check	12/4/2009	11/17/2009	\$338.80	4945
Check	12/4/2009	11/18/2009	\$73.69	4576
Check	12/4/2009	11/18/2009	\$72.58	4576
Check	12/4/2009	11/18/2009	\$22.36	4576
Check	12/4/2009	11/18/2009	\$70.63	4576
Check	12/4/2009	11/18/2009	\$125.37	4576
Check	12/4/2009	11/18/2009	\$113.47	4576
Check	12/4/2009	11/18/2009	\$140.00	4576
Check	12/4/2009	11/18/2009	\$44.00	4576
Check	12/4/2009	11/18/2009	\$64.96	4576
Check	12/4/2009	11/18/2009	\$18.42	4576
Check	12/4/2009	11/18/2009	\$59.62	4576
Check	12/4/2009	11/18/2009	\$120.91	4711
Check	12/4/2009	11/18/2009	\$273.89	4945
Check	12/4/2009	11/18/2009	\$73.30	4945
Check	12/4/2009	11/18/2009	\$100.57	4945
Check	12/4/2009	11/18/2009	\$172.98	4945
Check	12/4/2009	11/19/2009	\$152.57	4576
Check	12/4/2009	11/19/2009	\$41.08	4576
Check	12/4/2009	11/19/2009	\$22.36	4576
Check	12/4/2009	11/19/2009	\$145.00	4576
Check	12/4/2009	11/19/2009	\$241.14	4576
Check	12/4/2009	11/19/2009	\$59.64	4576
Check	12/4/2009	11/19/2009	\$127.37	4576
Check	12/4/2009	11/19/2009	\$59.64	4576
Check	12/4/2009	11/19/2009	\$106.69	4576
Check	12/4/2009	11/19/2009	\$60.00	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/4/2009	11/19/2009	\$22.36	4576
Check	12/4/2009	11/19/2009	\$34.64	4945
Check	12/4/2009	11/20/2009	\$22.36	4576
Check	12/4/2009	11/20/2009	\$63.74	4576
Check	12/4/2009	11/20/2009	\$22.36	4576
Check	12/4/2009	11/20/2009	\$61.08	4576
Check	12/4/2009	11/20/2009	\$22.36	4576
Check	12/4/2009	11/20/2009	\$43.05	4576
Check	12/4/2009	11/20/2009	\$18.42	4576
Check	12/4/2009	11/20/2009	\$178.66	4576
Check	12/4/2009	11/20/2009	\$40.36	4576
Check	12/4/2009	11/20/2009	\$74.68	4576
Check	12/4/2009	11/20/2009	\$191.74	4576
Check	12/4/2009	11/20/2009	\$175.07	4576
Check	12/4/2009	11/20/2009	\$442.69	4576
Check	12/4/2009	11/20/2009	\$103.92	4576
Check	12/4/2009	11/20/2009	\$386.48	4576
Check	12/4/2009	11/20/2009	\$41.34	4576
Check	12/4/2009	11/20/2009	\$66.12	4576
Check	12/4/2009	11/20/2009	\$72.58	4711
Check	12/4/2009	11/20/2009	\$59.64	4711
Check	12/4/2009	11/20/2009	\$40.00	4711
Check	12/4/2009	11/20/2009	\$50.44	4945
Check	12/4/2009	11/20/2009	\$22.05	4945
Check	12/4/2009	11/20/2009	\$97.15	4945
Check	12/4/2009	11/20/2009	\$132.88	4945
Check	12/4/2009	11/20/2009	\$58.69	4945
Check	12/4/2009	11/21/2009	\$55.00	4576
Check	12/4/2009	11/23/2009	\$42.36	4576
Check	12/4/2009	11/23/2009	\$112.51	4576
Check	12/4/2009	11/23/2009	\$22.36	4576
Check	12/4/2009	11/23/2009	\$22.36	4576
Check	12/4/2009	11/23/2009	\$266.09	4576
Check	12/4/2009	11/23/2009	\$68.00	4576
Check	12/4/2009	11/23/2009	\$22.36	4576
Check	12/4/2009	11/23/2009	\$46.00	4576
Check	12/4/2009	11/23/2009	\$52.90	4576
Check	12/4/2009	11/23/2009	\$22.36	4576
Check	12/4/2009	11/23/2009	\$108.59	4576
Check	12/4/2009	11/23/2009	\$58.69	4576
Check	12/4/2009	11/23/2009	\$120.57	4576
Check	12/4/2009	11/23/2009	\$73.69	4576
Check	12/4/2009	11/23/2009	\$206.00	4576
Check	12/4/2009	11/23/2009	\$587.90	4576
Check	12/4/2009	11/23/2009	\$53.36	4576
Check	12/4/2009	11/23/2009	\$145.00	4576
Check	12/4/2009	11/23/2009	\$74.08	4711
Check	12/4/2009	11/23/2009	\$51.37	4712
Check	12/4/2009	11/23/2009	\$73.69	4945
Check	12/4/2009	11/23/2009	\$15.48	4945
Check	12/4/2009	11/23/2009	\$124.72	4945
Check	12/4/2009	11/23/2009	\$58.78	4945
Check	12/4/2009	11/23/2009	\$66.20	4945
Check	12/4/2009	11/23/2009	\$34.38	4945
Check	12/4/2009	11/23/2009	\$15.00	4945
Check	12/4/2009	11/23/2009	\$56.00	4945
Check	12/4/2009	11/23/2009	\$100.57	4945
Check	12/4/2009	11/23/2009	\$195.26	4945
Check	12/4/2009	11/24/2009	\$63.61	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/4/2009	11/24/2009	\$128.16	4576
Check	12/4/2009	11/24/2009	\$8.58	4576
Check	12/4/2009	11/24/2009	\$29.64	4576
Check	12/4/2009	11/24/2009	\$128.16	4576
Check	12/4/2009	11/24/2009	\$73.69	4576
Check	12/4/2009	11/24/2009	\$73.00	4576
Check	12/4/2009	11/24/2009	\$37.30	4576
Check	12/4/2009	11/24/2009	\$14.38	4576
Check	12/4/2009	11/24/2009	\$58.69	4576
Check	12/4/2009	11/24/2009	\$58.69	4576
Check	12/4/2009	11/24/2009	\$5.74	4576
Check	12/4/2009	11/24/2009	\$145.00	4576
Check	12/4/2009	11/24/2009	\$825.00	4576
Check	12/4/2009	11/24/2009	\$125.05	4576
Check	12/4/2009	11/24/2009	\$56.00	4576
Check	12/4/2009	11/24/2009	\$186.64	4576
Check	12/4/2009	11/24/2009	\$20.67	4576
Check	12/4/2009	11/24/2009	\$68.07	4576
Check	12/4/2009	11/24/2009	\$71.37	4576
Check	12/4/2009	11/24/2009	\$145.00	4576
Check	12/4/2009	11/24/2009	\$60.50	4711
Check	12/4/2009	11/24/2009	\$51.37	4711
Check	12/4/2009	11/24/2009	\$35.00	4945
Check	12/4/2009	11/24/2009	\$33.89	4945
Check	12/4/2009	11/24/2009	\$65.38	4945
Check	12/4/2009	11/24/2009	\$23.98	4945
Check	12/4/2009	11/24/2009	\$16.93	4945
Check	12/4/2009	11/24/2009	\$14.98	4945
Check	12/4/2009	11/24/2009	\$138.26	4945
Check	12/4/2009	11/24/2009	\$66.20	4945
Check	12/4/2009	11/24/2009	\$19.38	4945
Check	12/4/2009	11/24/2009	\$140.00	4945
Check	12/4/2009	11/24/2009	\$140.00	4945
Check	12/4/2009	11/25/2009	\$69.16	4576
Check	12/4/2009	11/25/2009	\$150.00	4576
Check	12/4/2009	11/25/2009	\$120.57	4576
Check	12/4/2009	11/25/2009	\$145.00	4576
Check	12/4/2009	11/25/2009	\$120.57	4576
Check	12/4/2009	11/25/2009	\$145.00	4576
Check	12/4/2009	11/25/2009	\$73.69	4576
Check	12/4/2009	11/25/2009	\$73.00	4576
Check	12/4/2009	11/25/2009	\$235.00	4576
Check	12/4/2009	11/25/2009	\$100.57	4711
Check	12/4/2009	11/25/2009	\$54.64	4712
Check	12/4/2009	11/25/2009	\$19.38	4945
Check	12/4/2009	11/28/2009	\$2,708.70	4576
Check	12/4/2009	11/29/2009	\$19.00	4945
Check	12/4/2009	11/29/2009	\$19.00	4945
Check	12/4/2009	11/29/2009	\$19.00	4945
Check	12/7/2009	7/2/2009	\$98.81	4711
Check	12/7/2009	8/13/2009	\$171.56	4576
Check	12/7/2009	8/21/2009	\$137.57	4576
Check	12/7/2009	8/22/2009	\$91.67	4576
Check	12/7/2009	9/11/2009	\$1,437.70	4576
Check	12/7/2009	9/28/2009	\$45.01	4576
Check	12/7/2009	10/2/2009	\$465.28	4711
Check	12/7/2009	10/5/2009	\$45.01	4576
Check	12/7/2009	10/6/2009	\$45.00	4576
Check	12/7/2009	10/8/2009	\$70.75	4945
Check	12/7/2009	10/13/2009	\$31.17	4576

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/7/2009	10/14/2009	\$30.00	4576
Check	12/7/2009	10/19/2009	\$58.69	4576
Check	12/7/2009	10/26/2009	\$45.01	4576
Check	12/7/2009	10/27/2009	\$45.01	4576
Check	12/7/2009	10/27/2009	\$51.37	4945
Check	12/7/2009	10/30/2009	\$16.82	4945
Check	12/7/2009	11/2/2009	\$7.30	4712
Check	12/7/2009	11/4/2009	\$14.10	4711
Check	12/7/2009	11/4/2009	\$6.51	4712
Check	12/7/2009	11/5/2009	\$63.00	4711
Check	12/7/2009	11/5/2009	\$122.40	4945
Check	12/7/2009	11/5/2009	\$16.82	4945
Check	12/7/2009	11/6/2009	\$157.01	4576
Check	12/7/2009	11/6/2009	\$143.76	4576
Check	12/7/2009	11/6/2009	\$64.00	4576
Check	12/7/2009	11/6/2009	\$52.13	4945
Check	12/7/2009	11/7/2009	\$90.24	4576
Check	12/7/2009	11/9/2009	\$51.10	4576
Check	12/7/2009	11/9/2009	\$59.64	4576
Check	12/7/2009	11/9/2009	\$72.58	4576
Check	12/7/2009	11/9/2009	\$72.58	4576
Check	12/7/2009	11/9/2009	\$72.58	4576
Check	12/7/2009	11/9/2009	\$71.00	4945
Check	12/7/2009	11/9/2009	\$109.89	4945
Check	12/7/2009	11/9/2009	\$43.35	4945
Check	12/7/2009	11/10/2009	\$135.14	4576
Check	12/7/2009	11/10/2009	\$70.00	4576
Check	12/7/2009	11/10/2009	\$6.51	4712
Check	12/7/2009	11/11/2009	\$62.75	4576
Check	12/7/2009	11/11/2009	\$72.58	4576
Check	12/7/2009	11/11/2009	\$72.58	4576
Check	12/7/2009	11/11/2009	\$70.00	4576
Check	12/7/2009	11/11/2009	\$49.11	4945
Check	12/7/2009	11/11/2009	\$11.94	4945
Check	12/7/2009	11/11/2009	\$51.37	4945
Check	12/7/2009	11/12/2009	\$72.58	4576
Check	12/7/2009	11/12/2009	\$73.69	4576
Check	12/7/2009	11/12/2009	\$73.69	4576
Check	12/7/2009	11/12/2009	\$71.37	4576
Check	12/7/2009	11/12/2009	\$97.36	4945
Check	12/7/2009	11/12/2009	\$72.58	4945
Check	12/7/2009	11/12/2009	\$51.37	4945
Check	12/7/2009	11/13/2009	\$24.78	4576
Check	12/7/2009	11/13/2009	\$72.58	4576
Check	12/7/2009	11/13/2009	\$94.59	4576
Check	12/7/2009	11/13/2009	\$143.22	4576
Check	12/7/2009	11/13/2009	\$265.64	4576
Check	12/7/2009	11/13/2009	\$19.65	4711
Check	12/7/2009	11/13/2009	\$27.06	4945
Check	12/7/2009	11/13/2009	\$171.60	4945
Check	12/7/2009	11/13/2009	\$204.18	4945
Check	12/7/2009	11/14/2009	\$48.91	4576
Check	12/7/2009	11/16/2009	\$24.88	4576
Check	12/7/2009	11/16/2009	\$57.73	4576
Check	12/7/2009	11/16/2009	\$120.00	4576
Check	12/7/2009	11/16/2009	\$9.48	4711
Check	12/7/2009	11/17/2009	\$33.10	4576
Check	12/7/2009	11/17/2009	\$80.06	4576
Check	12/7/2009	11/17/2009	\$286.46	4576
Check	12/7/2009	11/17/2009	\$105.00	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/7/2009	11/17/2009	\$60.50	4576
Check	12/7/2009	11/17/2009	\$135.14	4576
Check	12/7/2009	11/17/2009	\$146.90	4945
Check	12/7/2009	11/18/2009	\$120.86	4576
Check	12/7/2009	11/18/2009	\$24.56	4576
Check	12/7/2009	11/18/2009	\$47.27	4576
Check	12/7/2009	11/18/2009	\$152.49	4576
Check	12/7/2009	11/18/2009	\$72.25	4576
Check	12/7/2009	11/18/2009	\$266.16	4576
Check	12/7/2009	11/18/2009	\$63.00	4576
Check	12/7/2009	11/18/2009	\$275.60	4576
Check	12/7/2009	11/18/2009	\$88.36	4945
Check	12/7/2009	11/18/2009	\$35.00	4945
Check	12/7/2009	11/18/2009	\$35.00	4945
Check	12/7/2009	11/18/2009	\$231.95	4945
Check	12/7/2009	11/19/2009	\$34.39	4576
Check	12/7/2009	11/19/2009	\$8.04	4576
Check	12/7/2009	11/19/2009	\$22.36	4576
Check	12/7/2009	11/19/2009	\$22.36	4576
Check	12/7/2009	11/19/2009	\$131.28	4576
Check	12/7/2009	11/19/2009	\$85.00	4711
Check	12/7/2009	11/19/2009	\$20.61	4945
Check	12/7/2009	11/20/2009	\$52.29	4576
Check	12/7/2009	11/20/2009	\$28.99	4576
Check	12/7/2009	11/20/2009	\$65.00	4576
Check	12/7/2009	11/20/2009	\$23.02	4576
Check	12/7/2009	11/20/2009	\$430.13	4576
Check	12/7/2009	11/20/2009	\$734.53	4576
Check	12/7/2009	11/20/2009	\$34.00	4576
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Check	12/7/2009	11/20/2009	\$32.62	4945
Check	12/7/2009	11/20/2009	\$33.89	4945
Check	12/7/2009	11/20/2009	\$19.00	4945
Check	12/7/2009	11/20/2009	\$28.05	4945
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Check	12/7/2009	11/20/2009	\$980.65	4945
Check	12/7/2009	11/21/2009	\$41.83	4945
Check	12/7/2009	11/21/2009	\$107.96	4945
Check	12/7/2009	11/21/2009	\$22.72	4945
Check	12/7/2009	11/22/2009	\$121.42	4576
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Check	12/7/2009	11/23/2009	\$78.36	4576
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Check	12/7/2009	11/23/2009	\$64.27	4576
Check	12/7/2009	11/23/2009	\$72.58	4576
Check	12/7/2009	11/23/2009	\$95.99	4576
Check	12/7/2009	11/23/2009	\$139.64	4576
Check	12/7/2009	11/23/2009	\$41.08	4576
Check	12/7/2009	11/23/2009	\$184.24	4576
Check	12/7/2009	11/23/2009	\$101.32	4576
Check	12/7/2009	11/23/2009	\$144.49	4576
Check	12/7/2009	11/23/2009	\$10.48	4576
Check	12/7/2009	11/23/2009	\$187.18	4576
Check	12/7/2009	11/23/2009	\$92.00	4576
Check	12/7/2009	11/23/2009	\$72.58	4711
Check	12/7/2009	11/23/2009	\$55.17	4711
Check	12/7/2009	11/23/2009	\$10.86	4945
Check	12/7/2009	11/23/2009	\$14.04	4945
Check	12/7/2009	11/23/2009	\$78.36	4945
Check	12/7/2009	11/23/2009	\$33.89	4945

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/7/2009	11/23/2009	\$72.58	4945
Check	12/7/2009	11/23/2009	\$68.30	4945
Check	12/7/2009	11/24/2009	\$46.40	4576
Check	12/7/2009	11/24/2009	\$74.80	4576
Check	12/7/2009	11/24/2009	\$74.80	4576
Check	12/7/2009	11/24/2009	\$22.36	4576
Check	12/7/2009	11/24/2009	\$124.06	4576
Check	12/7/2009	11/24/2009	\$14.79	4576
Check	12/7/2009	11/24/2009	\$17.00	4576
Check	12/7/2009	11/24/2009	\$17.00	4576
Check	12/7/2009	11/24/2009	\$118.62	4576
Check	12/7/2009	11/24/2009	\$72.58	4576
Check	12/7/2009	11/24/2009	\$72.58	4576
Check	12/7/2009	11/24/2009	\$73.00	4576
Check	12/7/2009	11/24/2009	\$70.19	4576
Check	12/7/2009	11/24/2009	\$73.69	4576
Check	12/7/2009	11/24/2009	\$15.53	4576
Check	12/7/2009	11/24/2009	\$24.51	4576
Check	12/7/2009	11/24/2009	\$40.45	4576
Check	12/7/2009	11/24/2009	\$22.36	4576
Check	12/7/2009	11/24/2009	\$100.00	4576
Check	12/7/2009	11/24/2009	\$149.60	4576
Check	12/7/2009	11/24/2009	\$28.83	4711
Check	12/7/2009	11/24/2009	\$100.00	4711
Check	12/7/2009	11/24/2009	\$17.00	4945
Check	12/7/2009	11/24/2009	\$45.49	4945
Check	12/7/2009	11/24/2009	\$151.28	4945
Check	12/7/2009	11/24/2009	\$17.00	4945
Check	12/7/2009	11/24/2009	\$17.00	4945
Check	12/7/2009	11/24/2009	\$169.23	4945
Check	12/7/2009	11/24/2009	\$72.00	4945
Check	12/7/2009	11/25/2009	\$68.47	4576
Check	12/7/2009	11/25/2009	\$131.36	4576
Check	12/7/2009	11/25/2009	\$105.33	4576
Check	12/7/2009	11/25/2009	\$100.97	4576
Check	12/7/2009	11/25/2009	\$61.77	4576
Check	12/7/2009	11/25/2009	\$220.83	4576
Check	12/7/2009	11/25/2009	\$244.27	4576
Check	12/7/2009	11/25/2009	\$154.83	4576
Check	12/7/2009	11/25/2009	\$104.32	4576
Check	12/7/2009	11/25/2009	\$41.14	4576
Check	12/7/2009	11/25/2009	\$293.55	4576
Check	12/7/2009	11/25/2009	\$73.00	4576
Check	12/7/2009	11/25/2009	\$6.48	4576
Check	12/7/2009	11/25/2009	\$577.69	4576
Check	12/7/2009	11/25/2009	\$392.00	4576
Check	12/7/2009	11/25/2009	\$54.00	4576
Check	12/7/2009	11/25/2009	\$111.86	4711
Check	12/7/2009	11/25/2009	\$28.70	4945
Check	12/7/2009	11/25/2009	\$138.76	4945
Check	12/7/2009	11/25/2009	\$90.00	4945
Check	12/7/2009	11/25/2009	\$80.00	4945
Check	12/7/2009	11/25/2009	\$51.37	4945
Check	12/7/2009	11/27/2009	\$85.46	4576
Check	12/7/2009	11/28/2009	\$47.00	4576
Check	12/7/2009	11/28/2009	\$73.69	4576
Check	12/7/2009	11/28/2009	\$37.30	4576
Check	12/8/2009	7/2/2009	\$594.75	4576
Check	12/8/2009	8/6/2009	\$475.80	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/8/2009	9/3/2009	\$594.75	4576
Check	12/8/2009	9/15/2009	\$100.57	4945
Check	12/8/2009	9/22/2009	\$71.17	4576
Check	12/8/2009	10/1/2009	\$594.75	4576
Check	12/8/2009	10/15/2009	\$189.24	4576
Check	12/8/2009	10/16/2009	\$87.35	4576
Check	12/8/2009	10/23/2009	\$46.32	4712
Check	12/8/2009	11/2/2009	\$100.05	4576
Check	12/8/2009	11/3/2009	\$71.37	4576
Check	12/8/2009	11/4/2009	\$145.69	4576
Check	12/8/2009	11/4/2009	\$55.00	4576
Check	12/8/2009	11/5/2009	\$439.30	4576
Check	12/8/2009	11/5/2009	\$140.00	4576
Check	12/8/2009	11/5/2009	\$128.00	4711
Check	12/8/2009	11/5/2009	\$13.64	4945
Check	12/8/2009	11/9/2009	\$3.64	4576
Check	12/8/2009	11/10/2009	\$456.08	4576
Check	12/8/2009	11/10/2009	\$58.80	4945
Check	12/8/2009	11/11/2009	\$66.92	4945
Check	12/8/2009	11/12/2009	\$27.02	4576
Check	12/8/2009	11/12/2009	\$120.57	4576
Check	12/8/2009	11/12/2009	\$3.64	4576
Check	12/8/2009	11/12/2009	\$71.37	4576
Check	12/8/2009	11/13/2009	\$23.22	4576
Check	12/8/2009	11/13/2009	\$186.87	4576
Check	12/8/2009	11/13/2009	\$68.00	4945
Check	12/8/2009	11/14/2009	\$97.65	4576
Check	12/8/2009	11/15/2009	\$18.58	4945
Check	12/8/2009	11/16/2009	\$37.30	4576
Check	12/8/2009	11/16/2009	\$37.30	4576
Check	12/8/2009	11/16/2009	\$74.80	4945
Check	12/8/2009	11/16/2009	\$74.46	4945
Check	12/8/2009	11/17/2009	\$179.84	4576
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Check	12/8/2009	11/18/2009	\$184.41	4945
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Check	12/8/2009	11/18/2009	\$138.47	4945
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Check	12/8/2009	11/19/2009	\$118.62	4945
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Check	12/8/2009	11/20/2009	\$132.14	4576
Check	12/8/2009	11/20/2009	\$211.45	4576
Check	12/8/2009	11/20/2009	\$22.36	4576
Check	12/8/2009	11/20/2009	\$122.59	4945
Check	12/8/2009	11/20/2009	\$165.12	4945
Check	12/8/2009	11/24/2009	\$34.64	4576
Check	12/8/2009	11/24/2009	\$26.44	4711

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/8/2009	11/24/2009	\$26.44	4945
Check	12/8/2009	11/25/2009	\$71.37	4576
Check	12/8/2009	11/25/2009	\$71.37	4576
Check	12/9/2009	10/12/2009	\$72.60	4576
Check	12/9/2009	10/28/2009	\$41.08	4576
Check	12/9/2009	10/29/2009	\$487.50	4576
Check	12/9/2009	10/29/2009	\$18.00	4576
Check	12/9/2009	10/30/2009	\$157.35	4945
Check	12/9/2009	11/2/2009	\$71.37	4576
Check	12/9/2009	11/2/2009	\$212.99	4576
Check	12/9/2009	11/2/2009	\$10.48	4576
Check	12/9/2009	11/2/2009	\$137.18	4945
Check	12/9/2009	11/3/2009	\$142.74	4576
Check	12/9/2009	11/11/2009	\$117.52	4711
Check	12/9/2009	11/16/2009	\$222.68	4576
Check	12/9/2009	11/17/2009	\$59.64	4576
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Check	12/9/2009	11/19/2009	\$412.11	4576
Check	12/9/2009	11/19/2009	\$91.36	4576
Check	12/9/2009	11/19/2009	\$73.00	4945
Check	12/9/2009	11/20/2009	\$59.64	4576
Check	12/9/2009	11/20/2009	\$79.03	4576
Check	12/9/2009	11/20/2009	\$37.30	4576
Check	12/9/2009	11/20/2009	\$67.10	4576
Check	12/9/2009	11/23/2009	\$72.60	4576
Check	12/9/2009	11/23/2009	\$22.36	4576
Check	12/9/2009	11/23/2009	\$14.98	4711
Check	12/9/2009	11/24/2009	\$72.60	4576
Check	12/9/2009	11/24/2009	\$22.36	4576
Check	12/9/2009	11/25/2009	\$119.48	4576
Check	12/9/2009	11/25/2009	\$459.30	4576
Check	12/9/2009	11/25/2009	\$20.51	4576
Check	12/9/2009	11/25/2009	\$51.37	4945
Check	12/10/2009	10/1/2009	\$166.74	4576
Check	12/10/2009	10/30/2009	\$113.30	4576
Check	12/10/2009	11/11/2009	\$71.37	4576
Check	12/10/2009	11/13/2009	\$155.00	4576
Check	12/10/2009	11/13/2009	\$118.62	4576
Check	12/10/2009	11/16/2009	\$323.27	4576
Check	12/10/2009	11/17/2009	\$118.62	4576
Check	12/10/2009	11/17/2009	\$245.76	4576
Check	12/10/2009	11/19/2009	\$58.69	4576
Check	12/10/2009	11/20/2009	\$38.12	4576
Check	12/10/2009	11/20/2009	\$80.18	4576
Check	12/10/2009	11/20/2009	\$236.53	4945
Check	12/10/2009	11/23/2009	\$42.06	4576
Check	12/10/2009	11/23/2009	\$61.76	4576
Check	12/10/2009	11/23/2009	\$120.57	4576
Check	12/10/2009	11/24/2009	\$29.64	4576
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Check	12/10/2009	11/24/2009	\$32.30	4576
Check	12/10/2009	11/24/2009	\$130.00	4576
Check	12/10/2009	11/25/2009	\$150.48	4576
Check	12/10/2009	11/25/2009	\$29.64	4576
Check	12/10/2009	11/25/2009	\$72.58	4576
Check	12/10/2009	11/25/2009	\$34.64	4711
Check	12/10/2009	11/25/2009	\$280.27	4711
Check	12/11/2009	11/12/2009	\$86.78	4576
Check	12/11/2009	11/16/2009	\$32.93	4711

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/11/2009	11/17/2009	\$38.13	4576
Check	12/11/2009	11/17/2009	\$47.68	4576
Check	12/11/2009	11/17/2009	\$18.42	4576
Check	12/11/2009	11/17/2009	\$120.91	4711
Check	12/11/2009	11/18/2009	\$130.13	4576
Check	12/11/2009	11/18/2009	\$16.96	4576
Check	12/11/2009	11/18/2009	\$73.69	4576
Check	12/11/2009	11/19/2009	\$90.24	4576
Check	12/11/2009	11/19/2009	\$73.69	4576
Check	12/11/2009	11/19/2009	\$73.69	4576
Check	12/11/2009	11/19/2009	\$34.36	4576
Check	12/11/2009	11/21/2009	\$10.39	4576
Check	12/11/2009	11/21/2009	\$22.36	4576
Check	12/11/2009	11/23/2009	\$41.08	4576
Check	12/11/2009	11/23/2009	\$41.08	4576
Check	12/11/2009	11/23/2009	\$46.00	4576
Check	12/11/2009	11/23/2009	\$78.36	4576
Check	12/11/2009	11/23/2009	\$54.06	4576
Check	12/11/2009	11/23/2009	\$42.74	4945
Check	12/11/2009	11/24/2009	\$41.08	4576
Check	12/11/2009	11/24/2009	\$48.86	4945
Check	12/11/2009	11/25/2009	\$34.18	4576
Check	12/14/2009	11/2/2009	\$1,113.44	4576
Check	12/14/2009	11/2/2009	\$164.05	4576
Check	12/14/2009	11/3/2009	\$37.30	4945
Check	12/14/2009	11/4/2009	\$173.88	4576
Check	12/14/2009	11/6/2009	\$34.64	4945
Check	12/14/2009	11/9/2009	\$152.38	4576
Check	12/14/2009	11/9/2009	\$650.62	4945
Check	12/14/2009	11/16/2009	\$22.36	4576
Check	12/14/2009	11/17/2009	\$164.80	4576
Check	12/14/2009	11/17/2009	\$22.36	4576
Check	12/14/2009	11/17/2009	\$164.80	4945
Check	12/14/2009	11/18/2009	\$73.69	4576
Check	12/14/2009	11/18/2009	\$196.63	4576
Check	12/14/2009	11/19/2009	\$38.81	4576
Check	12/14/2009	11/19/2009	\$56.07	4576
Check	12/14/2009	11/19/2009	\$73.99	4576
Check	12/14/2009	11/19/2009	\$89.10	4576
Check	12/14/2009	11/19/2009	\$59.64	4945
Check	12/14/2009	11/20/2009	\$22.36	4576
Check	12/14/2009	11/24/2009	\$120.57	4576
Check	12/15/2009	9/30/2009	\$90.00	4576
Check	12/15/2009	11/5/2009	\$73.69	4576
Check	12/15/2009	11/10/2009	\$105.00	4576
Check	12/16/2009	9/21/2009	\$231.10	4576
Check	12/16/2009	11/10/2009	\$71.37	4576
Check	12/16/2009	11/11/2009	\$155.14	4945
Check	12/16/2009	11/17/2009	\$22.36	4576
Check	12/16/2009	11/20/2009	\$31.00	4576
Check	12/16/2009	11/23/2009	\$26.44	4576
Check	12/16/2009	11/23/2009	\$310.00	4576
Check	12/16/2009	11/24/2009	\$26.44	4945
Check	12/16/2009	11/25/2009	\$55.00	4576
Check	12/17/2009	9/14/2009	\$51.12	4576
Check	12/17/2009	11/4/2009	\$37.82	4945
Check	12/17/2009	11/9/2009	\$73.69	4945
Check	12/17/2009	11/10/2009	\$73.69	4576
Check	12/17/2009	11/10/2009	\$117.74	4576
Check	12/17/2009	11/11/2009	\$157.03	4576

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**CLAIMS PAID FROM PAYMENT REQUEST FILES  
NOT INCLUDED IN DETAILED CLAIMS REPORTS**

**EXHIBIT C**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/17/2009	11/12/2009	\$80.78	4576
Check	12/17/2009	11/12/2009	\$73.69	4576
Check	12/17/2009	11/13/2009	\$59.64	4945
Check	12/17/2009	11/16/2009	\$73.69	4576
Check	12/17/2009	11/16/2009	\$94.14	4576
Check	12/17/2009	11/16/2009	\$45.00	4711
Check	12/17/2009	11/16/2009	\$73.69	4945
Check	12/17/2009	11/17/2009	\$356.05	4576
Check	12/17/2009	11/18/2009	\$175.04	4576
Check	12/17/2009	11/18/2009	\$59.64	4576
Check	12/17/2009	11/18/2009	\$85.23	4576
Check	12/17/2009	11/18/2009	\$59.64	4576
Check	12/17/2009	11/18/2009	\$53.69	4945
Check	12/17/2009	11/19/2009	\$73.69	4576
Check	12/17/2009	11/20/2009	\$22.67	4576
Check	12/17/2009	11/20/2009	\$66.69	4576
Check	12/17/2009	11/20/2009	\$81.46	4576
Check	12/17/2009	11/20/2009	\$138.70	4945
Check	12/17/2009	11/21/2009	\$111.13	4576
Check	12/17/2009	11/21/2009	\$81.46	4576
Check	12/17/2009	11/21/2009	\$73.69	4945
Check	12/17/2009	11/21/2009	\$69.35	4945
Check	12/17/2009	11/21/2009	\$81.17	4945
Check	12/17/2009	11/23/2009	\$73.69	4576
Check	12/17/2009	11/23/2009	\$81.46	4576
Check	12/17/2009	11/23/2009	\$66.69	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	12/17/2009	11/23/2009	\$69.35	4711
Check	12/17/2009	11/23/2009	\$81.17	4711
Check	12/17/2009	11/23/2009	\$69.35	4945
Check	12/21/2009	11/4/2009	\$36.84	4576
Check	12/21/2009	11/23/2009	\$103.93	4945
Check	12/21/2009	11/24/2009	\$38.46	4576
Check	12/21/2009	11/24/2009	\$73.69	4945
Check	12/21/2009	11/25/2009	\$37.30	4576
Check	12/21/2009	11/27/2009	\$38.46	4576
Check	12/22/2009	11/9/2009	\$14.71	4576
Check	12/22/2009	11/20/2009	\$10.05	4945
Check	12/22/2009	11/24/2009	\$84.71	4576
Check	12/23/2009	9/14/2009	\$241.32	4576
Check	12/29/2009	11/23/2009	\$747.00	4576
Check	12/29/2009	11/23/2009	\$72.23	4945
Check	12/29/2009	11/24/2009	\$1,083.96	4945
Check	12/29/2009	11/25/2009	\$72.58	4945
Check	12/29/2009	11/25/2009	\$72.58	4945
Check	12/31/2009	11/23/2009	\$106.10	4576
Check	12/31/2009	11/23/2009	\$74.57	4576
Check	1/12/2010	11/24/2009	\$22.36	4576
Check	1/12/2010	11/24/2009	\$22.36	4576
Check	1/19/2010	8/30/2009	\$60.08	4576
<b>Totals</b>		<b>2,570</b>	<b>\$431,593.92</b>	



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
DUPLICATE CLAIMS PAID – DAILY CLAIMS REPORTS  
COMPARED TO PAYMENT REQUEST FILES**

**EXHIBIT D**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	11/17/2009	10/28/2009	\$40.00	4576
EFT	1/25/2010	8/4/2009	\$49.65	4712
EFT	1/25/2010	8/4/2009	\$365.98	4712
EFT	1/25/2010	8/6/2009	\$59.64	4712
EFT	1/25/2010	8/10/2009	\$59.64	4712
EFT	1/25/2010	8/11/2009	\$59.64	4712
EFT	1/25/2010	8/18/2009	\$59.64	4712
EFT	1/25/2010	8/26/2009	\$94.40	4712
EFT	1/25/2010	8/27/2009	\$119.00	4712
EFT	1/25/2010	9/12/2009	\$14.58	4712
EFT	1/25/2010	10/13/2009	\$13.64	4712
EFT	1/25/2010	11/9/2009	\$75.36	4712
EFT	1/25/2010	11/14/2009	\$13.00	4712
EFT	1/25/2010	11/14/2009	\$81.48	4712
EFT	1/25/2010	11/19/2009	\$626.57	4712
EFT	1/25/2010	11/24/2009	\$59.64	4712
EFT	1/25/2010	12/3/2009	\$49.34	4712
EFT	1/25/2010	12/8/2009	\$73.69	4712
EFT	1/25/2010	12/10/2009	\$27.12	4712
EFT	1/25/2010	12/14/2009	\$59.64	4712
EFT	1/25/2010	12/14/2009	\$99.60	4712
EFT	1/25/2010	12/14/2009	\$204.64	4712
EFT	1/25/2010	12/14/2009	\$127.58	4712
EFT	1/25/2010	12/14/2009	\$256.48	4712
EFT	1/25/2010	12/14/2009	\$109.50	4712
EFT	1/25/2010	12/15/2009	\$864.74	4712
EFT	1/25/2010	12/15/2009	\$63.20	4712
EFT	1/25/2010	12/22/2009	\$342.59	4712
EFT	1/25/2010	12/23/2009	\$889.63	4712
EFT	1/25/2010	12/29/2009	\$70.81	4712
EFT	1/25/2010	12/31/2009	\$33.89	4712
EFT	1/25/2010	1/1/2010	\$554.60	4712
EFT	1/25/2010	1/4/2010	\$333.80	4712
EFT	1/25/2010	1/4/2010	\$142.37	4712
EFT	1/25/2010	1/4/2010	\$37.30	4712
EFT	1/25/2010	1/5/2010	\$329.12	4712
EFT	1/25/2010	1/6/2010	\$232.91	4712
EFT	1/25/2010	1/6/2010	\$7,011.12	4712
EFT	1/25/2010	1/7/2010	\$13.30	4712
EFT	1/25/2010	1/7/2010	\$73.69	4712
EFT	1/25/2010	1/7/2010	\$26.50	4712
EFT	1/25/2010	1/8/2010	\$47.23	4712
EFT	1/25/2010	1/8/2010	\$232.15	4712
EFT	1/25/2010	1/8/2010	\$189.73	4712
EFT	1/25/2010	1/8/2010	\$864.13	4712
EFT	1/25/2010	1/8/2010	\$96.66	4712
EFT	1/25/2010	1/11/2010	\$73.00	4712
EFT	1/25/2010	1/11/2010	\$879.78	4712
EFT	1/25/2010	1/11/2010	\$1,182.85	4712
EFT	1/25/2010	1/11/2010	\$259.83	4712
EFT	1/25/2010	1/11/2010	\$40.00	4712
EFT	1/25/2010	1/11/2010	\$18.54	4712
EFT	1/25/2010	1/11/2010	\$299.24	4712
EFT	1/25/2010	1/11/2010	\$33.89	4712
EFT	1/25/2010	1/11/2010	\$33.89	4712
EFT	1/25/2010	1/11/2010	\$36.72	4712
EFT	1/25/2010	1/12/2010	\$220.57	4712
EFT	1/25/2010	1/12/2010	\$71.00	4712

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	1/25/2010	1/12/2010	\$48.69	4712
EFT	1/25/2010	1/12/2010	\$48.69	4712
EFT	1/25/2010	1/12/2010	\$38.16	4712
EFT	1/25/2010	1/12/2010	\$323.18	4712
EFT	1/25/2010	1/12/2010	\$151.86	4712
EFT	1/25/2010	1/13/2010	\$117.41	4712
EFT	1/25/2010	1/13/2010	\$279.72	4712
EFT	1/25/2010	1/13/2010	\$373.16	4712
EFT	1/25/2010	1/13/2010	\$33.82	4712
EFT	1/25/2010	1/13/2010	\$203.30	4712
EFT	1/25/2010	1/13/2010	\$833.76	4712
EFT	1/25/2010	1/13/2010	\$54.03	4712
EFT	1/25/2010	1/13/2010	\$53.69	4712
EFT	1/25/2010	1/13/2010	\$3,169.69	4712
EFT	1/25/2010	1/13/2010	\$66.00	4712
EFT	1/25/2010	1/13/2010	\$864.35	4712
EFT	1/25/2010	1/13/2010	\$2,409.84	4712
EFT	1/25/2010	1/13/2010	\$193.60	4712
EFT	1/25/2010	1/13/2010	\$33.89	4712
EFT	1/25/2010	1/14/2010	\$12,470.59	4712
EFT	1/25/2010	1/14/2010	\$132.26	4712
EFT	1/25/2010	1/14/2010	\$48.34	4712
EFT	1/25/2010	1/14/2010	\$53.76	4712
EFT	1/25/2010	1/14/2010	\$19.80	4712
EFT	1/25/2010	1/14/2010	\$48.69	4712
EFT	1/25/2010	1/14/2010	\$259.83	4712
EFT	1/25/2010	1/14/2010	\$70.45	4712
EFT	1/25/2010	1/14/2010	\$78.45	4712
EFT	1/25/2010	1/14/2010	\$73.69	4712
EFT	1/25/2010	1/15/2010	\$124.88	4712
EFT	1/25/2010	1/15/2010	\$315.81	4712
EFT	1/25/2010	1/15/2010	\$59.64	4712
EFT	1/25/2010	1/15/2010	\$60.61	4712
EFT	1/25/2010	1/15/2010	\$177.50	4712
EFT	1/25/2010	1/15/2010	\$128.16	4712
EFT	1/25/2010	1/15/2010	\$155.65	4712
EFT	1/25/2010	1/15/2010	\$73.69	4712
EFT	1/25/2010	1/16/2010	\$59.64	4712
EFT	1/25/2010	1/16/2010	\$19.00	4712
EFT	1/25/2010	1/16/2010	\$73.69	4712
EFT	1/25/2010	1/18/2010	\$142.37	4712
EFT	1/25/2010	1/18/2010	\$37.30	4712
EFT	1/25/2010	1/18/2010	\$89.35	4712
EFT	1/25/2010	1/18/2010	\$17.79	4712
EFT	1/25/2010	1/18/2010	\$18.43	4712
EFT	1/25/2010	1/18/2010	\$38.45	4712
EFT	1/25/2010	1/18/2010	\$63.68	4712
EFT	1/25/2010	1/18/2010	\$65.54	4712
EFT	1/25/2010	1/18/2010	\$322.32	4712
EFT	1/25/2010	1/18/2010	\$285.25	4712
EFT	1/25/2010	1/18/2010	\$79.06	4712
EFT	1/25/2010	1/18/2010	\$65.62	4712
EFT	1/25/2010	1/18/2010	\$72.58	4712
EFT	1/25/2010	1/18/2010	\$268.62	4712
EFT	1/25/2010	1/18/2010	\$117.08	4712
EFT	1/25/2010	1/18/2010	\$117.08	4712
EFT	1/25/2010	1/18/2010	\$120.91	4712

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**DUPLICATE CLAIMS PAID – DAILY CLAIMS REPORTS  
COMPARED TO PAYMENT REQUEST FILES**

**EXHIBIT D**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	1/25/2010	1/18/2010	\$33.89	4712
EFT	1/25/2010	1/18/2010	\$112.32	4712
EFT	1/25/2010	1/19/2010	\$537.66	4712
EFT	1/25/2010	1/19/2010	\$183.22	4712
EFT	1/25/2010	1/19/2010	\$39.10	4712
EFT	1/25/2010	1/19/2010	\$73.69	4712
EFT	1/25/2010	1/19/2010	\$52.19	4712
EFT	1/25/2010	1/19/2010	\$128.16	4712
EFT	1/25/2010	1/19/2010	\$100.51	4712
EFT	1/25/2010	1/19/2010	\$322.32	4712
EFT	1/25/2010	1/19/2010	\$72.58	4712
EFT	1/25/2010	1/19/2010	\$19.06	4712
EFT	1/25/2010	1/19/2010	\$19.38	4712
EFT	1/25/2010	1/20/2010	\$274.61	4712
EFT	1/25/2010	1/20/2010	\$150.00	4712
EFT	1/25/2010	1/20/2010	\$33.89	4712
EFT	1/25/2010	1/20/2010	\$102.50	4712
EFT	1/25/2010	1/20/2010	\$754.40	4712
EFT	1/25/2010	1/20/2010	\$18.43	4712
EFT	1/25/2010	1/20/2010	\$72.58	4712
EFT	1/25/2010	1/20/2010	\$97.83	4712
EFT	1/25/2010	1/20/2010	\$322.32	4712
EFT	1/25/2010	1/20/2010	\$264.67	4712
EFT	1/25/2010	1/21/2010	\$238.80	4712
EFT	1/25/2010	1/21/2010	\$3.87	4712
EFT	1/25/2010	1/21/2010	\$33.89	4712
EFT	1/25/2010	1/21/2010	\$15.00	4712
EFT	1/25/2010	1/21/2010	\$117.53	4712
EFT	1/25/2010	1/21/2010	\$864.35	4712
EFT	1/25/2010	1/21/2010	\$864.35	4712
EFT	1/25/2010	1/21/2010	\$58.69	4712
EFT	1/25/2010	1/21/2010	\$322.32	4712
EFT	1/25/2010	1/21/2010	\$212.60	4712
EFT	1/25/2010	1/22/2010	\$110.93	4712
EFT	1/25/2010	1/22/2010	\$72.58	4712
EFT	1/25/2010	1/22/2010	\$84.36	4712
EFT	1/25/2010	1/22/2010	\$18.00	4712
EFT	1/25/2010	1/22/2010	\$322.32	4712
EFT	1/25/2010	1/22/2010	\$124.32	4712
EFT	1/25/2010	1/23/2010	\$98.06	4712
EFT	1/25/2010	1/23/2010	\$71.90	4712
EFT	1/25/2010	1/23/2010	\$52.58	4712
EFT	1/25/2010	1/23/2010	\$100.56	4712
EFT	1/25/2010	1/23/2010	\$77.14	4712
EFT	1/25/2010	1/24/2010	\$62.58	4712
EFT	4/9/2010	2/2/2010	\$169.83	4712
EFT	4/9/2010	2/5/2010	\$221.49	4712
EFT	4/9/2010	2/9/2010	\$681.92	4712
EFT	4/9/2010	2/9/2010	\$43.64	4712
EFT	4/9/2010	2/11/2010	\$25.44	4712
EFT	4/9/2010	2/11/2010	\$32.69	4712
EFT	4/9/2010	2/22/2010	\$100.87	4712

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	4/9/2010	2/26/2010	\$6.75	4712
EFT	4/9/2010	2/26/2010	\$32.27	4712
EFT	4/9/2010	3/1/2010	\$1,352.40	4712
EFT	4/9/2010	3/1/2010	\$410.59	4712
EFT	4/9/2010	3/1/2010	\$540.96	4712
EFT	4/9/2010	3/2/2010	\$7.04	4712
EFT	4/9/2010	3/2/2010	\$2,125.30	4712
EFT	4/9/2010	3/2/2010	\$13.55	4712
EFT	4/9/2010	3/2/2010	\$13.55	4712
EFT	4/9/2010	3/3/2010	\$147.66	4712
EFT	4/9/2010	3/4/2010	\$23.82	4712
EFT	4/9/2010	3/6/2010	\$13.55	4712
EFT	4/9/2010	3/8/2010	\$93.78	4712
EFT	4/9/2010	3/12/2010	\$10.36	4712
EFT	4/9/2010	3/12/2010	\$120.00	4712
EFT	4/9/2010	3/12/2010	\$506.74	4712
EFT	4/9/2010	3/16/2010	\$929.02	4712
EFT	4/9/2010	3/17/2010	\$28.93	4712
EFT	4/9/2010	3/18/2010	\$124.83	4712
EFT	4/9/2010	3/19/2010	\$351.29	4712
EFT	4/9/2010	3/20/2010	\$98.81	4712
EFT	4/9/2010	3/22/2010	\$85.11	4712
EFT	4/9/2010	3/24/2010	\$49.59	4712
EFT	4/9/2010	3/25/2010	\$83.00	4712
EFT	4/9/2010	3/25/2010	\$187.20	4712
EFT	4/9/2010	3/26/2010	\$115.78	4712
EFT	4/9/2010	3/27/2010	\$164.85	4712
EFT	4/9/2010	3/29/2010	\$38.95	4712
EFT	4/9/2010	3/30/2010	\$167.42	4712
EFT	4/9/2010	3/31/2010	\$218.85	4712
EFT	4/9/2010	3/31/2010	\$83.00	4712
EFT	4/9/2010	4/1/2010	\$72.58	4712
EFT	4/9/2010	4/1/2010	\$112.79	4712
EFT	4/9/2010	4/1/2010	\$161.02	4712
EFT	4/9/2010	4/2/2010	\$72.58	4712
EFT	4/9/2010	4/2/2010	\$73.00	4712
EFT	4/9/2010	4/2/2010	\$3,802.18	4712
EFT	4/9/2010	4/3/2010	\$30.40	4712
EFT	4/9/2010	4/5/2010	\$73.69	4712
EFT	4/9/2010	4/5/2010	\$118.62	4712
EFT	4/9/2010	4/5/2010	\$52.58	4712
EFT	4/9/2010	4/5/2010	\$72.58	4712
EFT	4/9/2010	4/5/2010	\$58.69	4712
EFT	4/9/2010	4/5/2010	\$84.72	4712
EFT	4/9/2010	4/6/2010	\$72.58	4712
EFT	4/9/2010	4/6/2010	\$256.51	4712
EFT	4/9/2010	4/7/2010	\$56.17	4712
EFT	4/9/2010	4/7/2010	\$148.76	4712
<b>Totals</b>	<b>215</b>	<b>\$66,572.95</b>		



**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
PAYMENT REQUEST FILES DID NOT MATCH  
DETAILED CLAIM REPORTS**

**EXHIBIT E**

Count	Detailed Claim Reports		Payment Request files			Variance
	Claim Number	Net Paid Amount	Payment Type	Claim Number	Claim Amount Paid did not Match Detailed Claim Reports	
1	9231958213000	\$0.00	EFT	9231958213000	\$37.78	-\$37.78
2	9231962125000	\$0.00	EFT	9231962125000	\$37.55	-\$37.55
3	9232949361000	\$456.78	EFT	9232949361000	\$407.35	-\$407.35
4	9233340692000	\$0.00	Check	9233340692000	\$102.00	-\$102.00
5	9240932824000	\$0.00	Check	9240932824000	\$28.84	-\$28.84
6	9240932825000	\$0.00	Check	9240932825000	\$28.84	-\$28.84
7	9244916275000	\$0.00	EFT	9244916275000	\$61.77	-\$61.77
8	9246939946000	\$23.23	EFT	9246939946000	\$16.90	-\$16.90
9	9246942448000	\$0.00	EFT	9246942448000	\$38.48	-\$38.48
10	9251933604000	\$116.13	EFT	9251933604000	\$33.38	-\$33.38
11	9251933667000	\$118.00	EFT	9251933667000	\$20.00	-\$20.00
12	9252958246000	\$0.00	EFT	9252958246000	\$29.20	-\$29.20
13	9254936594000	\$0.00	Check	9254936594000	\$38.60	-\$38.60
14	9257937508000	\$97.83	EFT	9257937508000	\$25.86	-\$25.86
15	9257943396000	\$0.00	Check	9257943396000	\$35.86	-\$35.86
16	9258341880000	\$0.00	Check	9258341880000	\$37.78	-\$37.78
17	9258914732000	\$0.00	Check	9258914732000	\$31.86	-\$31.86
18	9258916054000	\$0.00	EFT	9258916054000	\$25.86	-\$25.86
19	9258925798000	\$37.98	EFT	9258925798000	\$35.86	-\$35.86
20	9259944572000	\$0.00	Check	9259944572000	\$31.86	-\$31.86
21	9259944573000	\$0.00	Check	9259944573000	\$31.86	-\$31.86
22	9259947704000	\$118.62	Check	9259947704000	\$28.84	-\$28.84
23	9259948709000	\$0.00	EFT	9259948709000	\$38.48	-\$38.48
24	9259952687000	\$118.00	EFT	9259952687000	\$38.48	-\$38.48
25	9259954779000	\$0.00	EFT	9259954779000	\$38.41	-\$38.41
26	9264942857000	\$126.50	EFT	9264942857000	\$38.48	-\$38.48
27	9265916174000	\$0.00	EFT	9265916174000	\$44.46	-\$44.46
28	9265916178000	\$0.00	EFT	9265916178000	\$44.46	-\$44.46
29	9265919403000	\$0.00	Check	9265919403000	\$38.41	-\$38.41
30	9265924101000	\$0.00	EFT	9265924101000	\$30.86	-\$30.86
31	9265924678000	\$0.00	EFT	9265924678000	\$38.48	-\$38.48
32	9265926924000	\$0.00	Check	9265926924000	\$35.86	-\$35.86
33	9266948222000	\$20.53	Check	9266948222000	\$33.86	-\$33.86
34	9266948740000	\$0.00	Check	9266948740000	\$38.48	-\$38.48
35	9266959945000	\$153.00	EFT	9266959945000	\$38.60	-\$38.60
36	9267929642000	\$0.00	Check	9267929642000	\$31.86	-\$31.86
37	9267938388000	\$0.00	Check	9267938388000	\$10.86	-\$10.86
38	9267938407000	\$0.00	Check	9267938407000	\$10.86	-\$10.86
39	9268342876000	\$0.00	EFT	9268342876000	\$25.86	-\$25.86
40	9268924974000	\$0.00	EFT	9268924974000	\$38.48	-\$38.48
41	9271342695000	\$120.91	Check	9271342695000	\$22.78	-\$22.78
42	9271930063000	\$0.00	Check	9271930063000	\$33.86	-\$33.86
43	9271937131000	\$67.58	Check	9271937131000	\$35.86	-\$35.86
44	9272911820000	\$107.62	Check	9272911820000	\$33.86	-\$33.86
45	9272916977000	\$0.00	Check	9272916977000	\$38.60	-\$38.60
46	9272923862000	\$0.00	EFT	9272923862000	\$30.86	-\$30.86
47	9272928888000	\$0.00	EFT	9272928888000	\$20.00	-\$20.00
48	9273950615000	\$26.44	Check	9273950615000	\$36.02	-\$36.02
49	9274939140000	\$0.00	Check	9274939140000	\$38.41	-\$38.41
50	9274939145000	\$0.00	Check	9274939145000	\$38.60	-\$38.60
51	9274939350000	\$0.00	Check	9274939350000	\$33.86	-\$33.86
52	9274939691000	\$0.00	Check	9274939691000	\$33.86	-\$33.86

Note 1

Note 2

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
PAYMENT REQUEST FILES DID NOT MATCH  
DETAILED CLAIM REPORTS**

**EXHIBIT E**

Count	Detailed Claim Reports		Payment Request files			Variance
	Claim Number	Net Paid Amount	Payment Type	Claim Number	Claim Amount Paid did not Match Detailed Claim Reports	
53	9274944974000	\$0.00	Check	9274944974000	\$28.00	-\$28.00
54	9274944975000	\$0.00	Check	9274944975000	\$28.00	-\$28.00
55	9274953488000	\$0.00	Check	9274953488000	\$38.48	-\$38.48
56	9274954090000	\$128.16	EFT	9274954090000	\$38.48	-\$38.48
57	9275939376000	\$0.00	Check	9275939376000	\$36.78	-\$36.78
58	9275939377000	\$0.00	Check	9275939377000	\$36.78	-\$36.78
59	9275948311000	\$0.00	BlueCard	9275948311000	\$150.50	-\$150.50
60	9278924943000	\$0.00	EFT	9278924943000	\$38.48	-\$38.48
61	9278927789000	\$37.30	Check	9278927789000	\$20.00	-\$20.00
62	9278933685000	\$0.00	EFT	9278933685000	\$38.60	-\$38.60
63	9278935689000	\$0.00	EFT	9278935689000	\$38.48	-\$38.48
64	9278935690000	\$0.00	EFT	9278935690000	\$38.48	-\$38.48
65	9279909577000	\$0.00	Check	9279909577000	\$36.38	-\$36.38
66	9280941981000	\$19.78	EFT	9280941981000	\$15.00	-\$15.00
67	9281941641000	\$224.79	EFT	9281941641000	\$40.00	-\$40.00
68	9282340003010	\$4,350.31	Check	9282340003010	\$3,883.12	\$467.19
69	9285341452000	\$499.92	EFT	9285341452000	\$249.96	-\$249.96
70	9285931082000	\$0.00	EFT	9285931082000	\$36.26	-\$36.26
71	9287938928000	\$122.26	EFT	9287938928000	\$32.62	-\$32.62
72	9287940670000	\$79.73	Check	9287940670000	\$32.74	-\$32.74
73	9287949665000	\$9.13	Check	9287949665000	\$30.00	-\$30.00
74	9288941872000	\$6.64	EFT	9288941872000	\$15.00	-\$15.00
75	9288941901000	\$6.64	EFT	9288941901000	\$15.00	-\$15.00
76	9288952213000	\$16.78	EFT	9288952213000	\$21.89	-\$21.89
77	9292935354000	\$77.33	Check	9292935354000	\$32.74	-\$32.74
78	9294948454000	\$6.64	EFT	9294948454000	\$15.00	-\$15.00
79	9294948463000	\$6.64	EFT	9294948463000	\$15.00	-\$15.00
80	9294948963000	\$6.64	EFT	9294948963000	\$15.00	-\$15.00
81	9294948965000	\$6.64	EFT	9294948965000	\$15.00	-\$15.00
82	9294949276000	\$3.64	EFT	9294949276000	\$22.00	-\$22.00
83	9294951744000	\$3.64	Check	9294951744000	\$20.00	-\$20.00
84	9294952945000	\$3.64	Check	9294952945000	\$32.74	-\$32.74
85	9294953849000	\$5.05	Check	9294953849000	\$32.62	-\$32.62
86	9295920290000	\$3.64	EFT	9295920290000	\$32.62	-\$32.62
87	9295921143000	\$1.00	Check	9295921143000	\$32.74	-\$32.74
88	9295924345000	\$3.64	Check	9295924345000	\$28.00	-\$28.00
89	9295932005000	\$3.64	EFT	9295932005000	\$19.00	-\$19.00
90	9295932782000	\$123.67	Check	9295932782000	\$19.00	-\$19.00
91	9296943547000	\$6.64	EFT	9296943547000	\$15.00	-\$15.00
92	9296943566000	\$6.64	EFT	9296943566000	\$15.00	-\$15.00
93	9296944010000	\$19.78	EFT	9296944010000	\$25.00	-\$25.00
94	9299927699000	\$103.69	Check	9299927699000	\$20.00	-\$20.00
95	9299930206000	\$3.64	Check	9299930206000	\$6.00	-\$6.00
96	9299931074000	\$6.64	EFT	9299931074000	\$15.00	-\$15.00
97	9299931075000	\$6.64	EFT	9299931075000	\$15.00	-\$15.00
98	9299931118000	\$6.64	EFT	9299931118000	\$15.00	-\$15.00
99	9299936125000	\$42.09	EFT	9299936125000	\$32.62	-\$32.62
100	9299937951000	\$3.64	EFT	9299937951000	\$32.62	-\$32.62
101	9299937955000	\$3.64	EFT	9299937955000	\$32.62	-\$32.62
102	9300914786000	\$3.64	EFT	9300914786000	\$31.00	-\$31.00
103	9300916794000	\$16.88	Check	9300916794000	\$17.00	-\$17.00

Note 3

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
PAYMENT REQUEST FILES DID NOT MATCH  
DETAILED CLAIM REPORTS**

**EXHIBIT E**

Count	Detailed Claim Reports		Payment Request files			Variance
	Claim Number	Net Paid Amount	Payment Type	Claim Number	Claim Amount Paid did not Match Detailed Claim Reports	
104	9300918047000	\$6.64	EFT	9300918047000	\$15.00	-\$15.00
105	9300918048000	\$6.64	EFT	9300918048000	\$25.00	-\$25.00
106	9300920666000	\$16.78	EFT	9300920666000	\$21.00	-\$21.00
107	9300920667000	\$3.64	EFT	9300920667000	\$32.74	-\$32.74
108	9300924134000	\$347.78	EFT	9300924134000	\$86.94	-\$86.94
109	9301945649000	\$76.22	EFT	9301945649000	\$32.62	-\$32.62
110	9301957111000	\$3.64	EFT	9301957111000	\$32.62	-\$32.62
111	9302923027000	\$0.00	Check	9302923027000	\$52.58	-\$52.58
112	9302923782000	\$3.64	EFT	9302923782000	\$18.00	-\$18.00
113	9302926036000	\$3.64	EFT	9302926036000	\$32.62	-\$32.62
114	9302926757000	\$3.64	Check	9302926757000	\$24.00	-\$24.00
115	9302928568000	\$16.78	Check	9302928568000	\$21.63	-\$21.63
116	9302929567000	\$10.10	EFT	9302929567000	\$32.74	-\$32.74
117	9302933610000	\$77.00	EFT	9302933610000	\$19.00	-\$19.00
118	9303951226000	\$5.05	Check	9303951226000	\$30.00	-\$30.00
119	9306931955000	\$5.05	Check	9306931955000	\$17.00	-\$11.95
120	9306939391000	\$3.64	Check	9306939391000	\$30.00	-\$30.00
121	9307341652000	\$122.00	EFT	9307341652000	\$15.00	-\$15.00
122	9307906977000	\$29.80	EFT	9307906977000	\$32.62	-\$32.62
123	9307908032000	\$3.64	Check	9307908032000	\$26.00	-\$26.00
124	9307913278000	\$3.64	EFT	9307913278000	\$32.62	-\$32.62
125	9308944915000	\$3.64	EFT	9308944915000	\$32.62	-\$32.62
126	9308949885000	\$3.64	Check	9308949885000	\$32.74	-\$32.74
127	9309933329000	\$0.00	Check	9309933329000	\$55.00	-\$55.00
128	9310921354000	\$96.69	EFT	9310921354000	\$32.62	-\$32.62
129	9310925948000	\$260.02	Check	9310925948000	\$116.60	-\$116.60
130	9313343114000	\$0.00	Check	9313343114000	\$10.00	-\$10.00
131	9313930149000	\$77.33	Check	9313930149000	\$32.74	-\$32.74
132	9316918236000	\$5.05	Check	9316918236000	\$19.00	-\$19.00
133	9316918460000	\$38.00	Check	9316918460000	\$20.00	-\$20.00
134	9317947199000	\$3.64	Check	9317947199000	\$30.00	-\$30.00
135	9320341156000	\$0.00	Check	9320341156000	\$36.26	-\$36.26
136	9321916981000	\$0.00	Check	9321916981000	\$27.00	-\$27.00
137	9322963304010	\$0.00	BlueCard	9322963304010	\$46.00	-\$46.00
	<b>Grand Total</b>	<b>\$8,933.21</b>			<b>\$8,840.80</b>	<b>-\$4,485.44</b>

Note 4

Note 1: In some instances noted above, there are claims with no "Net Paid Amount" in the Detailed Claim Reports columns, but an amount paid on the Payment Request file, for example, in record 1, above. The claim can consist of multiple records, but none of the records for this claim have a "Net Amount Paid" on the Detailed Claim Reports. However, the Payment Request files included a payment for this claim of \$37.78. This indicates the State paid claims without having any detailed support for the claim.

Note 2: In other instances noted above, there are additional claims paid on the Payment Request files as compared to the claims paid on the Detailed Claim Reports. For example, see record 3, above. Again, the claim can consist of multiple records. In this example, the "Net Paid Amount" on the Detailed Claims Report was \$456.78, which matched claims paid in the Payment Request files. However, there was also another payment of \$407.35 on the Payment Request files that did not match to any claims in the Detailed Claim Reports records.

Note 3: Finally, in one instance, the claims noted on the Detailed Claims Reports did not match the amount paid in the Payment Request files. For example, on record 68, above, there were no payments that matched the Detailed Claim Reports Net Amount Paid of \$4,350.31. The Payment Request files indicated the amount paid for the net claim was \$3,883.12, for a difference of \$467.19.

Note 4: For record 119, above, there are two records for this claim in the Detailed Claim Reports. One record has a net paid amount of \$5.05. It does not appear this record was ever paid. The other record had a net paid amount of zero; however the billed amount on the Detailed Claims Reports was \$17. (The billed amount is the amount billed from the provider, but is not generally the amount that will be paid to the provider.) It appears BCBSNE paid this claim on the billed amount. Since the \$17 was provided to DAS as the amount paid, DAS paid this claim for \$17.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**CLAIMS PAID BUT NOT INCLUDED IN BCBSNE**  
**PERFORMANCE AUDIT DATA FILE**

**EXHIBIT F**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	07/01/2009	05/07/2009	\$77.00	4576
Check	07/01/2009	05/13/2009	\$77.00	4576
Check	07/01/2009	05/05/2009	\$71.37	4576
Check	07/01/2009	05/12/2009	\$71.37	4576
Check	07/01/2009	05/21/2009	\$71.37	4576
Check	07/01/2009	05/19/2009	\$71.37	4576
Check	07/01/2009	04/14/2009	\$57.00	4712
Check	07/01/2009	05/19/2009	\$57.00	4712
Check	07/01/2009	05/05/2009	\$57.00	4712
Check	07/01/2009	04/21/2009	\$51.37	4712
Check	07/01/2009	03/31/2009	\$51.37	4712
Check	07/01/2009	03/17/2009	\$51.37	4712
Check	07/01/2009	03/10/2009	\$51.37	4712
Check	07/01/2009	03/03/2009	\$51.37	4712
Check	07/01/2009	02/24/2009	\$51.37	4712
Check	07/01/2009	05/12/2009	\$51.37	4712
Check	07/01/2009	02/03/2009	\$51.37	4712
Check	07/01/2009	02/17/2009	\$51.37	4712
Check	07/01/2009	05/11/2009	\$33.60	4577
Check	07/01/2009	04/20/2009	\$32.14	4576
Check	07/01/2009	06/16/2009	\$25.67	4576
Check	07/03/2009	04/22/2009	\$142.74	4576
Check	07/03/2009	04/08/2009	\$142.74	4576
Check	07/03/2009	03/09/2009	\$141.62	4576
Check	07/03/2009	04/10/2009	\$110.00	4576
Check	07/07/2009	02/09/2009	\$345.79	4576
Check	07/07/2009	04/08/2009	\$167.65	4576
Check	07/07/2009	04/01/2009	\$153.96	4576
Check	07/07/2009	04/06/2009	\$120.91	4576
Check	07/07/2009	04/06/2009	\$73.69	4576
Check	07/07/2009	04/01/2009	\$37.30	4576
Check	07/07/2009	04/07/2009	\$37.30	4711
Check	07/07/2009	04/06/2009	\$37.30	4576
Check	07/07/2009	04/02/2009	\$33.52	4576
Check	07/10/2009	03/29/2009	\$345.79	4577
Check	07/10/2009	03/11/2009	\$345.79	4576
Check	07/14/2009	04/13/2009	\$89.30	4577
Check	07/16/2009	04/17/2009	\$346.92	4576

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
Check	07/17/2009	04/13/2009	\$97.51	4576
Check	07/22/2009	03/04/2009	\$849.23	4576
Check	07/23/2009	07/02/2009	\$20.67	4576
Check	07/27/2009	04/13/2009	\$73.32	4576
Check	07/27/2009	04/16/2009	\$24.00	4576
Check	07/27/2009	04/18/2009	\$12.00	4576
Check	07/27/2009	04/13/2009	\$12.00	4576
Check	08/04/2009	07/23/2009	\$20.67	4576
Check	08/11/2009	03/30/2009	\$296.00	4576
Check	08/11/2009	04/15/2009	\$168.00	4576
Check	08/12/2009	07/30/2009	\$20.67	4576
Check	08/20/2009	03/22/2009	\$417.00	4576
Check	09/01/2009	08/18/2009	\$20.67	4576
Check	09/02/2009	08/24/2009	\$180.67	4576
Check	09/02/2009	03/18/2009	\$73.64	4576
Check	09/08/2009	08/25/2009	\$395.47	4576
EFT	09/08/2009	08/28/2009	\$54.00	4576
Check	09/17/2009	09/03/2009	\$20.67	4576
Check	09/18/2009	09/10/2009	\$58.69	4576
Check	09/22/2009	08/21/2009	\$72.58	4576
Check	09/29/2009	09/09/2009	\$25.00	4576
Check	10/06/2009	09/23/2009	\$1,296.09	4576
Check	10/08/2009	03/11/2009	\$69.50	4577
Check	10/08/2009	03/09/2009	\$69.50	4577
Check	11/13/2009	05/05/2009	\$220.00	4576
Check	11/13/2009	05/14/2009	\$110.00	4576
Check	11/13/2009	04/28/2009	\$110.00	4576
Check	11/16/2009	12/15/2008	\$64.22	4711
Check	12/28/2009	02/18/2009	\$1,150.00	4576
EFT	01/08/2010	12/26/2009	\$275.95	4576
EFT	01/29/2010	01/07/2010	\$150.20	4576
EFT	03/26/2010	03/03/2010	\$151.93	4576
EFT	04/08/2010	03/17/2010	\$96.05	4945
EFT	06/14/2010	05/10/2010	\$270.98	4945
Check	06/21/2010	05/27/2010	\$74.11	4576
<b>Totals</b>		<b>73</b>	<b>\$10,857.53</b>	

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**DUPLICATE CLAIMS PAID – PAYMENT REQUEST FILE  
COMPARED TO PERFORMANCE AUDIT DATA FILE**

**EXHIBIT G**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	01/25/2010	01/14/2010	\$12,470.59	4712
EFT	01/25/2010	01/06/2010	\$7,011.12	4712
EFT	01/25/2010	01/13/2010	\$3,169.69	4712
EFT	01/25/2010	01/13/2010	\$2,409.84	4712
EFT	01/25/2010	01/11/2010	\$1,182.85	4712
EFT	01/25/2010	12/23/2009	\$889.63	4712
EFT	01/25/2010	01/11/2010	\$879.78	4712
EFT	01/25/2010	12/15/2009	\$864.74	4712
EFT	01/25/2010	01/13/2010	\$864.35	4712
EFT	01/25/2010	01/21/2010	\$864.35	4712
EFT	01/25/2010	01/21/2010	\$864.35	4712
EFT	01/25/2010	01/08/2010	\$864.13	4712
EFT	01/25/2010	01/13/2010	\$833.76	4712
EFT	01/25/2010	01/20/2010	\$754.40	4712
EFT	01/25/2010	11/19/2009	\$626.57	4712
EFT	01/25/2010	01/01/2010	\$554.60	4712
EFT	01/25/2010	01/19/2010	\$537.66	4712
EFT	01/25/2010	01/13/2010	\$373.16	4712
EFT	01/25/2010	08/04/2009	\$365.98	4712
EFT	01/25/2010	12/22/2009	\$342.59	4712
EFT	01/25/2010	01/04/2010	\$333.80	4712
EFT	01/25/2010	01/05/2010	\$329.12	4712
EFT	01/25/2010	01/12/2010	\$323.18	4712
EFT	01/25/2010	01/18/2010	\$322.32	4712
EFT	01/25/2010	01/19/2010	\$322.32	4712
EFT	01/25/2010	01/20/2010	\$322.32	4712
EFT	01/25/2010	01/21/2010	\$322.32	4712
EFT	01/25/2010	01/22/2010	\$322.32	4712
EFT	01/25/2010	01/15/2010	\$315.81	4712
EFT	01/25/2010	01/11/2010	\$299.24	4712
EFT	01/25/2010	01/18/2010	\$285.25	4712
EFT	01/25/2010	01/13/2010	\$279.72	4712
EFT	01/25/2010	01/20/2010	\$274.61	4712
EFT	01/25/2010	01/18/2010	\$268.62	4712
EFT	01/25/2010	01/20/2010	\$264.67	4712
EFT	01/25/2010	01/11/2010	\$259.83	4712
EFT	01/25/2010	01/14/2010	\$259.83	4712
EFT	01/25/2010	12/14/2009	\$256.48	4712
EFT	01/25/2010	01/21/2010	\$238.80	4712
EFT	01/25/2010	01/06/2010	\$232.91	4712
EFT	01/25/2010	01/08/2010	\$232.15	4712
EFT	01/25/2010	01/12/2010	\$220.57	4712
EFT	01/25/2010	01/21/2010	\$212.60	4712
EFT	01/25/2010	12/14/2009	\$204.64	4712
EFT	01/25/2010	01/13/2010	\$203.30	4712
EFT	01/25/2010	01/13/2010	\$193.60	4712

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	01/25/2010	01/08/2010	\$189.73	4712
EFT	01/25/2010	01/19/2010	\$183.22	4712
EFT	01/25/2010	01/15/2010	\$177.50	4712
EFT	01/25/2010	01/15/2010	\$155.65	4712
EFT	01/25/2010	01/12/2010	\$151.86	4712
EFT	01/25/2010	01/20/2010	\$150.00	4712
EFT	01/25/2010	01/04/2010	\$142.37	4712
EFT	01/25/2010	01/18/2010	\$142.37	4712
EFT	01/25/2010	01/14/2010	\$132.26	4712
EFT	01/25/2010	01/15/2010	\$128.16	4712
EFT	01/25/2010	01/19/2010	\$128.16	4712
EFT	01/25/2010	12/14/2009	\$127.58	4712
EFT	01/25/2010	01/15/2010	\$124.88	4712
EFT	01/25/2010	01/22/2010	\$124.32	4712
EFT	01/25/2010	01/18/2010	\$120.91	4712
EFT	01/25/2010	08/27/2009	\$119.00	4712
EFT	01/25/2010	01/21/2010	\$117.53	4712
EFT	01/25/2010	01/13/2010	\$117.41	4712
EFT	01/25/2010	01/18/2010	\$117.08	4712
EFT	01/25/2010	01/18/2010	\$117.08	4712
EFT	01/25/2010	01/18/2010	\$112.32	4712
EFT	01/25/2010	01/22/2010	\$110.93	4712
EFT	01/25/2010	12/14/2009	\$109.50	4712
EFT	01/25/2010	01/20/2010	\$102.50	4712
EFT	01/25/2010	01/23/2010	\$100.56	4712
EFT	01/25/2010	01/19/2010	\$100.51	4712
EFT	01/25/2010	12/14/2009	\$99.60	4712
EFT	01/25/2010	01/23/2010	\$98.06	4712
EFT	01/25/2010	01/20/2010	\$97.83	4712
EFT	01/25/2010	01/08/2010	\$96.66	4712
EFT	01/25/2010	08/26/2009	\$94.40	4712
EFT	01/25/2010	01/18/2010	\$89.35	4712
EFT	01/25/2010	01/22/2010	\$84.36	4712
EFT	01/25/2010	11/14/2009	\$81.48	4712
EFT	01/25/2010	01/18/2010	\$79.06	4712
EFT	01/25/2010	01/14/2010	\$78.45	4712
EFT	01/25/2010	01/23/2010	\$77.14	4712
EFT	01/25/2010	11/09/2009	\$75.36	4712
EFT	01/25/2010	12/08/2009	\$73.69	4712
EFT	01/25/2010	01/07/2010	\$73.69	4712
EFT	01/25/2010	01/14/2010	\$73.69	4712
EFT	01/25/2010	01/15/2010	\$73.69	4712
EFT	01/25/2010	01/16/2010	\$73.69	4712
EFT	01/25/2010	01/19/2010	\$73.69	4712
EFT	01/25/2010	01/11/2010	\$73.00	4712
EFT	01/25/2010	01/18/2010	\$72.58	4712

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**DUPLICATE CLAIMS PAID – PAYMENT REQUEST FILE  
COMPARED TO PERFORMANCE AUDIT DATA FILE**

**EXHIBIT G**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	01/25/2010	01/19/2010	\$72.58	4712
EFT	01/25/2010	01/20/2010	\$72.58	4712
EFT	01/25/2010	01/22/2010	\$72.58	4712
EFT	01/25/2010	01/23/2010	\$71.90	4712
EFT	01/25/2010	01/12/2010	\$71.00	4712
EFT	01/25/2010	12/29/2009	\$70.81	4712
EFT	01/25/2010	01/14/2010	\$70.45	4712
EFT	01/25/2010	01/13/2010	\$66.00	4712
EFT	01/25/2010	01/18/2010	\$65.62	4712
EFT	01/25/2010	01/18/2010	\$65.54	4712
EFT	01/25/2010	01/18/2010	\$63.68	4712
EFT	01/25/2010	01/24/2010	\$62.58	4712
EFT	01/25/2010	01/15/2010	\$60.61	4712
EFT	01/25/2010	08/06/2009	\$59.64	4712
EFT	01/25/2010	08/10/2009	\$59.64	4712
EFT	01/25/2010	08/11/2009	\$59.64	4712
EFT	01/25/2010	08/18/2009	\$59.64	4712
EFT	01/25/2010	11/24/2009	\$59.64	4712
EFT	01/25/2010	12/14/2009	\$59.64	4712
EFT	01/25/2010	01/15/2010	\$59.64	4712
EFT	01/25/2010	01/16/2010	\$59.64	4712
EFT	01/25/2010	01/21/2010	\$58.69	4712
EFT	01/25/2010	01/13/2010	\$54.03	4712
EFT	01/25/2010	01/14/2010	\$53.76	4712
EFT	01/25/2010	01/13/2010	\$53.69	4712
EFT	01/25/2010	01/23/2010	\$52.58	4712
EFT	01/25/2010	01/19/2010	\$52.19	4712
EFT	01/25/2010	08/04/2009	\$49.65	4712
EFT	01/25/2010	12/03/2009	\$49.34	4712
EFT	01/25/2010	01/12/2010	\$48.69	4712
EFT	01/25/2010	01/12/2010	\$48.69	4712
EFT	01/25/2010	01/14/2010	\$48.69	4712
EFT	01/25/2010	01/14/2010	\$48.34	4712
EFT	01/25/2010	01/08/2010	\$47.23	4712
EFT	01/25/2010	01/11/2010	\$40.00	4712
EFT	01/25/2010	01/19/2010	\$39.10	4712
EFT	01/25/2010	01/18/2010	\$38.45	4712
EFT	01/25/2010	01/12/2010	\$38.16	4712
EFT	01/25/2010	01/04/2010	\$37.30	4712
EFT	01/25/2010	01/18/2010	\$37.30	4712
EFT	01/25/2010	01/11/2010	\$36.72	4712
EFT	01/25/2010	12/31/2009	\$33.89	4712
EFT	01/25/2010	01/11/2010	\$33.89	4712
EFT	01/25/2010	01/11/2010	\$33.89	4712
EFT	01/25/2010	01/13/2010	\$33.89	4712
EFT	01/25/2010	01/18/2010	\$33.89	4712

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	01/25/2010	01/20/2010	\$33.89	4712
EFT	01/25/2010	01/21/2010	\$33.89	4712
EFT	01/25/2010	01/13/2010	\$33.82	4712
EFT	01/25/2010	12/10/2009	\$27.12	4712
EFT	01/25/2010	01/07/2010	\$26.50	4712
EFT	01/25/2010	01/14/2010	\$19.80	4712
EFT	01/25/2010	01/19/2010	\$19.38	4712
EFT	01/25/2010	01/19/2010	\$19.06	4712
EFT	01/25/2010	01/16/2010	\$19.00	4712
EFT	01/25/2010	01/11/2010	\$18.54	4712
EFT	01/25/2010	01/18/2010	\$18.43	4712
EFT	01/25/2010	01/20/2010	\$18.43	4712
EFT	01/25/2010	01/22/2010	\$18.00	4712
EFT	01/25/2010	01/18/2010	\$17.79	4712
EFT	01/25/2010	01/21/2010	\$15.00	4712
EFT	01/25/2010	09/12/2009	\$14.58	4712
EFT	01/25/2010	10/13/2009	\$13.64	4712
EFT	01/25/2010	01/07/2010	\$13.30	4712
EFT	01/25/2010	11/14/2009	\$13.00	4712
EFT	01/25/2010	01/21/2010	\$3.87	4712
EFT	04/09/2010	04/02/2010	\$3,802.18	4712
EFT	04/09/2010	03/02/2010	\$2,125.30	4712
EFT	04/09/2010	03/01/2010	\$1,352.40	4712
EFT	04/09/2010	03/16/2010	\$929.02	4712
EFT	04/09/2010	02/09/2010	\$681.92	4712
EFT	04/09/2010	03/01/2010	\$540.96	4712
EFT	04/09/2010	03/12/2010	\$506.74	4712
EFT	04/09/2010	03/01/2010	\$410.59	4712
EFT	04/09/2010	03/19/2010	\$351.29	4712
EFT	04/09/2010	04/06/2010	\$256.51	4712
EFT	04/09/2010	02/05/2010	\$221.49	4712
EFT	04/09/2010	03/31/2010	\$218.85	4712
EFT	04/09/2010	03/25/2010	\$187.20	4712
EFT	04/09/2010	02/02/2010	\$169.83	4712
EFT	04/09/2010	03/30/2010	\$167.42	4712
EFT	04/09/2010	03/27/2010	\$164.85	4712
EFT	04/09/2010	04/01/2010	\$161.02	4712
EFT	04/09/2010	04/07/2010	\$148.76	4712
EFT	04/09/2010	03/03/2010	\$147.66	4712
EFT	04/09/2010	03/18/2010	\$124.83	4712
EFT	04/09/2010	03/12/2010	\$120.00	4712
EFT	04/09/2010	04/05/2010	\$118.62	4712
EFT	04/09/2010	03/26/2010	\$115.78	4712
EFT	04/09/2010	04/01/2010	\$112.79	4712
EFT	04/09/2010	02/22/2010	\$100.87	4712
EFT	04/09/2010	03/20/2010	\$98.81	4712

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**DUPLICATE CLAIMS PAID – PAYMENT REQUEST FILE  
COMPARED TO PERFORMANCE AUDIT DATA FILE**

**EXHIBIT G**

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	04/09/2010	03/08/2010	\$93.78	4712
EFT	04/09/2010	03/22/2010	\$85.11	4712
EFT	04/09/2010	04/05/2010	\$84.72	4712
EFT	04/09/2010	03/25/2010	\$83.00	4712
EFT	04/09/2010	03/31/2010	\$83.00	4712
EFT	04/09/2010	04/05/2010	\$73.69	4712
EFT	04/09/2010	04/02/2010	\$73.00	4712
EFT	04/09/2010	04/01/2010	\$72.58	4712
EFT	04/09/2010	04/02/2010	\$72.58	4712
EFT	04/09/2010	04/05/2010	\$72.58	4712
EFT	04/09/2010	04/06/2010	\$72.58	4712
EFT	04/09/2010	04/05/2010	\$58.69	4712
EFT	04/09/2010	04/07/2010	\$56.17	4712
EFT	04/09/2010	04/05/2010	\$52.58	4712
EFT	04/09/2010	03/24/2010	\$49.59	4712

Payment Type	Date Cleared	Service Date	Claim Amount	Plan
EFT	04/09/2010	02/09/2010	\$43.64	4712
EFT	04/09/2010	03/29/2010	\$38.95	4712
EFT	04/09/2010	02/11/2010	\$32.69	4712
EFT	04/09/2010	02/26/2010	\$32.27	4712
EFT	04/09/2010	04/03/2010	\$30.40	4712
EFT	04/09/2010	03/17/2010	\$28.93	4712
EFT	04/09/2010	02/11/2010	\$25.44	4712
EFT	04/09/2010	03/02/2010	\$13.55	4712
EFT	04/09/2010	03/02/2010	\$13.55	4712
EFT	04/09/2010	03/06/2010	\$13.55	4712
EFT	04/09/2010	03/12/2010	\$10.36	4712
EFT	04/09/2010	03/02/2010	\$7.04	4712
EFT	04/09/2010	02/26/2010	\$6.75	4712
<b>Totals</b>		<b>212</b>	<b>\$66,445.93</b>	

Note: These are not additional duplicate payments. They are the same duplicate payments as shown in **Exhibit D**, above. The duplicate claims were simply noted in both the reconciliation between the Detailed Claim Reports and the Payment Request files and the reconciliation between the Payment Request files and the BCBSNE Performance Audit Data File.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**CLAIM AMOUNTS FROM BCBSNE PERFORMANCE AUDIT DATA DID NOT  
MATCH TO AMOUNTS IN PAYMENT REQUEST FILES**

**EXHIBIT H**

BCBSNE Performance Audit Data File				
Payment Type	Processed Date	Incurred Date	Net Paid Amount	Group Plan
BlueCard	1/29/2010	1/14/2010	\$144.20	4945
BlueCard	2/1/2010	1/9/2010	\$12.84	4576
Check	2/5/2010	10/1/2009	\$2,558.45	4576
BlueCard	2/9/2010	1/26/2010	\$17,144.78	4945
EFT	2/8/2010	1/28/2010	\$3,995.40	4576
BlueCard	3/11/2010	2/8/2010	\$5,122.14	4576
	4/3/2010	3/5/2010	\$8,311.81	4576
BlueCard	4/6/2010	3/11/2010	\$73,626.96	4945
BlueCard	6/1/2010	4/21/2010	\$3,986.50	4576
BlueCard	5/20/2010	5/14/2010	\$111.20	4576
BlueCard	6/1/2010	4/14/2010	\$269.06	4576
BlueCard	6/16/2010	5/23/2010	\$146.93	4945
BlueCard	6/18/2010	6/4/2010	\$10.50	4945
BlueCard	6/22/2010	6/11/2010	\$22.20	4576
BlueCard	6/28/2010	2/17/2010	\$815.64	4576
BlueCard	6/22/2010	5/10/2010	\$352.57	4576
BlueCard	6/22/2010	2/17/2010	\$121.37	4576
BlueCard	6/23/2010	5/20/2010	\$1,202.12	4576
BlueCard	6/25/2010	5/12/2010	\$473.63	4576
BlueCard	6/25/2010	5/11/2010	\$561.31	4576
BlueCard	6/18/2010	2/3/2009	\$221,544.93	4576
EFT	8/21/2009	6/7/2009	\$20,469.93	4576
BlueCard	7/10/2009	6/25/2009	\$15,205.03	4576
BlueCard	7/13/2009	7/2/2009	\$46.83	4576
EFT	7/24/2009	7/15/2009	\$3,754.16	4945
BlueCard	7/30/2009	7/16/2009	\$5,066.08	4711
BlueCard	8/10/2009	6/29/2009	\$245.50	4576
EFT	8/11/2009	7/28/2009	\$1,840.58	4576
BlueCard	8/19/2009	7/9/2009	\$13,780.06	4576
EFT	8/19/2009	8/10/2009	\$3,932.72	4576
BlueCard	9/16/2009	5/4/2009	\$161.99	4576
BlueCard	9/24/2009	4/30/2009	\$3,368.82	4576
BlueCard	9/24/2009	11/28/2008	\$140.00	4711
EFT	9/24/2009	9/16/2009	\$2,862.67	4576
BlueCard	10/9/2009	4/24/2009	\$465.28	4576
BlueCard	10/6/2009	6/29/2009	\$0.00	4576
BlueCard	10/13/2009	9/11/2009	\$24,551.15	4576

Payment Request files				
Payment Type	Date Cleared	Service Date	Claim Amount	Plan
BlueCard	01/29/2010	01/14/2010	\$0.00	4945
BlueCard	02/01/2010	01/07/2010	\$0.00	4576
Check	02/11/2010	10/01/2009	\$3,627.00	4576
BlueCard	02/09/2010	01/26/2010	\$17,632.91	4945
EFT	02/08/2010	01/28/2010	\$4,597.65	4576
BlueCard	03/11/2010	02/08/2010	\$5,692.87	4576
EFT	04/05/2010	03/05/2010	\$9,762.91	4576
BlueCard	04/06/2010	03/11/2010	\$74,404.47	4945
BlueCard	06/01/2010	04/21/2010	\$0.00	4576
BlueCard	05/20/2010	05/14/2010	\$0.00	4576
BlueCard	06/01/2010	04/14/2010	\$0.00	4576
BlueCard	06/16/2010	05/23/2010	\$0.00	4945
BlueCard	06/18/2010	06/04/2010	\$0.00	4945
BlueCard	06/22/2010	06/11/2010	\$0.00	4576
BlueCard	06/28/2010	02/17/2010	\$0.00	4576
BlueCard	06/22/2010	05/10/2010	\$0.00	4576
BlueCard	06/22/2010	02/17/2010	\$0.00	4576
BlueCard	06/23/2010	05/20/2010	\$0.00	4576
BlueCard	06/25/2010	05/12/2010	\$0.00	4576
BlueCard	06/25/2010	05/11/2010	\$0.00	4576
BlueCard	06/18/2010	01/30/2009	\$288,849.07	4576
EFT	08/21/2009	06/07/2009	\$20,113.93	4576
BlueCard	07/10/2009	06/25/2009	\$15,801.88	4576
BlueCard	07/13/2009	06/26/2009	\$55.91	4576
EFT	07/24/2009	07/15/2009	\$4,521.46	4945
BlueCard	07/30/2009	07/16/2009	\$5,309.52	4711
BlueCard	08/10/2009	06/29/2009	\$280.00	4576
EFT	08/11/2009	07/28/2009	\$2,287.85	4576
BlueCard	08/19/2009	07/09/2009	\$14,854.14	4576
EFT	08/19/2009	08/10/2009	\$4,450.82	4576
BlueCard	09/16/2009	05/04/2009	\$323.18	4576
BlueCard	09/24/2009	04/30/2009	\$0.00	4576
BlueCard	09/24/2009	11/28/2008	\$0.00	4711
EFT	09/24/2009	09/16/2009	\$4,574.37	4576
BlueCard	10/09/2009	04/24/2009	\$930.56	4576
BlueCard	10/06/2009	06/29/2009	\$35.50	4576
BlueCard	10/13/2009	09/11/2009	\$28,087.61	4576



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**CLAIM AMOUNTS FROM BCBSNE PERFORMANCE AUDIT DATA DID NOT  
MATCH TO AMOUNTS IN PAYMENT REQUEST FILES**

**EXHIBIT H**

BCBSNE Performance Audit Data File				
Payment Type	Processed Date	Incurred Date	Net Paid Amount	Group Plan
BlueCard	10/14/2009	9/22/2009	\$276.50	4576
Check	10/22/2009	9/21/2009	\$4,350.31	4576
BlueCard	11/5/2009	9/24/2009	\$4,381.06	4576
BlueCard	11/20/2009	11/2/2009	\$702.14	4576
BlueCard	11/19/2009	10/28/2009	\$15,673.81	4576
BlueCard	11/23/2009	9/28/2009	\$0.00	4576
BlueCard	12/18/2009	6/10/2009	\$235.84	4576
BlueCard	12/21/2009	5/17/2009	\$10.00	4576
BlueCard	12/21/2009	5/17/2009	\$10.00	4576
			<b>\$462,065.00</b>	

Payment Request files				
Payment Type	Date Cleared	Service Date	Claim Amount	Plan
BlueCard	10/14/2009	09/22/2009	\$0.00	4576
Check	10/29/2009	09/21/2009	\$3,883.12	4576
BlueCard	11/05/2009	09/24/2009	\$5,891.02	4576
BlueCard	11/20/2009	11/02/2009	\$0.00	4576
BlueCard	11/19/2009	10/28/2009	\$21,618.63	4576
BlueCard	11/23/2009	09/21/2009	\$46.00	4576
BlueCard	12/18/2009	06/10/2009	\$0.00	4576
BlueCard	12/21/2009	05/17/2009	\$20.00	4576
BlueCard	12/21/2009	05/17/2009	\$25.00	4576
			<b>\$537,677.38</b>	

Note: DAS paid \$75,612.38 more than the BCBSNE Performance Audit Data File indicates.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**CLAIMS ON ESI PERFORMANCE AUDIT DATA FILE  
DID NOT MATCH TO ORIGINAL ESI FILE**

**EXHIBIT I**

ESI Performance Audit Data File					
Claim Status	Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
PAID	10/7/2009	000205659	\$ 246.17	\$ 0.03	\$ 246.20
PAID	2/18/2010	000290933	\$ 36.72	\$ 0.03	\$ 36.75
PAID	6/15/2010	000301248	\$ 43.15	\$ 0.03	\$ 43.18
PAID	7/29/2009	000424247	\$ 11.62	\$ 0.03	\$ 11.65
PAID	6/29/2010	000535011	\$ 4.00	\$ 0.03	\$ 4.03
PAID	4/23/2010	000973430	\$ 1,296.35	\$ 0.03	\$ 1,296.38
PAID	9/21/2009	002301266	\$ 56.02	\$ 0.03	\$ 56.05
PAID	10/17/2009	002301266	\$ 55.65	\$ 0.03	\$ 55.68
PAID	11/22/2009	002301266	\$ 55.65	\$ 0.03	\$ 55.68
PAID	1/25/2010	002301266	\$ 55.65	\$ 0.03	\$ 55.68
PAID	3/22/2010	002301266	\$ 60.82	\$ 0.03	\$ 60.85
PAID	5/22/2010	002301266	\$ 60.82	\$ 0.03	\$ 60.85
PAID	3/22/2010	002309770	\$ 4.54	\$ 0.03	\$ 4.57
PAID	10/22/2009	006015695	\$ 90.17	\$ 0.03	\$ 90.20
PAID	10/22/2009	006015695	\$ 90.17	\$ 0.03	\$ 90.20
PAID	6/29/2010	006210577	\$ 3.90	\$ 0.03	\$ 3.93
PAID	6/30/2010	006211264	\$ 25.11	\$ 0.03	\$ 25.14
PAID	1/18/2010	006455766	\$ 411.86	\$ 0.03	\$ 411.89
PAID	6/23/2010	006529174	\$ 110.63	\$ 0.03	\$ 110.66
PAID	4/15/2010	006590677	\$ 2,590.24	\$0.00	\$ 2,590.24
PAID	6/26/2010	006590677	\$ 2,799.35	\$0.00	\$ 2,799.35
PAID	8/11/2009	007122993	\$ 224.11	\$ 0.03	\$ 224.14
PAID	10/21/2009	007122993	\$ 221.02	\$ 0.03	\$ 221.05
PAID	11/13/2009	007122993	\$ 221.02	\$ 0.03	\$ 221.05
PAID	4/16/2010	007164753	\$ 166.59	\$ 0.03	\$ 166.62
PAID	6/10/2010	007164753	\$ 166.59	\$ 0.03	\$ 166.62
<b>TOTAL</b>					<b>\$ 9,108.64</b>

Original ESI File			
Prescription Number	Date Filled	Amount Billed	Admin Fee
000205659	10/7/2009	\$ 516.13	\$ 0.03
000290933	2/18/2010	\$ 96.72	\$ 0.03
000301248	6/15/2010	\$ 548.83	\$ 0.03
000424247	7/29/2009	\$ 25.96	\$ 0.03
000535011	6/29/2010	\$ 0.03	\$ 0.03
000973430	4/23/2010	\$ 1,423.32	\$ 0.03
002301266	9/21/2009	\$ 103.31	\$ 0.03
002301266	10/17/2009	\$ 102.76	\$ 0.03
002301266	11/22/2009	\$ 102.76	\$ 0.03
002301266	1/25/2010	\$ 102.76	\$ 0.03
002301266	3/22/2010	\$ 110.51	\$ 0.03
002301266	5/22/2010	\$ 110.51	\$ 0.03
002301266	8/25/2009	\$ 103.31	\$ 0.03
002309770	3/22/2010	\$ 51.68	\$ 0.03
006015695	10/22/2009	\$ 90.20	\$ 0.03
006210577	6/29/2010	\$ 0.61	\$ 0.03
006211264	6/30/2010	\$ 19.92	\$ 0.03
006455766	1/18/2010	\$ 510.40	\$ 0.03
006529174	6/23/2010	\$ 78.48	\$ 0.03
006590677	4/15/2010	\$ 2,776.90	\$0.00
006590677	6/26/2010	\$ 2,789.00	\$0.00
007122993	8/11/2009	\$ 347.95	\$ 0.03
007122993	10/21/2009	\$ 343.68	\$ 0.03
007122993	11/13/2009	\$ 343.68	\$ 0.03
007164753	4/16/2010	\$ 262.04	\$ 0.03
007164753	6/10/2010	\$ 262.04	\$ 0.03
<b>TOTAL</b>		<b>\$ 11,223.49</b>	

Note: The original ESI file had \$2,114.85 more claims paid than the ESI Performance Audit Data File.

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ESI PERFORMANCE AUDIT DATA FILE CLAIMS  
NOT INCLUDED IN ORIGINAL ESI FILE**

**EXHIBIT J**

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
1/15/2010	000028968	\$108.70	\$2.50	\$111.20
2/19/2010	000029256	\$108.70	\$2.50	\$111.20
3/27/2010	000051816	\$1,125.94	\$0.03	\$1,125.97
3/28/2010	000067812	\$53.28	\$0.03	\$53.31
10/22/2009	000081836	\$174.20	\$0.03	\$174.23
12/12/2009	000081856	\$41.00	\$2.50	\$43.50
8/19/2009	000083145	\$0.00	\$2.50	\$2.50
10/22/2009	000089401	\$188.51	\$0.03	\$188.54
10/22/2009	000089402	\$57.40	\$0.03	\$57.43
12/11/2009	000102208	\$21.00	\$2.50	\$23.50
6/18/2010	000105501	\$10.00	\$2.50	\$12.50
12/16/2009	000122226	\$31.04	\$2.50	\$33.54
2/10/2010	000123692	\$0.00	\$2.50	\$2.50
11/3/2009	000123692	\$0.00	\$2.50	\$2.50
12/11/2009	000123692	\$0.00	\$2.50	\$2.50
11/3/2009	000123693	\$0.00	\$2.50	\$2.50
12/11/2009	000123693	\$0.00	\$2.50	\$2.50
1/15/2010	000125185	\$17.00	\$2.50	\$19.50
3/25/2010	000126449	\$25.00	\$2.50	\$27.50
4/29/2010	000126449	\$25.00	\$2.50	\$27.50
5/27/2010	000126449	\$25.00	\$2.50	\$27.50
2/11/2010	000126694	\$0.00	\$2.50	\$2.50
2/24/2010	000126848	\$17.00	\$2.50	\$19.50
5/17/2010	000126848	\$17.00	\$2.50	\$19.50
6/10/2010	000128164	\$17.00	\$2.50	\$19.50
6/28/2010	000128384	\$32.00	\$2.50	\$34.50
3/27/2010	000143003	\$0.06	\$0.03	\$0.09
6/21/2010	000158486	\$26.95	\$2.50	\$29.45
5/24/2010	000158486	\$26.95	\$2.50	\$29.45
4/27/2010	000158486	\$26.95	\$2.50	\$29.45
5/19/2010	000159203	\$14.95	\$2.50	\$17.45
6/25/2010	000159203	\$14.95	\$2.50	\$17.45
6/23/2010	000169577	\$31.40	\$0.03	\$31.43
10/22/2009	000175245	\$0.00	\$0.03	\$0.03
4/2/2010	000188722	\$11.45	\$2.50	\$13.95
3/3/2010	000188722	\$11.45	\$2.50	\$13.95
4/29/2010	000207740	\$11.45	\$2.50	\$13.95
6/4/2010	000207740	\$11.45	\$2.50	\$13.95
12/10/2009	000230291	\$41.00	\$2.50	\$43.50
12/18/2009	000240485	\$21.00	\$2.50	\$23.50
12/7/2009	000253223	\$41.00	\$2.50	\$43.50
12/26/2009	000263513	\$21.00	\$2.50	\$23.50
10/22/2009	000276405	\$0.00	\$0.03	\$0.03
1/22/2010	000283848	\$21.00	\$2.50	\$23.50
1/9/2010	000285520	\$21.00	\$2.50	\$23.50
12/26/2009	000286766	\$41.00	\$2.50	\$43.50
12/26/2009	000286768	\$21.00	\$2.50	\$23.50
1/15/2010	000288376	\$11.00	\$2.50	\$13.50
12/11/2009	000291995	\$21.00	\$2.50	\$23.50
3/28/2010	000305440	\$220.71	\$0.03	\$220.74

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
9/5/2009	000306596	\$21.00	\$2.50	\$23.50
5/29/2010	000316341	\$75.99	\$2.50	\$78.49
6/25/2010	000320245	\$6.95	\$0.03	\$6.98
12/8/2009	000330062	\$21.00	\$2.50	\$23.50
2/7/2010	000347535	\$0.00	\$2.50	\$2.50
12/7/2009	000348915	\$41.00	\$2.50	\$43.50
12/2/2009	000350039	\$41.00	\$2.50	\$43.50
6/19/2010	000350675	\$0.00	\$0.03	\$0.03
12/30/2009	000352733	\$21.00	\$2.50	\$23.50
12/21/2009	000354624	\$41.00	\$2.50	\$43.50
9/29/2009	000354624	\$41.00	\$2.50	\$43.50
12/28/2009	000361793	\$21.00	\$2.50	\$23.50
12/13/2009	000372098	\$21.00	\$2.50	\$23.50
10/25/2009	000383738	\$21.00	\$2.50	\$23.50
12/19/2009	000384158	\$41.00	\$2.50	\$43.50
1/10/2010	000385140	\$21.00	\$2.50	\$23.50
12/18/2009	000386722	\$21.00	\$2.50	\$23.50
12/3/2009	000390593	\$21.00	\$2.50	\$23.50
12/7/2009	000395794	\$21.00	\$2.50	\$23.50
10/30/2009	000398729	\$13.14	\$2.50	\$15.64
12/23/2009	000400032	\$26.00	\$0.00	\$26.00
11/8/2009	000400148	\$47.30	\$2.50	\$49.80
7/6/2009	000400455	\$1.13	\$2.50	\$3.63
10/8/2009	000401242	\$21.00	\$2.50	\$23.50
7/11/2009	000401242	\$21.00	\$2.50	\$23.50
11/23/2009	000402572	\$8.59	\$2.50	\$11.09
4/21/2010	000410907	\$0.00	\$2.50	\$2.50
12/24/2009	000419909	\$21.00	\$2.50	\$23.50
3/2/2010	000439539	\$21.00	\$2.50	\$23.50
3/16/2010	000446975	\$10.93	\$2.50	\$13.43
3/28/2010	000454982	\$21.06	\$0.03	\$21.09
6/12/2010	000457009	\$21.00	\$0.03	\$21.03
4/25/2010	000457017	\$31.00	\$0.03	\$31.03
4/25/2010	000457021	\$21.00	\$0.03	\$21.03
6/12/2010	000457023	\$21.00	\$0.03	\$21.03
12/23/2009	000459965	\$26.00	\$2.50	\$28.50
5/26/2010	000460291	\$19.13	\$2.50	\$21.63
9/30/2009	000462849	\$41.00	\$2.50	\$43.50
10/29/2009	000462849	\$41.00	\$2.50	\$43.50
12/3/2009	000463868	\$0.00	\$2.50	\$2.50
12/29/2009	000465931	\$11.00	\$2.50	\$13.50
12/1/2009	000467246	\$26.00	\$2.50	\$28.50
12/1/2009	000471659	\$41.00	\$2.50	\$43.50
10/18/2009	000472985	\$41.00	\$2.50	\$43.50
11/21/2009	000472985	\$41.00	\$2.50	\$43.50
12/9/2009	000473419	\$41.00	\$2.50	\$43.50
11/25/2009	000476547	\$41.00	\$2.50	\$43.50
12/17/2009	000477218	\$41.00	\$2.50	\$43.50
10/26/2009	000480071	\$41.00	\$2.50	\$43.50
10/3/2009	000485199	\$26.00	\$2.50	\$28.50

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ESI PERFORMANCE AUDIT DATA FILE CLAIMS  
NOT INCLUDED IN ORIGINAL ESI FILE**

**EXHIBIT J**

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
11/21/2009	000485199	\$26.00	\$2.50	\$28.50
9/21/2009	000486932	\$41.00	\$2.50	\$43.50
11/22/2009	000486932	\$41.00	\$2.50	\$43.50
5/28/2010	000489996	\$0.00	\$0.03	\$0.03
6/22/2010	000489996	\$0.00	\$0.03	\$0.03
11/28/2009	000491604	\$41.00	\$2.50	\$43.50
12/14/2009	000491606	\$41.00	\$2.50	\$43.50
10/15/2009	000491606	\$41.00	\$2.50	\$43.50
12/12/2009	000491610	\$41.00	\$2.50	\$43.50
12/3/2009	000494465	\$41.00	\$2.50	\$43.50
12/1/2009	000496484	\$26.00	\$2.50	\$28.50
12/3/2009	000499003	\$21.00	\$2.50	\$23.50
12/3/2009	000499005	\$21.00	\$2.50	\$23.50
12/3/2009	000499008	\$21.00	\$2.50	\$23.50
12/3/2009	000499011	\$21.00	\$2.50	\$23.50
12/27/2009	000500395	\$41.00	\$2.50	\$43.50
10/27/2009	000500703	\$41.00	\$2.50	\$43.50
12/7/2009	000500703	\$41.00	\$2.50	\$43.50
12/18/2009	000502760	\$11.00	\$2.50	\$13.50
12/16/2009	000502795	\$41.00	\$2.50	\$43.50
11/21/2009	000503603	\$41.00	\$2.50	\$43.50
12/24/2009	000504449	\$41.00	\$2.50	\$43.50
11/26/2009	000504449	\$41.00	\$2.50	\$43.50
10/25/2009	000504449	\$41.00	\$2.50	\$43.50
4/21/2010	000505325	\$0.00	\$2.50	\$2.50
12/3/2009	000507905	\$21.00	\$2.50	\$23.50
10/15/2009	000509445	\$26.00	\$2.50	\$28.50
12/14/2009	000509445	\$26.00	\$2.50	\$28.50
9/23/2009	000509445	\$26.00	\$2.50	\$28.50
11/14/2009	000509445	\$26.00	\$2.50	\$28.50
11/21/2009	000511532	\$41.00	\$2.50	\$43.50
10/29/2009	000513782	\$41.00	\$2.50	\$43.50
12/13/2009	000515355	\$26.00	\$2.50	\$28.50
12/1/2009	000515588	\$26.00	\$2.50	\$28.50
11/28/2009	000515919	\$11.00	\$2.50	\$13.50
7/14/2009	000517207	\$41.00	\$2.50	\$43.50
12/11/2009	000517700	\$41.00	\$2.50	\$43.50
10/19/2009	000519736	\$21.00	\$2.50	\$23.50
12/14/2009	000524982	\$41.00	\$2.50	\$43.50
12/14/2009	000524987	\$41.00	\$2.50	\$43.50
12/7/2009	000526599	\$41.00	\$2.50	\$43.50
11/30/2009	000527371	\$26.00	\$2.50	\$28.50
10/29/2009	000528652	\$26.00	\$2.50	\$28.50
12/27/2009	000529825	\$21.00	\$2.50	\$23.50
12/28/2009	000530887	\$41.00	\$2.50	\$43.50
12/13/2009	000531676	\$41.00	\$2.50	\$43.50
12/1/2009	000532311	\$41.00	\$2.50	\$43.50
12/1/2009	000533292	\$41.00	\$2.50	\$43.50
12/14/2009	000533726	\$41.00	\$2.50	\$43.50
11/30/2009	000534602	\$26.00	\$2.50	\$28.50

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
1/2/2010	000535699	\$41.00	\$2.50	\$43.50
12/14/2009	000539849	\$21.00	\$2.50	\$23.50
12/14/2009	000539895	\$26.00	\$2.50	\$28.50
12/22/2009	000541161	\$41.00	\$2.50	\$43.50
12/24/2009	000541608	\$41.00	\$2.50	\$43.50
3/7/2010	000542323	\$41.00	\$2.50	\$43.50
1/7/2010	000542924	\$26.00	\$2.50	\$28.50
1/27/2010	000546280	\$26.00	\$2.50	\$28.50
1/27/2010	000546283	\$41.00	\$2.50	\$43.50
12/10/2009	000555060	\$41.00	\$2.50	\$43.50
4/30/2010	000561688	\$0.00	\$0.03	\$0.03
6/30/2010	000577953	\$9,866.21	\$0.00	\$9,866.21
12/19/2009	000578845	\$41.00	\$2.50	\$43.50
12/11/2009	000589466	\$21.00	\$2.50	\$23.50
9/11/2009	000590082	\$99.87	\$2.50	\$102.37
7/21/2009	000590082	\$94.99	\$2.50	\$97.49
12/11/2009	000601537	\$26.00	\$2.50	\$28.50
9/21/2009	000610604	\$41.00	\$2.50	\$43.50
9/28/2009	000612785	\$26.00	\$2.50	\$28.50
11/25/2009	000612785	\$26.00	\$2.50	\$28.50
10/13/2009	000619572	\$406.32	\$2.50	\$408.82
10/13/2009	000619573	\$0.00	\$2.50	\$2.50
12/24/2009	000622121	\$21.00	\$2.50	\$23.50
11/24/2009	000628383	\$41.00	\$2.50	\$43.50
2/5/2010	000645361	\$78.18	\$2.50	\$80.68
12/26/2009	000645654	\$21.00	\$2.50	\$23.50
12/17/2009	000651413	\$26.00	\$2.50	\$28.50
12/6/2009	000658137	\$21.00	\$2.50	\$23.50
11/25/2009	000664256	\$41.00	\$2.50	\$43.50
12/2/2009	000668203	\$41.00	\$2.50	\$43.50
12/10/2009	000672484	\$41.00	\$2.50	\$43.50
12/14/2009	000672894	\$26.00	\$2.50	\$28.50
5/19/2010	000678472	\$26.62	\$0.03	\$26.65
2/19/2010	000684113	\$41.00	\$2.50	\$43.50
6/9/2010	000689730	\$102.80	\$2.50	\$105.30
2/5/2010	000689730	\$95.99	\$2.50	\$98.49
4/23/2010	000689730	\$102.80	\$2.50	\$105.30
11/16/2009	000689730	\$95.06	\$2.50	\$97.56
10/12/2009	000689730	\$95.06	\$2.50	\$97.56
12/22/2009	000689730	\$94.83	\$2.50	\$97.33
3/19/2010	000689730	\$102.80	\$2.50	\$105.30
3/22/2010	000692388	\$1.66	\$2.50	\$4.16
6/2/2010	000695851	\$0.00	\$0.03	\$0.03
6/2/2010	000695852	\$16.25	\$0.03	\$16.28
6/16/2010	000709927	\$285.00	\$2.50	\$287.50
2/22/2010	000730273	\$3.41	\$2.50	\$5.91
3/19/2010	000730274	\$108.81	\$2.50	\$111.31
2/22/2010	000730274	\$108.81	\$2.50	\$111.31
4/23/2010	000730274	\$108.81	\$2.50	\$111.31
3/28/2010	000743849	\$4.05	\$0.03	\$4.08

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ESI PERFORMANCE AUDIT DATA FILE CLAIMS  
NOT INCLUDED IN ORIGINAL ESI FILE**

**EXHIBIT J**

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
3/28/2010	000749675	\$6.83	\$0.03	\$6.86
3/28/2010	000768646	\$121.27	\$0.03	\$121.30
3/28/2010	000773356	\$3.75	\$0.03	\$3.78
6/26/2010	000808872	\$186.99	\$0.03	\$187.02
12/16/2009	000812527	\$43.13	\$2.50	\$45.63
6/15/2010	000882761	\$45.17	\$0.03	\$45.20
6/10/2010	000892211	\$41.00	\$0.03	\$41.03
5/11/2010	000892211	\$41.00	\$0.03	\$41.03
10/22/2009	000911275	\$0.00	\$0.03	\$0.03
10/22/2009	000911535	\$281.31	\$0.00	\$281.31
10/22/2009	000916932	\$3.64	\$0.03	\$3.67
4/13/2010	000933501	\$17.28	\$2.50	\$19.78
5/13/2010	000941523	\$0.00	\$2.50	\$2.50
5/13/2010	000941525	\$0.00	\$2.50	\$2.50
5/13/2010	000941542	\$0.00	\$2.50	\$2.50
5/26/2010	000944876	\$24.51	\$2.50	\$27.01
5/26/2010	000944878	\$0.00	\$2.50	\$2.50
2/5/2010	000971031	\$0.00	\$2.50	\$2.50
2/5/2010	000971051	\$118.07	\$2.50	\$120.57
2/6/2010	000971173	\$12.06	\$2.50	\$14.56
3/27/2010	000985980	\$258.90	\$2.50	\$261.40
5/6/2010	000987276	\$148.03	\$2.50	\$150.53
3/31/2010	000987276	\$148.03	\$2.50	\$150.53
3/31/2010	000987277	\$109.86	\$2.50	\$112.36
5/6/2010	000987277	\$109.86	\$2.50	\$112.36
3/31/2010	000987278	\$0.00	\$2.50	\$2.50
5/6/2010	000987278	\$0.00	\$2.50	\$2.50
5/6/2010	000987279	\$12.06	\$2.50	\$14.56
3/31/2010	000987279	\$12.06	\$2.50	\$14.56
5/6/2010	000987280	\$107.16	\$2.50	\$109.66
3/31/2010	000987280	\$107.16	\$2.50	\$109.66
4/17/2010	000991326	\$103.17	\$2.50	\$105.67
4/17/2010	000991327	\$289.93	\$2.50	\$292.43
4/30/2010	000996151	\$12.66	\$2.50	\$15.16
5/18/2010	001001233	\$103.17	\$2.50	\$105.67
5/14/2010	001005894	\$344.19	\$2.50	\$346.69
6/8/2010	001005952	\$344.19	\$2.50	\$346.69
4/22/2010	001011993	\$0.00	\$2.50	\$2.50
6/30/2010	001046645	\$3,197.38	\$0.00	\$3,197.38
4/12/2010	001065827	\$20.30	\$2.50	\$22.80
4/12/2010	001065829	\$0.00	\$2.50	\$2.50
4/12/2010	001065832	\$29.68	\$2.50	\$32.18
4/12/2010	001065835	\$257.15	\$2.50	\$259.65
4/12/2010	001065836	\$0.00	\$2.50	\$2.50
4/12/2010	001065837	\$0.00	\$2.50	\$2.50
4/12/2010	001065852	\$3.19	\$2.50	\$5.69
4/14/2010	001068920	\$3.34	\$2.50	\$5.84
4/15/2010	001068965	\$0.00	\$2.50	\$2.50
4/17/2010	001069130	\$2.03	\$2.50	\$4.53
6/14/2010	001174106	\$7.99	\$2.50	\$10.49

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
6/14/2010	001174107	\$13.99	\$2.50	\$16.49
6/17/2010	001174766	\$2.39	\$2.50	\$4.89
5/26/2010	001214957	\$11.42	\$0.03	\$11.45
6/25/2010	001214957	\$13.43	\$0.03	\$13.46
5/26/2010	001214961	\$43.36	\$0.03	\$43.39
6/25/2010	001214961	\$43.36	\$0.03	\$43.39
5/26/2010	001214962	\$9.70	\$0.03	\$9.73
11/18/2009	001233105	\$0.00	\$2.50	\$2.50
11/18/2009	001233106	\$406.32	\$2.50	\$408.82
2/4/2010	001262780	\$0.00	\$2.50	\$2.50
3/11/2010	001262780	\$0.00	\$2.50	\$2.50
2/4/2010	001262781	\$431.70	\$2.50	\$434.20
3/11/2010	001262781	\$431.70	\$2.50	\$434.20
3/19/2010	001279441	\$0.00	\$2.50	\$2.50
3/19/2010	001279445	\$0.00	\$2.50	\$2.50
6/24/2010	001297990	\$5,981.18	\$0.03	\$5,981.21
10/21/2009	001316832	\$1.49	\$0.03	\$1.52
10/22/2009	001317126	\$0.00	\$0.03	\$0.03
10/22/2009	001324910	\$170.69	\$0.03	\$170.72
3/28/2010	001344081	\$28.90	\$0.03	\$28.93
6/5/2010	001443050	\$8.65	\$2.50	\$11.15
6/5/2010	001450309	\$0.99	\$2.50	\$3.49
6/5/2010	001450310	\$4.49	\$2.50	\$6.99
6/6/2010	001450689	\$0.00	\$2.50	\$2.50
6/18/2010	001456588	\$8.65	\$2.50	\$11.15
6/27/2010	001456588	\$8.65	\$2.50	\$11.15
10/22/2009	001490323	\$300.46	\$0.03	\$300.49
6/30/2010	001595601	\$95.86	\$0.03	\$95.89
3/27/2010	001804929	\$212.69	\$0.03	\$212.72
3/28/2010	001827820	\$580.91	\$0.03	\$580.94
12/23/2009	001828017	\$42.76	\$2.50	\$45.26
10/22/2009	001845166	\$0.00	\$0.03	\$0.03
5/4/2010	001875930	\$7.41	\$2.50	\$9.91
5/4/2010	001875931	\$17.77	\$2.50	\$20.27
10/21/2009	001931343	\$0.00	\$0.03	\$0.03
5/26/2010	001941247	\$35.79	\$2.50	\$38.29
6/13/2010	001945694	\$19.99	\$2.50	\$22.49
4/22/2010	002012660	\$12.40	\$2.50	\$14.90
5/26/2010	002013084	\$12.40	\$2.50	\$14.90
6/29/2010	002013405	\$12.40	\$2.50	\$14.90
12/16/2009	002015429	\$21.00	\$2.50	\$23.50
11/8/2009	002081854	\$21.00	\$2.50	\$23.50
10/22/2009	002318635	\$8.50	\$0.03	\$8.53
12/9/2009	002424723	\$11.00	\$2.50	\$13.50
3/28/2010	002429562	\$2.95	\$0.03	\$2.98
6/30/2010	002495533	\$38.21	\$0.03	\$38.24
12/19/2009	002501329	\$41.00	\$2.50	\$43.50
12/19/2009	002624098	\$21.00	\$2.50	\$23.50
12/20/2009	002735975	\$41.00	\$2.50	\$43.50
10/22/2009	002740752	\$0.00	\$0.03	\$0.03

**DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ESI PERFORMANCE AUDIT DATA FILE CLAIMS  
NOT INCLUDED IN ORIGINAL ESI FILE**

**EXHIBIT J**

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
3/28/2010	002743928	\$900.91	\$0.03	\$900.94
12/2/2009	002761066	\$21.00	\$2.50	\$23.50
12/15/2009	002822872	\$26.00	\$2.50	\$28.50
5/28/2010	002903835	\$0.00	\$0.03	\$0.03
6/13/2010	002915748	\$59.99	\$2.50	\$62.49
6/19/2010	002918415	\$5.59	\$2.50	\$8.09
6/30/2010	002922526	\$7,367.73	\$0.00	\$7,367.73
12/23/2009	002973432	\$21.00	\$2.50	\$23.50
10/5/2009	003001198	\$41.00	\$2.50	\$43.50
8/26/2009	003008947	\$0.00	\$2.50	\$2.50
9/27/2009	003011912	\$26.00	\$2.50	\$28.50
12/2/2009	003011912	\$26.00	\$2.50	\$28.50
4/22/2010	003027403	\$0.00	\$2.50	\$2.50
1/6/2010	003035810	\$26.00	\$2.50	\$28.50
12/7/2009	003035810	\$26.00	\$2.50	\$28.50
9/16/2009	003048746	\$41.00	\$2.50	\$43.50
12/21/2009	003057217	\$41.00	\$2.50	\$43.50
12/14/2009	003059931	\$26.00	\$2.50	\$28.50
11/25/2009	003082877	\$41.00	\$2.50	\$43.50
11/25/2009	003082881	\$21.00	\$2.50	\$23.50
11/25/2009	003082883	\$21.00	\$2.50	\$23.50
11/25/2009	003082884	\$21.00	\$2.50	\$23.50
11/25/2009	003082895	\$41.00	\$2.50	\$43.50
3/11/2010	003132882	\$26.00	\$2.50	\$28.50
6/30/2010	003380912	\$0.51	\$0.03	\$0.54
8/17/2009	004049287	\$3.00	\$2.50	\$5.50
7/20/2009	004049287	\$3.00	\$2.50	\$5.50
8/8/2009	004050439	\$0.00	\$2.50	\$2.50
9/14/2009	004050786	\$3.00	\$2.50	\$5.50
1/7/2010	004050786	\$3.00	\$2.50	\$5.50
10/14/2009	004050786	\$3.00	\$2.50	\$5.50
12/9/2009	004050786	\$3.00	\$2.50	\$5.50
11/12/2009	004050786	\$3.00	\$2.50	\$5.50
3/4/2010	004052392	\$3.00	\$2.50	\$5.50
2/4/2010	004052392	\$3.00	\$2.50	\$5.50
3/4/2010	004052745	\$0.00	\$2.50	\$2.50
3/25/2010	004052831	\$0.00	\$2.50	\$2.50
3/30/2010	004052831	\$0.00	\$2.50	\$2.50
3/11/2010	004052831	\$0.00	\$2.50	\$2.50
3/29/2010	004053030	\$3.00	\$2.50	\$5.50
7/5/2009	004429985	\$15.20	\$2.50	\$17.70
7/5/2009	004429986	\$115.40	\$2.50	\$117.90
7/5/2009	004429987	\$62.60	\$2.50	\$65.10
7/5/2009	004437386	\$27.80	\$2.50	\$30.30
8/2/2009	004437387	\$132.20	\$2.50	\$134.70
11/29/2009	004444059	\$21.50	\$2.50	\$24.00
12/9/2009	004462762	\$66.50	\$2.50	\$69.00
3/13/2010	004462762	\$17.20	\$2.50	\$19.70
1/12/2010	004478244	\$13.60	\$2.50	\$16.10
11/18/2009	004479241	\$48.92	\$2.50	\$51.42

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
1/7/2010	004479241	\$62.59	\$2.50	\$65.09
11/9/2009	004482686	\$48.92	\$2.50	\$51.42
3/10/2010	004488613	\$23.50	\$2.50	\$26.00
1/16/2010	004491829	\$116.20	\$2.50	\$118.70
2/16/2010	004496030	\$13.58	\$2.50	\$16.08
3/6/2010	004498807	\$107.80	\$2.50	\$110.30
3/6/2010	004498834	\$62.59	\$2.50	\$65.09
6/29/2010	004498834	\$62.59	\$2.50	\$65.09
4/21/2010	004498834	\$62.59	\$2.50	\$65.09
3/13/2010	004499762	\$0.10	\$2.50	\$2.60
3/16/2010	004499933	\$124.94	\$2.50	\$127.44
3/16/2010	004500037	\$101.90	\$2.50	\$104.40
3/16/2010	004500038	\$0.00	\$2.50	\$2.50
3/20/2010	004500783	\$19.36	\$2.50	\$21.86
3/26/2010	004501608	\$5.20	\$2.50	\$7.70
3/26/2010	004501609	\$28.30	\$2.50	\$30.80
4/8/2010	004503416	\$124.94	\$2.50	\$127.44
4/21/2010	004505539	\$27.10	\$2.50	\$29.60
4/22/2010	004505906	\$0.00	\$2.50	\$2.50
4/22/2010	004505907	\$0.00	\$2.50	\$2.50
4/30/2010	004506684	\$48.82	\$2.50	\$51.32
4/30/2010	004506685	\$0.00	\$2.50	\$2.50
4/30/2010	004506686	\$0.00	\$2.50	\$2.50
5/15/2010	004508977	\$8.80	\$2.50	\$11.30
6/25/2010	004508977	\$6.80	\$0.03	\$6.83
6/18/2010	004513873	\$21.50	\$0.03	\$21.53
6/24/2010	004764011	\$9.51	\$0.03	\$9.54
6/25/2010	004771974	\$281.82	\$0.03	\$281.85
6/25/2010	004772066	\$30.95	\$0.03	\$30.98
6/25/2010	004787627	\$0.00	\$0.03	\$0.03
6/25/2010	004789913	\$103.06	\$0.03	\$103.09
6/25/2010	004793479	\$732.42	\$0.03	\$732.45
6/26/2010	004805109	\$1.00	\$0.03	\$1.03
6/26/2010	004807019	\$187.46	\$0.03	\$187.49
6/27/2010	004809995	\$414.39	\$0.03	\$414.42
6/28/2010	004840651	\$23.19	\$0.03	\$23.22
6/29/2010	004850009	\$251.57	\$0.03	\$251.60
6/29/2010	004865447	\$300.80	\$0.03	\$300.83
6/29/2010	004872582	\$13.06	\$0.03	\$13.09
6/30/2010	004885040	\$547.98	\$0.03	\$548.01
6/30/2010	004885041	\$1,007.96	\$0.03	\$1,007.99
6/30/2010	004885132	\$280.34	\$0.03	\$280.37
6/30/2010	004893350	\$507.03	\$0.03	\$507.06
6/30/2010	004901293	\$190.85	\$0.03	\$190.88
9/9/2009	005069422	\$0.00	\$2.50	\$2.50
11/18/2009	005072804	\$0.00	\$2.50	\$2.50
1/13/2010	005075358	\$0.00	\$2.50	\$2.50
4/2/2010	005187787	\$431.70	\$2.50	\$434.20
5/10/2010	005187787	\$431.70	\$2.50	\$434.20
6/4/2010	005187787	\$431.70	\$2.50	\$434.20

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**ESI PERFORMANCE AUDIT DATA FILE CLAIMS**  
**NOT INCLUDED IN ORIGINAL ESI FILE**

**EXHIBIT J**

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
6/24/2010	005193783	\$0.00	\$2.50	\$2.50
1/27/2010	006072286	\$130.67	\$2.50	\$133.17
12/30/2009	006072286	\$118.22	\$2.50	\$120.72
1/22/2010	006072287	\$136.51	\$2.50	\$139.01
12/30/2009	006072287	\$136.51	\$2.50	\$139.01
1/27/2010	006072288	\$110.10	\$2.50	\$112.60
12/31/2009	006072288	\$110.10	\$2.50	\$112.60
1/27/2010	006072290	\$107.40	\$2.50	\$109.90
12/30/2009	006072290	\$107.40	\$2.50	\$109.90
1/14/2010	006073061	\$12.30	\$2.50	\$14.80
4/15/2010	006079972	\$0.00	\$2.50	\$2.50
6/22/2010	006081077	\$0.00	\$2.50	\$2.50
6/10/2010	006081077	\$0.00	\$2.50	\$2.50
6/16/2010	006120601	\$148.10	\$0.03	\$148.13
4/22/2010	006150878	\$12.04	\$2.50	\$14.54
5/26/2010	006150878	\$12.03	\$2.50	\$14.53
6/30/2010	006211345	\$12.03	\$2.50	\$14.53
6/30/2010	006244500	\$73.39	\$0.03	\$73.42
7/20/2009	006324624	\$29.49	\$2.50	\$31.99
9/14/2009	006333288	\$0.00	\$2.50	\$2.50
3/4/2010	006333288	\$0.00	\$2.50	\$2.50
7/20/2009	006333288	\$0.00	\$2.50	\$2.50
10/14/2009	006333288	\$0.00	\$2.50	\$2.50

Service Date	Prescription Number	Plan Cost	Admin Fee	Amount Billed
2/4/2010	006333288	\$0.00	\$2.50	\$2.50
2/4/2010	006339398	\$29.49	\$2.50	\$31.99
10/14/2009	006339398	\$29.49	\$2.50	\$31.99
9/14/2009	006339398	\$29.49	\$2.50	\$31.99
3/4/2010	006339398	\$29.49	\$2.50	\$31.99
3/29/2010	006339398	\$29.49	\$2.50	\$31.99
3/29/2010	006354638	\$0.00	\$2.50	\$2.50
6/19/2010	006532126	\$37.86	\$0.03	\$37.89
10/22/2009	006567981	\$8.90	\$0.03	\$8.93
6/17/2010	006587447	\$17.76	\$0.03	\$17.79
6/18/2010	006595808	\$0.00	\$0.03	\$0.03
10/22/2009	006666719	\$0.00	\$0.03	\$0.03
10/22/2009	006768361	\$0.00	\$0.03	\$0.03
10/22/2009	006778659	\$0.49	\$0.03	\$0.52
10/22/2009	006787733	\$69.90	\$0.03	\$69.93
6/22/2010	006823007	\$487.79	\$0.03	\$487.82
6/16/2010	006832394	\$177.38	\$0.03	\$177.41
10/21/2009	007186481	\$66.97	\$0.03	\$67.00
10/21/2009	007190572	\$47.48	\$0.03	\$47.51
10/26/2009	009018244	\$41.00	\$2.50	\$43.50
2/3/2010	009893746	\$0.00	\$2.50	\$2.50
<b>Totals</b>	<b>444</b>	<b>\$53,199.63</b>	<b>\$875.20</b>	<b>\$54,074.83</b>

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**DIFFERENT INCURRED DATE ON DETAILED CLAIMS REPORTS  
AND BCBSNE PERFORMANCE AUDIT DATA FILE**

**EXHIBIT K**

Detailed Claim Reports			
Plan	Claim Number	Incurred Date	Net Paid Amount

04576	0007942332000	8/31/2009	\$13,853.00
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04576	0036932006000	8/31/2009	\$26,929.93
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04576	0063940847000	8/31/2009	\$13,390.46
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04576	0095935634000	8/31/2009	\$1,366.85
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04576	0125927654000	8/31/2009	\$304.51
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04576	9280962359000	8/31/2009	\$13,860.30
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BCBSNE Performance Audit Data File			
Plan	Claim Number	First Incurred Date	Net Paid Amount
4576	0007942332000	12/1/2009	447.12
4576	0007942332000	12/7/2009	170.88
4576	0007942332000	12/14/2009	144.00
4576	0007942332000	12/21/2009	7,554.10
4576	0007942332000	12/23/2009	5,222.02
4576	0007942332000	12/28/2009	314.88
	<b>0007942332000 Total</b>		<b>\$13,853.00</b>
4576	0036932006000	1/1/2010	1,086.43
4576	0036932006000	1/4/2010	144.00
4576	0036932006000	1/11/2010	7,440.53
4576	0036932006000	1/13/2010	5,303.62
4576	0036932006000	1/18/2010	144.00
4576	0036932006000	1/25/2010	7,507.73
4576	0036932006000	1/27/2010	5,303.62
	<b>0036932006000 Total</b>		<b>\$26,929.93</b>
4576	0063940847000	2/1/2010	502.17
4576	0063940847000	2/2/2010	170.88
4576	0063940847000	2/5/2010	216.96
4576	0063940847000	2/8/2010	279.36
4576	0063940847000	2/15/2010	6,282.53
4576	0063940847000	2/17/2010	5,534.40
4576	0063940847000	2/22/2010	404.16
	<b>0063940847000 Total</b>		<b>\$13,390.46</b>
4576	0095935634000	3/1/2010	406.85
4576	0095935634000	3/8/2010	170.88
4576	0095935634000	3/15/2010	507.84
4576	0095935634000	3/22/2010	281.28
	<b>0095935634000 Total</b>		<b>\$ 1,366.85</b>
4576	0125927654000	4/19/2010	304.51
	<b>0125927654000 Total</b>		<b>\$ 304.51</b>
4576	9280962359000	9/1/2009	528.58
4576	9280962359000	9/2/2009	81.60
4576	9280962359000	9/14/2009	170.88
4576	9280962359000	9/21/2009	7,857.22
4576	9280962359000	9/23/2009	5,222.02
	<b>9280962359000 Total</b>		<b>\$13,860.30</b>



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**DIFFERENT INCURRED DATE ON DETAILED CLAIMS REPORTS  
AND BCBSNE PERFORMANCE AUDIT DATA FILE**

**EXHIBIT K**

Detailed Claim Reports			
Plan	Claim Number	Incurred Date	Net Paid Amount

04576	9309950197000	8/31/2009	\$26,774.18
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04576	9357344191000	8/31/2009	\$18,684.29
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**Grand Total**

**\$115,163.52**

BCBSNE Performance Audit Data File			
Plan	Claim Number	First Incurred Date	Net Paid Amount
4576	9309950197000	10/1/2009	863.04
4576	9309950197000	10/5/2009	7,591.30
4576	9309950197000	10/7/2009	5,303.62
4576	9309950197000	10/19/2009	7,595.14
4576	9309950197000	10/21/2009	5,421.08
	<b>9309950197000 Total</b>		<b>\$26,774.18</b>
4576	9357344191000	11/1/2009	380.25
4576	9357344191000	11/4/2009	5,303.62
4576	9357344191000	11/16/2009	144.00
4576	9357344191000	11/23/2009	7,634.40
4576	9357344191000	11/25/2009	5,222.02
	<b>9357344191000 Total</b>		<b>\$18,684.29</b>

**Grand Total**

**\$115,163.52**

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
AON CONSULTING JULY 2009 PREMIUM ANALYSIS

ATTACHMENT A

**STATE OF NEBRASKA**  
**7/1/2009 Premium Equivalent Analysis**  
**As of February 19, 2009**

**I. Trend Rates Used (By Plan)**

<b>BCBS PPO</b>	<b>8.86%</b>
<b>BCBS HDHP</b>	<b>8.62%</b>
<b>BCBS Choice</b>	<b>8.62%</b>
<b>BCBS Select</b>	<b>9.00%</b>
<b>Rx (All Plans)</b>	<b>5.20%</b>

- II.** The State's wish for an explicit margin of \$3,000,000 was continued in 2009 pricing.
- III.** The State's wish to pay back the \$4.56 million legislature loan over 5 years was represented by a charge of \$916 thousand for the 7/1/09 plan year.
- IV.** The State's desire to add additional load to cover the \$850,000 budget for the benefit administration by the state was included.
- V.** Funding rates include costs of Wellness program (\$3,600,000)
- VI.** Total assumed savings from Rx vendor change was 3%. Assumed impact of moving from Coventry to BCBS was the difference in discount for Omaha/Lincoln to other for BCBS loaded by 5% for margin.
- VII.** Actual fixed costs (Administrative fees) were used for all medical plans.  
ASO fee of \$31.50 was used.  
Stop-loss fee of \$11.23 was used.
- IX.** Migration Assumptions
- |            |                     |
|------------|---------------------|
| from HMO:  | 20% to Wellness PPO |
| from PPO:  | 20% to Wellness PPO |
| from POS:  | 20% to Wellness PPO |
| from HDHP: | no changes          |
- IX.** Benefit adjustment factor to add \$200 deductible to the POS; 2% reduction.  
VBBD for Diabetes was assumed to cost \$200,000 for the Rx plan.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
AON CONSULTING JULY 2009 PREMIUM ANALYSIS

**ATTACHMENT A**

**STATE OF NEBRASKA**  
**7/1/2009 Premium Equivalent Analysis**  
**As of February 19, 2009**

**1/1/2009 Rates - By Plan and Tier**

	Single	2 Party	4 Party	Family
BCBS PPO	447.70	1,188.10	919.52	1,589.12
BCBS HDHP	383.90	1,018.94	788.58	1,362.84
BCBS Choice	535.72	1,421.90	1,100.40	1,901.80
BCBS Select	524.30	1,391.54	1,076.88	1,861.12

Total Annualized Cost - 1/1/2009 Rates	181,735,200
Employee Share	38,164,400
State Spend	143,570,800

**1/1/09 Initial Enrollment - By Plan and Tier**

	Single	2 Party	4 Party	Family	
BCBS PPO	927	308	179	311	1,725
BCBS HDHP	266	57	53	80	456
BCBS Choice	4,296	2,442	1,126	2,237	10,101
BCBS Select	780	345	280	503	1,908
	6,269	3,152	1,638	3,131	14,190

**1/1/09 Employee Contribution**

	Single	2 Party	4 Party	Family
BCBS PPO	94.02	249.50	193.10	333.72
BCBS HDHP	80.62	213.98	165.60	288.20
BCBS Choice	112.50	296.60	231.08	399.38
BCBS Select	110.10	292.22	226.14	390.84

**7/1/2009 Projected Rates - Proposed Changes**

	Single	2 Party	4 Party	Family
BCBS PPO	470.33	1,248.30	966.08	1,669.60
Wellness PPO	446.81	1,185.88	917.77	1,586.12
BCBS HDHP	403.30	1,070.41	828.40	1,431.67
BCBS Choice	579.19	1,537.24	1,189.69	2,056.05

**Percentage Difference from 1/1/09**

	Single	2 Party	4 Party	Family
BCBS PPO	5.1%	5.1%	5.1%	5.1%
Wellness PPO	N/A	N/A	N/A	N/A
BCBS HDHP	5.1%	5.1%	5.1%	5.1%
BCBS Choice	8.1%	8.1%	8.1%	8.1%

**Dollar Difference from 1/1/09**

	Single	2 Party	4 Party	Family
BCBS PPO	22.63	60.20	46.56	80.48
Wellness PPO	N/A	N/A	N/A	N/A
BCBS HDHP	19.40	51.47	39.82	68.83
BCBS Choice	43.47	115.34	89.29	154.25

**Assumed Enrollment for 7/1/2009**

	Single	2 Party	4 Party	Family	
BCBS PPO	742	247	143	248	1,380
Wellness PPO	1,175	526	371	675	2,747
BCBS HDHP	266	57	53	80	456
BCBS Choice	4,086	2,322	1,071	2,128	9,607
	6,269	3,152	1,638	3,131	14,190

**7/1/2009 Employee Contributions**

	Single	2 Party	4 Party	Family
BCBS PPO	98.77	262.14	202.88	350.62
Wellness PPO	93.83	249.04	192.73	333.08
BCBS HDHP	84.69	224.79	173.96	300.85
BCBS Choice	121.63	322.82	248.83	431.77

**7/1/2009 Increase in Employee Contributions**

	Single	2 Party	4 Party	Family
BCBS PPO	4.75	12.64	9.78	16.90
Wellness PPO	N/A	N/A	N/A	N/A
BCBS HDHP	4.07	10.81	8.36	14.45
BCBS Choice	9.13	24.22	18.75	32.39

Total Projected Cost - 7/1/2009	188,179,500
Employee Share	39,517,700
State Spend	148,661,800
Projected \$ Increase to State Spend	5,091,000
Projected % Increase to State Spend	3.5%

**Monthly Spread From Wellness PPO**

	Single	2 Party	4 Party	Family
BCBS PPO	4.94	13.11	10.14	17.53
BCBS HDHP	(9.14)	(24.25)	(18.77)	(32.43)
BCBS Choice	27.80	73.78	57.10	98.69

**Annual Spread From Wellness PPO**

	Single	2 Party	4 Party	Family
BCBS PPO	59.26	157.29	121.73	210.37
BCBS HDHP	(109.64)	(291.00)	(225.21)	(389.21)
BCBS Choice	333.80	885.41	685.23	1,184.23

## Methodology and Assumptions

- Actual Experience used: CY 2006 and YTD 2007 as of June
- National trend was blended with State's experience trend
- June 2007 enrollment was assumed to be unchanged for CY 2008
- Explicit Claims Fluctuation Margin of 2.1% utilized in both scenarios
  - Aon performed a Claims Fluctuation Reserve (CFR) Analysis
  - \$12.5<sup>02</sup> Million CFR required to maintain plan solvency with 80% confidence
  - \$25.0<sup>02</sup> Million CFR required to maintain plan solvency with 95% confidence
  - \$37.4<sup>02</sup> Million CFR required to maintain plan solvency with 99.5% confidence

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
AON CONSULTING 2010 RESERVE ANALYSIS

ATTACHMENT C



September 14, 2010

Mr. Roger Wilson  
Employee Benefits Administrator  
DAS State Personnel Division  
P. O. Box 94905  
Lincoln, NE 68509-4905

**Re: State of Nebraska – June 30, 2010 Incurred but not Reported Reserves and Claim  
Fluctuation Reserve Analysis.**

Dear Roger:

Aon Consulting estimated the Incurred But Not Reported (IBNR) liability for the State of Nebraska's self-insured Medical and Prescription Drug plans for the period ending June 30, 2010 to be \$9.8 million. Details surrounding the estimated and finalized reserve liabilities are on the attached document. In addition to development of the INBR, Aon Consulting has completed an analysis of Claim Fluctuation Reserve levels for various confidence interval percentiles. The results of this analysis are included below.

Our actuarially determined IBNR liability builds upon our "best estimate" by including a margin of 3% to better assure that the liability estimate is sufficient under moderately adverse conditions and a load of 3% to account for administrative fees on the payment of the outstanding claims.

Note that although commonly referred to as the IBNR claim liability, the IBNR is technically a subset of the unpaid claims liability, which also includes reported but unprocessed claims and processed but unpaid claims. The IBNR amount above includes all liability components incurred but not reported to the claims administrator, incurred and reported to the administrator but awaiting processing, and incurred and processed but not yet paid.

#### **Actuarial Methods and Assumptions**

Liabilities for medical and prescription drug benefits were estimated based on the Development Method. The underlying principle of the Developmental Method is the progression of claims payments follows runoff patterns assumed to remain stable over time. Blue Cross Blue Shield of Nebraska and Express Scripts provided claim data summarized by incurred and paid from January 1, 2007 through June 30, 2010. The results, produced by applying the Development Method to this data, were then adjusted for months where data was deemed non-credible. These adjustments were made using the Projection Method, which was based on changes in costs per exposure unit over time. For the





The IBNR liability was further adjusted to reflect actuarial assumptions related to a number of factors/contingencies which could impact reserve adequacy. Such factors/contingencies include: changes in claim payment cycles, plan design, insurance carriers, large dollar shock claims, emerging claim trends, and other factors.

#### Claim Fluctuation Reserve

The chart below illustrates the appropriate level for a claim fluctuation reserve based on 3 confidence intervals:

<u>Confidence Interval</u>	<u>CFR Reserve</u>
75%	\$ 14,180,000
90%	\$ 22,920,000
95%	\$ 26,590,000
99.6%	\$ 37,170,000

The claim fluctuation reserves were developed through simulation modeling of expected claim experience. Aon calibrated our large database of detailed claim experience for a similar population and risk profile, reflecting anticipated variations in claims based on the number of individuals covered under the State of Nebraska health plan.

The claim fluctuation reserve in the above table represents the amount of additional reserve necessary for confidence that total claims will not exceed expected claims plus the additional CFR. In this illustration, the State of Nebraska should hold at least \$26.59 million in reserve above and beyond the IBNR in order to be 95% confident that claims will not exceed expected.

#### Source of Information

In performing Aon's estimate of IBNR liability, we relied on data provided by Blue Cross Blue Shield and Express Scripts. We reviewed the data for reasonableness but have not audited it; as such, we are not certifying herein as to its accuracy.

#### Actuarial Certification

We certify to the best of our knowledge, the methods and assumptions used to develop the estimated IBNR liability are reasonable and are calculated in accordance with generally accepted actuarial principles as promulgated by Actuarial Standards of Practice Number 5 (pertaining to estimating incurred health claim liabilities) and Number 23 (pertaining to data quality). It should be noted that Aon's conclusions are based on certain assumptions that

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
AON CONSULTING 2010 RESERVE ANALYSIS

**ATTACHMENT C**



appear reasonable at this time. Actual experience can vary from projected experience, and this difference may be material.

If you have any questions or need additional information, please call me at 402-697-5238.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Nanette Rasmussen".

N. Nanette Rasmussen, FSA, MAAA

cc: David Petta, FSA, MAAA  
Kim Lobato

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
KANSAS HEALTH POLICY AUTHORITY RESERVE LETTER

ATTACHMENT D



**MEMORANDUM**

**TO:** Health Care Commission  
Duane Goossen, Chair  
Steve Dechant  
Sandy Praeger  
Nancy Ruoff  
John Staton

**FROM:** Doug Farmer

**DATE:** March 4, 2010

**SUBJECT:** Target Reserves Funding Levels

At the January Health Care Commission (HCC) meeting, the HCC asked for additional information on the target level of reserve funding for a self-funded plan of the size of the State Employee Health Plan (SEHP). The plan actuaries from Aon have provided us with some additional information on the reserves and the level of confidence that they have with each reserve amount. The overall confidence level is a measure of our actuaries' confidence that plan reserves are sufficient to cover any plan liabilities. This analysis looks at Incurred But Not Reported (IBNR) and Claims Fluctuation Reserve (CFR).

For Plan Year 2010:

Confidence Level	IBNR	CFR	Total
50%	\$28,000,000	\$0	\$28,000,000
60%	\$28,000,000	\$8,619,849	\$36,619,849
75%	\$28,000,000	\$21,776,461	\$49,776,461
90%	\$28,000,000	\$37,655,130	\$65,655,130
95%	\$28,000,000	\$45,821,302	\$73,821,302

For Plan Year 2011:

Confidence Level	IBNR	CFR	Total
50%	\$30,100,000	\$0	\$30,100,000
60%	\$30,100,000	\$9,416,254	\$39,516,254
75%	\$30,100,000	\$23,788,432	\$53,888,432
90%	\$30,100,000	\$41,134,164	\$71,234,164
95%	\$30,100,000	\$50,054,826	\$80,154,826

Rm. 900-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220  
Phone: 785-368-6361 Fax: 785-368-7180  
[http://www.khpa.ks.gov/sehp/healthcare\\_commission.html](http://www.khpa.ks.gov/sehp/healthcare_commission.html)



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**KANSAS HEALTH POLICY AUTHORITY RESERVE LETTER**

**ATTACHMENT D**

Health Care Commission  
March 4, 2010  
Page Two

Aon recommends using the 95 percent confidence level. They report that most of the other states that they work with have been using the 90 percent confidence level for setting their reserve funding. While they maintain that they would recommend a 95 percent confidence level for a public employer, they reported to us that their other state clients are reviewing their reserve level funding due to the current economic situation of state budgets.

We are prepared to model any additional options the HCC may wish to see before making a decision on the funding levels and rates. If the commissioners have specific requests prior to the HCC meeting, please forward them to my attention and we will have them available so the HCC can make a decision at the April 23, 2010, meeting.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ATTORNEY GENERAL LETTER REGARDING  
CREDIT UNION EMPLOYEES

ATTACHMENT E



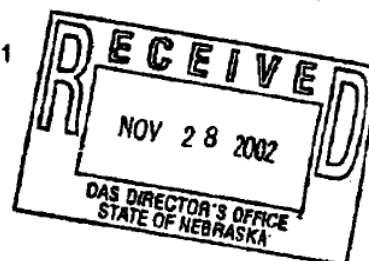
STATE OF NEBRASKA  
Office of the Attorney General

2115 STATE CAPITOL BUILDING  
LINCOLN, NE 68509-8920  
(402) 471-2682  
TDD (402) 471-2682  
CAPITOL FAX (402) 471-3297  
K STREET FAX (402) 471-4725

DON STENBERG  
ATTORNEY GENERAL

STEVE GRASZ  
LAURIE SMITH CAMP  
DEPUTY ATTORNEYS GENERAL

November 27, 2001



Lori McClurg, Director  
Nebraska Department of Administrative Services  
Suite 1315, State Capitol  
Lincoln, NE 68509-4664

Dear Ms. McClurg:

From your opinion request letter, we understand that you have received correspondence from the union which represents certain state employees inquiring as to whether staff members with that union may participate in all the various health insurance options offered by the State of Nebraska to its employees. Apparently, those union staff members currently are offered participation in the State's HMO health insurance program, solely at their expense, as are other non-state employees with the State Fair Board and the State Employees' Credit Union. In light of that situation, you have asked us "whether the Director of Administrative Services has the authority under Neb. Rev. Stat. 84-1601 through 84-1617 to approve the participation of non-state employees under the State's health insurance plan [?]" For the reasons discussed below, we believe the answer to your question is "No."

The Nebraska State Insurance Program is set out at Neb. Rev. Stat. §§ 84-1601 through 84-1617 (1999, Cum. Supp. 2000). There is nothing in those statutes which specifically authorizes the Director of the Department of Administrative Services ("DAS") to approve the participation of non-state employees in the State's health insurance program. To the contrary, all references in those statutes to participants in the State Insurance Program are references to state employees. For example, § 84-1601 provides, as is pertinent:

(1) there is hereby established a program of group life and health insurance **for all permanent employees of this state** who work one-half or more of the regularly scheduled hours during each pay period, excluding employees of the University of Nebraska, the state colleges, and the community

Jennifer M. Amen  
David K. Arterburn  
William R. Berger  
L. Jay Bittel  
Francis M. Benson  
Vicki L. Douine-Lawson  
J. Keith Brown  
Alicia C. Clarke

Deborah N. Coe-Barbee  
Dale A. Corner  
David D. Cookson  
Kyle C. Dault  
Douglas D. Decker  
Joan M. Fennor  
Scott G. Gurnam  
Susan J. Gustafson

Robert E. Harhaus  
Rayce N. Harper  
Jason W. Hayes  
Amber F. Herrick  
William L. Howland  
Arlene B. Huschens  
Kimberly A. Klein  
Charlotte R. Korbenta

George R. Love  
Charles E. Luwe  
Lisa D. Martin-Price  
Lynn A. Melsen  
Ronald D. Meravec  
Friedrich F. Nea  
Teresa J. Niedman-Buller  
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DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ATTORNEY GENERAL LETTER REGARDING  
CREDIT UNION EMPLOYEES

ATTACHMENT E

Lori McClurg  
November 27, 2001  
Page 2

colleges. Such program shall be known as the Nebraska State Insurance Program and shall replace any current program of such insurance in effect in any agency and funded in whole or in part by state contributions.

(2) **Temporary employees of the state** who have a work assignment of at least six months' duration and who work at least twenty hours per week may purchase health insurance through the Nebraska State Insurance Program.

(Emphasis added.) In addition, § 84-1604 provides, as is relevant:

The coverages provided for by sections 84-1601 to 84-1615 shall be afforded to **each permanent state employee** who works one-half or more of the regularly scheduled hours during each pay period, commencing after thirty days of such employment, and to **each temporary employee** only as described in subsection (2) of section 84-1601, commencing after thirty days of such employment.

(Emphasis added.)

In Nebraska, in the absence of anything indicating to the contrary, statutory language should be given its plain and ordinary meaning. *Nickel v. Saline County School Dist. No. 163*, 251 Neb. 762, 559 N.W.2d 480 (1997). Moreover, administrative officers and agencies have only that power which is granted by the legislature; thus, their powers are limited to those delineated by statute. *Stoneman v. United Nebraska Bank*, 254 Neb. 477, 577 N.W.2d 271 (1998); *Jolly v. State*, 252 Neb. 289, 562 N.W.2d 61 (1997). With those rules in mind, it appears to us that the import of the statutes creating the Nebraska State Insurance Program is clear. Those statutes create an insurance program for state employees. We see no authorization for the Director of DAS to allow non-state employees to participate in the system.

While we do not believe that the Director of DAS is authorized to permit non-state employees to participate in the Nebraska State Insurance Program and that, on that basis, you do not have authority to allow non-state employees to expand their coverages and participate in all the insurance options offered to state employees, we caution that it may not be proper to exclude non-state employees from any insurance coverage options they are presently receiving on the basis of *State ex rel. Stenberg v. Moore*, 253 Neb. 535, 571 N.W.2d 317 (1997). In that case, the Nebraska Supreme Court concluded, based upon the doctrine of equitable estoppel, that certain participants in retirement programs under the Nebraska School Employees' Retirement Act who had been allowed to participate in those retirement programs could not be removed from the programs even though their participation was contrary to the controlling statutory provisions. In that

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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ATTORNEY GENERAL LETTER REGARDING  
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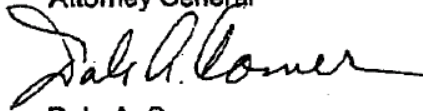
**ATTACHMENT E**

Lori McClurg  
November 27, 2001  
Page 3

regard, to the extent that non-state employees are allowed to continue to participate in the State Insurance Program HMO option, it should also continue to be solely at their expense.

Sincerely yours,

DON STENBERG  
Attorney General

A handwritten signature in black ink, appearing to read "Dale A. Comer". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dale A. Comer  
Assistant Attorney General

06-02-21



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**ESI REBATES**

**ATTACHMENT F**

**EXHIBIT A-3**  
**Rebates**

1. ESI will pay to Sponsor an amount equal to the greater of the percentage or flat amount below:

	2-Tier Plan Design or 3-Tier Plan Design Less than \$15.00 Copay Differential  ESI National Preferred Formulary		3-Tier Plan Design Minimum \$15.00 Copay Differential  ESI National Preferred Formulary	
	Participating Pharmacies and CuraScript	Mail Service Pharmacy	Participating Pharmacies and CuraScript	Mail Service Pharmacy
<b>Rebates and Manufacturer Administrative Fee</b>	100%			
<b>Per Prescription Drug Claim</b>	2009: \$5.88 2010: \$5.66	2009: \$27.57 2010: \$24.10	2009: \$7.99 2010: \$7.68	2009: \$36.36 2010: \$31.45

2. Member Submitted and Subrogation Claims, OTC products, Plans that do not meet eligibility requirements set forth herein, claims older than 180 days, claims through Sponsor-owned or 340b pharmacies, claims for 100% copayment (cash and carry) plans not offered in connection with a health plan benefit, and other similar claims may not be eligible for Rebates.

3. Guaranteed amounts are calculated based upon a thirty (30) day supply for Participating Pharmacy claims and a ninety (90) day supply for Mail Service Pharmacy claims. Guarantees are measured in the aggregate and reconciled annually. Amounts representing the Rebates and Manufacturer Administrative Fees allocated to Sponsor pursuant to the terms of this Agreement, as specified above, will be paid on a quarterly basis approximately 150 days following the end of each quarterly period. To the extent permitted by law, ESI will have the right to apply Sponsor's Rebate and Manufacturer Administrative Fee amounts to unpaid Fees, and will have the right to delay payment of Rebates to allow for final adjustments upon termination of this Agreement. All terms and conditions applicable to Rebates described in this Exhibit will apply to Manufacturer Administrative Fees. No Rebates or Manufacturer Administrative Fee amounts will be paid until this Agreement is executed by Sponsor.

4. ESI retains all right, title and interest to any and all actual Rebates and Manufacturer Administrative Fees received from manufacturers, except that ESI will pay Sponsor amounts equal to the Rebate and Manufacturer Administrative Fee amounts allocated to Sponsor, as specified above, from ESI's general assets (neither Sponsor, its Members, nor Sponsor's plan retains any beneficial interest in ESI's general assets). Sponsor acknowledges and agrees that neither it, its Members, nor its Plan will have a right to interest on, or the time value of, any Rebate or Manufacturer Administrative Fee payments received by ESI during the collection period or moneys payable under this Section. The purpose of the preceding two sentences is to affirm ESI's proprietary interest in the actual Rebates and Manufacturer Administrative Fee dollars received by ESI by virtue of independently contracted arrangements that are not client specific. However, the amount ESI contractually is obligated to pay to Sponsor is calculated based on the actual amounts received by ESI, and nothing in this provision is intended to supercede the amount stated above to be paid to the State.

5. Sponsor acknowledges that it may be eligible for Rebates under this Agreement only so long as Sponsor, its affiliates, or its agents do not contract directly or indirectly with anyone else for discounts, rebates or other financial incentives on pharmaceutical products or formulary programs for claims processed by ESI pursuant to the Agreement, without the prior written consent of ESI; provided that this should not be interpreted to prohibit or impact pharma funded programs that the Sponsor itself or through affiliated agencies (e.g., a Medicaid program or wellness initiative) maintains unrelated to the PBM services and Covered Drugs processed hereunder. In the event that Sponsor negotiates or arranges with a pharmaceutical manufacturer for Rebates or similar discounts for any Covered Drugs hereunder, but without limiting ESI's right to other remedies, ESI may immediately withhold any Rebates earned by, but not yet paid to, Sponsor as necessary to prevent duplicative rebates on Covered Drugs.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ESI AUDIT PROTOCOL

**ATTACHMENT G**

**EXHIBIT B**

**AUDIT PROTOCOL**

**1. AUDIT PRINCIPLES**

ESI recognizes the importance of its clients ensuring the integrity of their business relationship by engaging in periodic audits of their financial arrangements with ESI. ESI provides this audit right to each and every client. In granting this right, ESI's primary interest is to facilitate a responsive and responsible audit process. In order to accomplish this goal, for all clients, ESI has established the following Protocol. Our intent is in no way to limit Sponsor's ability to determine that ESI has properly and accurately administered the financial aspects of the Agreement, but rather to create a manageable process in order to be responsive to our clients and the independent auditors that they may engage. If Sponsor has any concern that this Protocol will prohibit Sponsor from fully confirming its financial arrangement with ESI, we encourage Sponsor to express such concern at the audit kick-off meeting.

**2. AUDIT PREREQUISITES**

- A. The financial aspects of the Agreement can be broken down into the following three main components. Sponsor has the right to audit any or all three of these components, if applicable:

- Claims
- Rebates
- Performance Guarantees

At Sponsor's discretion, Sponsor may conduct an audit of each component separately, or may combine all three components in one audit. In addition to the above audit rights, Sponsor may address general claim inquiries, which do not require an audit, by contacting Sponsor's ESI Account Management team at any time.

- B. ESI will provide all data reasonably necessary for Sponsor to determine that ESI has performed in accordance with contractual terms.
- C. ESI engages a national accounting firm, at its sole cost and expense, to conduct a SAS 70 audit on behalf of its clients. Upon request, ESI will provide the results of its most recent SAS 70 audit. Testing of the areas covered by the SAS 70 is not within the scope of Sponsor's audit rights (i.e., to confirm the financial aspects of the Agreement) and is therefore not permitted. However, if requested, ESI will explain the SAS 70 audit process and findings to Sponsor in order for Sponsor to gain an understanding of the SAS 70.

**3. AUDITS**

- A. ESI recommends that the initial audit period for a claims audit cover a timeframe not to exceed twenty-four (24) months immediately preceding the request to audit (the "Audit Period"). This Audit Period allows a reasonable amount of time for both parties to conclude the audit before claims data is archived off the adjudication system. ESI will accommodate reasonable requests to extend the Audit Period, but this may delay ESI's response time to audit findings due to the age of the claims.
- B. When performing a Rebate audit, Sponsor may perform an on-site review of the applicable Rebate rate components of manufacturer agreements, selected by Sponsor, as reasonably necessary to audit the calculation of the Rebate payments made to Sponsor by ESI.
- C. ESI recommends that Sponsor select an initial number of manufacturer contracts to enable Sponsor to audit fifty percent (50%) of the total Rebate payments due to Sponsor for two (2) calendar quarters during the twelve (12) month period immediately preceding the audit. ESI will accommodate reasonable requests to extend this audit scope, but this may delay ESI's on-site preparation time as well as response time to audit findings.
- D. In order to verify pass-through pricing, if applicable, Sponsor may perform an on-site review of the applicable rate components of Participating Pharmacy agreements, selected by Sponsor, as reasonably necessary to audit the calculation of the billings made to Sponsor by ESI. ESI recommends that Sponsor select ten (10) initial pharmacy contracts to be audited from the list of Participating Pharmacies in the applicable network. ESI will accommodate reasonable requests to increase the number of contracts, but this may delay ESI's on-site preparation time as well as response time to audit findings.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**ESI AUDIT PROTOCOL**

**ATTACHMENT G**

**4. AUDIT FINDINGS**

- A. Following Sponsor's initial audit, Sponsor (or its Auditor) will provide ESI with a written report of suspected errors, if any. In order for ESI to evaluate Sponsor's audit report, Sponsor shall provide an electronic data file in a mutually agreed upon format containing either a representative sample of claims, or the entire suspected error population, and the dollar amount associated with the suspected errors.
- B. If Sponsor provides the entire suspected error population, consistent with generally accepted industry audit standards, ESI will evaluate a statistically valid sample of claims in order to provide a timely response. ESI will use commercially reasonable best efforts to respond to the audit report in no more than thirty (30) days from ESI's receipt of the report. Please be aware, however, that audits that require evaluation of six (6) or more findings typically require additional time to respond due to the complex nature of such audits. Our pledge to respond within the foregoing timeframe is predicated on a good faith and cooperative effort between Sponsor and/or its Auditor and ESI.
- C. Following ESI's evaluation of Sponsor's (or its Auditor's) audit report, if the audit findings warrant an increase in the Audit Period or the number of contracts reviewed, then ESI and Sponsor will mutually determine the scope of further analysis.
- D. Sponsor agrees that once audit results are accepted by both parties, the audit shall be considered closed and final.
- E. ESI shall pay overpayments (or Sponsor shall pay underpayments, if applicable) within thirty days after closure of the audit.

**5. CONFIDENTIALITY**

ESI's contracts are highly confidential and proprietary. For this reason, ESI only permits on-site review rather than provide copies to our clients. During on-site contract review, Sponsor (or its Auditor) may take and retain notes to the extent necessary to document any identified errors, but may not copy (through handwritten notes or otherwise) or retain any manufacturer or Participating Pharmacy agreements (in part or in whole) or related documents provided or made available by ESI in connection with the audit. Upon reasonable request, ESI will be entitled to review any notes to affirm compliance with this paragraph.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
**ESI PRICING GUARANTEES**

**ATTACHMENT H**

**III. Pricing Guarantees:**

Ingredient Cost Guarantee. ESI will guarantee a minimum average discount as reflected below on Sponsor utilization to be calculated as follows:

[1-(total discounted AWP ingredient cost (excluding dispensing fees and claims with ancillary charges, and prior to application of Copayments) of applicable Prescription Drug Claims for the annual period divided by total undiscounted AWP ingredient cost (both amounts will be calculated as of the date of adjudication) for the annual period)]. Discounted ingredient cost will be the lesser of MRA, U&C or AWP discount adjudication methodology.

Type of Guarantee	Participating Pharmacy	Mail Service Pharmacy	Claims Included	Claims Excluded
Generic	2009: AWP - 68% 2010: AWP - 69.5%	AWP - 74%	MRA, AWP, U&C and zero balance due - discounted cost before copay	OTC, Compounds, Products subject to patent actions, Single Source Generic Drugs and Specialty Products
Brand 1-83 days' supply	2009: AWP - 16.89% 2010: AWP - 17.38%	N/A	AWP, U&C and zero balance due - discounted cost before copay	OTC, Compounds and Specialty Products
Brand 84-90 days' supply	2009: AWP - 20.20% 2010: AWP - 20.69%	N/A	AWP, U&C and zero balance due - discounted cost before copay	OTC, Compounds and Specialty Products

Guarantees will be measured and reconciled on an annual basis within 90 days of the end of each contract year. The guarantees shall be subject to adjustment as provided in Section II of Exhibit A if Sponsor changes its benefit design or Formulary and it causes a material impact on the discount achieved. ESI will pay the difference of Sponsor's net cost for any shortfall between the actual result and the guaranteed result. Any excess achieved in any other guarantee offered pursuant to this Agreement will be used to make up for, and offset, a shortfall in other guarantee(s).



DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
BCBSNE PERFORMANCE GUARANTEES

**ATTACHMENT I**

**ATTACHMENT 6**

STATE OF NEBRASKA  
"THE GROUP"

January 1, 2009  
Effective Date

**CONTRACT YEAR 2009  
PERFORMANCE GUARANTEES**

**Eligibility/Claim Administration**

Measure Category	Measurement Criteria	Penalty in Percent of Administration Component or ASO fees
<b>Claim Processing Accuracy</b> – Number of claims processed with 100 percent accuracy divided by total number of claims paid.	100% - 97.5% 97.4% or less	0% 2%
<b>Financial Accuracy</b> - This standard will be based on a calculation of total claim dollars paid correctly divided by total claim dollars paid.	100% - 98.5% 98.4% or less	0% 3%
<b>Claim Turnaround Time</b> – Percent of all claims to be paid, pending or denied within 15 business days.	100% - 90.0% 89.9% or less	0% 3%

**Customer Service**

Measure Category	Measurement Criteria	Penalty in Percent of Administration Component or ASO fees
<b>Telephone Call Response Time</b> – Percent of all calls answered within 30 seconds	100% - 85% 84.9% or less	0% 1%
<b>Telephone Call Abandonment Rate</b> - No more than a 5 percent abandonment rate.	Less than 5% 5.1% or greater	0% 1%
<b>Call Blockage Rate</b> – All trunks busy 5 percent or less of the time during normal business hours.	5% or Less 5.1% or greater	0% 1%

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
BCBSNE PERFORMANCE GUARANTEES

**ATTACHMENT I**

**Provider Networks**

<b>Provider Discount Savings - -</b> To be calculated using Total Provider Savings off the BCBSNE Cost Savings Report. For the purposes of this guarantee, each category is calculated separately and distinctly.	Average Provider Savings for the Omaha/Lincoln Area (Zip Codes 680, 681 and 685 only):	
	34% or greater	0%
	33.9% or less	1%
	Average Provider Savings for the Non-Omaha/Lincoln Area (Zip codes other than 680, 681 and 685):	
	24% or greater	0%
	23.9% or less	1%
	Average Provider Savings Overall (All zip codes combined):	
	28% or greater	0%
	27.9% or less	1%

**PERFORMANCE GUARANTEE CRITERIA:**

- a) Percent of Administration Fee at risk is based on the Administration Fee paid for the period and will be calculated within 60 days of the end of the contract.
- b) Turnaround time is measured from the date a claim is received by BCBSNE to the date it is processed (paid, denied, or pending for additional information).
- c) Performance Guarantees by BCBSNE are contingent on a minimum pass through rate of 60%. If this pass through rate is not met, BCBSNE will not be subject to these Performance Guarantees.
- d) All Customer Service measurements are based on the entire block of business and are not client specific.
- e) Provider savings will be calculated from In-Network medical claims incurred within the contract year. Savings calculations will be finalized approximately 120 days following the end of the contract year.
- f) Results will not be measured more than calendar year quarterly.
- g) The Provider Savings Guarantee will be calculated using "Total" Provider Savings. This includes Maximum Benefit Allowance discounts, discounts / outpatient hospital arrangements, DRGs, Non-Par Subscriber Liability, PPO Par savings, Non-PPO Par savings, Drugcard Savings and BlueCard Savings. These amounts will be taken off the standard BCBSNE cost savings report.

Annual member satisfaction surveys will be distributed to randomly selected members. Such surveys shall be pre-approved by THE GROUP. Results will be measured and reported to THE GROUP. Any BCBSNE use of data gathered by satisfaction surveys other than fulfillment of this performance guarantee must be approved in writing by THE GROUP.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
ESI PERFORMANCE STANDARDS

**ATTACHMENT J**

**EXHIBIT F**  
**PERFORMANCE STANDARDS**

In the event that any failure by ESI to meet any performance standard is due to a "force majeure" as defined in the Agreement, failure of Sponsor to perform its obligations under the Agreement, or actions or inactions of Sponsor that adversely impact ESI's ability to maintain the subject standard (e.g., faulty eligibility, changes in benefit design not adequately communicated to Members and benefit designs that substantially change the Members' rights under the Plan), ESI will be excused from compliance with such performance standards until such circumstances have been resolved and any existing backlogs or other related effects have been eliminated.

Within forty-five (45) business days after the end of each measurement period, ESI will provide Sponsor with a quarterly report (i) assessing ESI's performance under each performance standard, and (ii) if ESI did not meet a performance standard, calculating the applicable amount due to Sponsor. Unless otherwise stated, measurements periods are quarterly and amounts due, if any, will be paid to Sponsor on an annual basis within ninety (90) days of each anniversary of the Agreement. No performance penalties, if any, will be paid until this Agreement is executed by Sponsor.

**Implementation Performance Guarantees**

ESI will place \$300,000 at risk to guarantee completion of implementation deliverables by the dates noted, assuming that the State has provided the information necessary to complete these deliverables. During the implementation process, Sponsor may allocate up to 25% of the amount at risk to any deliverable, with the total adding up to 100% of the amount at risk.

**Ongoing Performance Guarantees**

ESI will place \$150,000 per year at risk to guarantee performance of the service standards set out below, assuming that the Sponsor has provided the information necessary to complete meet the standards. During the implementation process, the State may allocate up to 25% of the annual amount at risk to any standard annually, with the total adding up to 100% of the amount at risk.

Service Feature	Standard	Penalty
<b>Implementation</b>		
Implementation and Start-up	<p>ESI will guarantee the implementation of Sponsor to be completed in accordance within the mutually agreed upon timelines. Each of ESI's standards is dependent upon receiving specific information from Sponsor. All Implementations are a 90-day implementation project. Loading of eligibility and production of ID cards are dependent upon receiving group structure and benefit plan design sign-off from Sponsor. A delay in receipt of data or information from Sponsor may require rescheduling of all subsequent deliverable dates.</p> <p>ESI's Implementation Project Manager (IPM) will provide regular updates to Sponsor tracking the status of the implementation.</p> <p>A completed Sponsor implementation sign-off manual will be provided to Sponsor five (5) business days prior to the effective date.</p> <p>The IPM will conduct a post-implementation review meeting with Sponsor within 30 days after the effective date.</p>	<p>The following dollars will be paid to Sponsor if ESI does not complete the deliverables by the dates mutually agreed upon, assuming that Sponsor has provided the information necessary to complete these deliverables:</p> <p><i>Group Structure, Benefit Plan Design</i> — \$60,000</p> <p><i>Eligibility Load</i> — \$60,000</p> <p><i>ID Cards</i> — \$60,000</p> <p><i>Toll-Free Number</i> — \$60,000</p> <p><i>Communications</i> — \$60,000</p> <p>The implementation performance standards are one time only standards to be based on Sponsor effective date. The maximum implementation penalty will be \$300,000.</p>

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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ESI PERFORMANCE STANDARDS

**ATTACHMENT J**

<b>Account Management</b>		
Account Management — Satisfaction	<p>ESI guarantees that Sponsor satisfaction with Account Management is rated as satisfactory. The following categories will be measured annually by Sponsor as satisfactory or not satisfactory:</p> <ul style="list-style-type: none"> <li>• Timely issues resolution by the account management (20% of total amount of penalty at risk)</li> <li>• Consultative services (20% of total amount of penalty at risk)</li> <li>• Timeliness of reporting and annual reviews (20% of total amount of penalty at risk)</li> <li>• Frequency of meetings/plan updates (20% of total amount of penalty at risk)</li> <li>• One mutually agreed upon category (20% of total amount of penalty at risk)</li> </ul>	ESI will put \$30,000 as a total amount of penalty at risk.
<b>Client Services Administration</b>		
Satisfaction Survey	One random sample member survey will be completed annually on a company-wide basis. ESI guarantees that 90% of survey participants' responses to a question measuring overall satisfaction with the prescription benefit program will indicate "satisfied" or "very satisfied."	ESI will put \$15,000 as a total amount of penalty at risk.
<b>Contact Center</b>		
Customer Service Call — Average Speed of Answer	<p>ESI guarantees that calls will be answered in an annual average of 30 seconds or less with the exception of a failure in a third-party communication system.</p> <p>This standard is predicated on the installation of a toll-free telephone number unique to Sponsor.</p> <p>ESI's Member Choice Center calls will be excluded from this standard.</p>	ESI will put \$10,500 as a total amount of penalty at risk.
Customer Service Response Time — Blockage Rate (Busy Signal)	<p>ESI will guarantee an annual blockage rate of 2% or less with the exception of a failure in a third-party communication system. Blockage is defined as a caller receiving a busy signal.</p> <p>This standard is predicated on the installation of a toll-free number unique to Sponsor.</p> <p>ESI's Member Choice Center calls will be excluded from this standard.</p>	ESI will put \$10,500 as a total amount of penalty at risk.
Customer Service Response Time — Percent of Calls Abandoned	<p>ESI guarantees that the annual call abandonment rate will be 4% or less with the exception of a failure in a third-party communication system. The abandonment rates do not include calls terminated by members in less than 30 seconds.</p> <p>This standard is predicated on the installation of a toll-free number unique to Sponsor.</p> <p>ESI's Member Choice Center calls will be excluded from this standard.</p>	ESI will put \$9,000 as a total amount of penalty at risk.



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ESI PERFORMANCE STANDARDS

**ATTACHMENT J**

<b>Home Delivery</b>		
Prescription Accuracy	Whereas ESI strives for 100% accuracy, ESI guarantees the annual accuracy in dispensing the correct drug, at the correct strength, and the correct dosage (excluding errors by prescribers) as follows: <ul style="list-style-type: none"> <li>• 99.9%, for accounts with 34,999 or fewer annual mail prescriptions</li> <li>• 99.95%, for accounts with 35,000 or more annual mail prescriptions</li> </ul>	ESI will put \$6,000 as the total amount of penalty at risk.
Turnaround Time for Routine Prescriptions	ESI guarantees dispensing and shipping (or return) of prescriptions not subject to intervention with an annual average of three (3) business days of receipt of the order at ESI's Pharmacy.  "Interventions" include all calls to members or prescribers to clarify the prescriber's direction, to obtain consent for formulary programs, generic or therapeutic substitution, or otherwise.	ESI will put \$4,500 as the total amount of penalty at risk.
Turnaround Time for Prescriptions Subject to Intervention	ESI guarantees dispensing and shipping (or return) of prescriptions subject to intervention within an annual average of five (5) business days of receipt of the order at ESI's Mail Service Pharmacy.	ESI will put \$4,500 as a total amount of penalty at risk.
<b>Data Systems</b>		
System Availability	ESI guarantees an annual average 99% system availability of the point-of-sale adjudication system.  This standard excludes systems downtime attributed to regularly scheduled systems maintenance or systems downtime attributed to telecommunications failure or other circumstances outside the control of ESI.	ESI will put \$15,000 as a total amount of penalty at risk.
<b>Reporting</b>		
Timely Production of Management Reports	ESI guarantees access to the online reporting data will be available within an annual average of ten (10) days after month-end. Billing data will be available within an annual average of ten (10) days after the billing cycle.	ESI will put \$7,500 as a total amount of penalty at risk.
<b>Replacement ID Card Production</b>		
Timely Production of Replacement ID Cards	ESI guarantees that standard replacement ID cards will be produced within an annual average of five (5) business days of the receipt of machine-readable eligibility information.	ESI will put \$7,500 as a total amount of penalty at risk.
<b>Eligibility</b>		
Eligibility — Timeliness of Installations	ESI guarantees that electronic eligibility will be installed and eligibility status will be effective within an annual average of two (2) business days of receipt.	ESI will put \$7,500 as a total amount of penalty at risk.
Eligibility — Accuracy	ESI guarantees that electronic eligibility records will be loaded with 99.5% accuracy (as provided by Sponsor). This standard is contingent upon receipt of clean eligibility data delivered in an agreed upon format and that it can be determined with certainty that ESI incorrectly loaded the eligibility.  This standard will be measured across ESI's client base.	ESI will put \$15,000 as a total amount of penalty at risk.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
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**ESI PERFORMANCE STANDARDS**

**ATTACHMENT J**

Retail Pharmacy Network		
Network Audits	ESI guarantees that 100% of participating pharmacies will be subject to statistical audits and that 50% of participating pharmacies will be subject to further investigation (e.g., desk audits, on-site audits, etc.) as a result of the statistical audits.	ESI will put \$7,500 as a total amount of penalty at risk.

DEPARTMENT OF ADMINISTRATIVE SERVICES  
NEBRASKA STATE INSURANCE PROGRAM  
BCBSNE PERFORMANCE GUARANTEE INVOICE

ATTACHMENT K



**BlueCross BlueShield  
of Nebraska**

7261 Mercy Road  
Omaha, Nebraska 68180-0001  
www.bcbnsne.com

October 1, 2010

Roger Wilson  
Department of Administrative Services  
State of Nebraska  
PO Box 94952  
Lincoln, NE 68509

Re: 2009 Performance Guarantees Invoice

			<u>Total</u>
Administration Charges Paid			\$5,384,263.50
	<u>At Risk</u>	<u>PG Credit</u>	<u>Due</u>
<b>Eligibility/Claim Administration</b>			
Claim Processing Accuracy	2%	met	\$0
Financial Accuracy	3%	met	\$0
Claim Turnaround	3%	met	\$0
<b>Customer Service</b>			
Call Response Time	1%	\$53,824.64	\$53,842.64
Call Abandonment	1%	met	\$0
Call Blockage	1%	met	\$0
<b>Provider Networks</b>			
Average Savings by Zip			
Lincoln/Omaha	1%	met	\$0
Outside Lincoln/Omaha	1%	met	\$0
Average Savings	1%	met	\$0
<b>Total Amount Due State of Nebraska</b>			<b>\$53,842.64</b>



DEPARTMENT OF ADMINISTRATIVE SERVICES  
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ESI PERFORMANCE GUARANTEES SUMMARY REPORT

ATTACHMENT L



ESI

Performance Guarantees Summary Report

Express Scripts, Inc.

DIV	Client Name	Region	Effective	Report Due	Payment Due	Account Contact	Max. Agg. Limit	Report Cycle	Reporting Period
BHG	State of Nebraska	CD-NE	01/01/2009	45 Bus Days Quarterly	90 Days Annually	Dave Bonnell	\$150,000	Calendar	1/1/10-12/31/10

Guarantee	Measurement Frequency	Incremental Penalty	Annual Maximum	Guarantee Results:	Quarter1	Quarter2	Quarter3	Quarter4	Annual
Implementation	One-Time	\$60,000/deliverable	\$300,000	Guarantee Results:	Met	One-time	One-time	One-time	One-time
Guarantee ID: 2143691756				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description:				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Implementation will be completed within the mutually agreed-upon timelines; dependent upon receiving information from Sponsor. Loading of eligibility and production of ID cards are dependent upon receiving group structure and plan design sign-off.					Penalty Basis: One-Time p. 14				

Guarantee: Satisfaction Survey - Acct Mgmt	Annually		\$30,000	Guarantee Results:	Annual	Annual	Annual	Annual	Pending
Guarantee ID: 2143691757				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description:				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
The following will be measured annually as satisfactory or not satisfactory: Timely Issues Resolution = 20%; Consultative Services = 20%; Timeliness of Reports = 20%; Frequency of Meetings = 20%; One mutually agreed-upon category = 20%.					Penalty Basis: Annually p. 15				

Guarantee: Satisfaction Survey - BOB	Annually	\$15,000	\$15,000	Guarantee Results:	Annual	Annual	Annual	Annual	Pending
Guarantee ID: 2143691758				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description:				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ESI guarantees that one random sample member survey will be completed annually on a company-wide basis. ESI guarantees a satisfaction rate of 90% of responses will be "satisfied" or "very satisfied".					Penalty Basis: Annually p. 15				

Guarantee: Average Speed of Answer	Quarterly		\$10,500	Guarantee Results:	17.67 sec	17.73 sec	Pending	Pending	Pending
Guarantee ID: 2143691759				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description:				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
ESI guarantees that calls will be answered in an annual average of 30 seconds or less, except in the event of a failure in a third-party communication system. This standard is predicated on the installation of a toll-free number unique to Sponsor.					Penalty Basis: Annually				

Friday, August 20, 2010

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ESI PERFORMANCE GUARANTEES SUMMARY REPORT

ATTACHMENT L

Guarantee:	Measurement Frequency	Incremental Penalty	Annual Maximum	Quarter1	Quarter2	Quarter3	Quarter4	Annual
<b>Blockage Rate</b>	Quarterly		\$10,500					
Guarantee ID: 2143691760				0%	0%	Pending	Pending	Pending
Guarantee Description: ESI guarantees a blockage rate of 2% or less, except in the event of a failure in a third-party communication system (defined as a caller receiving a busy signal). This standard is predicated on the installation of a toll-free number unique to Sponsor.				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis: Annually				
<b>Abandonment Rate</b>	Quarterly		\$9,000					
Guarantee ID: 2143691761				0.58%	0.89%	Pending	Pending	Pending
Guarantee Description: ESI guarantees that the annual call abandonment rate will be 4% or less, except in the event of a failure in a third-party communication system. Does not include calls terminated by members in less than 30 seconds. Predicated on a toll-free number.				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis: Annually				
<b>Mail Order Accuracy</b>	Quarterly		\$6,000					
Guarantee ID: 2143691762				100.0%	100.0%	Pending	Pending	Pending
Guarantee Description: ESI guarantees the annual accuracy in dispensing the correct drug, strength and dosage, unless the error is a prescriber error, as follows: 99.9% for accounts with 34,999 or fewer annual scripts and 99.95% for accounts with 35,000 or more.				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis: Annually				
<b>Mail Order TAT - Clean</b>	Quarterly		\$4,500					
Guarantee ID: 2143691763				0.63 days	0.95 days	Pending	Pending	Pending
Guarantee Description: ESI guarantees dispensing and shipping (or return) of prescriptions, not subject to intervention, within an annual average of 3 business days of receipt of the order at ESI's Pharmacy.				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis: Annually				

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ATTACHMENT L

	Measurement Frequency	Incremental Penalty	Annual Maximum		Quarter1	Quarter2	Quarter3	Quarter4	Annual
Guarantee: Mail Order TAT - w/Int	Quarterly		\$4,500	Guarantee Results:	3.24 days	3.54 days	Pending	Pending	Pending
Guarantee ID: 2143691764				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees dispensing and shipping (or return) of prescriptions, subject to intervention, within an annual average of 5 business days of receipt of the order at ESI's Pharmacy.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Annually				
Guarantee: Production of Reports	Quarterly		\$7,500	Guarantee Results:	Met	Met	Pending	Pending	Pending
Guarantee ID: 2143691765				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees that access to the on-line reporting data will be available within an annual average of 10 days after month end. Billing data will be available within an annual average of 10 days after billing cycle.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Annually				
Guarantee: ID Cards	Quarterly		\$7,500	Guarantee Results:	2 days	2 days	Pending	Pending	Pending
Guarantee ID: 2143691766				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees that standard replacement ID cards will be produced within an annual average of 5 business days of receipt of machine-readable eligibility information.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Annually				
Guarantee: Eligibility - Timeliness	Quarterly		\$7,500	Guarantee Results:	0.005 days	0.04 days	Pending	Pending	Pending
Guarantee ID: 2143691767				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees that electronic eligibility files will be installed and eligibility status will be effective within an annual average of 2 business days of receipt.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Annually				

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DEPARTMENT OF ADMINISTRATIVE SERVICES  
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ESI PERFORMANCE GUARANTEES SUMMARY REPORT

ATTACHMENT L

	Measurement Frequency	Incremental Penalty	Annual Maximum		Quarter1	Quarter2	Quarter3	Quarter4	Annual
Guarantee: Eligibility - Accuracy	Quarterly	\$3,750	\$15,000	Guarantee Results:	100%	100%	Pending	Pending	Pending
Guarantee ID: 2143691768				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees that electronic eligibility records will be loaded with 99.5% accuracy, as provided by Sponsor. This guarantee is contingent upon receipt of clean eligibility data delivered in an agreed upon format.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Quarterly				
Guarantee: Audit - Pharmacy	Quarterly	\$1,875	\$7,500	Guarantee Results:	100%	100%	Pending	Pending	Pending
Guarantee ID: 2143691769				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees that 100% of participating pharmacies will be subject to statistical audits. This guarantee is combined with PG #2143691770. Do not pay penalties on both.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Quarterly				
Guarantee: Audit - Pharmacy	Quarterly	\$1,875	\$7,500	Guarantee Results:	94%	94%	Pending	Pending	Pending
Guarantee ID: 2143691770				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees that 50% of participating pharmacies will be subject to further investigation (e.g., desk audits, on-site audits) as a result of the statistical audits. This guarantee is combined with PG #2143691769. Do not pay penalties on both.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Quarterly				
Guarantee: Computer System Availability	Quarterly		\$15,000	Guarantee Results:	100.00%	99.95%	Pending	Pending	Pending
Guarantee ID: 2143692425				Penalty Amount:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Guarantee Description: ESI guarantees an annual average 99% system availability of the point of sale adjudication system, except for daily scheduled maintenance and communications failure.				Payments to Date:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
				Penalty Basis:	Annually				
					Total Penalty Amounts: <u>\$0.00</u>				

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