

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES (NDCS/DCS)  
HEALTHCARE INVOICE PROCESSING  
TECHNICAL RESPONSE  
RFP # 120174 O3**

Due: January 22, 2025 | Submitted to:

Nebraska Department of Correctional Services  
Julie Schiltz, NDCS Assistant Materiel Administrator  
801 W. Prospector Place, Bldg. #1  
Lincoln, NE 68522  
402-479-5718

Proposal Submitted by:

Correctional Health Partners, LLC  
Contact: Deb Goheen, CEO  
1720 S. Bellaire St., Suite 700  
Denver, CO 80222  
720-612-6647 Direct  
719-355-9606 Cell

**Technical Proposal  
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**CONTRACTUAL AGREEMENT FORM**

**BIDDER MUST COMPLETE THE FOLLOWING**

By signing this Contractual Agreement Form, the bidder guarantees compliance with the provisions stated in this solicitation and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder is not owned by the Chinese Communist Party.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603, DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Vendors. This information is for statistical purposes only and will not be considered for contract award purposes.

\_\_\_\_ NEBRASKA VENDOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Vendor. "Nebraska Vendor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation. All vendors who are not a Nebraska Vendor are considered Foreign Vendors under Neb. Rev Stat § 73-603 (c).

\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. § 71-8611 and wish to have preference considered in the award of this contract.

**FORM MUST BE SIGNED MANUALLY IN INK OR BY DOCUSIGN**

BIDDER:	Correctional Health Partners, LLC
COMPLETE ADDRESS:	1720 S. Bellaire, Ste 700, Denver, CO. 80222
TELEPHONE NUMBER:	720-612-6647
FAX NUMBER:	866-362-1375
DATE:	1/10/2025
SIGNATURE:	<i>DocuSigned by: Deb Goheen</i>
TYPED NAME & TITLE OF SIGNER:	Deb Goheen, CEO

**NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES  
SUPPLEMENTAL INFORMATION  
SOLICITATION NUMBER 120174 O3**

The Nebraska Department of Correctional Services (NDCS) is committed to the open and fair process for selection of contractual services; additionally, we are committed to upholding the laws of the State of Nebraska, the NDCS Code of Ethics and Conduct, and internal recommendations for improving best business practices.

Please complete the questions below and submit with your bid documents. Responding “yes” to any question will not disqualify you from consideration but may necessitate a follow-up information request.

Company Name: Correctional Health Partners, LLC

PO Box Address: N/A

Physical Address: 1720 S. Bellaire St., Suite 700

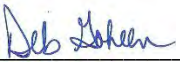
City/State/Zip: Denver, CO 80222

Phone Number: 719-612-6647 (CEO Direct line)

Name/Title of Contact Deb Goheen, CEO

		YES	NO
1.	To your knowledge do you have any relatives, employees, contractors, sub-contractors, or a personal relationship with anyone who is currently employed by the Nebraska Department of Correctional Services?		<b>X</b>
	If yes, who?		
2.	Has an employee of the Department of Correctional Services performed work for you under your current contract with the NDCS?		<b>X</b>
	If yes, who, how long, and in what capacity?		
3.	Does an employee of the Department of Correctional Services (past or present) hold any corporate position in your company?		<b>X</b>
	If yes, who and what position?		
4.	Incorporated companies, please provide the following information: Name of Corporate Entity: <u>N/A</u> Principle Office Address: <u>N/A</u> Registered Agent and Office Address: <u>N/A</u>		
5.	Non-Incorporated Companies please provide the following information: Owner: <u>Jennifer Mix, Mike Ptasnik, Deb Goheen</u>		

By my signature below, I attest that neither I, nor my company, nor any primary officer or employee in my company has a known conflict of interest with the Nebraska Department of Correctional Services.

      January 21, 2025  
Company President Signature      Date

Corporate Overview (Section VI) is included in a separate document (File 2 of 5).

## **Summary of Bidder's Proposed Personnel/Management Approach (VI.A.1i)**

### **TPA Workplan (VI.A.2a)**

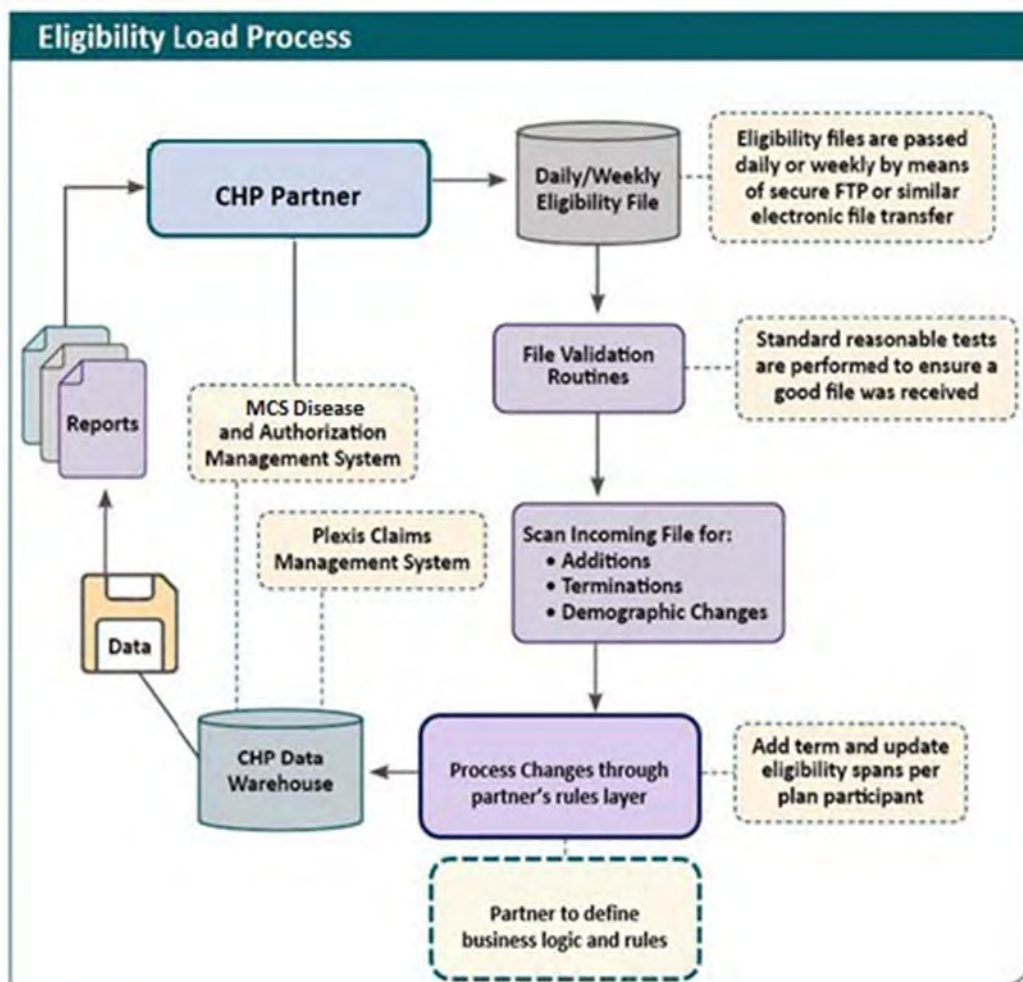
CHP tailors our TPA services to the unique challenges and conditions of delivering healthcare services to incarcerated individuals in a correctional facility. CHP works to manage medically complicated populations within a fixed budget. Many of our staff have direct experience in serving and working in correctional systems. This makes us highly effective at working with providers and the leadership of the corrections system to improve the delivery of health care.

We manage the essential Third-Party Administrator functions using evidence-based clinical approaches and quality improvement techniques to directly and efficiently manage high cost, high frequency, and high-risk medical issues through a hands-on, site-based approach with particular expertise in the needs of the adult corrections system. By providing TPA services to correctional and mentally ill clients, all our resources are dedicated to serving this unique population. We inherently understand the differences in healthcare delivery services required to meet the needs of the incarcerated individuals, provide good stewardship of scarce taxpayer resources, and understand the needs of NDCS which differ from commercial insurance organizations. As a smaller, more adaptable company, we can provide individualized services to meet our clients' unique needs and maximize value. We have held all our TPA contracts for many years and take pride in receiving high praise for client satisfaction from all.

**Eligibility or Enrollment Files:** Our clients send regular electronic eligibility files which CHP routinely loads into our Managed Care System (MCS) and claims transaction system (PCM) to keep those systems updated and accurate.

Enrollment data can come in a CMS 834 file format or in a flat file format. Incarcerated individuals are assigned to a correctional facility as a proxy for the primary care provider. By using this designation in the eligibility file, the correctional facility assignment is populated, individual movement is tracked and summary reporting by facility is accomplished. Each assignment has effective from and through dates (spans) to enable proper assignment of claims and reporting to a facility. A full history of these assignments is maintained just as with eligibility.

CHP has the capability of managing electronic eligibility information provided directly by the client and assist in developing the mechanisms and file formats for delivering this information. We have substantial internal capability to map unique data elements such as individual's movement between facilities into eligibility records for tracking and reporting. Daily or weekly eligibility file loads present no challenge to CHP's capabilities. The following represents CHP's conceptualization of the DOC eligibility file transfer, load, and management process:



### NDCS Patient Eligibility

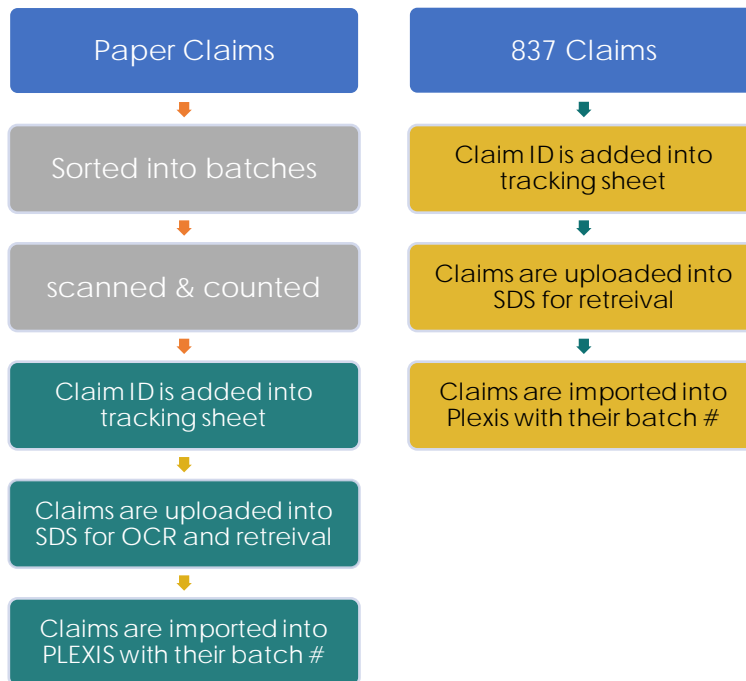
CHP has the capability to accept data feeds from our clients in many different electronic formats. We can feed electronic eligibility directly into our system. Our program stores current and historical eligibility information for clients, including movement from facility to facility and at a frequency determined during project implementation (daily / weekly). At minimum, our operational data store established for NDCS will house and maintain this information for 7 years, compliant with laws governing claims administration for the state of Nebraska.

CHP maintains an operational data store and message-based integration framework that detects changes to incoming eligibility record data based on unique key fields such as the patient ID number. When CHP receives the eligibility files, our system can process and detect changes within minutes of downloading and consuming the file. The changes that are detected (new, changed, terminated) are messaged to PLEXIS, and the eligibility data is updated accordingly.

### Claims Receipt Process

CHP utilizes a document management vendor Smart Data Solutions (SDS) to manage manual paper claims. CHP has a dedicated claims mailbox where SDS collects mailed claims daily and scans them into their system. The scanning process creates a unique string, serially stamping

each claim. They convert the paper claims into an electronic data interchange (EDI) file (also known as EDI 837. SDS then posts the EDI 837 claim files to a secure site for CHP to retrieve daily. All data transfers are within HIPAA EDI security compliance.



Our vendor VisibleEDI hosts our claims portal which allows providers to remotely enter claims via a secure portal. This allows providers to submit electronic claims and bypass the paper system, the HIPAA compliant EDI files are then transferred to SDS for processing.

After the 837 claim files are sent to FCH (First Choice Health Network) for pricing. Once priced, the claims return to SDS to be imported into PLEXIS. The claim and batch counts are recorded in our batch tracking system to reflect the date the file was received and when the claims were imported.

### Claims Adjudication

CHP retrieves claim details in the claims processing system (PLEXIS) via the unique document control number assigned during the import process. The claim image and any attachments are viewed in PLEXIS.

CHP's system utilizes current medical code sets (CPT, HCPCS, ICD-10, etc.) to accurately adjudicate claims.

Then claims are assigned to examiners for processing. As the claims move through the process, the status will be displayed in the claims portal for providers. The following chart details the meaning of each status type.

Claim Status	Description
<b>ADJ Complete</b>	Facility Claim: All claim detail service lines are approved or denied
<b>Approved</b>	Professional Claim: All claim detail service lines approved or denied
<b>Closed</b>	All processing on this claim is complete (non-editable/read-only)
<b>Entered</b>	Professional Claim: Data entry is complete
<b>In Adjudication</b>	A claim is currently being adjudicated
<b>Open</b>	Facility Claim: One or more service lines need adjudication
<b>Pending</b>	Pending status on the adjudicated claim
<b>Rejected</b>	Rejected by the check run

PCM's claim adjudication process verifies eligibility, checks coverage limits and restrictions, confirms authorization, applies industry standard coding guidelines and computes payment according to individual provider contracts, including claims that have been repriced by FCHN.

#### **Medicaid Claim Process**

- CHP enters all potential Medicaid claims into our claims processing system so its ultimate disposition can be tracked accurately.
- When a Medicaid claim is pended, undetermined, or denied, CHP's claims staff remain in frequent contact with providers regarding status to update them on the process and to work through any outstanding questions regarding eligibility, the appeals process, and ultimate resolution of the claim. Eventually, all claims are paid or denied based on final Medicaid eligibility determination.

#### **Appeals/Complaint Process**

CHP maintains a robust appeal process for all clients in the event there is a disagreement regarding claims payment that is not resolved during claims adjudication. CHP maintains a customer service department that is able to address, research and respond to complaints or concerns from the network providers, NCDS or others.

#### **Prior Authorization capabilities (optional services if elected)**

CHP's proprietary Managed Care System (MCS) web application allows the provider or designated DOC staff to enter diagnosis, requested procedure information, and notes with the prior authorization request. Users can verify the incarcerated individual's eligibility, and the system shows the user which providers are in-network. The MCS shows the user the status of past requests and allows file attachments when supporting documentation is needed for a request. This eligibility check ensures the authorization has the most complete information possible. For those clients that do not utilize our prior authorization system, approved services may still be entered into the MCS portal to assist in claims adjudication.

Referral and authorization information is extracted from the Managed Care System and fed into CHP's in-house PCM. This information may be fed into the system even when prior authorization services are not elected. This allows the claims processors to compare incoming claims against referrals and validate services to be paid. Claims are loaded daily into Plexis

from both electronic submittal (EDI) and paper claims that have been scanned electronically. Each day, new claims processing data is pushed to the web-based claims portal where providers and authorized DOC staff can look up the status of submitted claims.

**Description of optional services**

CHP has a refined utilization management (UM) system in place. UM for current clients includes prior authorization for off-site medical requests, concurrent reviews on hospitalized patients by our nurse facility care managers, and retrospective reviews to monitor off-site care and costs (e.g., emergency room visits). This surveillance of care prior to, during and after medical events allows CHP to ensure that patients receive quality care while managing NDCS financial limitations. In collaboration based on client needs, CHP can provide any or all of these services.

**Experience and Development of Prior Authorization and Inpatient Concurrent Review**

CHP's prior authorization team is a critical component of our utilization management process. They can authorize medical requests using Milliman Care Guidelines (MCG) criteria alongside NDCS covered healthcare benefit plan. MCG is an evidence-based utilization tool that ensures medical decisions comply with nationally accepted standards. It provides quick access to evidence-based best practices and care-planning tools to support clinical decision-making. We determine eligibility, evidence of coverage, medical necessity of the service requested, and where to refer care in CHP's network of providers. NDCS also reserves the right to conduct its own reviews to make referral and authorization decisions.

We currently provide prior authorization services to statewide systems in Colorado with an average patient population of 15,700. CHP uses its prior authorization team to determine when off-site care is medically necessary. When a medical request is submitted by the facility provider, the team reviews the request alongside the patient's current medical need, their medical history of presenting illness, and the treatment received to date. The goal is to provide appropriate care, at the right time, and in the right place. The model we use with Colorado Department of Corrections ensures that the department medical director (CMO) has the final medical decision.

**II. TERMS AND CONDITIONS**

**A. GENERAL**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

1. The contract resulting from this Solicitation shall incorporate the following documents:
  - a. Solicitation, including any attachments and addenda;
  - b. Questions and Answers;
  - c. Bidder's properly submitted solicitation response, including any terms and conditions or agreements submitted by the bidder;

- d. Addendum to Contract Award (if applicable);and
- e. Amendments to the Contract. (if applicable)

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) Executed Contract and any attached Addenda 3) Addendums to the solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda or attachments, and 5) the Vendor's submitted solicitation response, including any terms and conditions or agreements that are accepted by the State.

Unless otherwise specifically agreed to in writing by the State, the State's standard terms and conditions, as executed by the State, shall always control over any terms and conditions or agreements submitted or included by the Vendor.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

CHP understands and accepts all of the Terms and Conditions Section A.

CHP has received and reviewed the revised solicitation in its entirety, the addendums to the RFP, the amended schedule of events, terms and conditions (noted here) and general requirements of the solicitation.

**B. NOTIFICATION**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.C.</i>		

Bidder and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally; electronically, return receipt requested; or mailed, return receipt requested. All notices, requests, or communications shall be deemed effective upon receipt.

Either party may change its address for notification purposes by giving notice of the change and setting forth the new address and an effective date.

CHP understands and accepts all of Terms and Conditions Section B.

**C. BUYER'S REPRESENTATIVE**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

<i>D.G.</i>		
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The State reserves the right to appoint a Buyer's Representative to manage or assist the Buyer in managing the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the bidder will be provided a copy of the appointment document and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

[CHP understands and accepts all of the Terms and Conditions Section C.](#)

**D. GOVERNING LAW (Nonnegotiable)**

<b>Accept All Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions Taken to Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state, and federal laws, ordinances, rules, orders, and regulations.

[CHP understands and accepts all of Terms and Conditions Section D.](#)

**E. BEGINNING OF WORK & SUSPENSION OF SERVICES**

<b>Accept All Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions Taken to Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the successful Vendor. The Vendor will be notified in writing when work may begin.

The State may, at any time and without advance notice, require the Vendor to suspend any or all performance or deliverables provided under this Contract. In the event of such suspension, the Contract Manager or POC, or their designee, will issue a written order to stop work. The written order will specify which activities are to be immediately suspended and the reason(s) for the suspension. Upon receipt of such order, the Vendor shall immediately comply with its terms and take all necessary steps to mitigate and eliminate the incurrence of costs allocable to the work affected by the order during the period of suspension. The suspended performance or deliverables may only resume when the State provides the Vendor with written notice that such performance or deliverables may resume, in whole or in part.

CHP understands and accepts all of Terms and Conditions Section E.

**F. AMENDMENT**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

This Contract may be amended in writing, within scope, upon the agreement of both parties.

CHP understands and accepts all of the Terms and Conditions Section F.

**G. CHANGE ORDERS OR SUBSTITUTIONS**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The State and the Vendor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Vendor may not claim forfeiture of the contract by reasons of such changes.

The Vendor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Vendor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Vendor's solicitation response, were foreseeable, or result from difficulties with or failure of the Vendor's solicitation response or performance.

No change shall be implemented by the Vendor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any good or service is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract to include the alternate product at the same price.

**\*\*\*Vendor will not substitute any item that has been awarded without prior written approval of NDCS\*\*\***

CHP understands and accepts all of Terms and Conditions Section G.

**H. RECORD OF VENDOR PERFORMANCE**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The State may document the vendor's performance, which may include, but is not limited to, the customer service provided by the vendor, the ability of the vendor, the skill of the vendor, and any instance(s) of products or services delivered or performed which fail to meet the terms of the purchase order, contract, and/or specifications. In addition to other remedies and options available to the State, the State may issue one or more notices to the vendor outlining any issues the State has regarding the vendor's performance for a specific contract ("Contract Compliance Request"). The State may also document the Vendor's performance in a report, which may or may not be provided to the vendor ("Contract Non-Compliance Notice"). The Vendor shall respond to any Contract Compliance Request or Contract Non-Compliance Notice in accordance with such notice or request. At the sole discretion of the State, such Contract Compliance Requests and Contract Non-Compliance Notices may be placed in the State's records regarding the vendor and may be considered by the State and held against the vendor in any future contract or award opportunity. The record of vendor performance will be considered in any suspension or debarment action.

CHP

understands and accepts all of Terms and Conditions Section H.

**I. NOTICE OF POTENTIAL VENDOR BREACH**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

If Vendor breaches the contract or anticipates breaching the contract, the Vendor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

CHP understands and accepts all of Terms and Conditions Section I.

**J. BREACH**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party’s discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by email, delivery receipt requested; certified mail, return receipt requested; or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time.

The State’s failure to make payment shall not be a breach, and the Vendor shall retain all available statutory remedies. (See Indemnity - Self-Insurance and Payment)

[CHP understands and accepts all of the Terms and Conditions Section J.](#)

**K. NON-WAIVER OF BREACH**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

[CHP understands and accepts all of Terms and Conditions Section K.](#)

**L. SEVERABILITY**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

<i>D.G.</i>		
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If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

[CHP understands and accepts all of the Terms and Conditions Section L.](#)

**M. INDEMNIFICATION**

**1. GENERAL**

<b>Accept All Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions Taken to Terms and Conditions Within Section as Written (Initial)</b>	
<i>D.G.</i>		<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

The Vendor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Vendor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Vendor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

[CHP understands and accepts all of Terms and Conditions Section M.1.](#)

**2. INTELLECTUAL PROPERTY**

<b>Accept All Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions Taken to Terms and Conditions Within Section as Written (Initial)</b>	
<i>D.G.</i>		<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

The Vendor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Vendor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Vendor prompt notice in writing of the claim. The Vendor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Vendor has indemnified the State, the Vendor shall, at the Vendor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Vendor, and the State may receive the remedies provided under this Solicitation.

[CHP understands and accepts all of Terms and Conditions Section M.2.](#)

**3. PERSONNEL**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The Vendor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Vendor.

[CHP understands and accepts all of Terms and Conditions Section M.3.](#)

**4. SELF-INSURANCE**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01. If there is a presumed loss under the provisions of this agreement, Vendor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,239.01 to 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Neb. Rev. Stat. § 81-8,294), Tort (Neb. Rev. Stat. § 81-8,209), and Contract Claim Acts (Neb. Rev. Stat. § 81-8,302), as outlined in state law and accepts liability under this agreement only to the extent provided by law.

[CHP understands and accepts all of Terms and Conditions Section M.4.](#)

**5.** The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

Accept All Terms and Conditions Within	Exceptions Taken to Terms and Conditions Within	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

Section as Written (Initial)	Section as Written (Initial)	
<i>D.G.</i>		

CHP understands and accepts all of Terms and Conditions Section M.5.

**N. PERFORMANCE BOND**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The Awarded Bidder may be required to supply a bond executed by a corporation authorized to contract surety in the State of Nebraska, payable to the State of Nebraska, which shall be valid for the life of the contract to include any renewal and/or extension periods. The amount of the bond must be an established dollar amount \$500,000. The bond, if required, will guarantee that the Awarded Bidder will faithfully perform all requirements, terms and conditions of the contract. Failure to comply shall be grounds for forfeiture of the bond as liquidated damages. Amount of forfeiture will be determined by the agency based on loss to the State. The bond will be returned when the contract has been satisfactorily completed as solely determined by the State, after termination or expiration of the contract.

CHP understands and accepts all of Terms and Conditions Section N.

**O. ASSIGNMENT, SALE, OR MERGER**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Vendor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Vendor's business. Vendor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Vendor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

CHP understands and accepts all of Terms and Conditions Section O.

**P. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUBDIVISIONS OF THE STATE OR ANOTHER STATE**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	<i>D.G.</i>	<del>Strike Section II.P second paragraph as noted: "The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract."</del>

The Vendor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. § 81-145(2), to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

CHP does not agree to the section regarding allowing other states to use this contract, as CHP services and prices would be specifically tailored to each state. CHP respectfully requests that this section be stricken from the contract:

~~"The Vendor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract."~~

**Q. FORCE MAJEURE**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event") that was not foreseeable at the time the Contract was executed. The Party so affected shall immediately make a written request for relief to the other Party and shall have the

burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

CHP understands and accepts all of Terms and Conditions Section Q.

**R. CONFIDENTIALITY**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

CHP understands and accepts all of Terms and Conditions Section R.

**S. EARLY TERMINATION**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The contract may be terminated as follows:

1. The State and the Vendor, by mutual written agreement, may terminate the contract, in whole or in part, at any time.
2. The State, in its sole discretion, may terminate the contract, in whole or in part, for any reason upon thirty (30) calendar day's written notice to the Vendor. Such termination shall not relieve the Vendor of warranty or other service obligations incurred under the terms of the contract. In the event of termination, the Vendor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract, in whole or in part, immediately for the following reasons:
  - a. if directed to do so by statute,

- b. Vendor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business,
- c. a trustee or receiver of the Vendor or of any substantial part of the Vendor's assets has been appointed by a court,
- d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Vendor, its employees, officers, directors, or shareholders,
- e. an involuntary proceeding has been commenced by any Party against the Vendor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Vendor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Vendor has been decreed or adjudged a debtor,
- f. a voluntary petition has been filed by the Vendor under any of the chapters of Title 11 of the United States Code,
- g. Vendor intentionally discloses confidential information,
- h. Vendor has or announces it will discontinue support of the deliverable; and,
- i. In the event funding is no longer available.

CHP understands and accepts all of Terms and Conditions Section S.

**T. CONTRACT CLOSEOUT**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Upon termination of the contract for any reason the Vendor shall within thirty (30) days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State,
2. Transfer ownership and title to all completed or partially completed deliverables to the State,
3. Return to the State all information and data unless the Vendor is permitted to keep the information or data by contract or rule of law. Vendor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Vendor's routine back up procedures,
4. Cooperate with any successor Contactor, person, or entity in the assumption of any or all of the obligations of this contract,
5. Cooperate with any successor Contactor, person, or entity with the transfer of information or data related to this contract,
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this section should be construed to require the Vendor to surrender intellectual property, real or personal property, or information or data owned by the Vendor for which the State has no legal claim.

CHP understands and accepts all of Terms and Conditions Section T.

### III. VENDOR DUTIES

#### A. INDEPENDENT VENDOR / OBLIGATIONS

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.C.		

It is agreed that the Vendor is an independent Vendor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Vendor is solely responsible for fulfilling the contract. The Vendor or the Vendor's representative shall be the sole point of contact regarding all contractual matters.

The Vendor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Vendor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the bidder's solicitation response shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Vendor to the contract shall be employees of the Vendor or a subcontractor and shall be fully qualified to perform the work required herein. Personnel employed by the Vendor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Vendor or the subcontractor respectively.

With respect to its employees, the Vendor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding,
2. Any and all vehicles used by the Vendor's employees, including all insurance required by state law,
3. Damages incurred by Vendor's employees within the scope of their duties under the contract,
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law,
5. Determining the hours to be worked and the duties to be performed by the Vendor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Vendor, its officers, agents, or subcontractors or subcontractor's employees).

If the Vendor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the solicitation response. The Vendor shall agree that it will not utilize any subcontractors not specifically included in its solicitation response in the performance of the contract without the prior written authorization of the State. If the Vendor subcontracts any of the work, the Vendor agrees to pay any and all subcontractors in accordance with the Vendor's agreement with the respective subcontractor(s).

The State reserves the right to require the Vendor to reassign or remove from the project any Vendor or subcontractor employee.

Vendor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Vendor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

CHP understands and accepts all of Vendor Duties Section III.A.

**B. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The Vendor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Vendor is an individual or sole proprietorship, the following applies:

1. The Vendor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <https://das.nebraska.gov/materiel/docs/pdf/Individual%20or%20Sole%20Proprietor%20United%20States%20Attestation%20Form%20English%20and%20Spanish.pdf>
2. The completed United States Attestation Form should be submitted with the Solicitation response.
3. If the Vendor indicates on such attestation form that he or she is a qualified alien, the Vendor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Vendor’s lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Vendor understands and agrees that lawful presence in the United States is required, and the Vendor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

CHP agrees with the above terms. CHP is a partnership Limited Liability Company. Backgrounds checks, including E-Verify, are performed for each employee prior to hire and must be passed successfully to become a CHP employee.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Nonnegotiable)**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The Vendor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Vendors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §§ 48-1101 to 48-1125). The Vendor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Vendor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this Solicitation.

CHP understands and accepts all of Vendor Duties Section III.C.

**D. COOPERATION WITH OTHER VENDORS**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Vendor may be required to work with or in close proximity to other Vendors or individuals that may be working on same or different projects. The Vendor shall agree to cooperate with such other Vendors or individuals and shall not commit or permit any act which may interfere with the performance of work by any other Vendor or individual. Vendor is not required to compromise Vendor's intellectual property or proprietary information unless expressly required to do so by this contract.

CHP

understands and accepts all of Vendor Duties Section III.D.

**E. DISCOUNTS**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the solicitation response. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

CHP understands and accepts all of Vendor Duties Section III.E.

**F. PRICES**

Accept All Terms and Conditions Within	Exceptions Taken to Terms and Conditions	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to

Section as Written (Initial)	Within Section as Written (Initial)	the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the bidder, F.O.B. destination named in the Solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

Prices submitted on the cost sheet, once accepted by the State, shall remain fixed for the first four (4) years of the contract. Any request for a price increase subsequent to the initial term of the contract shall not exceed five percent (5%) of the price proposed for the period. Increases shall not be cumulative and will only apply to that period of the contract. The request for a price increase must be submitted in writing to the Department of Correctional Services a minimum of 120 days prior to the end of the current contract period. Documentation may be required by the State to support the price increase.

**The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.**

**The State will be given full proportionate benefit of any decreases for the term of the contract.**

[CHP understands and accepts all of Vendor Duties Section III.F.](#)

#### G. PERMITS, REGULATIONS, LAWS

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Vendor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Vendor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

[CHP understands and accepts all of Vendor Duties Section III.G.](#)

#### H. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Vendor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Vendor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

[CHP understands and accepts all of Vendor Duties Section III.H.](#)

**I. INSURANCE REQUIREMENT**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The Vendor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Vendor shall not commence work on the contract until the insurance is in place. If Vendor subcontracts any portion of the Contract the Vendor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor,
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Vendor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor’s Certificate of Insurance evidencing the required coverage.

The Vendor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Vendor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Vendor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within one (1) years of termination or expiration of the contract, the Vendor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and one (1) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Vendor elects to increase the mandatory deductible amount, the Vendor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

[CHP has included the Insurance COIs in this solicitation response in the Corporate Overview.](#)

**1. WORKERS’ COMPENSATION INSURANCE**

Accept All Terms and Conditions Within	Exceptions Taken to Terms and Conditions	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to

Section as Written (Initial)	Within Section as Written (Initial)	the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The Vendor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Vendor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

[CHP understands and accepts all Vendor Duties Section III.I.1.](#)

**2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	<i>D.G.</i>	Section III.I.2 – remove automobile liability insurance from this clause as CHP does not use automobiles in this contract or business. Alternate language proposed below, removing reference to the automobile insurance requirement.

The Vendor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Vendor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Vendor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Vendors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

[CHP has attached the COI for commercial general liability as well as professional liability coverage in the Appendix section. CHP automobile insurance coverage is purchased with rental cars during performance of this contract. CHP does not carry company auto insurance coverage as there are no company cars. Staff are required to carry personal insurance for business use of their vehicles, which is a rare occurrence.](#)

Alternate language with auto insurance removed: The Vendor shall take out and maintain during the life of this contract such Commercial General Liability Insurance as shall protect Vendor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Vendor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Vendors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.**

<b>REQUIRED INSURANCE COVERAGE</b>		
<b>COMMERCIAL GENERAL LIABILITY</b>		
General	Aggregate	\$2,000,000
Products/Completed Operations Aggregate		\$2,000,000
Personal/Advertising	Injury	\$1,000,000 per occurrence
Medical Payments		\$10,000 any one person
Contractual		Included
Independent Vendors		Included
Abuse & Molestation		Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>		
<b>WORKER'S COMPENSATION</b>		
Employers Liability Limits		\$500K/\$500K/\$500K
Statutory Limits- All States		Statutory - State of Nebraska
Voluntary Compensation		Statutory
<b>UMBRELLA/EXCESS LIABILITY</b>		
Over	Primary Insurance	\$5,000,000 per occurrence
<b>PROFESSIONAL LIABILITY</b>		
All Other Professional Liability (Errors & Omissions)		\$1,000,000 Per Claim / Aggregate
<b>COMMERCIAL CRIME</b>		
Crime/Employee Dishonesty Including 3rd Party Fidelity		\$1,000,000
<b>CYBER LIABILITY</b>		
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties		\$5,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>		
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."		
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>		
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."		

**3. EVIDENCE OF COVERAGE**

<b>Accept All Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions Taken to Terms and Conditions Within Section as Written (Initial)</b>	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The Vendor shall furnish the Contract Manager, via email, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

RFP 120174 O3  
 Nebraska Department of Correctional Services  
 Attn: Julie Schiltz  
[dcs.purchasing@nebraska.gov](mailto:dcs.purchasing@nebraska.gov)

These certificates or the cover sheet shall reference the solicitation number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Vendor to maintain such insurance, then the Vendor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

CHP has attached the Certificate of Insurance for both Workers' Compensation and General/Professional Liability to this RFP Submission packet in the Appendix.

**4. DEVIATIONS**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Vendor.

CHP understands and accepts all Vendor Duties Section III.I.4. As noted in Section III.I.2 above, CHP would like to negotiate on the automobile insurance coverage.

**J. ANTITRUST**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The Vendor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

CHP understands and accepts all of Vendor Duties Section III.J.

**K. CONFLICT OF INTEREST**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

By submitting a solicitation response, vendor certifies that no relationship exists between the vendor and any person or entity which either is, or gives the appearance of, a conflict of interest related to this solicitation or project.

Vendor further certifies that vendor will not employ any individual known by vendor to have a conflict of interest nor shall vendor take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, vendor shall provide with its solicitation response a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall solicitation response evaluation.

[CHP has no actual or perceived conflicts of interest with this contract or the State of Nebraska.](#)

**L. SITE RULES AND REGULATIONS**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The Vendor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Vendor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Vendor.

[CHP has vast experience working with correctional institutions in several states and jurisdictions, and will comply with all requirements for security access, rules and regulations for access to the NDCS facilities while performing this contract.](#)

**M. NDCS SECURITY**

Accept All Terms and Conditions Within	Exceptions Taken to Terms and Conditions Within	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

Section as Written (Initial)	Section as Written (Initial)	
D.G.		

1. Contractor's personnel shall be subject to NDCS background security checks prior to their arrival on site and will carry proper identification with them at all times while on facility grounds.
2. Contractor shall make its employees aware of the provisions of Neb. Rev. Stat. § 28-322.01, which state that a person commits the offense of sexual abuse of an inmate or parolee if such person subjects an inmate or parolee to sexual penetration or sexual contact, because an inmate or parolee is not legally capable of giving consent to any such relationship. Neb. Rev. Stat. § 28-322 states that individuals "working under contract with the department" are included in the list of persons prohibited from having sexual relations with one or more of NDCS' inmates. CONTRACTOR will promptly notify NDCS if allegations of sexual abuse or contact become known.
3. Contractor shall make his/her employees aware of the Nebraska Department of Correctional Services, Policy 112.31 (Code of Ethics and Conduct). CONTRACTOR may be required to sign and return documentation showing receipt of NDCS Policy 112.31 (Code of Ethics and Conduct).
4. Contractor shall inform his/her personnel of the Nebraska Department of Correctional Services Tobacco Policy, which states that tobacco and tobacco-related products are contraband and must not be carried into any NDCS-owned or controlled property. Such products must remain in CONTRACTOR'S locked vehicle while on NDCS-owned or controlled property.
5. Contractor and his/her personnel may be subject to pat searches and tool inventory upon arrival and departure from NDCS facilities.

Wireless devices and/or cellular phones are prohibited at NDCS facilities unless prior approval is given. Wireless devices include type smart watches or other electronic devices with internet connection. If wireless devices are necessary for use on site at NDCS, CONTRACTOR will seek prior approval to carry such devices by requesting the Cellular Device Institutional Use Report form. All persons are prohibited from providing a cellphone/electronic communication device to an inmate of any facility, per Policy104.05. Electronic Communication Devices.

CHP understands and will comply with all applicable security requirements while performing this contract.

**N. ADVERTISING**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The Vendor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

CHP understands and accepts all of Vendor Duties Section III.N.

**O. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Nonnegotiable)**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

1. The State of Nebraska is committed to ensuring that all information and communication technology (ICT), developed, leased, or owned by the State of Nebraska, affords equivalent access to employees, program participants and members of the public with disabilities, as it affords to employees, program participants and members of the public who are not persons with disabilities.
2. By entering into this Contract, Vendor understands and agrees that if the Vendor is providing a product or service that contains ICT, as defined in subsection 3 (below) and such ICT is intended to be directly interacted with by the user or is public facing, such ICT must provide equivalent access, or be modified during implementation to afford equivalent access, to employees, program participants, and members of the public who have and who do not have disabilities. The Vendor may comply with this section by complying with Section 508 of the Rehabilitation Act of 1973, as amended, and its implementing standards adopted and promulgated by the U.S. Access Board.
3. ICT means information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Vendor hereby agrees ICT includes computers and peripheral equipment, information kiosks and transaction machines, telecommunications equipment, customer premises equipment, multifunction office machines, software, applications, web sites, videos, and electronic documents. For the purposes of these assurances, ICT does not include ICT that is used exclusively by a Vendor.

CHP understands and accepts all of Vendor Duties Section III.O..

**P. DISASTER RECOVERY/BACK UP PLAN**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

The Vendor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

CHP understands and accepts all of Vendor Duties Section III.P.

**Q. DRUG POLICY**

Accept All Terms and	Exceptions Taken to	Exceptions:

Conditions Within Section as Written (Initial)	Terms and Conditions Within Section as Written (Initial)	(Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Vendor certifies it maintains a drug free workplace environment to ensure worker safety and workplace integrity. Vendor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

[CHP understands and accepts all of Vendor Duties Section III.Q.](#)

**R. WARRANTY**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Despite any clause to the contrary, the Vendor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Vendor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State, or if Vendor is unable to perform the services as warranted, Vendor shall reimburse the State all fees paid to Vendor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

[CHP understands and accepts all of Vendor Duties Section III.R.](#)

**S. TIME IS OF THE ESSENCE**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	<b>Exceptions:</b> (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
<i>D.G.</i>		

Time is of the essence with respect to Vendor's performance and deliverables pursuant to this Contract.

[CHP understands and accepts all of Vendor Duties Section III.S.](#)

## IV. PAYMENT

### A. PROHIBITION AGAINST ADVANCE PAYMENT (Nonnegotiable)

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

Pursuant to Neb. Rev. Stat. § 81-2403, “[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency.”

CHP understands and accepts all of Payment Section IV.A.

### B. TAXES (Nonnegotiable)

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The State is not required to pay taxes and assumes no such liability as a result of this Solicitation. The Vendor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Vendor's equipment which may be installed in a state-owned facility is the responsibility of the Vendor.

CHP understands and accepts all of Payment Section IV.B.

### C. INVOICES

Accept All Vendor Duties Within Section as Written (Initial)	Exceptions Taken to Vendor Duties Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
	D.G.	Section II C. Invoices – add paragraph to outline payment to providers by Vendor for clarity in the contract: “Vendor shall pay providers after receipt of NDCS invoice payments are confirmed received. This payment process can be updated through mutual agreement between the parties if there are any material changes.”

Invoices for payments must be submitted by the Vendor to the agency requesting the services with sufficient detail to support payment.

Invoices shall include detailed itemized billing per patient including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)).

The terms and conditions included in the Vendor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract. **The State shall have forty-five (45) calendar days to pay after a valid and accurate invoice is received by the State.**

CHP pays its providers on a client funding basis (vs. a front-loaded payment reimbursement basis). CHP adjudicates claims during a standard work week and provides a claims invoice with the detailed itemized billing per patient information (as required by contract) on a weekly basis to the client. The payment file for the provider payment is then transmitted via secure electronic transmission to the payment vendor to await client funding of that invoice. When funding is received from the client via ACH and posted into the unique bank account for the client, the payment file is released to the associated list of providers via EFT or mailed hard check (provider preference).

**Request added paragraph:** "Vendor shall pay providers after receipt of NDCS invoice payments are confirmed received. This payment process can be updated through mutual agreement between the parties if there are any material changes."

**D. INSPECTION AND APPROVAL**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Vendor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

CHP understands and accepts all of Payment Section IV.D.

**E. PAYMENT (Nonnegotiable)**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. § 81-2403). The State may require the Vendor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Vendor prior to the Effective Date of the contract, and the Vendor hereby waives any claim or cause of action for any such goods or services.

CHP understands and accepts all of Payment Section IV.E.

**F. LATE PAYMENT (Nonnegotiable)**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The Vendor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §§ 81-2401 through 81-2408).

CHP understands and accepts all of Payment Section IV.F.

**G. SUBJECT TO FUNDING/FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Nonnegotiable)**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written (Initial)	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)
D.G.		

The State's obligation to pay amounts due on the Contract for fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Vendor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Vendor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Vendor be paid for a loss of anticipated profit.

CHP understands and accepts all of Payment Section IV.G.

**H. RIGHT TO AUDIT (First Paragraph is Nonnegotiable)**

Accept All Terms and Conditions Within Section as Written (Initial)	Exceptions Taken to Terms and Conditions Within Section as Written	Exceptions: (Bidder must note the specific clause, including section reference, to which an exception has been taken, an explanation of why the bidder took exception to the clause, and provide alternative language to the specific clause within the solicitation response.)

	<b>(Initial)</b>	
<i>D.G.</i>		

The State shall have the right to audit the Vendor's performance of this contract upon a thirty (30) days' written notice. Vendor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. § 84-304 et seq.) The State may audit, and the Vendor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Vendor shall make the Information available to the State at Vendor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Vendor so elects, the Vendor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Vendor be required to create or maintain documents not kept in the ordinary course of Vendor's business operations, nor will Vendor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Vendor.

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one half of one percent (0.05%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Vendor, the Vendor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Vendor agrees to correct any material weaknesses or condition found as a result of the audit.

[CHP understands and accepts all of Payment Section IV.H.](#)

## V. PROJECT DESCRIPTION AND SCOPE OF WORK

The bidder should provide the following information in response to this Solicitation.

### A. REVISED PROJECT OVERVIEW

This solicitation is solicit a response from a qualified bidder which can provide a solution to process payments for claims/ invoices for an incarcerated individual(s) healthcare services on behalf of NDCS.

In accordance with Nebraska State Statute 83-4,154, NDCS is required to provide a Community Standard Level of Care to all incarcerated individuals. Services provided to the incarcerated individuals are provided both off-site and on-site.

Payment processing services will apply Nebraska ~~Medicare~~ Medicaid Rates, ~~unless~~ or the negotiated Preferred Provider Organization (PPO) rate ~~is lower~~ within the contractor's network of providers and/or a non-network provider under contract NDCS.

Medical expenses for individuals on parole or individuals in the custody of NDCS on behalf of a county jail are not included in this service.

[CHP understands and agrees with the Revised Project Overview.](#)

### B. SCOPE OF WORK

Minimum scope of work provided by contractor will include the following:

1. Healthcare providers will bill contractor directly for NDCS incarcerated individuals' healthcare provided off-site or on-site of a NDCS facility. NDCS will notify contractor if services are to be billed as an exception to the contract, i.e., Medicaid, NDCS direct billing; such claim exceptions will not be processed and will be rejected by the contractor.
2. Individuals on parole or individuals in the custody of NDCS on behalf of a county jail will not be factored into the average daily population (ADP) and at this time are considered outside the scope of services.
3. Pay networked provider claims in accordance with contractor's internal network provider agreement.
4. NDCS approved dental services.
5. Pregnancy care: This will include prenatal and postnatal care for the mother only not covered by Medicaid.
6. Prosthetics/Orthotics when placed at the time of surgery.
7. Other Specialty Out-Patient Services.

[CHP understands the minimum scope of work and can comply with all requirements.](#)

[In addition, CHP can provide prior authorization services, utilization management and concurrent review services, and medical records retrieval from external providers and specialists as detailed in the Bidder's Questionnaire.](#)

### C. REVISED BUSINESS REQUIREMENTS

Minimum requirements shall include the following:

1. Claim Correspondence: No correspondence of any type is to be sent to the incarcerated individual(s) or entities other than NDCS. This includes, but is not limited to, explanation of benefits (EOB), checks, letters, brochures, billings, etc.
2. Rates for Medical/Dental Claims submitted: Nebraska ~~Medicare~~ Medicaid Rates ~~unless~~ or the negotiated PPO ~~rate is lower~~. Incarcerated Individuals and/or NDCS are not responsible for remaining balance due after ~~Medicaid~~ ~~Medicare~~/PPO rates have been applied.
  - a. Contractor is responsible for notifying member providers on remittance statements. No balance will be due after ~~Medicaid~~ ~~Medicare~~ or PPO rates are applied.
3. Nebraska Medicaid eligibility as defined by Nebraska Department of Health and Human Services (DHHS):
  - a. Reference is 477 NAC 11-003.01(A) INSTITUTIONALIZED INDIVIDUALS. An inmate of a public institution, as defined by 42 Code of Federal Regulations (CFR) 435.1009, who meets inpatient status in a medical institution, as defined by 42 CFR 435.1010, and who is otherwise eligible may only receive payment for services received during his or her inpatient stay over 24 hours.
    - i. Chapter 11-003.01(A) at <https://rules.nebraska.gov/rules?agencyId=37&titleId=232>
4. Deductible, Coinsurance or Copays: Do not apply.

5. Claims Timeframe: Contractor will accept claims as timely if filed within two (2) years of date of service pursuant to the State Contract Claims Act, see Neb. Rev. Stat. § 81-8,306.
6. Claims Maximums: Claims maximums such as day, dollar, and lifetime maximums do not apply.
7. Preauthorization: Not applicable for emergency services or inpatient services. ~~For out-patient services, NDCS will provide a prior authorization number.~~
8. In-State and Out-of-State Services: Only those services approved by the NDCS should be submitted to contractor for payment. However, if billed, the following services should not be paid by contractor:
  - a. ~~Claims billed by out-of-network providers. These claims should be sent to NDCS for consideration.~~
  - b. Medications for use after leaving medical provider.
  - c. ~~Prosthetics/ Orthotics except for those off-site items issued at the time of surgery.~~
  - d. ~~Prosthetics/orthotics deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.~~
  - e. Services covered by Medicaid.
  - f. Newborn or childcare.
  - g. Abortion.
  - h. Caffeine-related disorders.
  - i. Chiropractic care.
  - j. Dental implants.
  - k. ~~Dentures/Dental Laboratory Services.~~
  - l. ~~Claims deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.~~
  - m. Elective procedures.
  - n. Erectile dysfunction.
  - o. Factitious disorder.
  - p. Learning disorder.
  - q. Nicotine-related disorders.
  - r. Other conditions/disorders/issues/procedures as determined by the Medical Director or designee for NDCS Health Services.
9. In-State and Out-of-State Services: Only those services approved by the NDCS should be submitted to contractor for payment. If billed, the following services should be paid by contractor:
  - a. Claims billed by out-of-network providers. These claims should be sent to NDCS for consideration.
  - b. Prosthetics/ Orthotics except for those off-site items issued at the time of surgery.
    - i. Prosthetics/orthotics deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.
  - c. Dentures/Dental Laboratory Services,
    - i. Claims deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.
10. Workers' Compensation/Subrogation: Contractor will not pay these claims. The employer's workers' compensation insurer must cover the incarcerated individuals for all work-related claims.
11. Transplants: Billing received for transplant services must be pre-approved by the NDCS Medical Director or designee. Patient must also meet transplant criteria. NDCS will not pay for elective transplant procedures.
12. Medicaid Claims: Services covered by Medicaid will not be paid by contractor. NDCS will notify contractor of any Medicaid service eligibility changes.
13. Most-used hospital(s) include but are not limited to the following.
  - a. Nebraska Medicine, CHI Health, Bryan Health, Johnson County Hospital, York General Hospital and McCook Community Hospital.

CHP understands and can meet all business requirements as outlined in this section and detailed in the Bidder's Questionnaire.

#### D. HISTORICAL INFORMATION

The information below provides historical information on past use of such services and is intended to aid bidder(s) in developing their response to this RFP.

1. The ADP since 2023 has been 5692 people.
2. NDCS Fiscal Year '24, Quarter 4 (April – June 2024) the ADP was 5872 people.
  - a. NDCS fiscal year runs July 1 through June 30.
  - b. Additional historical reports may be found at <https://www.corrections.nebraska.gov/public-information/statistics-reports/ndcs-reports>
3. Fiscal year 2023 Medical and Dental claims
  - a. Medical

- i. 23,418 claims
    - ii. \$18,104,303.51 dollars paid.
    - iii. 261 providers
  - b. Dental
    - i. 113 claims
    - ii. \$34,351.10 dollars paid.
- 4. Fiscal year 2024 Medical and Dental claims
  - a. Medical
    - i. 24,704 claims paid.
    - ii. \$15,649,991.34 dollars paid.
    - iii. 252 providers
  - b. Dental
    - i. 250 claims paid.
    - ii. \$51,454.21 dollars paid.
    - iii. 3 Unique Providers.
- 5. Inpatient facility claims paid from June 2023 to July 2024 (see table 1).
  - a. This does not include professional claims related to an inpatient stay.
  - b. The following were excluded from the counts below:
    - i. Claims that were paid and later reversed.
    - ii. Reversal claims.
    - iii. Claim Adjustments.

Service Year	IP Claim Count	IP Claimant Count
2022	5	5
2023	84	71
2024	36	36
Table 1		

CHP understands the scope and volume of the services historically required. These volumes are fully within CHP's capability to process in an accurate and timely manner.

**E. REVISED BIDDER REQUIREMENTS**

The bidder shall provide a minimum of the following in the response to the RFP.

1. Original Contractual Agreement Form signed manually in ink or by DocuSign; [CHP has included the DocuSigned form in this document.](#)
2. Clarity and responsiveness; [CHP prides ourselves on clarity of our mission and operations, and our responsiveness in working with our clients. As a smaller, more adaptable company, we can provide individualized services to meet our clients' unique needs and maximize value. The CMO and CEO are two of the three owners of the company and fully invested to making the business relationship successful and a positive experience.](#)
3. Completed Corporate Overview; [CHP has included the full Corporate Overview in this document. Resumes are in the Corporate Overview.](#)
4. Completed Sections II thru VI; [CHP has included Sections II through VI in this document.](#)
5. Completed Attachment A, Bidder Questionnaire; [CHP has included Attachment A below.](#)
6. Completed Cost Proposal. [CHP has included the Cost Proposal as a separate document in this package.](#)
7. Provide listing of in-network Providers, that is sortable by each specialty in following 5 cities: Omaha metro area, Lincoln, York, Tecumseh, and McCook. [CHP has included an Excel spreadsheet for in-network Providers and Hospitals as a separate document in File 4 of 5.](#)

8. Identify the processes to ensure provider rates are not paid higher than the ~~Nebraska Medicare negotiated rates or Medicaid rates~~, to include applicable reports that compare provider and ~~Medicare Medicaid~~ rates to the corresponding claims paid.

Plexis Claims Management (PCM) runs on a standard SQL Server database. PCM's claim adjudication process verifies eligibility, checks coverage limits and restrictions, confirms authorization, applies industry standard coding guidelines and computes payment according to individual provider contracts, including claims that have been repriced by FCHN.

The method of repricing claims is a combined effort between CHP and FCHN. CHP receives paper and electronic claims on behalf of the client through subcontractor Smart Data Solutions. Paper claims are converted to EDI and combined with electronic claims, which are sent to FCHN for repricing. FCHN applies their network discounts within the electronic files and returns them to CHP for adjudication and the application of any further discounts based on standard claim edits and national coding guidelines.

FCHN's methodology is to negotiate based on each individual hospital's charge-to-cost ratio where appropriate, in other words, a percentage of billed charges. Reimbursement for professional services is based upon the lowest commercially insured rates within each community. First Choice Health Network works with CHP to identify the most utilized medical providers and strive to bring into the network those that are not currently participating while simultaneously lowering contract rates for those that are in network.

This process has proven to be very efficient and results in a very high rate of accuracy for the client, and a high level of satisfaction among providers due to rapid and accurate payment and ease of administration for their offices.

Out of network providers approved by NDCS will be contacted by CHP staff to obtain the appropriate W9 information for pricing. A single case agreement or full negotiated agreement will be developed for signatures and the negotiated fee schedule will be built into the PCM system for pricing.

CHP also currently performs a thorough pre/post-close auditing process for its clients. Before claims close: CHP claims examiners audit 100% of claims post-adjudication regardless of the status of the claim. If necessary, there is an additional review by the claims manager (such as high dollar claims). This ensures the claims have been adjudicated correctly. The claims department confirms all claim information in PLEXIS matches the claim image, and that the date of service is within the eligibility period. Financial reports are also reviewed post-adjudication to confirm the precision of the payable batch.

9. ~~Include an outline of compliance management for claims processing in accordance with the RFP Scope of Work. Outline of the utilization management of claims process and potential to customize.~~

#### Managed Care and Electronic Claims Processing System

CHP uses a specialized, proprietary system to manage care throughout the life cycle from service request to claims payment. This system enables CHP to focus on client-specific needs and help contain costs better than other, larger systems, such as those found in insurance companies.

Prior Authorizations (optional service for NDCS): Remote providers or DOC staff use CHP's proprietary Managed Care System (MCS) web application to make online requests for care/authorization requests. MCS allows the provider or DOC staff to enter diagnosis, requested procedure information, and notes with the request. Users can verify eligibility of the incarcerated individual, and the system shows the user which providers are in the DOC contracted network of specialists and facilities. The MCS shows the user the status of past requests and allows file attachments when supporting documentation is needed for a request.

Once a request is submitted via MCS, it is transferred electronically to CHP's in-house instance of CHP's care management software environment. CHP uses our MCS software for outpatient and inpatient utilization and case management. The role-based application of our system ensures only the information necessary for CHP's employees to do their job is available.

**Network Pricing:** Upon import into the Smart Data Solutions clearinghouse, the FCHN claims are forwarded to FCH for pricing in compliance with the FCH contracts with providers. Once repriced by FCHN, the claims are then returned to SDS for import into the CHP claims system. Claims can also be manually checked for pricing through the FCHN website by CHP claims examiners if there are questions on the claim.

**Claims Adjudication:** Referral and authorization information is extracted from MCS and fed into CHP's in-house Plexis Claims Manager (PCM). This allows the claims processors to compare incoming claims against referrals and validate services to be paid. Claims are loaded daily into Plexis from both electronic submittal (EDI) and paper claims that have been scanned electronically. Each day, new claims processing data is pushed to the web-based claims portal where providers and authorized DOC staff can look up the status of submitted claims.

All of CHP's systems utilize role-based user access that segments data physically and/or logically by client and by content. Data from all of CHP's information systems are fed into CHP's data warehouse. The data warehouse is used by our Analysis Department for reporting and investigation of data.

Data within each instance is logically partitioned and stored in separate physical files from the data of other clients. Permissions to various portions of the data warehouse are role-based, and access to data is granted at the table/view level and logical partition.

### **Safeguards**

CHP uses multiple electronic systems to manage data and information security.

- All end-user access to these systems is done via individual logins with role-based access and data segmentation so only the information required by the end user to fulfill individual tasks is available to the end user(s).
- Data is segregated by client either physically or logically depending upon the system.
- Aside from our internet web portal for referral and authorization request submission, all access to CHP data systems containing sensitive information-including those used to adjudicate and process claims-are only accessible to designated individuals already authenticated through CHP's domain authentication systems. These systems cannot be accessed by those without established network logins and appropriate grants within.
- Electronic systems housing data are backed up daily and stored in multiple locations, including off site repositories to ensure recovery in the event of an event requiring recovery, or a need to purge and destroy data as dictated by clients.
- Numerous monitoring systems are in place within CHP's electronic network and data systems and designed to detect and report issues with data access and sharing to ensure in the event we have an incident where data is deemed at risk or in breach, we can detect that fact and address promptly.

#### 10. Example of standard analytical dashboard.

CHP has a wide range of analytical reports, both standard and ad hoc, that can be customized to NDCS analytical needs. Samples of these reports are included in this package.

While CHP does not have a web-based dashboard at the moment, the concept is currently in planning stages to be available by the end of 2026. Until that is accomplished, CHP would be open to developing an appropriate set of data extracts sufficiently normalized, automate the process of periodic updates and provide those data extracts via secure EDI.

CHP provides a very large set of monthly clinical management reports which are summarized and presented during the monthly Joint Operations Committee meetings with each client. Our hands-on personalized approach to reporting to client management in this manner has been successful with other clients, and we believe this method of customer service to be valuable to NDCS as well.

#### 11. A list of all network providers.

CHP has included a full list of network providers in the sortable file in File 4 of 5.

### **F. REVISED CONTRACTOR REQUIREMENTS**

While maintaining the minimum business requirements, service provided by contractor shall include the following minimum requirements.

#### 1. General

- a. Contractor network will include service providers for all NDCS facility locations.

- b. Process valid patient care claims for State incarcerated individual(s) committed to NDCS or other NDCS approved incarcerated individuals.
- c. Will pay provider claims in accordance with the contractor/provider agreement ~~but are not to exceed Nebraska Medicare rates.~~
- d. Will deny any of those claims to be paid by Nebraska Medicaid.
- e. An updated provider directory will be available via an electronic site maintained by contractor.

CHP agrees and will comply with these general requirements as outlined in Bidder Questionnaire section F.1.a-e. A provider directory is available through FCHN at [www.fchn.com](http://www.fchn.com) to search for an in-network provider.

## 2. Reporting

- a. Provide NDCS a minimum of a monthly report outlining claims that have been denied and a detailed reason for denial.  
CHP will meet these requirements as outlined in Bidder Questionnaire section F.2.a.
- b. Shall provide the following electronic reports, upon request by NDCS, at no charge:
  - i. Include a listing (title or topic) and provide a sample printout of all reports that are considered standard and included at no additional charge.
  - ii. Special reports of health care paid for an incarcerated individual within two (2) business days.
  - iii. Rejected claims and rationale for rejection.
  - iv. Breakout by specialty, i.e. physical therapy, dental, psychiatry, maternity, etc.
  - v. Report of charges of \$20,000 or above per incarcerated individual, per diagnosis, and per off-site hospitalization per occurrence, or as requested.  
CHP will meet these requirements as outlined in Bidder Questionnaire section F.2.b.
- c. Provide a weekly and monthly listing in Excel or CSV format of all claims paid per incarcerated individual, identifying:
  - i. Incarcerated individual committed name.
  - ii. NDCS Incarcerated individual identification number.
  - iii. Incarcerated individual age/ date of birth.
  - iv. Date of service (beginning and ending).
  - v. Medical provider name and location.
  - vi. Place of service codes.
  - vii. Detailed billing including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)).
  - viii. APR-DRG (Diagnose Related Group) + SOI (Severity of Illness) level determines reimbursement level.
  - ix. Prospective Payment System detail showing weight and rate of each APR-DRG for different clinics/hospitals/surgical centers.
  - x. Total Gross charged amount.
  - xi. Total Net paid amount.
  - xii. Dates of claim submission to contractor.
  - xiii. Dates of payment to providers.  
CHP will meet these requirements as outlined in Bidder Questionnaire section F.2.c.
- d. Provide Service Organizational Control Report (SOC2) document annually or the latest SOC2 upon NDCS request.  
CHP does not currently have an SOC2 report.

## 3. Electronic dashboard

- Contractors' website or other electronic source that shows real time data for inpatient stay/outpatient visit.
- a. The dashboard must provide a minimum of the following.
    - i. Most expensive patients.
    - ii. Top diagnoses.
    - iii. Frequency of diagnoses.
    - iv. Year to date.
    - v. Month to month.
    - vi. Specialists/category.
    - vii. Itemized billings for all patients.

- viii. Files be protected to meet all applicable state and federal confidentiality standards.
  - a) Prefer to have the capability to print off the file at NDCS.
- ix. Contractor shall provide menu listing of industry standard services including Certification and Concurrent Review Requirements with applicable cost and bullet point Return on Investment (ROI) as options for NDCS to consider using:
  - a) Pre-payment auditing cost.
  - b) Concurrent review cost.
  - c) Complex medical review cost.

CHP will meet these requirements as outlined in Bidder Questionnaire section F.3.a.

- b. Medical Director may require additional analytics on the electronic dashboard. It is preferred that the data on the electronic dashboard be easily configured to perform analysis.

CHP will meet these requirements as outlined in Bidder Questionnaire section F.3.b.

#### 4. Claims

- a. When submitting an inquiry to the NDCS regarding a claim, the Contractor shall include:
  - i. Incarcerated individual committed name and date of birth.
  - ii. NDCS five (5) or six (6) digits incarcerated individual identification number.
  - iii. Medical provider name and location and clinic/hospital/surgical center if applicable.
  - iv. Admit and Discharge Date.
  - v. Total Charges.
  - vi. Detailed billing including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)).
  - vii. Diagnose Related Group (APR-DRG) + Severity of Illness (SOI) level determines reimbursement level.

CHP will meet these requirements as outlined in Bidder Questionnaire section F.4.a.

#### 5. Meetings

- a. Must attend meetings to ensure a successful process flow.
- b. Annual review of SOC2.

CHP agrees with these requirements as outlined in Bidder Questionnaire section F.5.

CHP agrees to meet at least quarterly with NDCS as requested in the Bidder Questionnaire. Although we currently do not perform SOC2 audits, we would agree to discuss this requirement and the request to meet annually.

CHP would offer to meet with NDCS staff monthly as we do with other clients. We have a monthly Joint Operations Committee (JOC) meeting to discuss the data analytics from claims paid in the prior month (i.e. June JOC meeting reports on May claims data). Our comprehensive reporting package is sent to the client approximately five business days before the JOC, and a summary of that information is compiled into a JOC meeting report that is presented to client accounting and clinical staff (attendees determined by the client). We also provide status reports from accounts management on contract and non-contract execution, from claims management on volumes and turnaround times, and from prior authorization staff (if we are doing this service for the client) on volumes and turnaround times.

### G. NDCS REQUIREMENTS

1. NDCS will provide an electronic listing of all incarcerated individual(s) to be covered by this service, including assigned identification numbers, appropriate demographics, and facility location.
  - a. This listing will be updated each workday via the Secure file Transfer Protocol (SFTP).
  - b. File format and specifications will be agreed upon in advance between the contractor and NDCS.
2. Provide the contractor with the previous quarterly ADP report. The contractor shall calculate the monthly processing fee based upon the most recent ADP report provided.
3. NDCS Accounting will contact the providers who are incorrectly billing and/or submitting ineligible claims NDCS and advise them of the appropriate billing procedures for their services.
4. Provide contractor with a list of Nebraska Medicaid eligible and pending applications. This list will be provided at a reasonable timeframe mutually agreed upon.
5. NDCS will reimburse the contractor on a twice monthly basis for paid claims. In addition, NDCS will process payment to Contractor on a monthly basis for any fee other than claims paid.

6. Meetings NDCS Health Services will:
  - a. Administer quarterly meetings to ensure a successful process flow.
  - b. Schedule reoccurring meetings with stakeholders.
  - c. Provide meeting agenda prior to meeting date.
  - d. Provide meeting minutes to stakeholders.
    - i. Stakeholders may include but are not limited to contractor, hospitals, providers, billing groups, NDCS, and/or other state agencies.

CHP understands section G requirements and is able to import the files via an SFTP process.

#### H. NDCS FACILITY LOCATIONS

Current facilities are listed below. Locations may be added/removed as needed.

1. Community Corrections Center Lincoln (CCCL) Lincoln
2. Community Corrections Center Omaha – (CCCO) Omaha
3. Reception and Treatment Center (RTC)- Lincoln
4. Nebraska Correctional Center for Women (NCCW) York
5. Nebraska Correctional Youth Facility (NCYF) Omaha
6. Nebraska State Penitentiary (NSP) Lincoln
7. Omaha Correctional Center (OCC) Omaha
8. Work Ethic Camp (WEC) McCook
9. Tecumseh State Correctional Institution (TSCI) Tecumseh

CHP can service all NDCS locations.

#### I. NDCS CONTACTS

A list of current NDCS contacts will be provided upon contract award. The contacts may be subject to change during the life of the contract. Contractor will be notified of any changes.

CHP understands these contact requirements.

#### J. PAYMENT SCHEDULE/DELIVERABLES

Invoices will not be processed for payment unless the associated requirements have been met, refer to Section IV.C. Reimbursement will be based upon the following payment schedule and processing fees outside of claims paid.

Contractor must provide:

1. Detailed billing summary at the time of payment reimbursement request.
  - a. Invoices shall include detailed itemized billing per patient including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)).
2. Award options:
  - a. If awarded at a fee per incarcerated individual.
    - i. The formula used to calculate the monthly processing fee shall be “fee per incarcerated individual multiplied by the ADP.”
      - a) Monthly invoices shall include the payment processing fee and the ADP number to determine the monthly fee.  
Example: Medical payment processing fee = \$19.50 and ADP = 5872.  
The invoice would reflect “\$19.50 (fee) x 5872 (ADP) = \$114,504.00”.
  - b. If awarded at a monthly flat rate, no formula will be required on invoices.
3. All recoupment requests to NDCS will be processed within 30 calendar days upon agreement.

CHP can accept and meet these requirements as outlined, and as detailed in Bidder Questionnaire section J.1.a-b.

#### K. OPTIONAL SERVICES

Optional services may be provided in the response to the RFP. These services may be considered and awarded if deemed within the best interest of the State. Any costs associated with optional services shall be provided under “Optional Services” within the Cost Proposal.

1. Prior to claims being paid, Utilization Review should include but not be limited to:
  - a. Review claims for appropriate level of service.
  - b. Review procedures/documentation related to visit for appropriateness.
  - c. Review hospital stays for appropriate length of stay.

Optional Services available through CHP (and as outlined in Bidder Questionnaire section K.1-3.

Controls through Claims Administration:

- Certified Claim Examiners

- CMS standard NCCI claim edits incorporated into adjudication application. NCCI edits are used to identify aberrations in provider claims and automatically pend for review.
- Claims in particular segments reviewed, such as 100% Inpatient admissions
- Higher cost claims reviewed over a set threshold
- Outlier line-item hardware and supplies reviewed, such as high cost DME

Post Adjudication analysis relies on data analytics to support. This would be longitudinal post claims analysis to identify urgent or emergent trends. An example of this is included in the Monthly Reporting package—ER Trend Report.

a-b. CHP's certified coders and claims examiners review claims for appropriate services and specialties using CMS NCCI edits. Claims for certain services, (e.g. inpatient stays, Flight for Life, high-dollar claims, etc.) are flagged for review by our authorization team prior to claims payment. If medical necessity cannot be determined from the provided diagnosis and procedure codes, CHP's Medical Record Technician (MRT) will request medical records for further review. CHP's authorization team, composed of a Registered Nurse (RN) and a Medical Director (MD), use clinical standards such as Milliman Care Guidelines (MCG) to ensure appropriate care was provided. Based on the findings from the clinical review, the claim will either be approved, adjusted, or denied.

c. Regarding inpatient admissions and observation stays, CHP's Facility Care Manager (FCM) follows the patient from admission to discharge. Using MCG, the FCM ensures the patient's clinical course and length of stay aligns with established standards pertaining to the patient's admitting diagnosis and/or procedure. Post adjudication analysis relies on data analytics to support clinical review of the above-mentioned services and claims payment. Trends in data analysis assist, and may redirect, CHP and NDCS's attention to problematic areas where further clinical review may prevent the under or overutilization of services.

The concurrent review (inpatient admissions and observation stays by FCM) and medical records services are listed as optional services for this RFP with costs outlined in the Cost Proposal.

2. Any other analytical services, reports, quality assurance, auditing, tools etc., available that would be provided to NDCS at no additional cost.

CHP will tailor analytics and reporting to NDCS using available data and sources. For instance, CHP can provide a summary of monthly/yearly CPI for various aggregations affecting healthcare delivery for use in forecasting by the client. At least once per year, CHP will compile a population study to identify unique offender counts by month and fiscal period and average monthly turnover in the population. Unique offender and healthcare claimant counts are used in reporting to provide new statistics and additional informational value.

Through the ad hoc process, CHP will assist NDCS whenever possible. CHP will provide timely reporting for requests by state legislative bodies and for litigation purposes.

CHP may utilize internal sources of information from the client in relation to healthcare services delivered. Examples may include transportation and security cost analysis in determining cost benefit for an onsite clinic or analyzing medical services rendered inside the walls by NDCS staff. Other clients utilize this information for successful budgeting inside their organization.

The concurrent review process (if optional services are selected per the RFP) generates data that may inform about qualitative aspects of hospital specific care. NDCS and CHP may use that data to improve clinical and administrative outcomes.

The prior authorization process generates valuable information on approved and denied clinical decisions. While the RFP does not include prior authorization services, NDCS may choose to forward internal prior authorization data to CHP for analysis on a periodic basis. CHP can provide an online portal to facilitate the input and tracking of outpatient and inpatient authorizations.

3. Additional like-services that are available which are not specifically mentioned in this RFP.

#### Prior Authorization and Concurrent Review

CHP offers prior authorization services in which the onsite provider and/or specialist will enter a request on CHP's portal including any pertinent medical records supporting the request. Our prior authorization team composed of Registered Nurses and a Medical Director will review the request for medical necessity using Milliman Care Guidelines (MCG). CHP's prior authorization program offers consistent evidence-based

decision-making for outside and specialty care. This assists in driving evidence-based care that helps ensure quality care for all patients. A referral number will be generated for each authorization that can later be used to adjudicate claims.

In addition to prior authorizations, CHP offers concurrent review services for inpatient and observation stays. Our RNs will follow patients throughout their admission, providing daily clinical updates to the care team at the facility. CHP utilizes MCG to track and compare the goal length of stay and optimal recovery course based off the patient's admitting diagnosis, allowing CHP to advocate for the patient's needs while preventing unnecessary treatment and claims payments. Upon discharge, CHP assists with discharge planning for complex patients needing additional care or treatment post admission. Our concurrent review nurses also monitor any quality-of-care issues that may happen during a hospital stay. This is addressed by our quality management program as needed.

#### Medical Records Program

CHP has Medical Record Technicians (MRT) who follow daily outpatient appointments and emergency send-outs and retrieve clinical notes on behalf of our clients. These notes are sent back to the client to assist with continuity of care inside the facilities. At Joint Operation Committee (JOC) meetings, reporting is provided to our client on the number of off-site appointments and emergency room send-outs occurring each month. These reports support the analysis derived from claims processing.

CHP understands these services would be engaged only upon NDCS acceptance of the services and associated costs as outlined in the cost proposal.

## **VI. SOLICITATION RESPONSE INSTRUCTIONS**

This section documents the requirements that should be met by bidders in preparing the Corporate Overview, Technical Response, and Cost Sheet. Bidders should identify the subdivisions of "Project Description and Scope of Work" clearly in their solicitation response; failure to do so may result in disqualification. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Solicitation responses are due by the opening date and time shown in the Schedule of Events. Content requirements for the Corporate Overview, Technical Response, and Cost Sheet are presented separately in the following subdivisions: format and order:

### **A. SOLICITATION RESPONSE SUBMISSION**

#### **1. CORPORATE OVERVIEW**

The Corporate Overview section of the solicitation response should consist of the following subdivisions:

##### **a. BIDDER IDENTIFICATION AND INFORMATION**

The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.

##### **b. FINANCIAL STATEMENTS**

The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.

If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that solicitation evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.

The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.

The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

##### **c. CHANGE OF OWNERSHIP**

If any change in ownership or control of the company is anticipated during the twelve (12) months following the solicitation response due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.

##### **d. OFFICE LOCATION**

The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

##### **e. RELATIONSHIPS WITH THE STATE**

The bidder should describe any dealings with the State over the previous three (3) years. If the organization, its predecessor, or any Party named in the bidder's solicitation response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

##### **f. BIDDER'S EMPLOYEE RELATIONS TO STATE**

If any Party named in the bidder's solicitation response is or was an employee of the State within the past six (6) months, identify the individual(s) by name, State agency with whom

employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for solicitation response submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this solicitation. If no such relationship exists, so declare.

**g. CONTRACT PERFORMANCE**

If the bidder or any proposed subcontractor has had a contract terminated for default during the past three (3) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.

It is mandatory that the bidder submit full details of all termination for default experienced during the past three (3) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's solicitation response accordingly. If no such termination for default has been experienced by the bidder in the past three (3) years, so declare.

If at any time during the past three (3) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

**h. SUMMARY OF BIDDER'S CORPORATE EXPERIENCE**

The bidder should provide a summary matrix listing the bidder's previous projects similar to this Solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the solicitation response.

The bidder should address the following:

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this Solicitation. These descriptions should include:
  - a) The time period of the project,
  - b) The scheduled and actual completion dates,
  - c) The bidder's responsibilities,
  - d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
  - e) Each project description should identify whether the work was performed as the prime Vendor or as a subcontractor. If a bidder performed as the prime Vendor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.
- ii. Bidder and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as subcontractor projects.
- iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the bidders above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.

**i. SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH**

The bidder should present a detailed description of its proposed approach to the management of the project.

The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this Solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface, and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the Solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

**j. SUBCONTRACTORS**

If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:

- i.** name, address, and telephone number of the subcontractor(s),
- ii.** specific tasks for each subcontractor(s),
- iii.** percentage of performance hours intended for each subcontract; and
- iv.** total percentage of subcontractor(s) performance hours.

**2. TECHNICAL RESPONSE**

The Technical Response section of the solicitation response should consist of the following subsections:

- a.** Understanding of the project requirements;
- b.** Proposed development approach;
- c.** Attachment A, Bidder Questionnaire requirements;
- d.** Detailed project work plan; and
- e.** Deliverables and due dates.

## Deliverables and Due Dates

<u>TIME FRAME</u>	<u>ACTIVITY</u>
March 2025	<b>Anticipated Contract Award Date (TBD by NDCS)</b>
March 2025	<b>Finalize Contract and Internal Review of Requirements:</b> <ul style="list-style-type: none"> <li>✓ Contract finalization with NDCS administrators.</li> <li>✓ Internal CHP review of proposal and RFP requirements to develop a detailed start-up schedule.</li> <li>✓ IT review of requirements and identification of necessary timelines.</li> <li>✓ Allocate initial start-up assignments and deadlines.</li> <li>✓ Finalize the project plan.</li> <li>✓ Confirm transition &amp; implementation team.</li> </ul>
April 2025	<b>Kick-off meeting with NDCS:</b> <ul style="list-style-type: none"> <li>✓ Agree on transition &amp; implementation plan timelines.</li> <li>✓ Agree on process changes and needs.</li> <li>✓ Identify CHP staff members to support both implementation and ongoing operations.</li> <li>✓ Develop off-site services parameters and benefit plan.</li> <li>✓ Identify technical contacts for IT communication between CHP and NDCS.</li> <li>✓ Establish communication timelines for new and existing contract updates.</li> <li>✓ Identify reporting requirements and schedules</li> </ul>
April 2025	<b>Data set-up:</b> <ul style="list-style-type: none"> <li>✓ Initiate planning for data exchange</li> <li>✓ Authorization data.</li> <li>✓ Eligibility data.</li> <li>✓ Agree on data exchange timelines.</li> </ul>
April 2025	<b>Administration set-up:</b> <ul style="list-style-type: none"> <li>✓ Assess information needs for reporting.</li> <li>✓ Review to configure any data flows as necessary.</li> <li>✓ IT staff to determine suitable formats, transport mechanisms, and delivery timetables.</li> <li>✓ Coordinating with contracted vendors: VisibleEDI, SDS, Change Healthcare/ECHO, Inc., and AQC.</li> <li>✓ CHP's IT development team will test and setup workflows between CHP and their third party vendors.</li> </ul>

TIME FRAME	ACTIVITY
<p><b>May-September 2025</b></p>	<p><b>Supporting DOC’s provider network and contracts:</b></p> <ul style="list-style-type: none"> <li>✓ Coordinate with NDCS administration on claims submission requirements to all providers, including provisions regarding Medicaid eligibility determination.</li> <li>✓ Work with the NDCS to update and/or develop a provider manual</li> </ul>
<p><b>May-September 2025</b></p>	<p><b>Claim Processing System Configuration:</b></p> <ul style="list-style-type: none"> <li>✓ Hire and train new CHP claims staff.</li> <li>✓ Configure benefit plan in PLEXIS.</li> <li>✓ Configure provider contracts and vendor information.</li> <li>✓ CHP load eligibility and test.</li> <li>✓ CHP’s claims department to initiate NDCS specific training.</li> <li>✓ Claim adjudication testing.</li> <li>✓ End-to-end payable batch testing.</li> </ul>
<p><b>September 2025</b></p>	<p><b>Go-live Activities:</b></p> <ul style="list-style-type: none"> <li>✓ Set-up website alerts CHP websites to ensure providers know where to send claims or reach customer service.</li> <li>✓ Observe set-up processes and audit.</li> <li>✓ The issue resolution team will closely monitor the entire claims processing cycle.</li> <li>✓ Initiate weekly communications with the NDCS.</li> </ul>
<p><b>First 60 Days</b></p>	<p><b>Reporting:</b></p> <ul style="list-style-type: none"> <li>✓ Collaborate with NDCS on reporting needs.</li> <li>✓ Compile initial reporting package.</li> <li>✓ Collaborate with NDCS on routing requests for ad hoc reports.</li> </ul>

It is preferred that the bidder uses this template. Bidder must describe in detail solutions on how their response meets and/or exceed the requirements as outlined in the RFP. Bidder should use the RESPONSE box below for the detailed solution being proposed.

If the bidder chooses to provide additional documents outside this template to aid in their response, for evaluation purposes, bidder must cross-reference which question in Attachment A the supplemental documents support.

<b>Business Requirements</b>	
<b>C.1</b>	<p>No correspondence of any type is to be sent to the incarcerated individual(s). This includes, but is not limited to, explanation of benefits (EOB), checks, letters, brochures, billings, etc.</p> <p>Describe what methods are in place to ensure that communication is not sent to the incarcerated individual directly.</p>
<p><b>RESPONSE:</b></p> <p>Correctional Health Partners (CHP) has over 20 years working solely with jailed, incarcerated, and institutionalized populations. We do not send any type of billing, communication, or documents to the incarcerated individual. It is not part of our workflow, nor are these documents ever generated to be mailed to this population.</p> <p>Our provider agreement template outlines the instructions and processes for providers to receive payment for services rendered. Included in these instructions are guidelines advising the provider that the incarcerated individual(s) have no financial responsibility and that they, nor their family members, should ever receive correspondence nor a demand for payment. We can add additional language to meet the intent of this requirement if desired.</p> <p>Once a provider has entered into an agreement for services, they receive verbal, written and visual instructions on how to meet the requirements for this population of patients. We offer initial and ongoing training to providers, and our account management division cultivates and maintains regular and ongoing communications with all providers to ensure expectations are communicated, reinforced, and met.</p>	
<b>C.2</b>	<p style="color: red;">Rates for Medical/Dental Claims submitted: Nebraska Medicaid Rates or the negotiated PPO. Incarcerated Individuals and/or NDCS are not responsible for remaining balance due after Medicaid/PPO rates have been applied.</p> <p style="color: red;">a. Contractor is responsible for notifying member providers on remittance statements. No balance will be due after Medicaid or PPO rates are applied.</p> <p style="color: red;"><del>Rates for Medical/Dental Claims submitted: Nebraska Medicare Rates unless the negotiated PPO rate is lower. Incarcerated Individuals and/or NDCS are not responsible for remaining balance due after Medicare/PPO rates have been applied. Contractor is responsible for notifying member providers on remittance statements, no balance will be due after Medicare or PPO rates are applied.</del></p> <p>Describe the process of how the contractor will notify member providers on remittance statements ensuring no balance will be due after <del>Medicare</del> Medicaid or PPO rates are applied.</p>

**RESPONSE:**

CHP adjudicates claims per provider contract fee schedules related to Medicaid or Medicare rates and/or negotiated contract rates. The net payment to the provider excludes any non-allowed amounts, including billed charges above the negotiated rates. Once the claim is adjudicated, the payment file is transmitted to the vendor that releases the provider payments via hard check or EFT. A portal is available for providers to access the remittance advice (for EFT) and Explanation of Benefits for each claim.

<b>C.3</b>	Bidder understands and acknowledges Nebraska Medicaid eligibility as defined by Nebraska Department of Health and Human Services (DHHS).	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP has read the Nebraska Medicaid eligibility statute and understands the eligibility for incarcerated individuals.		X	

<b>C.4</b>	Bidder understands that deductible, coinsurance, and/or copays do not apply.	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP understands that deductible, coinsurance and/or copays do not apply to these claims.		X	

<b>C.5</b>	Bidder understands that the awarded contractor will accept claims as timely if filed within two (2) years of date of service pursuant to the State Contract Claims Act, see Neb. Rev. Stat. § 81-8,306.	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP understands and will accept claims as timely filing within two years of date of service.		X	

<b>C.6</b>	Bidder understands Claims maximums such as day, dollar, and lifetime maximums do not apply.	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP understands that maximums do not apply.		X	

<b>C.7</b>	Bidder understands that preauthorization is not applicable for emergency services or inpatient services. <del>For out-patient services, NDCS will provide a prior authorization number.</del>	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP understands that preauthorization does not apply to emergency services or inpatient services.		X	

<b>C.8</b>	<p>The services below should <b>not</b> be paid by contractor. Describe what processes will be in place to ensure these services are not paid.</p> <ul style="list-style-type: none"> <li><del>a. Claims billed by out-of-network providers. These claims should be sent to NDCS for consideration.</del></li> <li>b. Medications for use after leaving medical provider.</li> <li><del>c. Prosthetics/ Orthotics except for those off-site items issued at the time of surgery.</del></li> <li><del>i. Prosthetics/orthotics deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.</del></li> <li>d. Services covered by Medicaid.</li> <li>e. Newborn or childcare.</li> <li>f. Abortion.</li> <li>g. Caffeine-related disorders.</li> <li>h. Chiropractic care.</li> <li>i. Dental implants.</li> <li><del>j. Dentures/Dental Laboratory Services;</del></li> <li><del>i. Claims deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.</del></li> <li>k. Elective procedures.</li> <li>l. Erectile dysfunction.</li> <li>m. Factitious disorder.</li> <li>n. Learning disorder.</li> <li>o. Nicotine-related disorders.</li> <li>p. Other conditions/disorders/issues/procedures as determined by the Medical Director or designee for NDCS Health Services.</li> </ul>
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**RESPONSE:**  
 CHP is able to set up these exclusions under the NDCS benefit plan. We will need the comprehensive list of the excluded elective procedures from NDCS. Exclusions can be set up by diagnosis code, age restrictions, place of service etc.

<b>C.9</b>	<p><del>In-State and Out-of-State Services: Only those services approved by the NDCS should be submitted to contractor for payment. If billed, the following services should be paid by contractor:</del></p> <ul style="list-style-type: none"> <li><del>a. Claims billed by out-of-network providers. These claims should be sent to NDCS for consideration.</del></li> <li><del>b. Prosthetics/ Orthotics except for those off-site items issued at the time of surgery.</del> <ul style="list-style-type: none"> <li><del>i. Prosthetics/orthotics deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.</del></li> </ul> </li> <li><del>c. Dentures/Dental Laboratory Services,</del> <ul style="list-style-type: none"> <li><del>i. Claims deemed necessary will need to be pre-approved by NDCS Medical Director or designee and billed directly to NDCS.</del></li> </ul> </li> </ul>
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**RESPONSE:** CHP understands that out-of-network provider claims will be sent to NDCS for consideration. Prosthetics/Orthotics/Dentures and Dental Laboratory Services will be set up in CHP's claims system as a non-covered benefit class and a unique EOB code created to inform the provider to bill NDCS directly.

<b>C.10</b>	Bidder understands that Contractor will not pay Workers' Compensation /Subrogation claims. The employer's workers' compensation insurer must cover the incarcerated individuals for all work-related claims.	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP will not pay Workers' Compensation/Subrogation claims for Nebraska inmate workers.		X	

<b>C.11</b>	Billing received for transplant services must be pre-approved by the NDCS Medical Director or designee. Patient must also meet transplant criteria. NDCS will not pay for elective transplant procedures.  Describe what processes will be in place to ensure that pre-approval is received prior to billing.		
<b>RESPONSE:</b> CHP claims processing system can be configured to set up procedure codes to require authorization. Upon receipt of a claim related to transplant services, CHP's Claims Department will conduct an initial review to verify that the claim has been approved by the NDCS Medical Director or designee. If CHP has not been provided with an authorization from NDCS, the claim will be referred to our prior authorization team composed of a Medical Director (MD) and a Registered Nurse (RN) for a retrospective review. CHP's authorization team will review the patient's medical history to determine if the procedure meets criteria for medical necessity using Milliman Care Guidelines (MCG) and transplant criteria. This information will be relayed back to the Claims Department and NDCS for claim adjudication.			

<b>C.12</b>	Bidder understands Medicaid Claims are covered by Medicaid will not be paid by contractor. NDCS will notify contractor of any Medicaid service eligibility changes.	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> CHP understands that when a Medicaid eligible claim is received it will not be paid by the contractor. If the Medicaid information is provided within the eligibility file/834, CHP is able to load the information such that claims are not paid by NDCS as primary.		X	

<b>Bidder Requirements</b>			
<b>E.7</b>	Contractor network will include service providers for all NDCS facility locations.  Provide listing of in-network providers in a sortable file by each Specialty listed in <del>Lincoln Physicians Directory</del> in following 5 cities in Nebraska: Omaha metro area, Lincoln, York, Tecumseh, and McCook.	<b>Will comply</b>	<b>Will not comply</b>
<b>RESPONSE:</b> The sortable file for all providers in the Nebraska network with their contact information and specialty is included in Appendix D. In addition to the consolidated tab for all of Nebraska, there are also separate tabs for local providers near each of the five correctional facility locations: Omaha, Lincoln, York, Tecumseh and McCook.			

<b>E.8</b>	<p><del>Describe the processes to ensure provider rates are not paid higher than the Nebraska Medicare rates.</del></p> <p>Identify the processes to ensure provider rates are not paid higher than the Nebraska negotiated rates.</p> <p>What reports are available that compare provider and <del>Medicare</del> Medicaid rates to the corresponding claims paid.</p>
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**RESPONSE:**

CHP has held a contract with First Choice Health Network since 2009 with another client. This contract provides an average discount on network providers of almost 30%. Our agreement with FCHN allows CHP to seek additional contract arrangements with PPO network and non-network providers that may provide additional discounts when arrangements can be found that are in the mutual interest of the provider and the client.

Overall, CHP has an experience rate with FCHN of 95% of all claim payments have been to contracted providers in the network. These numbers are reported to the client at the monthly Joint Operations Committee meeting.

On a monthly basis, CHP will provide a report of new non-contracted provider payments when said payments have been approved by NDCS staff prior to adjudication. Newly identified non-contracted providers are then sent to the Account Manager for follow-up contracting efforts.

PCM allows for the calculation of Medicaid equivalent rates for professional services. Reporting can be developed to compare actual paid claims to Medicaid equivalent rates.

<b>E.9</b>	<p>Include an outline of compliance management for claims processing in accordance with the RFP Scope of Work.</p> <p><del>Describe the proposed utilization management of claims process. Including the ability and process to customize the utilization management of claims.</del></p>
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**RESPONSE:**

**Managed Care and Electronic Claims Processing System**

CHP uses a specialized, proprietary system to manage care throughout the life cycle from service request to claims payment. This system enables CHP to focus on client-specific needs and help contain costs better than other, larger systems, such as those found in insurance companies.

**Prior Authorizations (optional service for NDCS):** Remote providers or DOC staff use CHP's proprietary Managed Care System (MCS) web application to make online requests for care/authorization requests. MCS allows the provider or DOC staff to enter diagnosis, requested procedure information, and notes with the request. Users can verify eligibility of the incarcerated individual, and the system shows the user which providers are in the DOC contracted network of specialists and facilities. The MCS shows the user the status of past requests and allows file attachments when supporting documentation is needed for a request.

Once a request is submitted via MCS, it is transferred electronically to CHP's in-house instance of CHP's care management software environment. CHP uses our MCS software for outpatient and inpatient utilization and case management. The role-based application of our system ensures that only the information necessary for CHP's employees to do their job is available.

**Network Pricing:** Upon import into the Smart Data Solutions clearinghouse, the FCHN claims are forwarded to FCH for pricing in compliance with the FCH contracts with providers. Once repriced by FCHN,

the claims are returned to SDS for import into the CHP claims system. Claims can also be manually checked for pricing through the FCHN website by CHP claims examiners if there are questions on the claim.

**Claims Adjudication:** Referral and authorization information is extracted from MCS and fed into CHP's in-house Plexis Claims Manager (PCM). This allows the claims processors to compare incoming claims against referrals and validate services to be paid. Claims are loaded daily into Plexis from both electronic submittal (EDI) and paper claims that have been scanned electronically. Each day, new claims processing data is pushed to the web-based claims portal where providers and authorized DOC staff can look up the status of submitted claims.

All of CHP's systems utilize role-based user access that segments data physically and/or logically by client and by content. Data from all of CHP's information systems are fed into CHP's data warehouse. The data warehouse is used by our Analysis Department for reporting and investigation of data.

Data within each instance is logically partitioned and stored in separate physical files from the data of other clients. Permissions to various portions of the data warehouse are role-based, and access to data is granted at the table/view level and logical partition.

### **Safeguards**

CHP uses multiple electronic systems to manage data and information security.

- All end-user access to these systems is done via individual logins with role-based access and data segmentation so that only the information required by the end user to fulfill individual tasks is available to the end user(s).
- Data is segregated by client either physically or logically depending upon the system.
- Aside from our internet web portal for referral and authorization request submission, all access to CHP data systems containing sensitive information-including those used to adjudicate and process claims-are only accessible to designated individuals already authenticated through CHP's domain authentication systems. These systems cannot be accessed by those without established network logins and appropriate grants within.
- Electronic systems housing data are backed up daily and stored in multiple locations, including off-site repositories to ensure recovery in the event of an event requiring recovery, or a need to purge and destroy data as dictated by clients.
- Numerous monitoring systems are in place within CHP's electronic network and data systems and designed to detect and report issues with data access and sharing to ensure that in the event we have an incident where data is deemed at risk or in breach, we can detect that fact and address promptly.

**E.11**

Provide a list of all network providers with response to the RFP.

### **RESPONSE:**

The full list of all network providers is included in the sortable spreadsheet in File 4 of 5 and as PDF summary following Amendment A in this package. The following hospitals are also included in the network:

- a. Nebraska Medicine - 987400 Nebraska Medical Center Omaha, NE 68198-7400
- b. CHI Hospital - 555 S 70th St, Lincoln, NE 68510
- c. Bryan Health - 1600 S. 48th St. Lincoln, NE 68506-1299. And 2300 S. 16th St. Lincoln, NE 68502
- d. Johnson County Hospital - 202 High St, Tecumseh, NE 68450
- e. York General Hospital - 2222 N Lincoln Ave, York, NE 68467
- f. McCook Community Hospital - 1301 E H St, McCook, NE 69001

**Contractor Requirements – General**

<b>F.1.a</b>	Contractor’s network will include services for all NDCS facility locations	<b>Will comply</b>  X	<b>Will not comply</b>
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**RESPONSE:**  
 CHP and FCHN staff have reviewed all NDCS facility locations, and determined that services, including hospital services, are available for each location.

<b>F.1.b</b>	Describe how valid patient care claims for State incarcerated individual(s) committed to NDCS will be processed.
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**RESPONSE:**

CHP maintains a complete claims administration system containing critical capabilities including claims processing, capitation management, premium billing, provider contracting and management, member services, benefit administration, and reporting. Plexis Claims Management (PCM) runs on a standard SQL Server database. PCM’s claim adjudication process verifies eligibility, checks coverage limits and restrictions, confirms authorization, applies industry standard coding guidelines and computes payment according to individual provider contracts, including claims that have been repriced by FCHN.

Referral and authorization information is extracted from Managed Care System and fed into CHP’s in-house PCM. This information may be fed into the system even when prior authorization services are not elected. This allows the claims processors to compare incoming claims against referrals and validate services to be paid. Claims are loaded daily into Plexis from both electronic submittal (EDI) and paper claims that have been scanned electronically. Each day, new claims processing data is pushed to the web-based claims portal where providers and authorized DOC staff can look up the status of submitted claims.

PCM performs several checks on imported claims during the adjudication process. PCM searches claims procedure lines to identify matching eligibility records, matching provider names and TIN, as well as claims that have duplicate information, i.e. the same patient, provider, date of service, and procedure code. If a duplicate is found in the claim procedure line, PCM will automatically place the claim in pending status to prompt the claims examiner to audit the claim. In these instances, both the claim system and the claims examiner have reviewed the claim. All duplicate claims filtered to pending status will be outlined on the daily duplicate claim identification report.

PCM uses Center of Medicare and Medicaid Services (CMS) guideline requirements, and correct coding initiatives. CHP’s claim system is configured and integrated with CMS facility Prospective Payment Systems (PPS). This allows CHP to process non-FCHN priced claims timely and accurately using the current payment methodology within the PPS system. CHP receives a CMS email notification when a professional or facility fee schedule is updated. Next, CHP electronically loads the updated fee schedules with an effective date, which will be applied based on the date of service rendered on a claim.

**Medicaid Claim Process**

- CHP enters all potential Medicaid claims into our claims processing system so its ultimate disposition can be tracked accurately.
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- When a Medicaid eligibility claim is pended, or undetermined, or denied when the client denies a claim for an inpatient stay that appeared to be eligible for reimbursement, CHP's claims staff remain in frequent contact with providers regarding that status to update them on the process and to work through any outstanding questions regarding eligibility, the appeals process, and ultimate resolution of the claim. Eventually, all claims are paid or denied based on final Medicaid eligibility determination. •-

<b>F.1.c</b>	Describe how the contractor will ensure claims are paid properly and what measurements are in place to ensure <del>Nebraska Medicare</del> rates <del>are do</del> not exceed <del>the negotiated rate</del> .
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**RESPONSE:**

Plexis Claims Management (PCM) runs on a standard SQL Server database. PCM's claim adjudication process verifies eligibility, checks coverage limits and restrictions, confirms authorization, applies industry standard coding guidelines and computes payment according to individual provider contracts, including claims that have been repriced by FCHN.

The method of repricing claims is a combined effort between CHP and FCHN. CHP receives paper and electronic claims on behalf of the client through subcontractor Smart Data Solutions. Paper claims are converted to EDI and combined with electronic claims, which are sent to FCH for repricing. FCHN applies their network discounts within the electronic files and returns them to CHP for adjudication and the application of any further discounts based on standard claim edits and national coding guidelines.

FCHN's methodology is to negotiate based on each individual hospital's charge-to-cost ratio where appropriate, in other words, a percentage of billed charges. Reimbursement for professional services is based upon the lowest commercially insured rates within each community. First Choice Health Network works with CHP to identify the most utilized medical providers and strive to bring into the network those that are not currently participating while simultaneously lowering contract rates for those that are in network.

This process has proven to be very efficient and results in a very high rate of accuracy for the client, and a high level of satisfaction among providers due to rapid and accurate payment and ease of administration for their offices.

Out of network providers that are approved by NDCS will be contacted by CHP staff to obtain the appropriate W9 information for pricing. A single case agreement or full negotiated agreement will be developed for signatures and the negotiated fee schedule will be built into the PCM system for pricing.

CHP also currently performs a thorough pre/post-close auditing process for its clients. Before claims close: CHP claims examiners audit 100% of claims post-adjudication regardless of the status of the claim. If necessary, there is an additional review by the claims manager (such as high dollar claims). This ensures the claims have been adjudicated correctly. The claims department confirms all claim information in PLEXIS matches the claim image, and that the date of service is within the eligibility period. Financial reports are also reviewed post-adjudication to confirm the precision of the payable batch.

<b>F.1.d</b>	Claims to be paid by Nebraska Medicaid are to be denied. Describe what methodology is used to ensure this requirement will be met.
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**RESPONSE:**

CHP is aware of the requirements necessary to manage benefits for Medicaid Expansion related services for incarcerated individuals and has been doing such since January 2014. Depending on state specific coverage, CHP will initially pend affected claims where benefits might be covered under State Medicaid and verify eligibility for coverage. Once Medicaid coverage is determined, CHP will then fully adjudicate claims accordingly, i.e. deny claims when Medicaid is primary. Providers will be notified of denial through the existing claims remittance process. Specific EOB Codes are utilized to identify the type or style of denial for reporting and analysis after the fact.

CHP will work with the Department to determine an applicable and efficient process for tracking eligibility for Medicaid benefits. For instance, if it is incumbent upon the Department to determine eligibility for services then either the data is tracked manually and presented to CHP or tracked electronically at the eligibility source and subsequently provided to CHP in a data feed.

**F.1.e**

Describe the ability to have the provider directory available via an electronic site. Including the process on how the directory is maintained by contractor to ensure accurate information.

**RESPONSE:**

The provider network that CHP subcontracts is First Choice Health, which has an extensive network in Nebraska. FCH maintains an electronic website for contractors in all states. Nebraska providers are included in the Big Sky Region, which can be searched by specialty, location, name, etc. available at [www.fchn.com](http://www.fchn.com). Providers included in this contract will be exclusively Nebraska-licensed providers.

**Contractor Requirements - Reporting**

**F.2.a**

Contractor will provide NDCS Accounting with an automated denial report monthly (minimum).

**Will  
comply**  
  
**X**

**Will not  
comply**

**RESPONSE:**

**CHP will comply with the requirement for F.2.a**

CHP will develop a *Denial Report* specific to the requirements of the Department. The *Denial Report* will include all claim data elements to provide a level of detail to support retrospective review, analysis or audit. Alternatively, CHP will provide the same data extract but for all claims closed in a period. This will include claims closed that are not denied as well as those partially or fully denied.

The Denial Report will be output in delimited format per requirements of the Department. An alternative format can be programmed if necessary, such as XML or JSON output with multi-segment structure. Report creation and distribution will be automated and produced on a periodic basis per requirement of the Department. Output will be automatically encrypted and distributed via SFTP.

The *Denial Report* will include minimally:

- All claims closed in the period that include denied claim lines or denied in full
- Claim level unique identifiers
  - Claim Unique ID and Document ID
  - Claim Status (“CLOSED”)
  - Claim Date of Service start and end dates
  - Vendor Name and Tax ID; Provider Name and NPI
  - Patient ID, Name, Date of Birth, Gender
  - Prison Location code and description
  - Diagnosis code(s) 1-4 and descriptions
  - Place of Service code and description
  - Claim Received Date and Clean Claim Date
  - Claim Check Run Date (aka Closed Date)
  - Other key values as appropriate
- Claim Procedure Level data elements
  - Claim Procedure Status
  - Claim Procedure Date of Service
  - Procedure Code, Modifiers and Description
  - Units Billed
  - Amounts Billed, Allowable (Contracted), Net Paid
  - Applied EOB Code(s) on the claim line (CARC; CHP specific; Dept specific)
  - Other key values as appropriate

<b>F.2.b</b>	<p>Provide an example of reporting that meets electronic reports requirements. Bidder may provide a narrative response expanding on reporting along with the samples.</p> <p>Provide the following electronic reports, upon request by NDCS, at no charge:          Include a listing (title or topic) and provide a sample printout of all reports that are considered standard and included at no additional charge.          Special reports of health care paid for an incarcerated individual within two (2) business days.          Rejected claims and rationale for rejection.          Breakout by specialty, i.e. physical therapy, dental, psychiatry, maternity, etc.          Report of charges of \$20,000 or above per incarcerated individual, per diagnosis, and per off-site hospitalization per occurrence, or as requested.</p>
--------------	---

**RESPONSE:**

CHP will comply with the requirement for F.2.b.

Examples of the standard reporting package is included in Appendix File 3 of 5.

Standard Reporting Capabilities

CHP will collaborate with the Department to create customized and meaningful reports. CHP Client Decision Support department has extensive experience producing accurate, timely and informative reports. The team utilizes a data warehouse to extract clinical, financial, and/or demographic data. The data assists in providing comprehensive reports, both standardized and ad hoc.

Standard reports are created by utilizing common data sources and service (POS code) groupings. Requests combining various available data elements will generate informative reports that can influence quality healthcare.

Standard Reporting Capabilities Matrix for Claims Data

External Healthcare Claims Data Report Capabilities	Aggregate Counts Encounters Claimants	Clinical Classification (Diagnosis; ICD)	Procedure Grouping (CPT; HCPCS; Revenue; Dental)	Service Type Summary and Detail (POS Group)	Provider Summary and Detail	Prison/Site Summary and Detail	Demographic Aggregations (age, gender, site, etc.)
Emergency Room	Y	Y	Y	Y	Y	Y	Y
Inpatient	Y	Y	Y	Y	Y	Y	Y
Ambulance Land	Y	Y	Y	Y	Y	Y	Y
Ambulance Air	Y	Y	Y	Y	Y	Y	Y
Outpatient Surgery	Y	Y	Y	Y	Y	Y	Y
Outpatient Diagnostic	Y	Y	Y	Y	Y	Y	Y
Office Visit	Y	Y	Y	Y	Y	Y	Y
Specialist/Ancillary/DME	Y	Y	Y	Y	Y	Y	Y
Telehealth	Y	Y	Y	Y	Y	Y	Y
Non-Pharmacy Drugs	Y	Y	Y	Y	Y	Y	Y
Laboratory / Pathology	Y	Y	Y	Y	Y	Y	Y
Radiology	Y	Y	Y	Y	Y	Y	Y
Interstate Compact	Y	Y	Y	Y	Y	Y	Y
Capitated Services	Y	Y	Y	Y	Y	Y	Y

CHP will tailor a set of reports to meet the reporting needs of the Department. The table above depicts the breadth of available reports and/or information views that can be created or modified. CHP can expand its reporting capabilities for the Department with access to additional data sources or information (e.g., demographic data; comorbidity or clinical factors; authorizations or scheduling information; prescription drug data; etc.).

Incurred but Not Reported [IBNR] Claims Analysis

CHP compiles a monthly IBNR analysis for clients as an estimate of their current claim liability through the historical reporting period. The analysis offers an estimate of the current external claim expense, which is then used to forecast future aggregate expense. The analysis is also used to complete service level visits and claimants such as emergency encounters. Our clients have come to rely on CHP for this information to enhance budgeting and forecasting processes. We have also been asked to speak directly with state budget analysts on our client’s behalf. This helps the state analysts to better understand concepts such as IBNR or underlying variables and system issues that drive our forecasts.

Special / Ad Hoc Reports

The Department’s needs and priorities will drive all ad hoc reports, such as those listed under reporting

customizations. CHP analytics staff prioritizes communication and flexibility. When a request is received, the analytics staff will collaborate with the NDCS staff to determine the goals and requirements of the ad hoc report. The analytics staff will then identify the turnaround time for the request. Most requests can be completed within two business days, but if more time is needed the NDCS will be informed after the report is requested.

Reporting Customizations:

- Clinical classification – aggregate diagnosis data into broader and logical clinical categories; based on ICD-10 (and historical ICD-9) code set
- Procedure classification – aggregate data by procedural categories such as CPT, HCPCS, hospital revenue code, DSM-V, dental codes
- Comorbidities and other health condition categorizations – aggregate data by any available information elements that help to describe acuity or health condition at the level of the individual
- Demographic categorization – aggregate data by any available demographic factor, such as gender, age, location, socioeconomic variables, etc.
- Internal provider and service mappings – aggregate data by service groups (place of service code), or any logical aggregation of data such as hospital groupings in the state or other variable

•  
 CHP strives to be flexible with the desires or requirements of the client. If a logical report can be developed from available data sources/elements, then we will work towards generating that report and pushing it to production.

<b>F.2.c</b>	<p>Bidder should provide an example of reporting that meets these requirements. Bidder may provide a narrative response expanding on reporting along with the samples.</p> <p>Contractor will provide a monthly listing in Excel format of all claims paid per incarcerated individual, identifying:          Incarcerated individual committed name.          NDCS Incarcerated individual identification number.          Incarcerated individual age/ date of birth.          Date of service (beginning and ending).          Medical provider name and location.          Place of service codes.          Detailed billing including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)).          APR-DRG (Diagnose Related Group) + SOI (Severity of Illness) level determines reimbursement level.          Prospective Payment System detail showing weight and rate of each APR-DRG for different clinics/hospitals/surgical centers.          Total Gross charged amount.          Total Net paid amount.          Dates of claim submission to contractor.          Dates of payment to providers.</p>
--------------	---

**RESPONSE:**

CHP will comply with the requirements for F.2.c Please reference the response for F.2.b (and F.2a) with the following modification concerning claims data element availability.

CHP will pay claims against the contracted PPO provider network contracts. As such, certain elements of claims administration may not be available for analysis and reporting. For example, APR-DRG (diagnosis related group) and SOI (Severity of Illness) weights and other data elements associated with Medicare or Medicaid reimbursement for Inpatient care may not be available. The same situation applies to outpatient facility, specialty drug and outpatient laboratory pricing where applicable. Any claim subset that utilizes a standard CMS payment methodology would necessarily include the data elements required for calculating payment and can therefore be reported on.

CHP may provide an alternative, which is to perform this analysis as a standard reporting function outside the system after the fact. CHP will work with the Department to specify exactly what is desired prior to implementation.

<b>F.2.d</b>	Provide an example of the Service Organizational Control Report (SOC2) and provide the Service Organizational Control Type 2 certification if applicable.
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**RESPONSE:**  
CHP does not currently have an SOC2 report.

**Contractor Requirements – Electronic Dashboard**

<b>E.10</b>	Provide an example of an electronic dashboard meeting the RFP requirements.
<b>F.3.a</b>	Describe what methodology will be used to establish an electronic dashboard meeting the minimum requirements as described in the RFP.  Dashboard must provide a minimum of the following. Most expensive patients. Top diagnoses. Frequency of diagnoses. Year to date. Month to month. Specialists/category. Itemized billings for all patients. Files be protected to meet confidentiality standards. Prefer to have the capability to print off the file at NDCS. Contractor shall provide menu listing of industry standard services including Certification and Concurrent Review Requirements with applicable cost and bullet point Return on Investment (ROI) as options for NDCS to consider using: Pre-payment auditing cost. Concurrent review cost. Complex medical review cost.

**RESPONSE:**

CHP does not have a dashboard or rather a Data Visualization Tool such as PowerBI or Tableau. CHP will meet the reporting requirements of the client for all data sources available per the response to F.2.A-C. Each information item listed in F.3.A can be generated as part of the monthly reporting package and securely transmitted to the client.

CHP would be open to developing an appropriate set of data extracts sufficiently normalized, automate the process of periodic updates and provide those data extracts via secure EDI.

<b>F.3.b</b>	Contractor will, to the best of their abilities, include additional analytics on the electronic dashboard as required by the NDCS Medical Director. It is preferred that the data on the electronic dashboard be easily customized to perform analysis.	<b>Will comply</b> <b>X</b> <b>Partially</b>	<b>Will not comply</b>
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**RESPONSE:**

See response to F.3.A. CHP will comply with additional reporting, but without the dashboard. As new reporting requirements are identified and upon review and approval, CHP will develop and add reports to the monthly reporting package. As an example, NDCS may require a subset of the population to study claims data on a periodic basis to support a clinical case management program. Another example would be partitioning claims for Covid to support reimbursement from external sources, either state or federal.

**Contractor Requirements – Claims**

<b>F.4.a</b>	When submitting claim inquiries to NDCS, contractor will provide details as described in the RFP. Incarcerated individual committed name and date of birth. NDCS five (5) or six (6) digits incarcerated individual identification number. Medical provider name and location and clinic/hospital/surgical center if applicable. Admit and Discharge Date. Total Charges. Detailed billing including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)). APR-DRG (Diagnose Related Group) + SOI (Severity of Illness) level determines reimbursement level.	<b>Will comply</b> <b>X</b>	<b>Will not comply</b>
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**RESPONSE:**

CHP will comply with claim inquiries with minimally sufficient information per F.3.a. CHP will develop a standard set of variables for output for claim inquiries based on NDCS requirements. CHP can securely provide claims data in various formats such as CSV, fixed-length text or Excel.

**Contractor Requirements –Meetings**

<b>F.5.a</b> <b>F.5.b</b>	Contractor will attend quarterly meetings and an annual review of SOC2.	<b>Will comply</b> <b>X</b>	<b>Will not comply</b>
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**RESPONSE:**

CHP agrees to meet at least quarterly with NDCS. Although we currently do not perform SOC2 audits, we would agree to discuss this requirement and the request to meet annually.

CHP would offer to meet with NDCS staff monthly as we do with other clients. We schedule a monthly Joint Operations Committee (JOC) meeting to discuss the data analytics from claims paid in the prior month (i.e. June JOC meeting reports on May claims data). Our comprehensive reporting package is sent to the client approximately five business days before the JOC, and a summary of that information is compiled into a JOC meeting report that is presented to client accounting and clinical staff (attendees determined by the client). We also provide operational and other administrative updates as needed. We review status reports from accounts management on contract and non-contract execution, from claims management on volumes and turnaround times, and from prior authorization services (if included in the contract) on clinical trends, volumes and turnaround times.

**PAYMENT SCHEDULE/DELIVERABLES**

<b>J.1.a</b>	Invoices shall include detailed itemized billing per patient including ALL diagnosis code(s) and each procedure code(s) (ICD10, CPT, modifiers, units, and NDCS number(s)).	<b>Will comply</b> <b>X</b>	<b>Will not comply</b>
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**RESPONSE:**

CHP will provide invoices for claims with the itemized billing per patient as required.

Invoices for CHP administration fees will include the appropriate information based on the negotiated rates (per inmate ADP or flat rate) with NDCS.

<b>J.2.a</b>	If awarded at a fee per incarcerated individual, the formula used to calculate the monthly processing fee shall be "fee per incarcerated individual multiplied by the ADP."	<b>Will comply</b> <b>X</b>	<b>Will not comply</b>
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**RESPONSE:**

CHP is familiar with this formula and uses it with other current clients. CHP will comply with this requirement if awarded with this methodology.

ADP (average daily population) will be based on either periodic weekly or monthly reporting provided directly from NDCS or compiled based on the daily eligibility data provided to CHP. The ADP method for billing and analytics will be determined at the start of the contract; the process will be documented. CHP prefers that NDCS generate the ADP reporting each period but can compile this after the fact if necessary.

<b>J.2.b</b>	If awarded at a monthly flat rate, no formula will be required on invoices.	<b>Will comply</b> <b>X</b>	<b>Will not comply</b>
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**RESPONSE:**

CHP is also familiar with this formula and uses it with other current clients. CHP will comply with this requirement if awarded with this methodology.

<b>J.3</b>	All recoupment requests to NDCS will be processed within 30 calendar days upon agreement.	<b>Will comply X Partial</b>	<b>Will not comply</b>
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**RESPONSE:**

CHP will comply to the best of its ability. In short, the nature of the recoupment may cause delays of greater than 30 days due to issues outside the control of CHP. For claims administration, claims mis-paid due to any reason, when identified CHP will re-adjudicate the claims, positive or negative, and apply the net change accordingly. For invoices determined to be mis-paid, CHP staff will reach out directly to the provider and determine a course of action to recoup amounts due NDCS. In any situation, NDCS will be informed of the actions taken and status of recoupment efforts.

**OPTIONAL SERVICES (NOT SCORED)**

<b>K.1</b>	Prior to claims being paid, a utilization review shall be completed to include but is not limited to reviewing claims for appropriate services, review procedures/documentations related to visit for appropriateness and review hospital stays for appropriate length of stay.  Describe in detail the analytical capabilities and competency of providing a detailed, accurate and comprehensive utilization review.
------------	--

**RESPONSE:**

Controls through Claims Administration:

- Certified Claim Examiners
- CMS standard NCCI claim edits incorporated into adjudication application. NCCI edits are used to identify aberrations in provider claims and automatically pend for review.
- Claims segments reviewed, such as: 100% Inpatient admissions; Emergency encounters; all CKD patients; NDCS identified population subgroups; etc.
- Higher cost claims reviewed over a set threshold
- Outlier line-item hardware and supplies reviewed, such as high cost DME

Post Adjudication analysis relies on data analytics to support. This would be longitudinal post claims analysis to identify urgent or emergent trends. An example of this is included in the Monthly Reporting package—ER Trend Report.

CHP's certified coders and claims examiners review claims for appropriate services and specialties using CMS NCCI edits. Claims for certain services, (eg. inpatient stays, Flight for Life, high-dollar claims, etc.) are flagged for review by our authorization team prior to claims payment. If medical necessity cannot be determined from the provided diagnosis and procedure codes, CHP's Medical Record Technician (MRT) will request medical records for further review. CHP's authorization team, composed of a Registered Nurse

(RN) and a Medical Director (MD), use clinical standards such as Milliman Care Guidelines (MCG) to ensure appropriate care was provided. Based on the findings from the clinical review, the claim will either be approved, adjusted, or denied.

Regarding inpatient admissions and observation stays, CHP's Facility Care Manager (FCM) follows the patient from admission to discharge. Using MCG, the FCM ensures the patient's clinical course and length of stay aligns with established standards pertaining to the patient's admitting diagnosis and/or procedure.

Post adjudication analysis relies on data analytics to support clinical review of the above-mentioned services and claims payment. Trends in data analysis assist, and may redirect, CHP and NCDS's attention to problematic areas where further clinical review may prevent the under or overutilization of services.

The concurrent review (inpatient admissions and observation stays by FCM) and medical records services are listed as optional services for this RFP.

<b>K.2</b>	Describe and/or provide examples of any other available analytical services, reports, quality assurance, auditing, tools etc., at no additional cost.
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**RESPONSE:**  
CHP will tailor analytics and reporting to NDCS using available data and sources. For instance, CHP can provide a summary of monthly/yearly CPI for various aggregations affecting healthcare delivery for use in forecasting by the client. At least once per year, CHP will compile a population study to identify unique offender counts by month and fiscal period and average monthly turnover in the population. Unique offender and healthcare claimant counts are then used in reporting to provide new statistics and additional informational value.

Through the ad hoc process, CHP will assist NDCS whenever possible. CHP will provide timely reporting for requests by state legislative bodies and for litigation purposes.

CHP may utilize internal sources of information from the client in relation to healthcare services delivered. Examples may include transportation and security cost analysis in determining cost benefit for an onsite clinic, or analyzing medical services rendered inside the walls by NDCS staff. Other clients utilize this information for successful budgeting inside their organization.

The concurrent review process (if optional services are selected per the RFP) generates data that may inform about qualitative aspects of hospital specific care. NDCS and CHP may use that data to then improve clinical and administrative outcomes.

The prior authorization process generates valuable information on approved and denied clinical decisions. While the RFP does not include prior authorization services, NDCS may choose to forward internal prior authorization data to CHP for analysis on a periodic basis. CHP can provide an online portal to facilitate the input and tracking of outpatient and inpatient authorizations.

<b>K.3</b>	Describe any additional like-services that are available which are not specifically mentioned in this RFP.
------------	--

**RESPONSE:****Prior Authorization**

CHP offers prior authorization services in which the onsite provider and/or specialist will enter a request on CHP's portal including any pertinent medical records supporting the request. Our prior authorization team composed of Registered Nurses and a Medical Director will review the request for medical necessity using Milliman Care Guidelines (MCG). CHP's prior authorization program offers consistent evidence-based decision-making for outside and specialty care. This assists in driving evidence-based care that helps ensure quality care for all patients. A referral number will be generated for each authorization that can later be used to adjudicate claims.

**Concurrent Review**

In addition to prior authorizations, CHP offers concurrent review services for inpatient and observation stays. Our RNs will follow patients throughout their admission, providing daily clinical updates to the care team at the NDCS facility. CHP utilizes MCG to track and compare the goal length of stay and optimal recovery course based off the patient's admitting diagnosis, allowing CHP to advocate for the patient's needs while preventing unnecessary treatment and claims payments. Upon discharge, CHP assists with discharge planning for complex patients needing additional care or treatment post admission. Our concurrent review nurses also monitor any quality-of-care issues that may happen during a hospital stay. This is addressed by our quality management program as needed.

**Medical Records Program**

CHP has Medical Record Technicians (MRT) who follow daily outpatient appointments and emergency send-outs and retrieve clinical notes on behalf of our clients. These notes are sent back to the client to assist with continuity of care inside the facilities. At Joint Operation Committee (JOC) meetings, reporting is provided to our client on the number of off-site appointments and emergency room send-outs occurring each month. These reports support the analysis derived from claims processing.

# ***Network Accessibility Analysis***

## *First Choice Health Network*

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*Created for...*

***NDOC***

*Created by...*

***First Choice Health***

# Contents

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# Access Overview - Hospital

Created for...  
NDOC

Created by...  
First Choice Health

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Access Analysis  
Standard Access

---

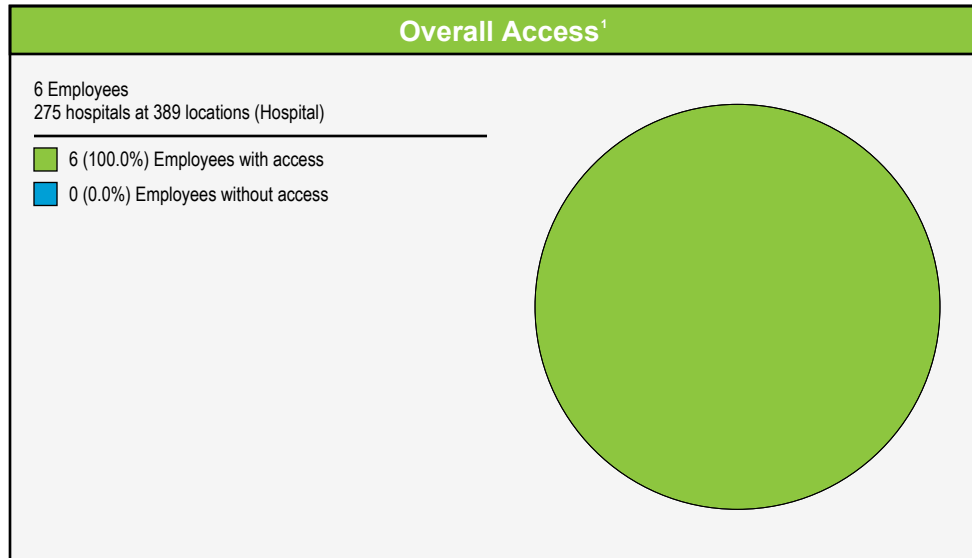
Employee / Provider Groups  
NDOC (Iowa & Nebraska)  
Hospital

---

Comparison Graph  
Percent of employees with access to a choice of hospitals over miles

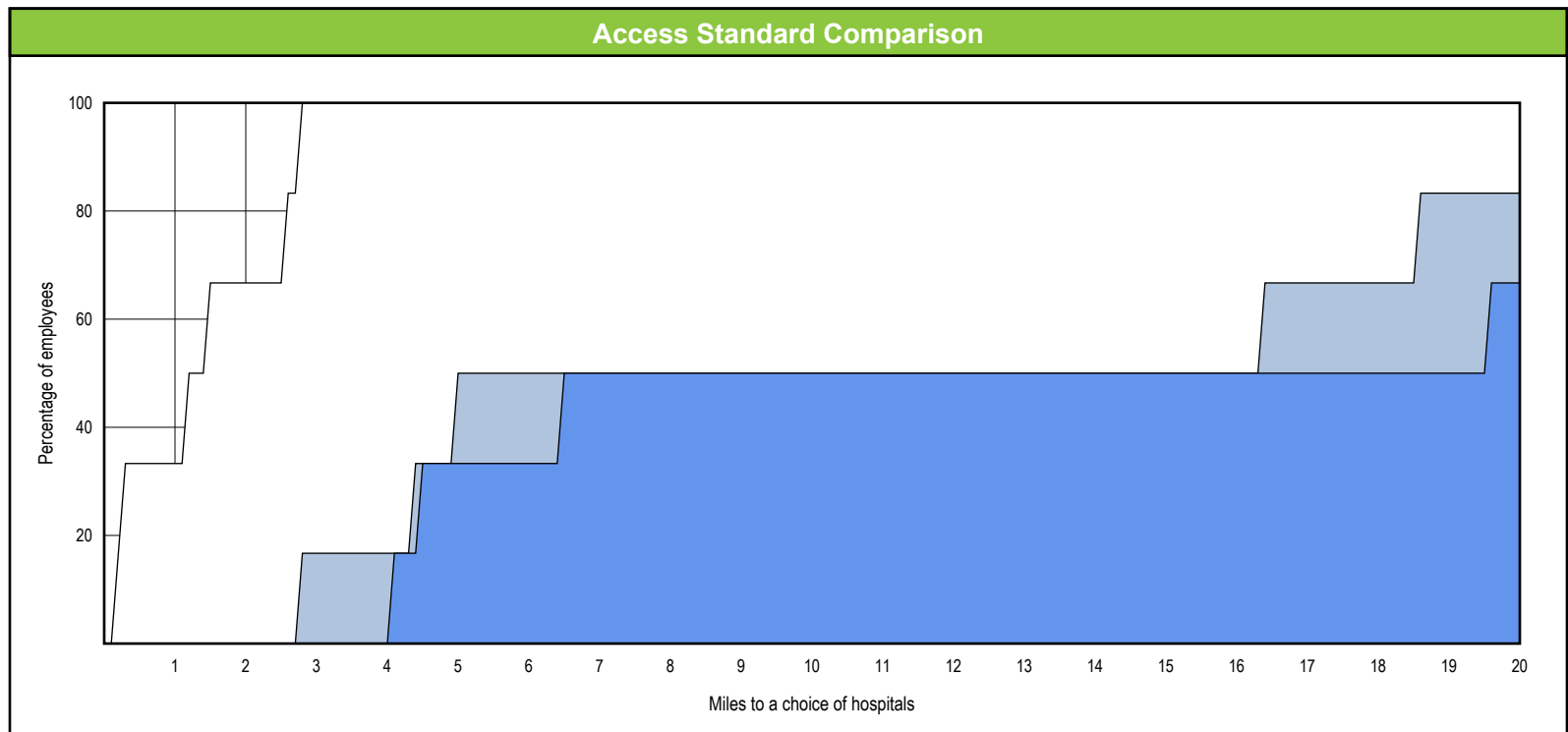
- 1st closest
- 2nd closest
- 3rd closest

<sup>1</sup> The Access Standard is defined as (NDOC (Iowa & Nebraska)) employees accessing:  
1 (Hospital) hospital in 10 miles



### Distances

	Average
Distance to 1st closest hospital	1.4 miles
Distance to 2nd closest hospital	12.3 miles
Distance to 3rd closest hospital	14.2 miles



# Access Overview - PCP's

Created for...  
NDOC

Created by...  
First Choice Health

---

Access Analysis  
Standard Access

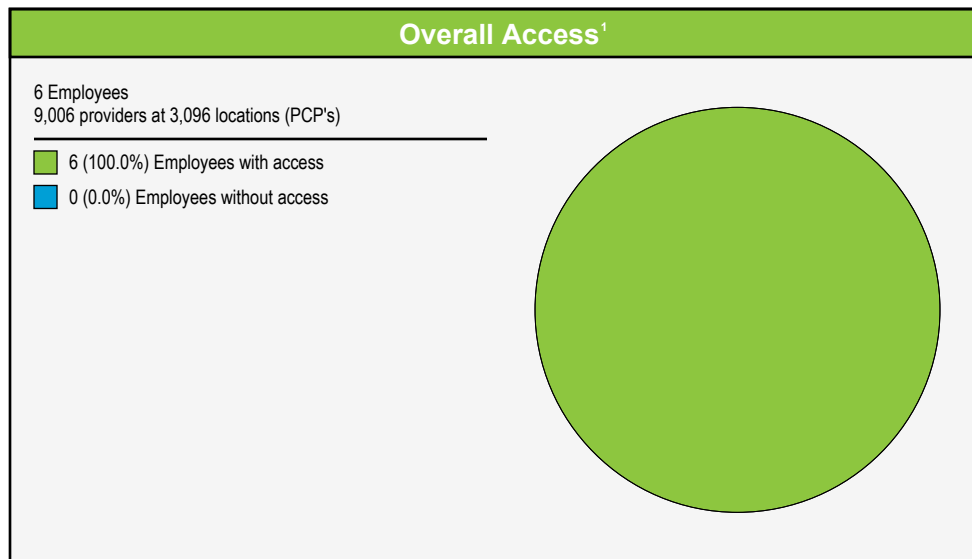
Employee / Provider Groups  
NDOC (Iowa & Nebraska)  
PCP's

---

Comparison Graph  
Percent of employees with access to a choice of providers over miles

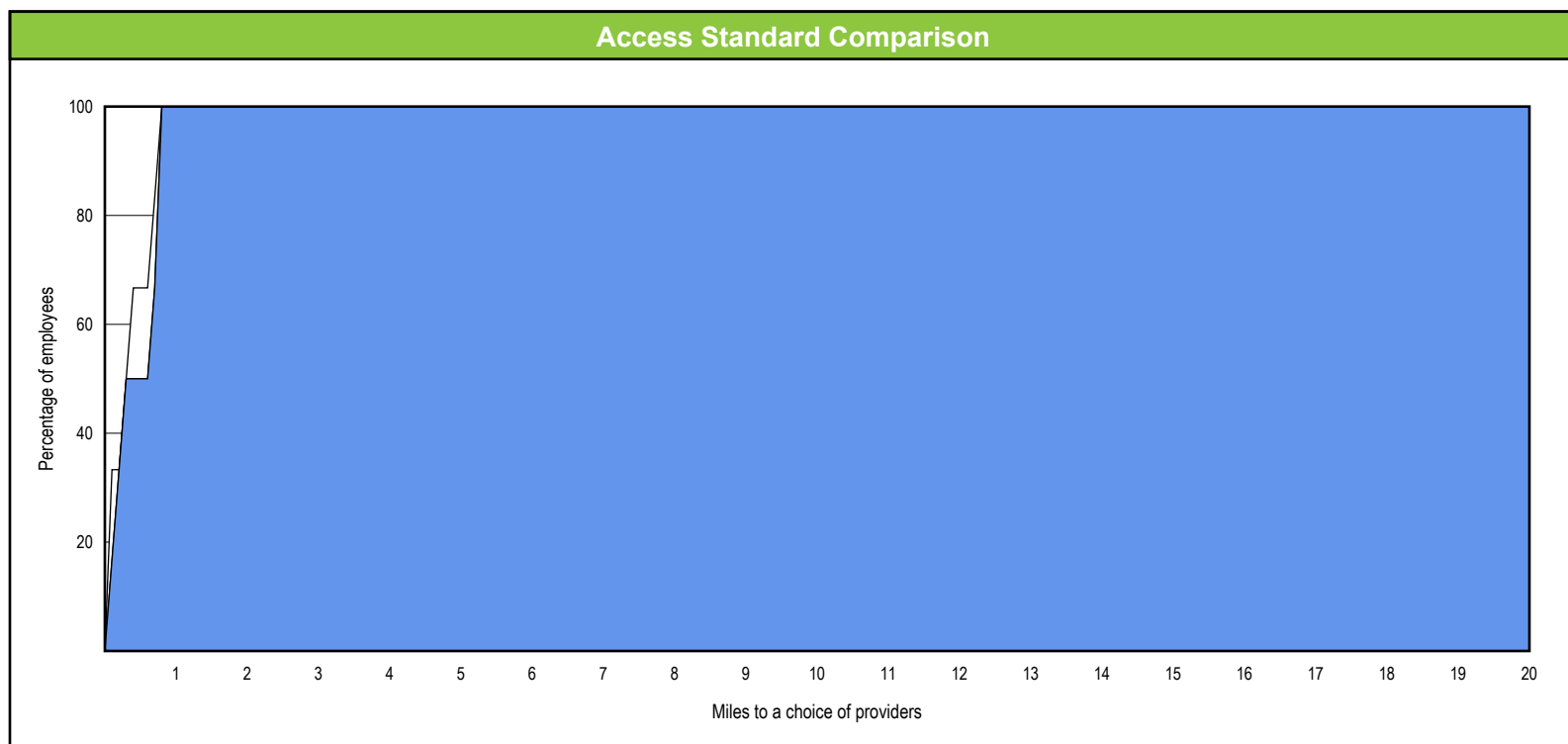
- 1st closest
- 2nd closest
- 3rd closest

<sup>1</sup> The Access Standard is defined as (NDOC (Iowa & Nebraska)) employees accessing:  
2 (PCP's) providers in 10 miles



### Distances

	Average
Distance to 1st closest provider	0.4 mile
Distance to 2nd closest provider	0.5 mile
Distance to 3rd closest provider	0.5 mile



# Access Overview - Specialists

Created for...  
NDOC

Created by...  
First Choice Health

Access Analysis  
Standard Access

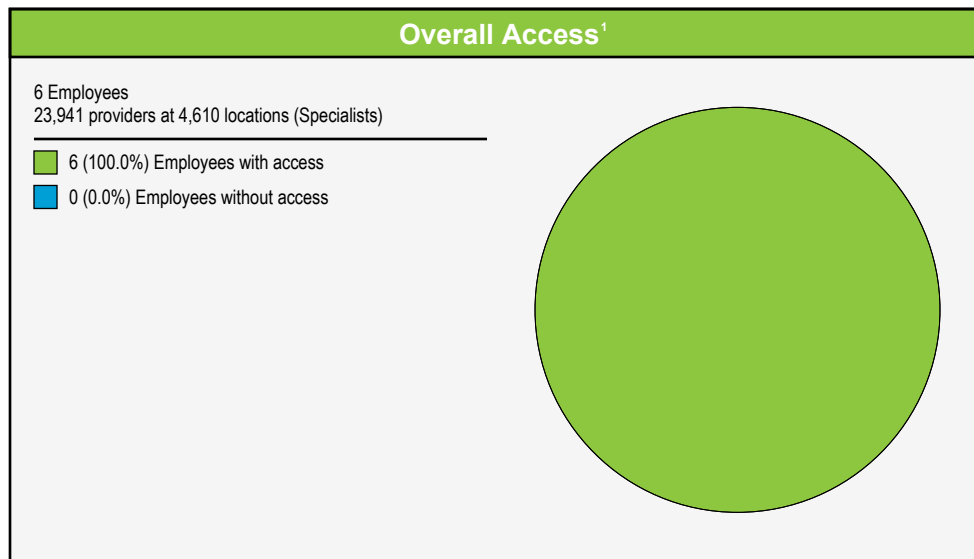
Employee / Provider Groups  
NDOC (Iowa & Nebraska)  
Specialists

Comparison Graph  
Percent of employees with access to a choice of providers over miles

- 1st closest
- 2nd closest
- 3rd closest

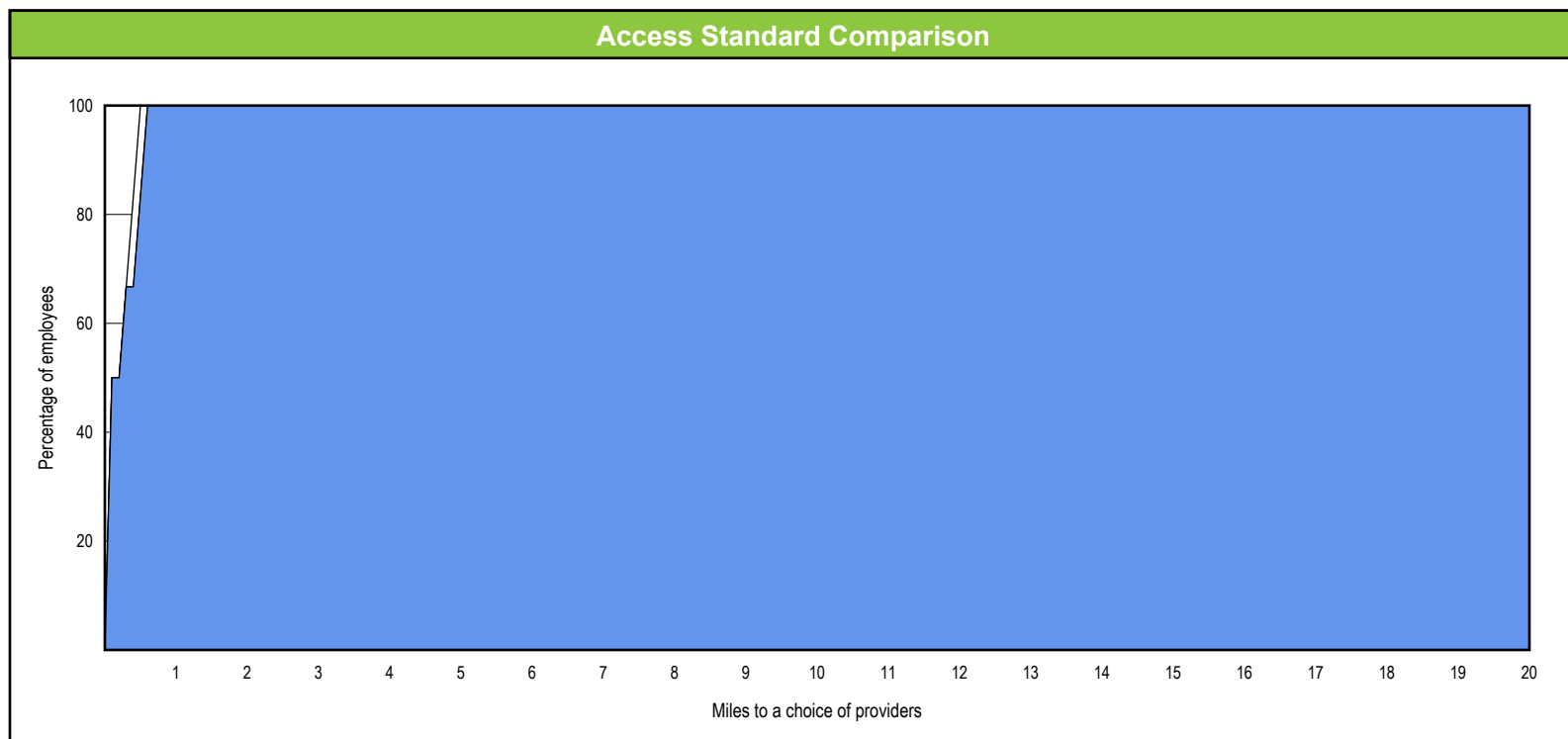
<sup>1</sup> The Access Standard is defined as (NDOC (Iowa & Nebraska)) employees accessing:

2 (Specialists) providers in 10 miles



### Distances

	Average
Distance to 1st closest provider	0.2 mile
Distance to 2nd closest provider	0.3 mile
Distance to 3rd closest provider	0.3 mile



# Map - Hospital

Created for...  
NDOC

Created by...  
First Choice Health

---

NDOC

6 employee locations  
◆ All Employees

Standard Access

Employee Group  
NDOC (Iowa & Nebraska)

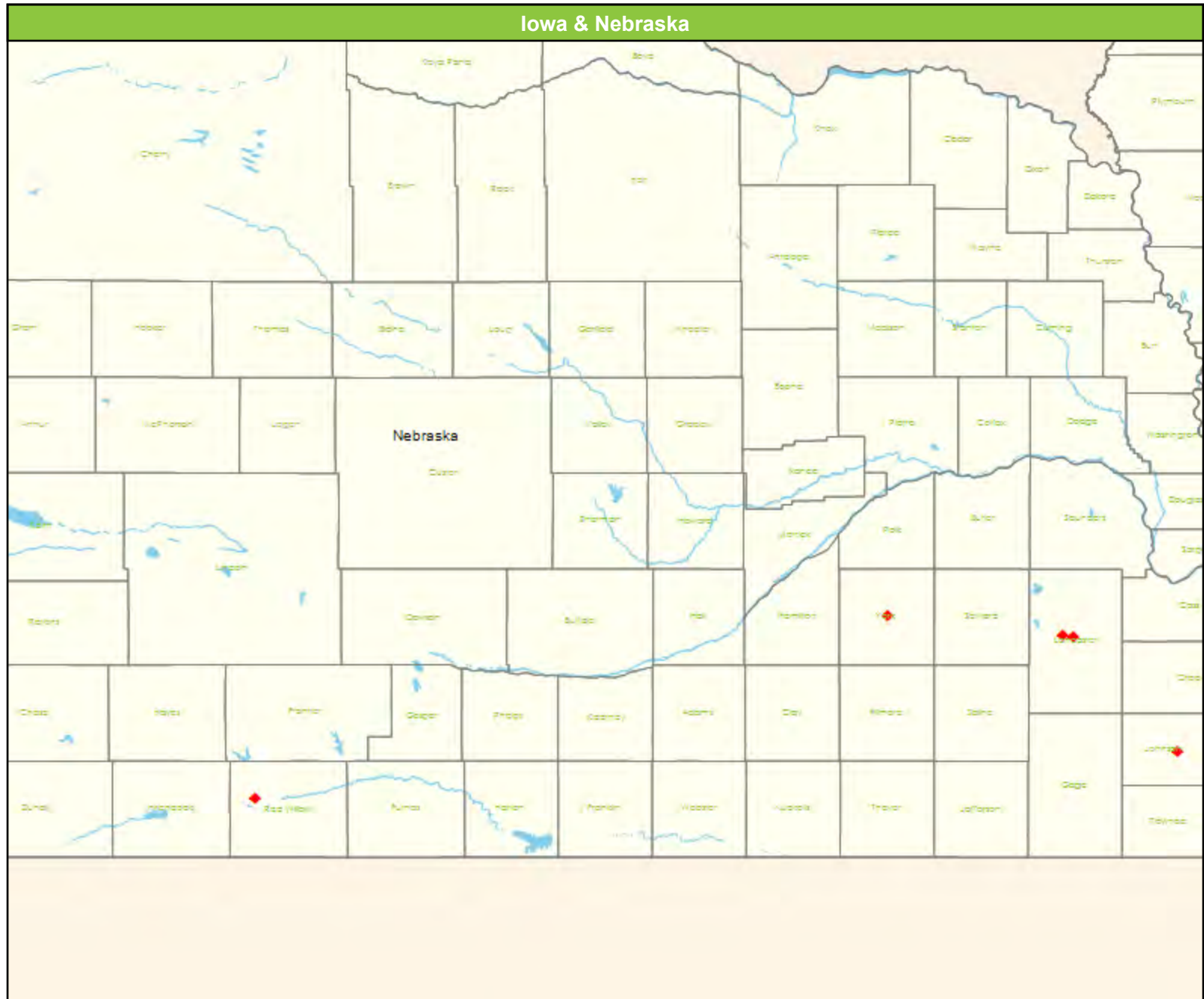
Provider Group  
Hospital

6 employee locations  
◆ With access (6)  
● Without access (0)

The Access Standard is defined as  
(NDOC (Iowa & Nebraska)) employees  
accessing:  
1 (Hospital) hospital in 10 miles

Service Areas  
□ Iowa & Nebraska

36.37 miles



Network Analysis  
**Map - PCP's**

Created for...  
NDOC

Created by...  
First Choice Health

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NDOC

6 employee locations  
◆ All Employees

Standard Access

Employee Group  
NDOC (Iowa & Nebraska)

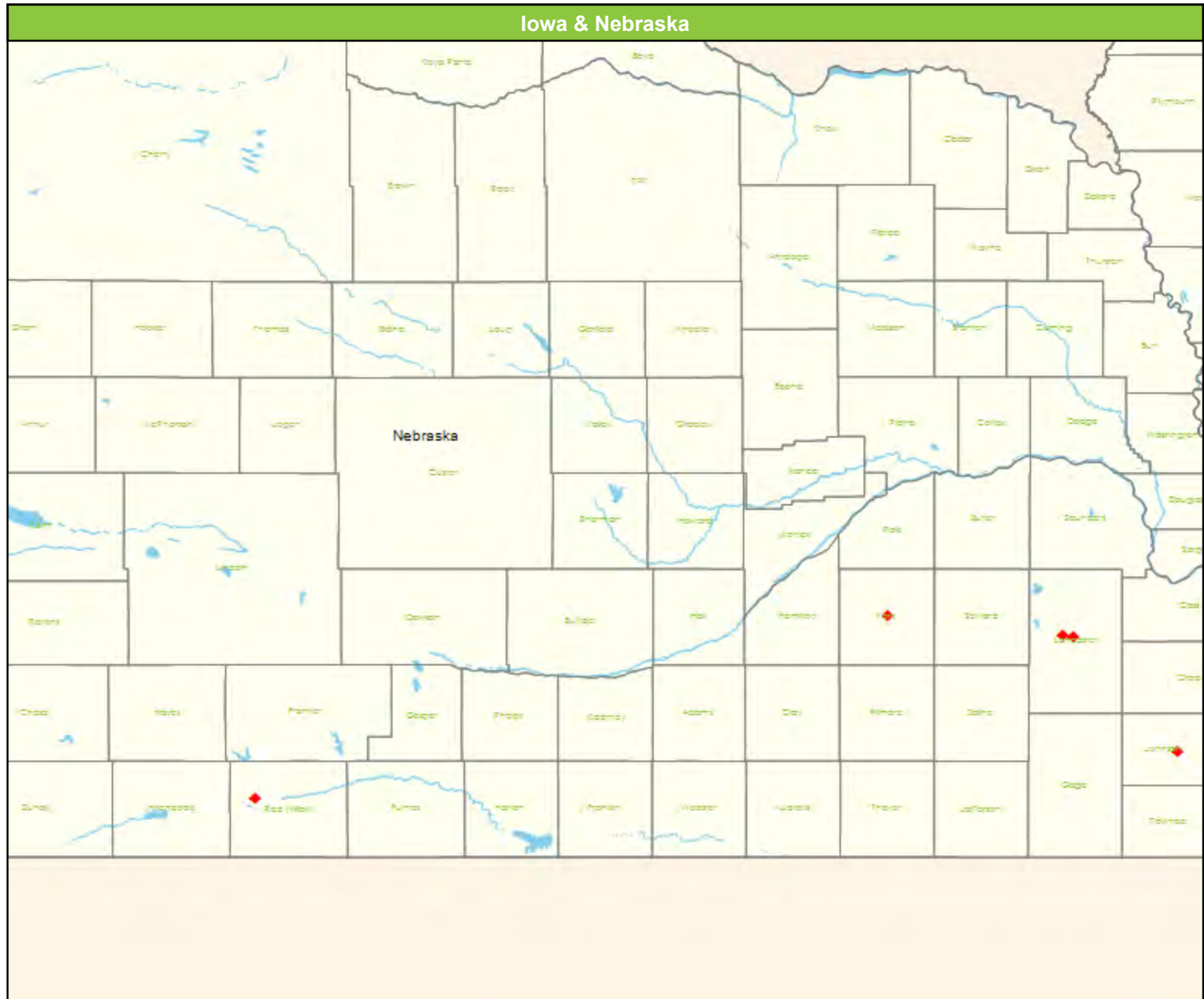
Provider Group  
PCP's

6 employee locations  
◆ With access (6)  
● Without access (0)

The Access Standard is defined as  
(NDOC (Iowa & Nebraska)) employees  
accessing:  
2 (PCP's) providers in 10 miles

Service Areas  
□ Iowa & Nebraska

36.37 miles



# Map - Specialists

Created for...  
NDOC

Created by...  
First Choice Health

---

NDOC

6 employee locations  
◆ All Employees

Standard Access

Employee Group  
NDOC (Iowa & Nebraska)

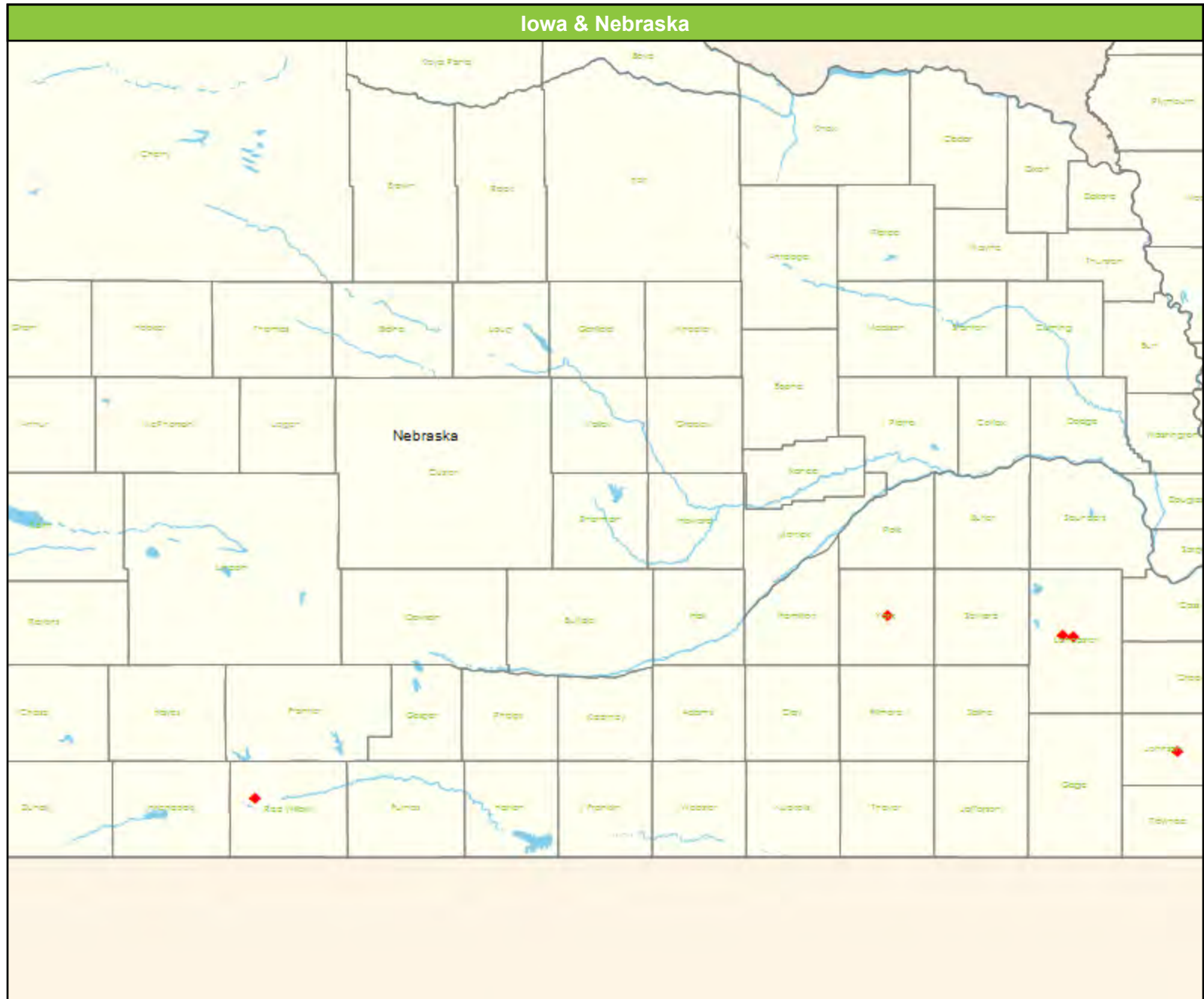
Provider Group  
Specialists

6 employee locations  
◆ With access (6)  
● Without access (0)

The Access Standard is defined as  
(NDOC (Iowa & Nebraska)) employees  
accessing:  
2 (Specialists) providers in 10 miles

Service Areas  
□ Iowa & Nebraska

36.37 miles



# Access Summary By City

Created for...  
NDOC  
Created by...  
First Choice Health

Access Analysis  
Standard Access  
Employee Group  
NDOC (Iowa & Nebraska)

Provider Group  
Hospital  
PCP's  
Specialists

<sup>1</sup> Provider counts represent:  
#: Provider access points  
P: Unique providers  
L: Unique provider locations

Employees With and Without Access													
Employee		Provider		With Access		Without Access		Counts <sup>1</sup>			Average Distance		
Group	#	Group	Standard	#	%	#	%	#	P	L	1	2	3
NDOC	6	Hospital	1 in 10 miles	6	100.0	0	0.0	518	275	389	1.4	12.3	14.3
		PCP's	2 in 10 miles	6	100.0	0	0.0	34,597	9,006	3,096	0.4	0.5	0.5
		Specialists	2 in 10 miles	6	100.0	0	0.0	95,856	23,941	4,610	0.3	0.3	0.3

Key Geographic Areas										
City	Employee	Provider		With Access		Without Access		Average Distance		
	#	Group	Standard	#	%	#	%	1	2	3
Lincoln, NE	2	Hospital	1 in 10 miles	2	100.0	0	0.0	1.4	3.9	5.3
		PCP's	2 in 10 miles	2	100.0	0	0.0	0.4	0.5	0.5
		Specialists	2 in 10 miles	2	100.0	0	0.0	0.3	0.3	0.3
Mc Cook, NE	1	Hospital	1 in 10 miles	1	100.0	0	0.0	1.5	26.5	29.0
		PCP's	2 in 10 miles	1	100.0	0	0.0	0.4	0.8	0.8
		Specialists	2 in 10 miles	1	100.0	0	0.0	0.5	0.6	0.6
Omaha, NE	1	Hospital	1 in 10 miles	1	100.0	0	0.0	2.8	4.4	4.5
		PCP's	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1
		Specialists	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1
Tecumseh, NE	1	Hospital	1 in 10 miles	1	100.0	0	0.0	0.3	18.6	19.6
		PCP's	2 in 10 miles	1	100.0	0	0.0	0.3	0.3	0.3
		Specialists	2 in 10 miles	1	100.0	0	0.0	0.3	0.3	0.3
York, NE	1	Hospital	1 in 10 miles	1	100.0	0	0.0	1.2	16.4	21.8
		PCP's	2 in 10 miles	1	100.0	0	0.0	0.8	0.8	0.8
		Specialists	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1

# Access Detail By Zip Code

Created for...  
 NDOC  
 Created by...  
 First Choice Health  
 Access Analysis  
 Standard Access  
 Employee / Provider Groups  
 NDOC (Iowa & Nebraska)  
 Hospital  
 PCP's  
 Specialists

Employees With and Without Access											
City	Zip Code	Employee	Provider		With Access		Without Access		Average Distance		
		#	Group	Standard	#	%	#	%	1	2	3
Lincoln, NE	68502	1	Hospital	1 in 10 miles	1	100.0	0	0.0	0.2	2.8	4.1
			PCP's	2 in 10 miles	1	100.0	0	0.0	0.1	0.2	0.2
			Specialists	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1
	68522	1	Hospital	1 in 10 miles	1	100.0	0	0.0	2.6	5.0	6.5
			PCP's	2 in 10 miles	1	100.0	0	0.0	0.7	0.7	0.7
			Specialists	2 in 10 miles	1	100.0	0	0.0	0.4	0.5	0.5
Mc Cook, NE	69001	1	Hospital	1 in 10 miles	1	100.0	0	0.0	1.5	26.5	29.0
			PCP's	2 in 10 miles	1	100.0	0	0.0	0.4	0.8	0.8
			Specialists	2 in 10 miles	1	100.0	0	0.0	0.5	0.6	0.6
Omaha, NE	68110	1	Hospital	1 in 10 miles	1	100.0	0	0.0	2.8	4.4	4.5
			PCP's	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1
			Specialists	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1
Tecumseh, NE	68450	1	Hospital	1 in 10 miles	1	100.0	0	0.0	0.3	18.6	19.6
			PCP's	2 in 10 miles	1	100.0	0	0.0	0.3	0.3	0.3
			Specialists	2 in 10 miles	1	100.0	0	0.0	0.3	0.3	0.3
York, NE	68467	1	Hospital	1 in 10 miles	1	100.0	0	0.0	1.2	16.4	21.8
			PCP's	2 in 10 miles	1	100.0	0	0.0	0.8	0.8	0.8
			Specialists	2 in 10 miles	1	100.0	0	0.0	0.1	0.1	0.1
Grand Totals		6	Hospital	1 in 10 miles	6	100.0	0	0.0	1.4	12.3	14.3
			PCP's	2 in 10 miles	6	100.0	0	0.0	0.4	0.5	0.5
			Specialists	2 in 10 miles	6	100.0	0	0.0	0.3	0.3	0.3

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Home Health Medical Equipment, Inc.	Durable Medical Equipment Supplier	349 N Main St	Ainsworth	NE	69210-1305
Brown County Hospital Home Health	Home Health	945 E Zero St	Ainsworth	NE	69210-1556
Brown County Hospital	Hospital	945 E Zero St	Ainsworth	NE	69210-1556
Wells Drug	Durable Medical Equipment Supplier	113 S 4th St	Albion	NE	68620-1215
Wells Drug	Durable Medical Equipment Supplier	245 S 4th St	Albion	NE	68620-1217
Boone County Health Center	Home Health	632 W Fairview Rm 4	Albion	NE	68620
Boone County Health Center	Hospital	723 W Fairview St	Albion	NE	68620-1725
Boone County Health Center	Hospital	1019 S 8th St	Albion	NE	68620-1760
Good Samaritan Society Albion	Skilled Nursing Facility	1222 S 7th St	Albion	NE	68620-1716
Petersen Drug	Durable Medical Equipment Supplier	104 E 6th St	Alliance	NE	69301-3412
Regional West Medical Center Hospice	Hospice	1118 Flack Ave	Alliance	NE	69301-2702
Box Butte General Hospital	Hospital	2101 Box Butte Ave	Alliance	NE	69301-4445
Highland Park Care Center	Skilled Nursing Facility	1633 Sweetwater Ave	Alliance	NE	69301-2610
Human Services Inc.	Substance Abuse Rehabilitation Facility	419 W 25th St	Alliance	NE	69301-2127
WeCare HomeCare	Durable Medical Equipment Supplier	101 John St	Alma	NE	68920-2154
Harlan County Health System	Hospital	717 Brown St	Alma	NE	68920-2132
Good Samaritan Society Alma	Skilled Nursing Facility	719 Brown St	Alma	NE	68920-2132
Southwest Nebraska Physical Therapy PC	Rehabilitation Facility	211 Nebraska Ave	Arapahoe	NE	68922-2750
Good Samaritan Society Arapahoe	Skilled Nursing Facility	601 Main St	Arapahoe	NE	68922-5572
West Holt Memorial Hospital Inc	Hospital	406 W Neely St	Atkinson	NE	68713-4801
Atkinson Rural Fire Protection District 1	Medical Transportation Services	512 E Pearl St	Atkinson	NE	68713
Good Samaritan Society Atkinson	Skilled Nursing Facility	409 E Neely St	Atkinson	NE	68713-5225
Southeast District Health Department	County Health Clinic	2511 Schneider Ave	Auburn	NE	68305-3054
Good Samaritan Society Home Care of SE Nebraska	Home Health	918 26th St Ste C	Auburn	NE	68305-3067
Nemaha County Home Care	Home Health	2022 13th St	Auburn	NE	68305-1701
Nemaha County Hospital	Hospital	2022 13th St	Auburn	NE	68305-1701
Good Samaritan Society Nemaha County	Skilled Nursing Facility	1322 U St	Auburn	NE	68305-3215
Memorial Hospital	Hospital	1423 7th St	Aurora	NE	68818-1141
GO Physical Therapy, LLC	Physical Rehabilitation Facility	1115 M St	Aurora	NE	68818-2019
Rock County Hospital	Hospital	102 E South St	Bassett	NE	68714-5508
Jacobsen Therapy Services LLC	Rehabilitation Facility	901 S 4th St	Battle Creek	NE	68715-3035
Deines Pharmacy, Inc	Durable Medical Equipment Supplier	910 Court St	Beatrice	NE	68310-4085
Belton Audiology and Hearing Center	Hearing Aid Dispensary	722 Court St Ste 201	Beatrice	NE	68310-3928
Beatrice Community Hospital Home Health Care	Home Health	1110 Jackson St	Beatrice	NE	68310-2117
Beatrice Community Hospital and Health Center Inc	Hospital	4800 Hospital Pkwy	Beatrice	NE	68310-6906
City of Beatrice dba Beatrice Fire and Rescue	Medical Transportation Services	400 Ella St	Beatrice	NE	68310-3856
EyeCare Specialties	Optical Hardware Center	2005 Court St	Beatrice	NE	68310-3210
Optical Gallery-Lincoln	Optical Hardware Center	566 Sargent St	Beatrice	NE	68310-1201
Husker Rehabilitation and Wellness Center, P.C.	Rehabilitation Facility	2320 N 6th St	Beatrice	NE	68310-1214
Beatrice Health and Rehabilitation	Skilled Nursing Facility	1800 Irving St	Beatrice	NE	68310-2236
Good Samaritan Society Beatrice	Skilled Nursing Facility	401 S 22nd St	Beatrice	NE	68310-3304
Heartland Cataract and Laser Surgery Center	Ambulatory Surgical Center	1103 Galvin Rd S Ste J	Bellevue	NE	68005-3002
CHI Health Partners Clinic	Durable Medical Equipment Supplier	3308 Samson Way Ste 203	Bellevue	NE	68123-3235
CHI Health Partners Clinic	Durable Medical Equipment Supplier	3308 Samson Way Ste 106	Bellevue	NE	68123-3235
DME United, Inc	Durable Medical Equipment Supplier	2221 Main St	Bellevue	NE	68005-5239
OrthoSource, Inc.	Durable Medical Equipment Supplier	1103 Galvin Rd South Area A	Bellevue	NE	68005
See the Trainer-Bellevue	Durable Medical Equipment Supplier	4102 Twin Creek Dr Ste 110	Bellevue	NE	68123-4097
Hillcrest Home Care	Home Health	1820 Hillcrest Dr Ste A	Bellevue	NE	68005-3636
Hillcrest Hospice Care	Hospice	1820 Hillcrest Dr Ste B	Bellevue	NE	68005-3636
Nebraska Medicine-Bellevue	Hospital	2500 Bellevue Medical Center Dr	Bellevue	NE	68123-1591
CHI Health Partners Clinic	Mental Health Center	3308 Samson Way Ste 203	Bellevue	NE	68123-3235
CHI Health Bellevue Clinic Physical Therapy & Rehab Clinic	Physical Rehabilitation Facility	3308 Samson Way Ste 202	Bellevue	NE	68123-3235
Physical Therapy and Balance Centers	Physical Rehabilitation Facility	3909 Twin Creek Dr Ste 102	Bellevue	NE	68123-4179
Achieve P.C.	Rehabilitation Facility	11511 S 42nd St Ste 106	Bellevue	NE	68123-1089
Athletico Excel Nebraska LLC	Rehabilitation Facility	2206 Longo Dr Ste 211	Bellevue	NE	68005-2977
Bellevue Physical Therapy Associates	Rehabilitation Facility	12717 S 28th Ave	Bellevue	NE	68123-3232
Bellevue Physical Therapy Associates	Rehabilitation Facility	701 Galvin Rd S Ste 112	Bellevue	NE	68005-2255
Hillcrest Physical Therapy	Rehabilitation Facility	1702 Hillcrest Dr	Bellevue	NE	68005-3652
Hillcrest Physical Therapy	Rehabilitation Facility	1804 Hillcrest Dr	Bellevue	NE	68005-3663
Makovicka/Harms Group, P.C.	Rehabilitation Facility	555 Cornhusker Rd Ste 207	Bellevue	NE	68005-7918
Hillcrest Health & Rehab	Skilled Nursing Facility	1702 Hillcrest Dr	Bellevue	NE	68005-3652
Total Sleep Center LLC	Sleep Disorder Center/Lab	2510 Bellevue Medical Center Dr Ste 170	Bellevue	NE	68123-1552
Urgent Care Network Bellevue	Urgent Care Clinic	1307 Harlan Dr	Bellevue	NE	68005-3699
Dundy County Hospital	Hospital	1313 N Cheyenne St	Benkelman	NE	69021-3074
Memorial Community Hospital	Hospital	810 N 22nd St	Blair	NE	68008-1128
Horizon Spine Rehabilitation	Rehabilitation Facility	1255 South St	Blair	NE	68008-2122
Nannan Physical Therapy	Rehabilitation Facility	636 N 20th Ave	Blair	NE	68008-1116
Good Shepherd Lutheran Home	Skilled Nursing Facility	2242 Wright St	Blair	NE	68008-1148
Bloomfield Pharmacy	Durable Medical Equipment Supplier	105 S Broadway St Ste 1	Bloomfield	NE	68718-4419
Good Samaritan Society Bloomfield	Skilled Nursing Facility	300 N 2nd St	Bloomfield	NE	68718-3151
Mary Lanning Memorial Hospital Home Health Services	Home Health	102 N Pine St	Blue Hill	NE	68930-5532
Boys Town NRH	Hospital	14040 Boys Town Hospital Rd	Boys Town	NE	68010-7521
Boys Town NRH	Hospital	14000 Boys Town Hospital Rd	Boys Town	NE	68010-7513

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Boys Town NRH	Hospital	14080 Boys Town Hospital Rd	Boys Town	NE	68010-7513
Boys Town NRH	Mental Health Center	14092 Boys Town Hospital Rd	Boys Town	NE	68010
Morrill County Community Hospital Home Health Agency	Home Health	1313 S St	Bridgeport	NE	69336-2563
Morrill County Community Hospital	Hospital	1313 S St	Bridgeport	NE	69336-2563
Skyview Care & Rehab at Bridgeport	Skilled Nursing Facility	505 O St	Bridgeport	NE	69336-4045
Jennie M Melham Memorial Medical Center	Hospital	145 Memorial Dr	Broken Bow	NE	68822-1378
Pearson Physical Therapy	Rehabilitation Facility	2021 S E St Ste 1	Broken Bow	NE	68822-1811
TEAM Physical Therapy, P.C.	Rehabilitation Facility	325 S 1st Ave	Broken Bow	NE	68822-2213
Brookestone View	Skilled Nursing Facility	850 Laurel Pkwy	Broken Bow	NE	68822-1111
CHI Health St Francis	Skilled Nursing Facility	1015 S D St	Broken Bow	NE	68822-1949
TEAM Physical Therapy, P.C.	Rehabilitation Facility	280 N 8th Ave	Burwell	NE	68823-4168
Butte Healthcare Center	Rehabilitation Facility	210 Broadway St	Butte	NE	68722-3067
Callaway District Hospital	Hospital	211 E Kimball St	Callaway	NE	68825-2589
TEAM Physical Therapy, P.C.	Rehabilitation Facility	207 S Grand Ave	Callaway	NE	68825
Callaway Good Life Center, Inc.	Skilled Nursing Facility	600 W Kimball St	Callaway	NE	68825-2592
Mark's Pharmacy	Durable Medical Equipment Supplier	624 Patterson St	Cambridge	NE	69022-6597
Tri Valley DME	Durable Medical Equipment Supplier	1305 Hwy 6 & 34	Cambridge	NE	69022
Tri Valley Health System	Hospital	1305 Hwy 6 & 34	Cambridge	NE	69022
Cribelli Physical Therapy	Rehabilitation Facility	706 Patterson St	Cambridge	NE	69022-6598
Merrick Medical Center	Hospital	1715 26th St	Central City	NE	68826-9501
Petersen Drug	Durable Medical Equipment Supplier	302 Main St	Chadron	NE	69337-2395
Chadron Community Home Health	Home Health	825 Centennial Dr	Chadron	NE	69337-9400
Chadron Community Hospice	Hospice	825 Centennial Dr	Chadron	NE	69337-9400
Chadron Community Hospital	Hospital	825 Centennial Dr	Chadron	NE	69337-9400
Clarkson Community Care Center	Skilled Nursing Facility	212 Sunrise Dr	Clarkson	NE	68629-4042
Clarkson Community Care Center	Skilled Nursing Facility	212 Sunrise Dr	Clarkson	NE	68629-4042
Mary Lanning Memorial Hospital Home Health Services	Home Health	209 W Fairfield St	Clay Center	NE	68933-1438
Columbus Surgery Center LLC	Ambulatory Surgical Center	3772 43rd Ave Ste B	Columbus	NE	68601-1681
Columbus Surgery Center, L.L.C.	Ambulatory Surgical Center	3772 43rd Ave Ste B	Columbus	NE	68601-1681
Dialysis Center of Columbus	Dialysis	2452 39th Ave	Columbus	NE	68601-2255
CHI Health Partners Clinic	Durable Medical Equipment Supplier	4508 38th St Ste 157	Columbus	NE	68601-1668
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	3010 23rd St	Columbus	NE	68601-3122
ProMedCare, Inc	Durable Medical Equipment Supplier	3100 23rd St Ste 4	Columbus	NE	68601-3161
See the Trainer-Columbus	Durable Medical Equipment Supplier	4508 38th St Ste 128	Columbus	NE	68601-1668
Tooley Drug and Home Care	Durable Medical Equipment Supplier	4306 38th St	Columbus	NE	68601-1618
Tooley Drug and Home Care	Durable Medical Equipment Supplier	2615 13th St	Columbus	NE	68601-4915
Audio-Logic, P.C.	Hearing Aid Dispensary	3763 39th Ave Ste 300	Columbus	NE	68601-4530
Beltone Audiology and Hearing Center	Hearing Aid Dispensary	1551 23rd Ave	Columbus	NE	68601-5022
Home Health of CCH	Home Health	3005 19th St Ste 600	Columbus	NE	68601-4248
Hospice of CCH	Hospice	3005 19th St Ste 600	Columbus	NE	68601-4248
Columbus Community Hospital Inc.	Hospital	4600 38th St	Columbus	NE	68601-1664
Midwest Medical Transport Company LLC	Medical Transportation Services	2155 33rd Ave	Columbus	NE	68601-3148
Columbus Community Hospital Physical Therapy	Rehabilitation Facility	3100 23rd St Ste 15	Columbus	NE	68601-3161
Columbus Community Hospital Physical Therapy	Rehabilitation Facility	4600 38th St	Columbus	NE	68601-1664
Columbus Physical Therapy, P.C.	Rehabilitation Facility	3211 25th St	Columbus	NE	68601-2473
Dynamic Life Therapy and Wellness, PC	Rehabilitation Facility	3763 39th Ave Ste 100	Columbus	NE	68601-4544
Brookestone Acres	Skilled Nursing Facility	4715 38th St	Columbus	NE	68601-1622
Columbus Urgent Care, L.L.C.	Urgent Care Clinic	3100 23rd St Ste T	Columbus	NE	68601-3161
Frontier Home Medical Inc	Durable Medical Equipment Supplier	304 W 8th St	Cozad	NE	69130-1734
Central Plains HHA	Home Health	835 Meridian Ave	Cozad	NE	69130-1754
Central Plains Hospice	Hospice	835 Meridian Ave	Cozad	NE	69130-1754
Cozad Community Hospital	Hospital	300 E 12th St	Cozad	NE	69130-1505
Avera Creighton Hospital	Hospital	1503 Main St	Creighton	NE	68729-3007
Overland Rehab Services	Rehabilitation Facility	708 Millard Ave	Creighton	NE	68729-3001
Crete Area Medical Center	Hospital	2910 Betten Dr	Crete	NE	68333-3084
Crete Physical Therapy	Rehabilitation Facility	830 E 1st St	Crete	NE	68333-3106
Butler County Health Care Center	Hospital	372 S 9th St	David City	NE	68632-2116
David Place	Skilled Nursing Facility	260 S 10th St	David City	NE	68632-2032
Methodist Women's Hospital	Hospital	707 N 190th Plz	Elkhorn	NE	68022-3974
Legacy Eyecare, L.L.C.	Optical Hardware Center	18924 Evans St Ste 104	Elkhorn	NE	68022-7038
Athletico Excel Nebraska LLC	Rehabilitation Facility	1303 S 204th St	Elkhorn	NE	68022-2880
Nebraska Orthopaedic Physical Therapy, P.C.	Rehabilitation Facility	1515 S 204th St Ste 105	Elkhorn	NE	68022-2974
Siegmund Physical Therapy	Rehabilitation Facility	19111 Mason Plz	Elkhorn	NE	68022-5659
Brookestone Meadows Rehabilitation & Care Center	Skilled Nursing Facility	600 Brookstone Meadows Plz	Elkhorn	NE	68022-4401
Elwood Care Center	Skilled Nursing Facility	607 Smith Ave	Elwood	NE	68937-5236
Heritage of Emerson	Skilled Nursing Facility	607 Nebraska St	Emerson	NE	68733-3627
Blue Valley Community Action	County Health Clinic	620 5th St	Fairbury	NE	68352-2624
Jefferson Family Home Care	Home Health	2200 H St	Fairbury	NE	68352-1119
Jefferson Community Health Center	Hospital	2200 H St	Fairbury	NE	68352-1119
Johnson Family Vision Care, P.C.	Optical Hardware Center	523 E St	Fairbury	NE	68352-2323
Husker Rehabilitation and Wellness Center, P.C.	Rehabilitation Facility	504 E St	Fairbury	NE	68352-2360
Heritage Care Center-Fairbury	Skilled Nursing Facility	909 17th St	Fairbury	NE	68352-1215
Kex RX Pharmacy and Home Care	Durable Medical Equipment Supplier	120 E 18th St	Falls City	NE	68355-2116

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Personal Care Inc	Durable Medical Equipment Supplier	3003 Old Hwy 73	Falls City	NE	68355-2473
Community Medical Center, Inc.	Hospital	3307 Barada St	Falls City	NE	68355-2470
Falls City Nursing and Rehabilitation Center	Skilled Nursing Facility	1720 Burton Dr	Falls City	NE	68355-2438
Franklin County Memorial Hospital	Hospital	1406 Q St	Franklin	NE	68939-1073
Franklin Rural Fire Protection District	Medical Transportation Services	618 14th Ave	Franklin	NE	68939
Arbor Care Center-Franklin	Skilled Nursing Facility	1006 M St	Franklin	NE	68939-1119
R Choice Surgical Center, LLC	Ambulatory Surgical Center	2900 E Elk Ln	Fremont	NE	68025-8691
Surgery Center of Fremont LLC	Ambulatory Surgical Center	2727 N Clarkson St	Fremont	NE	68025-7713
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	840 E 23rd St	Fremont	NE	68025-2445
Kubat Pharmacy Inc.	Durable Medical Equipment Supplier	424 W 23rd St Ste A	Fremont	NE	68025-1211
Midwest Respiratory Care	Durable Medical Equipment Supplier	1215 E 17th St	Fremont	NE	68025-3264
Nebraska Medical Mart II	Durable Medical Equipment Supplier	1451 N Bell St	Fremont	NE	68025-3534
OrthoSource, Inc.	Durable Medical Equipment Supplier	410 E 22nd St	Fremont	NE	68025-2639
ProMedCare, Inc	Durable Medical Equipment Supplier	1900 E Military Ave Ste 226	Fremont	NE	68025-5433
Beltone Audiology and Hearing Center	Hearing Aid Dispensary	301 E 6th St	Fremont	NE	68025-5087
Professional Hearing Center	Hearing Aid Dispensary	415 E 23rd St Ste A	Fremont	NE	68025-2393
Elite Professionals Home Care LLC-Fremont	Home Health	218 E 4th St Ste 5	Fremont	NE	68025-5016
Nye Home Health Care	Home Health	655 W 23rd St Ste Hh	Fremont	NE	68025-2595
Methodist Fremont Health	Hospice	2400 N Lincoln Ave Ste B	Fremont	NE	68025-2443
Methodist Fremont Health	Hospice	450 E 23rd St	Fremont	NE	68025-2303
Methodist Fremont Health	Hospice	450 E 23rd St	Fremont	NE	68025-2303
Methodist Fremont Health	Hospital	450 E 23rd St	Fremont	NE	68025-2303
Nye Square Wellness Center	Physical Rehabilitation Facility	655 W 23rd St	Fremont	NE	68025-2595
Athletico Excel Nebraska LLC	Rehabilitation Facility	3301 E Elkhorn Dr Ste 200	Fremont	NE	68025-6240
CP Physical Therapy, P.C.	Rehabilitation Facility	1439 E 23rd St	Fremont	NE	68025-2433
Nebraska Orthopaedic Physical Therapy, P.C.	Rehabilitation Facility	2123 E 23rd Ave S	Fremont	NE	68025-2498
Nye Legacy Health and Rehab	Skilled Nursing Facility	3210 N Clarkson St	Fremont	NE	68025-2301
Nye Pointe Health Rehab Center	Skilled Nursing Facility	2700 Laverna St	Fremont	NE	68025-2410
Nye Pointe Health Rehab Center	Skilled Nursing Facility	3210 N Clarkson St	Fremont	NE	68025-2301
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	840 E 23rd St	Fremont	NE	68025-2445
Warren Memorial Hospital	Hospital	905 2nd St	Fremont	NE	68359-1133
Arbor Care Center-Fullerton	Skilled Nursing Facility	202 N Esther St	Fullerton	NE	68638-3029
Fillmore County Hospital	Hospital	1900 F St	Geneva	NE	68361-2229
Heritage Crossings	Skilled Nursing Facility	501 N 13th St	Geneva	NE	68361-1549
Genoa Community Hospital, L.T.C.	Hospital	706 Ewing St	Genoa	NE	68640-3035
Community Action Partnership of Western Nebraska	County Health Clinic	975 Crescent Dr	Gering	NE	69341-1712
Elite Physical Therapy & Wellness, LLC	Rehabilitation Facility	1270 10th St Ste 101	Gering	NE	69341-3241
Heritage Estates	Skilled Nursing Facility	2325 Lodge Dr	Gering	NE	69341-6825
Gothenburg Memorial Hospital	Hospital	910 20th St	Gothenburg	NE	69138-1237
TEAM Physical Therapy, P.C.	Rehabilitation Facility	523 10th St	Gothenburg	NE	69138-1925
Hilltop Estates	Skilled Nursing Facility	2520 Avenue M	Gothenburg	NE	69138-2527
Grand Island Surgery Center	Ambulatory Surgical Center	3610 Richmond Cir	Grand Island	NE	68803-3909
Central District Health Department	County Health Clinic	1137 S Locust St	Grand Island	NE	68801-6771
RCG Grand Island Dialysis	Dialysis	3516 Richmond Cir	Grand Island	NE	68803-4965
Frontier Home Medical Inc	Durable Medical Equipment Supplier	225 N Webb Rd Ste 2	Grand Island	NE	68803-4041
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	722 N Diers Ave	Grand Island	NE	68803-4954
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	115 Wilmar Ave	Grand Island	NE	68803-3547
Innovative Prosthetics & Orthotics of Grand Island	Durable Medical Equipment Supplier	1213 Allen Dr	Grand Island	NE	68803-3333
Midwest Respiratory Care	Durable Medical Equipment Supplier	1805 Holland Dr	Grand Island	NE	68803-5625
New Horizons Orthotics and Prosthetics	Durable Medical Equipment Supplier	1504 S Locust St	Grand Island	NE	68801-8245
U-Save Pharmacy South	Durable Medical Equipment Supplier	2105 S Locust St	Grand Island	NE	68801-8217
The Hearing Clinic Inc	Hearing Aid Dispensary	2421 W Faidley Ave	Grand Island	NE	68803-4328
Craig HomeCare-Grand Island	Home Health	1811 E 2nd St Ste 285	Grand Island	NE	68803
Good Samaritan Society - Village Home Health	Home Health	3415 State St Ste B	Grand Island	NE	68803-2467
Greater Nebraska Home Infusion	Home Infusion	2604 Saint Patrick Ave Ste 2	Grand Island	NE	68803-1313
AseraCare Hospice	Hospice	912 Concord Ave	Grand Island	NE	68803-4911
CHI Health at Home	Hospice	2116 W Faidley Ave	Grand Island	NE	68803-4678
CHI Health St Francis	Hospital	2620 W Faidley Ave	Grand Island	NE	68803-4205
Grand Island Regional Medical Center	Hospital	3533 Prairieview St	Grand Island	NE	68803-4409
GO Physical Therapy, LLC	Physical Rehabilitation Facility	3004 W Faidley Ave	Grand Island	NE	68803-4109
GO Physical Therapy, LLC	Physical Rehabilitation Facility	905 N Custer Ave	Grand Island	NE	68803-4304
GO Physical Therapy, LLC	Physical Rehabilitation Facility	620 N Diers Ave Ste 300	Grand Island	NE	68803-4985
GO Physical Therapy, LLC	Physical Rehabilitation Facility	620 N Diers Ave Ste 300	Grand Island	NE	68803-4985
Grand Island Imaging Center LLC	Radiology Facility	3610 Richmond Cir Ste 110	Grand Island	NE	68803-3910
Athletico Excel Nebraska LLC	Rehabilitation Facility	603 N Diers Ave Ste 1	Grand Island	NE	68803-4987
Live Well Physical Therapy	Rehabilitation Facility	929 S Locust St	Grand Island	NE	68801-6751
Live Well Physical Therapy	Rehabilitation Facility	403 Lexington Cir	Grand Island	NE	68803-9728
Live Well Physical Therapy	Rehabilitation Facility	3537 W 13th St Ste 104	Grand Island	NE	68803-3322
Rathjen Physical Therapy LLC	Rehabilitation Facility	3213 W North Front St	Grand Island	NE	68803-4026
CHI Health St Francis	Skilled Nursing Facility	2116 W Faidley Ave	Grand Island	NE	68803-4678
CHI Health St Francis	Skilled Nursing Facility	2116 W Faidley Ave	Grand Island	NE	68803-4678
Good Samaritan Society Grand Island Village	Skilled Nursing Facility	4075 Timberline St	Grand Island	NE	68803-6553
Tiffany Square Center	Skilled Nursing Facility	3119 W Faidley Ave	Grand Island	NE	68803-4114

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

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Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Twin Rivers Health Care LLC	Urgent Care Clinic	720 N Webb Rd	Grand Island	NE	68803-3310
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	115 Wilmar Ave	Grand Island	NE	68803-3547
Perkins County Health Services	Hospital	900 Lincoln Ave	Grant	NE	69140-3095
Perkins County Ambulance	Medical Transportation Services	342 Central Ave	Grant	NE	69140-3021
Community Pharmacy Services Inc.	Durable Medical Equipment Supplier	21689 Northstar Dr	Gretna	NE	68028-4941
Dynamic Physical Therapy	Rehabilitation Facility	11757 S Highway 6 Ste 1	Gretna	NE	68028-8077
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	913 Village Sq	Gretna	NE	68028-7853
Physicians Clinic	Urgent Care Clinic	11946 Standing Stone Dr	Gretna	NE	68028-8094
Arbor Care Center-Hartington	Skilled Nursing Facility	401 W Darlene St	Hartington	NE	68739-4510
Hastings Laser and Eye Surgery Center LLC	Ambulatory Surgical Center	715 N Kansas Ave Ste 303	Hastings	NE	68901-4452
Hastings Surgical Center LLC	Ambulatory Surgical Center	5803 Osborne Dr W	Hastings	NE	68901-9158
AHP-MHR Home Care	Durable Medical Equipment Supplier	235 S Burlington Ave Ste H	Hastings	NE	68901-5946
Croiser Park Pharmacy	Durable Medical Equipment Supplier	405 E 14th St	Hastings	NE	68901-3204
Hastings Orthopaedics Sports Medicine Specialists P.C.	Durable Medical Equipment Supplier	2207 Osborne Dr W Ste 100	Hastings	NE	68901-9111
Innovative Prosthetics and Orthotics, Inc	Durable Medical Equipment Supplier	3211 W 12th St	Hastings	NE	68901-3465
Good Samaritan Society - Village Home Health	Home Health	601 S 1st Ave	Hastings	NE	68901-6636
Mary Lanning Memorial Hospital Home Health Services	Home Health	715 N Saint Joseph Ave	Hastings	NE	68901-4451
Redline Pharmacy Vital Care	Home Infusion	2415 Osborne Dr E Ste 100	Hastings	NE	68901-1999
Mary Lanning Hospice	Hospice	715 N Saint Joseph Ave	Hastings	NE	68901-4451
Mary Lanning Memorial Hospital	Hospital	715 N Saint Joseph Ave	Hastings	NE	68901-4451
Mary Lanning Memorial Hospital	Independent Laboratory	715 N Saint Joseph Ave	Hastings	NE	68901-4451
GO Physical Therapy, LLC	Physical Rehabilitation Facility	3601 Cimarron Plz Ste 105	Hastings	NE	68901-2883
Hastings Physical Therapy	Rehabilitation Facility	2307 Osborne Dr W	Hastings	NE	68901-9116
Live Well Physical Therapy	Rehabilitation Facility	2307 Osborne Dr W	Hastings	NE	68901-9116
Physical Therapy and Sports Rehab of Hastings	Rehabilitation Facility	207 S Burlington Ave	Hastings	NE	68901-5905
Good Samaritan Society Hastings	Skilled Nursing Facility	926 E E St	Hastings	NE	68901-6617
Hastings Convenient Care, P.C.	Urgent Care Clinic	208 S Burlington Ave Ste 108	Hastings	NE	68901-5943
Twin Rivers Health Care LLC	Urgent Care Clinic	3203 Osborne Dr W Ste 101	Hastings	NE	68901-9140
CHI Health Mercy Corning	Hospital	120 Park Ave	Hebron	NE	68370-2019
Thayer County Health Services	Hospital	120 Park Ave	Hebron	NE	68370-2019
Henderson Health Care Services, Inc.	Hospital	1621 Front St	Henderson	NE	68371-8902
Coddington Physical Therapy	Rehabilitation Facility	18780 S 68th St Ste A	Hickman	NE	68372-7083
Coddington Physical Therapy	Rehabilitation Facility	18780 S 68th St Ste A	Hickman	NE	68372-7083
Fulmer U-Save Pharmacy	Durable Medical Equipment Supplier	1317 Hill St	Holdrege	NE	68949-1237
Brookeston Home Health & Hospice	Home Health	507 West Ave	Holdrege	NE	68949-2226
ruralMED Home Care Resources	Hospice	507 West Ave	Holdrege	NE	68949-2226
Phelps Memorial Health Center	Hospital	1215 Tibbals St	Holdrege	NE	68949-1255
Hooper Care Center	Skilled Nursing Facility	400 E Birchwood Dr	Hooper	NE	68031-3002
Colonial Acres	Skilled Nursing Facility	1043 10th St	Humboldt	NE	68376-6018
Humphrey Physical Therapy	Rehabilitation Facility	207 Main St	Humphrey	NE	68642-3154
Chase County Community Hospital	Hospital	600 W 12th St	Imperial	NE	69033-3130
Heartland Surgery Center	Ambulatory Surgical Center	3515 30th Ave	Kearney	NE	68845-2298
Kearney Eye Surgical Center, Inc	Ambulatory Surgical Center	411 W 39th St Ste 2	Kearney	NE	68845-2805
Kearney Pain Treatment Center	Ambulatory Surgical Center	920 E 56th St Ste D	Kearney	NE	68847-8628
Seventh Avenue Surgery Center	Ambulatory Surgical Center	4107 7th Ave	Kearney	NE	68845-1312
RCG Overland Trails	Dialysis	10 E 31st St	Kearney	NE	68847-2908
RCG Overland Trails	Dialysis	5210 Parklane Dr	Kearney	NE	68847-8605
Family Orthotics and Prosthetics Inc.	Durable Medical Equipment Supplier	4005 7th Ave	Kearney	NE	68845-1305
Frontier Home Medical Inc	Durable Medical Equipment Supplier	3813 2nd Ave	Kearney	NE	68847-8106
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	207 W 29th St Ste A	Kearney	NE	68845-3476
Limbcrafters LLC	Durable Medical Equipment Supplier	306 E 6th St	Kearney	NE	68847-7449
Madison County Medical Equipment Inc.	Durable Medical Equipment Supplier	516 W 11th St Ste 108	Kearney	NE	68845-7310
Mid Nebraska Mobility Inc.	Durable Medical Equipment Supplier	2215 Central Ave	Kearney	NE	68847-5346
New Horizons Orthotics and Prosthetics	Durable Medical Equipment Supplier	5609 1st Ave Ste A-2	Kearney	NE	68847-2436
Ortho Medics	Durable Medical Equipment Supplier	3710 Central Ave Ste 10	Kearney	NE	68847-8126
Women's Orthotics & Prosthetics Healthcare Services	Durable Medical Equipment Supplier	3811 29th Ave Ste 4	Kearney	NE	68845-1280
Good Samaritan Society Home Care of Central NE	Home Health	2209 E 32nd St	Kearney	NE	68847-3929
AseraCare Hospice	Hospice	6415 2nd Ave Ste 3	Kearney	NE	68847-2461
CHI Health Good Samaritan	Hospital	10 E 31st St	Kearney	NE	68847-2908
Kearney Regional Medical Center	Hospital	804 22nd Ave	Kearney	NE	68845-2206
CHI Health Richard Young	Mental Health Center	1755 Prairie View Pl	Kearney	NE	68845-8300
GO Physical Therapy, LLC	Physical Rehabilitation Facility	3219 Central Ave Ste 105	Kearney	NE	68847-2949
GO Physical Therapy, LLC	Physical Rehabilitation Facility	2707 2nd Ave Ste B	Kearney	NE	68847-4401
Alpha Rehabilitation, P.C.	Rehabilitation Facility	920 E 56th St Bldg A	Kearney	NE	68847-8628
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	211 W 33rd St Ste A	Kearney	NE	68845-3485
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	620 E 25th St Ste 7	Kearney	NE	68847-5529
Good Samaritan Rehabilitation	Rehabilitation Facility	10 E 31st St	Kearney	NE	68847-2908
New West Orthopaedic & Sports Rehabilitation, LLC	Rehabilitation Facility	2810 W 35th St Ste 2	Kearney	NE	68845-2909
TEAM Physical Therapy, P.C.	Rehabilitation Facility	3811 Central Ave Ste F	Kearney	NE	68847-8173
Brookestone Gardens	Skilled Nursing Facility	2615 W 11th St	Kearney	NE	68845-0107
CHI Health St Francis	Skilled Nursing Facility	1755 Prairie View Pl	Kearney	NE	68845-8300
Good Samaritan Society St. John's	Skilled Nursing Facility	3410 Central Ave	Kearney	NE	68847-2942
Good Samaritan Society St. Luke's	Skilled Nursing Facility	2201 E 32nd St	Kearney	NE	68847-3929

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
First Care Medical, P.C.	Urgent Care Clinic	2605 2nd Ave	Kearney	NE	68847-4416
Kimball Health Services	Hospital	505 S Burg St	Kimball	NE	69145-1313
CHI Health Partners Clinic	Durable Medical Equipment Supplier	8248 S 96th St	La Vista	NE	68128-3126
OrthoSource, Inc.	Durable Medical Equipment Supplier	8002 S 84th St Ste 1	La Vista	NE	68128-3307
Optum Infusion Services 302 LLC	Home Infusion	8720 S 114th St Ste 106	La Vista	NE	68128-5585
MinuteClinic Diagnostic of Nebraska LLC	Urgent Care Clinic	6901 S 84th St	La Vista	NE	68128-2127
Brookeston Home Health & Hospice	Home Health	1600 W 13th St	Lexington	NE	68850-1196
ruralMED Home Care Resources	Hospice	1600 W 13th St Ste A	Lexington	NE	68850-1196
Lexington Regional Health Center	Hospital	1201 N Erie St	Lexington	NE	68850-1560
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	110 W 5th St	Lexington	NE	68850-1903
Advanced Medical Imaging Surgery Center	Ambulatory Surgical Center	7555 Pioneers Blvd	Lincoln	NE	68506-4673
Doctors Outpatient Surgery Center	Ambulatory Surgical Center	5055 A St Ste 100	Lincoln	NE	68510-4970
Lincoln Digestive Health Center, L.L.C.	Ambulatory Surgical Center	2300 S 16th St Ste 512	Lincoln	NE	68502-3704
Lincoln Endoscopy Center	Ambulatory Surgical Center	4545 R St	Lincoln	NE	68503-3799
Lincoln Surgery Endoscopy Services, LLC	Ambulatory Surgical Center	1730 S 70th St Ste 120	Lincoln	NE	68506-1668
Nebraska Surgery Center LLC	Ambulatory Surgical Center	625 S 70th St	Lincoln	NE	68510-2404
NOC Surgery Center, L.L.C.	Ambulatory Surgical Center	6900 A St Ste 200	Lincoln	NE	68510-4120
Omaha Surgical Center	Ambulatory Surgical Center	555 S 70th St	Lincoln	NE	68510-2462
Omega Surgery Centers, L.L.C.	Ambulatory Surgical Center	755 Fallbrook Blvd Ste 204	Lincoln	NE	68521-9055
Physicians Surgical Center	Ambulatory Surgical Center	1500 S 48th St Ste 201	Lincoln	NE	68506-1277
Prairie Orthopaedic and Plastic Surgery, PC	Ambulatory Surgical Center	4130 Pioneer Woods Dr Ste 1	Lincoln	NE	68506-7552
Southwest Lincoln Surgery Center	Ambulatory Surgical Center	2222 S 16th St Ste 315	Lincoln	NE	68502-3762
The Nebraska Ambulatory Surgical Center LLC	Ambulatory Surgical Center	5620 S 27th St Ste 200	Lincoln	NE	68512-1612
Urology Surgical Center LLC	Ambulatory Surgical Center	5500 Pine Lake Rd	Lincoln	NE	68516-3389
CHI Health Clinic Specialty LLC	Birth Center	8020 O St	Lincoln	NE	68510-2561
Physician Management Services of Nebraska LLC	County Health Clinic	2222 S 16th St Ste 435	Lincoln	NE	68502-3793
Dialysis Center of Lincoln, Inc.	Dialysis	3211 Salt Creek Cir	Lincoln	NE	68504-4761
Dialysis Center of Lincoln, Inc.	Dialysis	7910 O St	Lincoln	NE	68510-2500
Dialysis Center of Lincoln, Inc.	Dialysis	5355 S 16th St	Lincoln	NE	68512-1277
Home Dialysis of Lincoln, L.L.C.	Dialysis	5355 S 16th St	Lincoln	NE	68512-1277
ABLE II Prosthetics and Orthotics	Durable Medical Equipment Supplier	2222 S 16th St Ste 220	Lincoln	NE	68502-3764
ACS Medical, LLC	Durable Medical Equipment Supplier	233 N 48th St Ste F	Lincoln	NE	68504-3512
AHP-MHR Home Care	Durable Medical Equipment Supplier	1801 Cushman Dr Ste 1	Lincoln	NE	68512-1221
Capital Medical	Durable Medical Equipment Supplier	145 S 66th St	Lincoln	NE	68510-2302
Energize Home Medical	Durable Medical Equipment Supplier	1400 N 48th St	Lincoln	NE	68504-3170
Focus Respiratory Inc	Durable Medical Equipment Supplier	3201 N 23rd St Ste 2	Lincoln	NE	68521-1310
Frontier Home Medical Inc	Durable Medical Equipment Supplier	4550 O St	Lincoln	NE	68510-1843
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	1001 S 70th St Ste 110	Lincoln	NE	68510-7901
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	5401 South St Ste E	Lincoln	NE	68506-2150
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	5020 N 27th St	Lincoln	NE	68521-1196
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	5010 O St	Lincoln	NE	68510-1951
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	6001 Village Dr	Lincoln	NE	68516-4733
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	7151 Stacy Ln	Lincoln	NE	68516-4280
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	1601 N 84th St	Lincoln	NE	68505-3012
Jim's Home Health Supplies	Durable Medical Equipment Supplier	3201 N 23rd St Ste 2	Lincoln	NE	68521-1310
Kohl's RX	Durable Medical Equipment Supplier	808 N 27th St	Lincoln	NE	68503-2523
Limb Lab	Durable Medical Equipment Supplier	110 S Canopy St	Lincoln	NE	68508-3819
Lincoln Mobility	Durable Medical Equipment Supplier	2655 S 70th St Ste A	Lincoln	NE	68506-2908
Midwest Respiratory Care	Durable Medical Equipment Supplier	3201 N 23rd St Ste 2	Lincoln	NE	68521-1310
MilkWorks	Durable Medical Equipment Supplier	5930 S 58th St Ste W	Lincoln	NE	68516-3653
Northwest Respiratory Services, LLC	Durable Medical Equipment Supplier	3700 S 6th St Ste B-2	Lincoln	NE	68502-4325
Orthotics Professionals, LLC	Durable Medical Equipment Supplier	7030 Helen Witt Dr Ste C	Lincoln	NE	68512-3756
Premier Orthotics & Prosthetics	Durable Medical Equipment Supplier	3705 South St Ste 100	Lincoln	NE	68506-6044
See the Trainer	Durable Medical Equipment Supplier	2845 S 70th St Ste 2	Lincoln	NE	68506-6821
Somnos Medical Equipment	Durable Medical Equipment Supplier	1101 S 70th St Ste 102	Lincoln	NE	68510-4293
St. Elizabeth Home Medical Equipment	Durable Medical Equipment Supplier	555 S 70th St	Lincoln	NE	68510-2462
Total Respiratory and Rehab	Durable Medical Equipment Supplier	6800 S 32nd St Ste B	Lincoln	NE	68516-6036
Triumph Home Health Supplies	Durable Medical Equipment Supplier	3838 N 63rd St	Lincoln	NE	68507-1809
Women's Orthotics & Prosthetics Healthcare Services	Durable Medical Equipment Supplier	120 S 42nd St	Lincoln	NE	68510-1714
Beltone Audiology and Hearing Center	Hearing Aid Dispensary	3031 O St Ste 104	Lincoln	NE	68510-1512
Elite Professionals Home Care LLC	Home Health	3901 Faulkner Dr	Lincoln	NE	68516-4738
FirstCare Home Health of Eastern NE	Home Health	3901 Normal Blvd Ste 102	Lincoln	NE	68506-5200
Interim HealthCare of Lincoln, L.L.C.	Home Health	6040 S 58th St Ste A	Lincoln	NE	68516-3695
Personal Health Care Services LLC	Home Health	4741 N 26th St Ste D	Lincoln	NE	68521-4707
Tabitha Home Health Care	Home Health	4720 Randolph St	Lincoln	NE	68510-3741
AseraCare Hospice	Hospice	5715 S 34th St Ste 100	Lincoln	NE	68516-6648
CHI Health at Home	Hospice	245 S 84th St Ste 300	Lincoln	NE	68510-2600
HoriSun Hospice Inc.	Hospice	2200 S 40th St Ste 101	Lincoln	NE	68506-2424
Hospice Community Care of Nebraska	Hospice	300 S 68th Street Pl Ste 205	Lincoln	NE	68510-2450
Tabitha Hospice	Hospice	4720 Randolph St	Lincoln	NE	68510-3741
Bryan Medical Center	Hospital	2300 S 16th St	Lincoln	NE	68502-3704
Bryan Medical Center	Hospital	1600 S 48th St	Lincoln	NE	68506-1283
CHI Health Nebraska Heart Hospital	Hospital	7500 S 91st St	Lincoln	NE	68526-9437

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
CHI Health St Elizabeth	Hospital	555 S 70th St	Lincoln	NE	68510-2462
Lincoln Surgical Hospital	Hospital	1710 S 70th St	Lincoln	NE	68506-1676
Physicians Laboratory Services, Inc.	Independent Laboratory	4600 Valley Rd Ste 200	Lincoln	NE	68510-4882
Physicians Laboratory Services, Inc.	Independent Laboratory	7441 O St	Lincoln	NE	68510-2468
Physicians Laboratory, P.C.	Independent Laboratory	7441 O St Ste 100	Lincoln	NE	68510-2468
Behaven Kids - Lincoln	Mental Health Center	1145 High St	Lincoln	NE	68502-4440
Behaven Kids - Lincoln	Mental Health Center	1232 High St	Lincoln	NE	68502-4547
Behaven Kids - Omaha	Mental Health Center	2320 S 48th St Ste 101	Lincoln	NE	68506-5513
Mental Health Crisis Center of Lancaster County	Mental Health Center	825 J St	Lincoln	NE	68508-2958
EyeCare Specialties	Optical Hardware Center	7930 O St	Lincoln	NE	68510-2500
EyeCare Specialties	Optical Hardware Center	2943 Pine Lake Rd	Lincoln	NE	68516-6007
EyeCare Specialties	Optical Hardware Center	2500 Northview Rd	Lincoln	NE	68521-1383
Optical Gallery-Lincoln	Optical Hardware Center	1550 S Coddington Ave Ste V	Lincoln	NE	68522-4404
Optical Gallery-Lincoln	Optical Hardware Center	3923 S 48th St	Lincoln	NE	68506-4301
Visionworks	Optical Hardware Center	6404 O St	Lincoln	NE	68510-2351
GO Physical Therapy, LLC	Physical Rehabilitation Facility	4001 O St	Lincoln	NE	68510-1755
GO Physical Therapy, LLC	Physical Rehabilitation Facility	1601 N 86th St Ste 300	Lincoln	NE	68505-3715
GO Physical Therapy, LLC	Physical Rehabilitation Facility	1230 Aries Dr Ste D	Lincoln	NE	68512-9615
GO Physical Therapy, LLC	Physical Rehabilitation Facility	5000 N 26th St Ste 500	Lincoln	NE	68521-4744
GO Physical Therapy, LLC	Physical Rehabilitation Facility	2510 S 40th St Ste 200	Lincoln	NE	68506-2411
Madonna Therapy Plus	Physical Rehabilitation Facility	7111 Stephanie Ln	Lincoln	NE	68516-5300
Madonna Therapy Plus	Physical Rehabilitation Facility	5401 South St	Lincoln	NE	68506-2150
Madonna Therapy Plus	Physical Rehabilitation Facility	5633 NW 1st St	Lincoln	NE	68521-4465
Northwest Clinic	Physical Rehabilitation Facility	5633 NW 1st St	Lincoln	NE	68521-4465
Advanced Medical Imaging, L.L.C.	Radiology Facility	7601 Pioneers Blvd	Lincoln	NE	68506-4675
Bryan Medical Center - Imaging Center	Radiology Facility	3901 Pine Lake Rd Ste 100	Lincoln	NE	68516-5497
Neurology Associates, P.C.	Radiology Facility	575 S 70th St Ste 315	Lincoln	NE	68510-2471
Advanced PT	Rehabilitation Facility	5640 S 84th St Ste 100	Lincoln	NE	68516-4475
Athletico Excel Nebraska LLC	Rehabilitation Facility	200 N 66th St Ste 20	Lincoln	NE	68505-2690
Athletico Excel Nebraska LLC	Rehabilitation Facility	5633 S 16th St Ste 600	Lincoln	NE	68512-1424
Bryan LifePointe Physical Therapy	Rehabilitation Facility	7501 S 27th St	Lincoln	NE	68512-4802
Bryan OP Rehab West	Rehabilitation Facility	2300 S 16th St Fl 4	Lincoln	NE	68502-3704
Bryan Pediatric Rehab	Rehabilitation Facility	1500 S 48th St	Lincoln	NE	68506-1276
Center for Spine and Sport Rehab	Rehabilitation Facility	6825 S 27th St Ste 103	Lincoln	NE	68512-4872
Center for Spine and Sport Rehab	Rehabilitation Facility	755 Fallbrook Blvd Ste 200	Lincoln	NE	68521-9042
Coddington Physical Therapy	Rehabilitation Facility	1550 S Coddington Ave Ste C	Lincoln	NE	68522-4402
Communication Works, LLC	Rehabilitation Facility	1550 S 70th St Ste 200	Lincoln	NE	68506-1576
Complete Physical Therapy	Rehabilitation Facility	4220 Pioneer Woods Dr	Lincoln	NE	68506-7564
Crossroads Physical Therapy	Rehabilitation Facility	6101 S 56th St Ste 1	Lincoln	NE	68516-3392
Exstrom Physical Therapy	Rehabilitation Facility	3818 Normal Blvd	Lincoln	NE	68506-5240
Havelock Physical Therapy	Rehabilitation Facility	6319 Havelock Ave	Lincoln	NE	68507-1328
Heartland Speech & Language Services PC	Rehabilitation Facility	1651 N 86th St Ste 200	Lincoln	NE	68505-3719
Horizon Physical Therapy	Rehabilitation Facility	755 Fallbrook Blvd Ste 204	Lincoln	NE	68521-9055
Horizon Physical Therapy	Rehabilitation Facility	5930 S 57th St	Lincoln	NE	68516-5217
Horizon Physical Therapy	Rehabilitation Facility	3801 Union Dr Ste 100	Lincoln	NE	68516-6652
Horizon Physical Therapy	Rehabilitation Facility	1919 S 40th St Ste 335	Lincoln	NE	68506-5248
Horizon Physical Therapy	Rehabilitation Facility	755 Fallbrook Blvd Ste 100	Lincoln	NE	68521-4643
Hruska Clinic Inc.	Rehabilitation Facility	5241 R St	Lincoln	NE	68504-3420
Husker Rehabilitation and Wellness Center, P.C.	Rehabilitation Facility	4445 S 86th St Ste 100	Lincoln	NE	68526-9225
Husker Rehabilitation and Wellness Center, P.C.	Rehabilitation Facility	4911 N 26th St Ste 100	Lincoln	NE	68521-4739
Lincoln Orthopedic Physical Therapy, PC	Rehabilitation Facility	345 Speedway Cir Ste 3	Lincoln	NE	68502-3313
Lincoln Orthopedic Physical Therapy, PC	Rehabilitation Facility	6101 Village Dr Ste 100	Lincoln	NE	68516-5830
Lincoln Orthopedic Physical Therapy, PC	Rehabilitation Facility	4920 N 26th St Ste 100	Lincoln	NE	68521-4748
Lincoln Orthopedic Physical Therapy, PC	Rehabilitation Facility	1651 N 86th St Ste 100	Lincoln	NE	68505-3719
Lincoln Orthopedic Physical Therapy, PC	Rehabilitation Facility	2801 Pine Lake Rd Ste K	Lincoln	NE	68516-6041
Lincoln Orthopedic Physical Therapy, PC	Rehabilitation Facility	6900 A St Ste 102	Lincoln	NE	68510-4120
Lincoln Physical Therapy and Sports Rehab, LLC	Rehabilitation Facility	2550 Superior St	Lincoln	NE	68521-4155
Lincoln Physical Therapy and Sports Rehab, LLC	Rehabilitation Facility	1501 Pine Lake Rd Ste 20	Lincoln	NE	68512-3692
Lincoln Physical Therapy and Sports Rehab, LLC	Rehabilitation Facility	6940 Van Dorn St Ste 103	Lincoln	NE	68506-2858
Madonna Rehabilitation Hospital	Rehabilitation Facility	5401 South St	Lincoln	NE	68506-2150
Makovicka/Harms Group, P.C.	Rehabilitation Facility	333 S 70th St Ste 102	Lincoln	NE	68510
Makovicka/Harms Group, P.C.	Rehabilitation Facility	2436 N 48th St Ste 101	Lincoln	NE	68504-3627
Makovicka/Harms Group, P.C.	Rehabilitation Facility	7030 Helen Witt Dr Ste A	Lincoln	NE	68512-3756
New West Orthopaedic & Sports Rehabilitation, LLC	Rehabilitation Facility	2845 S 70th St	Lincoln	NE	68506-6821
Peak Physical Therapy & Sports Performance, L.L.C.	Rehabilitation Facility	8901 Andermatt Dr Ste 105	Lincoln	NE	68526-9756
Peak Physical Therapy & Sports Performance, L.L.C.	Rehabilitation Facility	5790 N 33rd St	Lincoln	NE	68504-4651
Physical Therapy Solutions PC	Rehabilitation Facility	3201 Pioneers Blvd Ste 107	Lincoln	NE	68502-5964
Physical Therapy Solutions PC	Rehabilitation Facility	2130 S 17th St Ste 200	Lincoln	NE	68502-3750
Proformance Physical Therapy and Sports Rehab PC	Rehabilitation Facility	4220 Lucile Dr Ste 3	Lincoln	NE	68506-6004
Select Specialty Hospital-Lincoln	Rehabilitation Facility	2300 S 16th St Fl 7	Lincoln	NE	68502-3704
Snyder Physical Therapy, P.C.	Rehabilitation Facility	2845 S 70th St	Lincoln	NE	68506-6821
St. Elizabeth Wound Care Center	Rehabilitation Facility	7441 O St Ste 200	Lincoln	NE	68510-2468
Sue Jeffrey Physical Therapy PC	Rehabilitation Facility	770 N Cotner Blvd Ste 125	Lincoln	NE	68505-2377

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Thygesen Physical Therapy, P.C.	Rehabilitation Facility	5955 S 56th St Ste 1	Lincoln	NE	68516-3391
Tom Kruse Physical Therapy PC	Rehabilitation Facility	8055 O St Ste S103	Lincoln	NE	68510-2565
Emerald Nursing & Rehab Lancaster LLC	Skilled Nursing Facility	1001 South St	Lincoln	NE	68502-2251
Gateway Senior Living	Skilled Nursing Facility	225 N 56th St	Lincoln	NE	68504-3519
Hillcrest Firethorn	Skilled Nursing Facility	8601 Firethorn Ln	Lincoln	NE	68520-1469
Holmes Lake Rehabilitation Care Center	Skilled Nursing Facility	6101 Normal Blvd	Lincoln	NE	68506-2767
Old Cheney Rehabilitation	Skilled Nursing Facility	5433 S 16th St	Lincoln	NE	68512-1206
Southlake Village Rehab & Care Center	Skilled Nursing Facility	9401 Andermatt Dr	Lincoln	NE	68526-9507
St Jane de Chantal	Skilled Nursing Facility	2200 S 52nd St	Lincoln	NE	68506-2030
Sumner Place	Skilled Nursing Facility	1750 S 20th St	Lincoln	NE	68502-2611
Tabitha at the Landing	Skilled Nursing Facility	6120 S 34th St	Lincoln	NE	68516-4748
Tabitha Health Care Services	Skilled Nursing Facility	4720 Randolph St	Lincoln	NE	68510-3741
The Ambassador Lincoln Inc.	Skilled Nursing Facility	4405 Normal Blvd	Lincoln	NE	68506-5551
Somnos Sleep Disorders Center	Sleep Disorder Center/Lab	8040 O St	Lincoln	NE	68510-2561
Houses of Hope of Nebraska Inc	Substance Abuse Rehabilitation Facility	2633 P St	Lincoln	NE	68503-3528
Bryan Urgent Care	Urgent Care Clinic	4333 S 86th St Ste 101	Lincoln	NE	68526-9261
Bryan Urgent Care	Urgent Care Clinic	5901 N 27th St Ste 101	Lincoln	NE	68521-4752
Bryan Urgent Care	Urgent Care Clinic	7501 S 27th St	Lincoln	NE	68512-4802
Express Care Clinic	Urgent Care Clinic	201 Capitol Beach Blvd Ste 1A	Lincoln	NE	68528-1645
Express Care Clinic	Urgent Care Clinic	3740 N 27th St Ste 1	Lincoln	NE	68521-4162
Heartland Urgent Care, LP	Urgent Care Clinic	965 S 27th St Ste D	Lincoln	NE	68510-3140
MedExpress Urgent Care	Urgent Care Clinic	110 N 66th St	Lincoln	NE	68505-2402
MedExpress Urgent Care	Urgent Care Clinic	5000 N 26th St Ste 300	Lincoln	NE	68521-4749
MedExpress Urgent Care	Urgent Care Clinic	3910 Village Dr	Lincoln	NE	68516-4783
MinuteClinic Diagnostic of Nebraska LLC	Urgent Care Clinic	7002 O St	Lincoln	NE	68510-2425
MinuteClinic Diagnostic of Nebraska LLC	Urgent Care Clinic	5566 S 56th St	Lincoln	NE	68516-1834
MinuteClinic Diagnostic of Nebraska LLC	Urgent Care Clinic	1411 Superior St	Lincoln	NE	68521-1946
Urgent Care Clinic of Lincoln P.C.	Urgent Care Clinic	4210 Pioneer Woods Dr Ste A	Lincoln	NE	68506-7561
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	1601 N 84th St	Lincoln	NE	68505-3012
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	5010 O St	Lincoln	NE	68510-1951
CHI Health Partners Clinic	Urgent Care Facility	5000 N 26th St Ste 200	Lincoln	NE	68521-4767
NextCare Nebraska Providers LLC	Urgent Care Facility	5000 N 26th St Ste 300	Lincoln	NE	68521-4749
NextCare Nebraska Providers LLC	Urgent Care Facility	110 N 66th St	Lincoln	NE	68505-2402
NextCare Nebraska Providers LLC	Urgent Care Facility	3910 Village Dr	Lincoln	NE	68516-4783
Witte Physical Therapy	Rehabilitation Facility	1268 E Henry St Ste 1	Louisville	NE	68037-7025
Loup City Rx Shoppe	Durable Medical Equipment Supplier	133 S 7th St	Loup City	NE	68853-8019
Rose Lane Home	Skilled Nursing Facility	1005 N 8th St	Loup City	NE	68853-8215
Niobrara Valley Hospital	Hospital	401 S Fifth St	Lynch	NE	68746-3013
Carl T. Curtis Health Education Center	Radiology Facility	100 Indian Hills Dr	Macy	NE	68039-3023
Countryside Physical Therapy	Rehabilitation Facility	703 N Main St	Madison	NE	68748-6009
Arbor Care Centers-Countryside	Skilled Nursing Facility	703 N Main St	Madison	NE	68748-6009
U-Save Pharmacy & Medical Supply	Durable Medical Equipment Supplier	902 N Highway 83	Mc Cook	NE	69001-2981
Red Willow County Health Department	County Health Clinic	1400 W 5th St	McCook	NE	69001-2664
Southwest Nebraska Public Health Department	County Health Clinic	404 W 10th St	McCook	NE	69001-2911
Farrell's Pharmacy Inc	Durable Medical Equipment Supplier	120 W B St	McCook	NE	69001-3690
Frontier Home Medical Inc	Durable Medical Equipment Supplier	708 E B St	McCook	NE	69001-3857
Community Health Care and Hospice	Hospice	711 E 11th St Ste A	McCook	NE	69001-3633
Community Hospital	Hospital	1301 E H St	McCook	NE	69001-3482
Quality Urgent Care PC	Urgent Care Clinic	3 Bison Holiday Dr	McCook	NE	69001
Milford Physical Therapy	Rehabilitation Facility	511 1st St	Milford	NE	68405-9701
Urgent Care of York	Urgent Care Clinic	519 Main St	Milligan	NE	68406-3953
LT Pedley Drug	Durable Medical Equipment Supplier	419 N Colorado Ave	Minden	NE	68959-1654
Kearney County Health Services	Hospital	727 E 1st St	Minden	NE	68959-1705
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	244 N Minden Ave	Minden	NE	68959-1643
Western Trails Physical Therapy, LLC	Rehabilitation Facility	1463 17th Ave	Mitchell	NE	69357-1429
Mitchell Care Center	Skilled Nursing Facility	1723 23rd St	Mitchell	NE	69357-1000
Sandhills Physical Therapy & Sports Rehab, P.C.	Rehabilitation Facility	106 NW 1st St	Mullen	NE	69152
Moser's U-Save Pharmacy	Durable Medical Equipment Supplier	1821 S 11th St	Nebraska City	NE	68410-3474
Ambassador Health at Home Inc.	Home Health	1240 N 19th St	Nebraska City	NE	68410-1119
Husker Rehabilitation and Wellness Center, P.C.	Rehabilitation Facility	115 S 8th St	Nebraska City	NE	68410-2445
Nebraska City Physical Therapy	Rehabilitation Facility	1104 Grundman Blvd	Nebraska City	NE	68410-3397
Prestige Care Center of Nebraska City	Skilled Nursing Facility	1420 N 10th St	Nebraska City	NE	68410-1236
The Ambassador Nebraska City	Skilled Nursing Facility	1800 14th Ave	Nebraska City	NE	68410-1159
Wanek Pharmacy	Durable Medical Equipment Supplier	410 M St	Neligh	NE	68756-1423
Antelope Memorial Hospital Home Health Care	Home Health	102 W 9th St	Neligh	NE	68756-1114
Antelope Memorial Hospital	Hospital	102 W 9th St	Neligh	NE	68756-1114
Arbor Care Center-Neligh	Skilled Nursing Facility	1100 T St	Neligh	NE	68756-1027
Mid-Nebraska Lutheran Home	Skilled Nursing Facility	109 N 2nd St	Newman Grove	NE	68758-6017
Faith Regional Surgery Center	Ambulatory Surgical Center	2701 W Norfolk Ave Ste 101	Norfolk	NE	68701-4408
Fountain Point Surgery Center	Ambulatory Surgical Center	3901 W Norfolk Ave Ste L	Norfolk	NE	68701-9218
Omaha Surgical Center	Ambulatory Surgical Center	2700 W Norfolk Ave	Norfolk	NE	68701-4438
Elkhorn Logan Valley Public Health Department	County Health Clinic	302 W Phillip Ave	Norfolk	NE	68701-5248
AHP-MHR Home Care	Durable Medical Equipment Supplier	2108 Taylor Ave Ste 500	Norfolk	NE	68701-4641

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Home Health Medical Equipment, Inc.	Durable Medical Equipment Supplier	2614 W Norfolk Ave Ste 100	Norfolk	NE	68701-4404
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	120 E Norfolk Ave	Norfolk	NE	68701-5300
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	2107 Taylor Ave	Norfolk	NE	68701-4618
Ortho Medics	Durable Medical Equipment Supplier	110 N 37th St Ste 403	Norfolk	NE	68701-3283
The Pill Box	Durable Medical Equipment Supplier	2700 W Norfolk Ave	Norfolk	NE	68701-4438
Faith Regional Home Health Services	Home Health	1500 Koenigstein Ave	Norfolk	NE	68701-3664
Vital Care Pharmacy of Norfolk, Inc.	Home Infusion	120 N 27th St Ste 200	Norfolk	NE	68701-3286
AseraCare Hospice	Hospice	120 N 27th St	Norfolk	NE	68701-3286
Faith Regional Health Services Hospice	Hospice	1500 Koenigstein Ave	Norfolk	NE	68701-3664
Faith Regional Health Services	Hospital	2700 W Norfolk Ave	Norfolk	NE	68701-4438
Faith Regional Health Services	Hospital	1500 Koenigstein Ave	Norfolk	NE	68701-3664
Fountain Point Laboratory LLC	Independent Laboratory	3901 W Norfolk Ave Ste E	Norfolk	NE	68701-9218
Behavioral Health Specialists, Inc.	Mental Health Center	900 W Norfolk Ave Ste 200	Norfolk	NE	68701-5006
Community MRI Services LLC	Radiology Facility	110 N 37th St Ste 302	Norfolk	NE	68701-3283
Fountain Point Imaging Center LLC	Radiology Facility	3901 W Norfolk Ave Ste R	Norfolk	NE	68701-4405
Northeast Nebraska Imaging Center, L.L.C.	Radiology Facility	301 N 27th St Ste 15	Norfolk	NE	68701-4457
Hausmann Physical Therapy - Norfolk	Rehabilitation Facility	700 W Benjamin Ave	Norfolk	NE	68701-2983
Hausmann Physical Therapy - Norfolk	Rehabilitation Facility	1900 Vicki Ln	Norfolk	NE	68701-4558
Jacobsen Therapy Services LLC	Rehabilitation Facility	2108 Taylor Ave Ste 1100	Norfolk	NE	68701-4642
Jacobsen Therapy Services LLC	Rehabilitation Facility	500 S 18th St	Norfolk	NE	68701-4543
Norfolk Physical Therapy	Rehabilitation Facility	1220 W Benjamin Ave Ste 4	Norfolk	NE	68701-2769
Spier Physical Therapy	Rehabilitation Facility	3200 Raasch Dr	Norfolk	NE	68701-3455
Taylor Creek Physical Therapy	Rehabilitation Facility	2404 Taylor Ave Ste 300	Norfolk	NE	68701-4646
Heritage of Bel Air	Skilled Nursing Facility	1203 N 13th St	Norfolk	NE	68701-2609
Saint Joseph's Rehabilitation and Care Center	Skilled Nursing Facility	401 N 18th St	Norfolk	NE	68701-3651
MedExpress Urgent Care	Urgent Care Clinic	1130 S 13th St Ste 100	Norfolk	NE	68701-5733
North Platte Surgery Center LLC	Ambulatory Surgical Center	621 W Francis St	North Platte	NE	69101-0608
West Central District Health Department	County Health Clinic	111 N Dewey St	North Platte	NE	69101-5439
West Central District Health Department	County Health Clinic	111 N Dewey St Ste A	North Platte	NE	69101-5439
RCG North Platte LLC	Dialysis	785 E Francis St	North Platte	NE	69101-7611
Family Orthotics and Prosthetics Inc.	Durable Medical Equipment Supplier	601 W Leota St	North Platte	NE	69101-6525
Frontier Home Medical Inc	Durable Medical Equipment Supplier	1320 S Cottonwood St Ste 2	North Platte	NE	69101-7790
Great Plains Homecare Equipment	Durable Medical Equipment Supplier	600 E Francis St Ste 6	North Platte	NE	69101-6796
New Horizons O&P North Platte LLC	Durable Medical Equipment Supplier	2509 Halligan Dr Ste F	North Platte	NE	69101-7858
See the Trainer-North Platte	Durable Medical Equipment Supplier	801 S Dewey St	North Platte	NE	69101-5524
Westfield Pharmacy, Inc	Durable Medical Equipment Supplier	1845 W A St	North Platte	NE	69101-4534
Great Plains Home Health and Hospice	Home Health	601 W Leota St	North Platte	NE	69101-6525
Great Plains Health	Hospital	601 W Leota St	North Platte	NE	69101-6525
Priority Medical Transport LLC	Medical Transportation Services	2600 W Front St	North Platte	NE	69101-3466
Rocky Mountain Holdings LLC	Medical Transportation Services	5570 E Lee Bird Dr	North Platte	NE	69101-2484
Platte Valley Physical Therapy LLC	Rehabilitation Facility	1001 S Cottonwood St	North Platte	NE	69101-6138
Sandhills Physical Therapy & Sports Rehab, P.C.	Rehabilitation Facility	624 W Leota St	North Platte	NE	69101-6532
Linden Court	Skilled Nursing Facility	4000 W Philip Ave	North Platte	NE	69101-0305
Wolken Therapy and Wellness LLC	Rehabilitation Facility	312 N Oakland Ave	Oakland	NE	68045-1196
Sandhills Physical Therapy & Sports Rehab, P.C.	Rehabilitation Facility	700 E 1st St	Ogallala	NE	69153-2747
<b>Advanced Surgery Center</b>	<b>Ambulatory Surgical Center</b>	<b>111 S 10th St Ste 100</b>	<b>Omaha</b>	<b>NE</b>	<b>68102-1104</b>
<b>Bergan Mercy Surgery Center</b>	<b>Ambulatory Surgical Center</b>	<b>7500 Mercy Rd Ste 4300</b>	<b>Omaha</b>	<b>NE</b>	<b>68124-2319</b>
<b>Children's Nebraska</b>	<b>Ambulatory Surgical Center</b>	<b>110 N 175th St Ste 1600</b>	<b>Omaha</b>	<b>NE</b>	<b>68118-3581</b>
<b>Heartland Center for Reproductive Medicine</b>	<b>Ambulatory Surgical Center</b>	<b>7308 S 142nd St</b>	<b>Omaha</b>	<b>NE</b>	<b>68138-6804</b>
<b>Lakeside Ambulatory Surgical Center, LLC</b>	<b>Ambulatory Surgical Center</b>	<b>17030 Lakeside Hills Plz Ste 110</b>	<b>Omaha</b>	<b>NE</b>	<b>68130-2396</b>
<b>Lakeside Endoscopy Center, L.L.C.</b>	<b>Ambulatory Surgical Center</b>	<b>17001 Lakeside Hills Plz Ste 201</b>	<b>Omaha</b>	<b>NE</b>	<b>68130-4670</b>
<b>Methodist Endoscopy Center, L.L.C.</b>	<b>Ambulatory Surgical Center</b>	<b>515 N 162nd Ave Ste 201</b>	<b>Omaha</b>	<b>NE</b>	<b>68118-2540</b>
<b>Midwest Endoscopy Services</b>	<b>Ambulatory Surgical Center</b>	<b>8901 Indian Hills Dr Ste 100</b>	<b>Omaha</b>	<b>NE</b>	<b>68114-4032</b>
<b>Midwest Eye Surgery Center</b>	<b>Ambulatory Surgical Center</b>	<b>4353 Dodge St</b>	<b>Omaha</b>	<b>NE</b>	<b>68131-2709</b>
<b>Midwest Surgery Center, Inc</b>	<b>Ambulatory Surgical Center</b>	<b>10784 V St</b>	<b>Omaha</b>	<b>NE</b>	<b>68127-2952</b>
<b>Miracle Hills Surgery Center, L.L.C.</b>	<b>Ambulatory Surgical Center</b>	<b>11819 Miracle Hills Dr Ste 201</b>	<b>Omaha</b>	<b>NE</b>	<b>68154-4428</b>
<b>MPC Colonoscopy Center</b>	<b>Ambulatory Surgical Center</b>	<b>9850 Nicholas St Ste 100</b>	<b>Omaha</b>	<b>NE</b>	<b>68114-2191</b>
<b>Omaha Ambulatory Surgery Center, L.L.P.</b>	<b>Ambulatory Surgical Center</b>	<b>825 N 90th St</b>	<b>Omaha</b>	<b>NE</b>	<b>68114-2702</b>
<b>Omaha Surgical Center</b>	<b>Ambulatory Surgical Center</b>	<b>7500 Mercy Rd Ste 1355</b>	<b>Omaha</b>	<b>NE</b>	<b>68124-2319</b>
<b>Omaha Surgical Center</b>	<b>Ambulatory Surgical Center</b>	<b>8051 W Center Rd</b>	<b>Omaha</b>	<b>NE</b>	<b>68124-3151</b>
<b>Omega Surgery Centers, L.L.C.</b>	<b>Ambulatory Surgical Center</b>	<b>11606 Nicholas St Ste 100</b>	<b>Omaha</b>	<b>NE</b>	<b>68154-4486</b>
<b>Outpatient Surgical Specialties Center</b>	<b>Ambulatory Surgical Center</b>	<b>11704 W Center Rd Ste 110</b>	<b>Omaha</b>	<b>NE</b>	<b>68144-4327</b>
<b>Pacific Surgery Center, LLC</b>	<b>Ambulatory Surgical Center</b>	<b>10707 Pacific St Ste 100</b>	<b>Omaha</b>	<b>NE</b>	<b>68114-4762</b>
<b>Popp Cosmetic Surgery, P.C.</b>	<b>Ambulatory Surgical Center</b>	<b>11919 Grant St Ste 100</b>	<b>Omaha</b>	<b>NE</b>	<b>68164-3475</b>
<b>The Urology Center PC</b>	<b>Ambulatory Surgical Center</b>	<b>111 S 90th St</b>	<b>Omaha</b>	<b>NE</b>	<b>68114-3907</b>
<b>United Vascular of Omaha</b>	<b>Ambulatory Surgical Center</b>	<b>17410 Burke St Ste 105</b>	<b>Omaha</b>	<b>NE</b>	<b>68118-2250</b>
<b>Vance Thompson Vision Surgery Center NE LLC</b>	<b>Ambulatory Surgical Center</b>	<b>4909 S 118th St</b>	<b>Omaha</b>	<b>NE</b>	<b>68137-2213</b>
<b>CHI Health Immanuel</b>	<b>Birthing Center</b>	<b>6901 N 72nd St</b>	<b>Omaha</b>	<b>NE</b>	<b>68122-1709</b>
<b>OccuVax LLX</b>	<b>County Health Clinic</b>	<b>13308 Chandler Rd</b>	<b>Omaha</b>	<b>NE</b>	<b>68138-3701</b>
<b>Children's Nebraska- Outpatient Dialysis</b>	<b>Dialysis</b>	<b>111 N 84th St</b>	<b>Omaha</b>	<b>NE</b>	<b>68114-4101</b>
<b>Fresenius Kidney Care - Omaha West</b>	<b>Dialysis</b>	<b>15801 W Dodge Rd</b>	<b>Omaha</b>	<b>NE</b>	<b>68118-2048</b>
<b>Fresenius Medical Care Nebraska Home Dialysis</b>	<b>Dialysis</b>	<b>2916 S 84th St</b>	<b>Omaha</b>	<b>NE</b>	<b>68124-3213</b>
<b>RAI Ames-Omaha</b>	<b>Dialysis</b>	<b>5084 Ames Ave</b>	<b>Omaha</b>	<b>NE</b>	<b>68104-2323</b>

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
RAI Center Street-Omaha	Dialysis	4411 Center St Ste A	Omaha	NE	68105-2435
Advanced Prosthetics Center, LLC	Durable Medical Equipment Supplier	9109 Blondo St	Omaha	NE	68134-6100
AHP-MHR Home Care	Durable Medical Equipment Supplier	5300 S 73rd St Bay 3	Omaha	NE	68127
Burton Prosthetics Inc.	Durable Medical Equipment Supplier	5329 Center St	Omaha	NE	68106-2338
CHI Health Diabetes Education	Durable Medical Equipment Supplier	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Diabetes Education	Durable Medical Equipment Supplier	7710 Mercy Rd Ste 421	Omaha	NE	68124-2372
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7101 Newport Ave Ste 100	Omaha	NE	68152-2164
CHI Health Partners Clinic	Durable Medical Equipment Supplier	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7101 Newport Ave	Omaha	NE	68152-2164
CHI Health Partners Clinic	Durable Medical Equipment Supplier	2001 S 75th St Ste 100	Omaha	NE	68124-2398
CHI Health Partners Clinic	Durable Medical Equipment Supplier	16101 Evans St	Omaha	NE	68116-6447
CHI Health Partners Clinic	Durable Medical Equipment Supplier	16101 Evans St Ste 101	Omaha	NE	68116-6447
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7710 Mercy Rd Ste 102	Omaha	NE	68124-2372
CHI Health Partners Clinic	Durable Medical Equipment Supplier	13315 W Center Rd Ste 101	Omaha	NE	68144-3449
CHI Health Partners Clinic	Durable Medical Equipment Supplier	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Partners Clinic	Durable Medical Equipment Supplier	601 N 30th St Ste 5800	Omaha	NE	68131
CHI Health Partners Clinic	Durable Medical Equipment Supplier	6829 N 72nd St Ste 4300	Omaha	NE	68122-1727
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7101 Newport Ave Ste 301	Omaha	NE	68152-2167
CHI Health Partners Clinic	Durable Medical Equipment Supplier	8613 N 30th St	Omaha	NE	68112-1852
CHI Health Partners Clinic	Durable Medical Equipment Supplier	16909 Lakeside Hills Ct Ste 107	Omaha	NE	68130-4661
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7710 Mercy Rd Ste 110	Omaha	NE	68124-2346
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7101 Newport Ave Ste 203	Omaha	NE	68152-2153
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7101 Newport Ave Ste 206	Omaha	NE	68152-2153
CHI Health Partners Clinic	Durable Medical Equipment Supplier	7101 Newport Ave Ste 305	Omaha	NE	68152-2167
CHI Health Partners Clinic	Durable Medical Equipment Supplier	16909 Lakeside Hills Ct Ste 400	Omaha	NE	68130-4661
CHI Health Partners Clinic	Durable Medical Equipment Supplier	4220 L St	Omaha	NE	68107-1048
CHI Health Partners Clinic	Durable Medical Equipment Supplier	3528 Dodge St	Omaha	NE	68131-3242
CHI Health Renewed Hope Boutique	Durable Medical Equipment Supplier	7710 Mercy Rd Ste 120	Omaha	NE	68124-2346
Corr Medical Solutions	Durable Medical Equipment Supplier	4940 S 114th St Ste 3	Omaha	NE	68137-2377
Diabetes Supply Center of the Midlands	Durable Medical Equipment Supplier	10304 Crown Point Ave	Omaha	NE	68134-1060
Elmwood Pharmacy	Durable Medical Equipment Supplier	808 S 52nd St	Omaha	NE	68106-1802
Focus Respiratory Inc	Durable Medical Equipment Supplier	11811 I St Ste 3	Omaha	NE	68137-1227
Frontier Home Medical Inc	Durable Medical Equipment Supplier	8425 F St	Omaha	NE	68127-1626
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	8111 Dodge St Ste 330	Omaha	NE	68114-4119
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	9109 Blondo St Ste 1	Omaha	NE	68134-6100
Hanger Prosthetics & Orthotics East Inc	Durable Medical Equipment Supplier	17500 Burke St Ste 100	Omaha	NE	68118-2244
Health Restoration Services LLC	Durable Medical Equipment Supplier	13057 W Center Rd Ste 5	Omaha	NE	68144-3723
Helget Home Care	Durable Medical Equipment Supplier	4211 S 102nd St	Omaha	NE	68127-1031
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	10808 Fort St	Omaha	NE	68164-2076
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	9707 Q St	Omaha	NE	68127-3272
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	3410 N 156th St	Omaha	NE	68116-2020
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	14591 Stoney Brook Blvd	Omaha	NE	68137-2617
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	1000 S 178th St	Omaha	NE	68118-3542
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	747 N 132nd St	Omaha	NE	68154-4000
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	7910 Cass St	Omaha	NE	68114-3582
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	8404 N 30th St	Omaha	NE	68112-2270
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	5150 Center St	Omaha	NE	68106-3113
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	8809 W Center Rd	Omaha	NE	68124-2044
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	17810 Welch Plz	Omaha	NE	68135-1620
Innovative Prosthetics & Othotics of Omaha, Inc	Durable Medical Equipment Supplier	9202 W Dodge Rd Ste 110	Omaha	NE	68114-3318
Kohll's RX	Durable Medical Equipment Supplier	12741 Q St	Omaha	NE	68137-3211
Kohll's RX	Durable Medical Equipment Supplier	2915 Leavenworth St	Omaha	NE	68105-2739
Kohll's RX	Durable Medical Equipment Supplier	5002 Dodge St	Omaha	NE	68132-2906
Kubat Pharmacy Inc.	Durable Medical Equipment Supplier	2401 N St	Omaha	NE	68107-2708
Kubat Pharmacy Inc.	Durable Medical Equipment Supplier	4924 Center St	Omaha	NE	68106-3219
Lifestyles, Inc.	Durable Medical Equipment Supplier	15418 W Center Rd	Omaha	NE	68144-5400
Madison County Medical Equipment Inc.	Durable Medical Equipment Supplier	5420 F St	Omaha	NE	68117
Midwest Respiratory Care	Durable Medical Equipment Supplier	9931 S 136th St Ste 100	Omaha	NE	68138-3937
MilkWorks	Durable Medical Equipment Supplier	10818 Elm St	Omaha	NE	68144-4820
New Image	Durable Medical Equipment Supplier	13057 W Center Rd Ste 25	Omaha	NE	68144-3723
Northwest Respiratory Services, LLC	Durable Medical Equipment Supplier	2723 N 85th St	Omaha	NE	68134-6205
Ortho Medics-Omaha	Durable Medical Equipment Supplier	13217 F St	Omaha	NE	68137-1131
OrthoSource, Inc.	Durable Medical Equipment Supplier	13839 Industrial Rd	Omaha	NE	68137-1117
OrthoSource, Inc.	Durable Medical Equipment Supplier	2027 Dodge St	Omaha	NE	68102-1240
See the Trainer	Durable Medical Equipment Supplier	13106 W Dodge Rd	Omaha	NE	68154-2150
The Promptcare Companies, Inc	Durable Medical Equipment Supplier	8815 F St	Omaha	NE	68127-1506
Torrison Eye Care, Inc.	Durable Medical Equipment Supplier	5654 N 103rd St	Omaha	NE	68134-1007
Total Respiratory and Rehab	Durable Medical Equipment Supplier	6414 S 118th St	Omaha	NE	68137-3576
Beltone Audiology and Hearing Center	Hearing Aid Dispensary	8313 Cass St	Omaha	NE	68114-3529
Beltone Audiology and Hearing Center	Hearing Aid Dispensary	5026 Grover St	Omaha	NE	68106-3831
Amakes Quality Home Care, Inc.	Home Health	11306 Davenport St	Omaha	NE	68154-2630
Arial Home Health	Home Health	9290 W Dodge Rd Ste 201A	Omaha	NE	68114-3320
Brookstone Home Health Care	Home Health	18460 Wright St Ste 1	Omaha	NE	68130-2400

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Children's Home Healthcare	Home Health	3000 S 84th St	Omaha	NE	68124-3215
Children's Respite Care Center	Home Health	2010 N 88th St	Omaha	NE	68134-6102
Craig HomeCare-Omaha	Home Health	220 N 89th St Ste 202	Omaha	NE	68114-4072
Elite Professionals Home Care LLC	Home Health	13306 A St	Omaha	NE	68144-3660
Freedom in Home Services	Home Health	9314 Binney St	Omaha	NE	68134-4614
Good Samaritan Society - Omaha Metro Home Care	Home Health	12875 Deauville Dr	Omaha	NE	68137-3242
Home Nursing With Heart PC	Home Health	7602 Park Dr	Omaha	NE	68127-3944
HRS of Nebraska, Inc	Home Health	900 S 74th Plz Ste 111	Omaha	NE	68114-4667
IFYS Home Healthcare, Inc	Home Health	11711 Arbor St Ste 210	Omaha	NE	68144-2975
Midland Modesty Home Health Care	Home Health	11414 W Center Rd Ste 340	Omaha	NE	68144-4425
Physicians Choice Home HealthCare	Home Health	8212 F St	Omaha	NE	68127-1740
PhyMed Inc.	Home Health	4905 S 107th Ave	Omaha	NE	68127-1965
Recover Health Iowa - Omaha	Home Health	11414 W Center Rd Ste 125	Omaha	NE	68144-4425
Visiting Nurse Association of the Midlands	Home Health	12565 W Center Rd Ste 100	Omaha	NE	68144-3810
Zutan Home Health Care, Inc.	Home Health	3909 Cumming St Ste 203	Omaha	NE	68131-1225
ARJ Infusion Services Inc.	Home Infusion	3730 S 149th St Ste 102	Omaha	NE	68144-5557
InfuScience	Home Infusion	8710 F St Ste 118	Omaha	NE	68127-1532
AseraCare Hospice	Hospice	11128 John Galt Blvd Ste 100	Omaha	NE	68137-2322
CHI Health at Home	Hospice	5428 F St	Omaha	NE	68117-2815
CHI Health at Home	Hospice	810 N 96th St Ste 201	Omaha	NE	68114-2767
Endless Journey LLC	Hospice	10909 Mill Valley Rd Ste 205	Omaha	NE	68154-3950
St Croix Hospice, LLC	Hospice	1065 N 115th St Ste 120	Omaha	NE	68154-4423
Boys Town NRH	Hospital	555 N 30th St	Omaha	NE	68131-2136
CHI Health Creighton University Medical Center-Bergan	Hospital	7500 Mercy Rd	Omaha	NE	68124-2319
CHI Health Immanuel	Hospital	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Partners Clinic	Hospital	16901 Lakeside Hills Ct	Omaha	NE	68130-2318
Children's Nebraska	Hospital	8200 Dodge St	Omaha	NE	68114-4113
Madonna Rehabilitation Specialty Hospital	Hospital	17500 Burke St	Omaha	NE	68118-2244
Methodist Hospital	Hospital	8303 Dodge St	Omaha	NE	68114-4108
Midwest Surgical Hospital, L.L.C.	Hospital	7915 Farnam Dr	Omaha	NE	68114-4504
Nebraska Medicine	Hospital	Emile @ 42nd St	Omaha	NE	68198-0001
Nebraska Medicine	Hospital	42nd @ Dewey St	Omaha	NE	68105
Nebraska Orthopaedic Hospital LLC	Hospital	2808 S 143rd Plz	Omaha	NE	68144-5611
Nebraska Spine Hospital LLC	Hospital	6901 N 72nd St Ste 20300	Omaha	NE	68122-1755
Select Specialty Hospital	Hospital	1870 S 75th St	Omaha	NE	68124-1700
CHI Health Lakeside Outpatient Imaging	Imaging Facility	17030 Lakeside Hills Plz Ste 107	Omaha	NE	68130-2396
CHI Health Immanuel Medical Center Lab	Independent Laboratory	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Lakeside Healthpark Laboratory	Independent Laboratory	16909 Lakeside Hills Ct Ste 108	Omaha	NE	68130-4663
CHI Health Partners Central Billing Office	Independent Laboratory	651 N 27th St Criss 3 Rm 382	Omaha	NE	68178-0001
Human Genetics Lab	Independent Laboratory	444 S 44th St	Omaha	NE	68131-3727
Joshua Clinical Laboratories	Independent Laboratory	4805 S 25th St	Omaha	NE	68107-2797
Methodist Hospital	Independent Laboratory	16120 W Dodge Rd	Omaha	NE	68118-2049
Methodist Hospital	Independent Laboratory	515 N 162nd Ave	Omaha	NE	68118-2539
Methodist Hospital	Independent Laboratory	16120 W Dodge Rd	Omaha	NE	68118-2049
Methodist Hospital	Independent Laboratory	1120 N 103rd Plz Ste 101	Omaha	NE	68114-1119
Methodist Hospital	Independent Laboratory	16120 W Dodge Rd	Omaha	NE	68118-2049
Physicians Laboratory Services, Inc.	Independent Laboratory	4840 F St	Omaha	NE	68117-1407
Physicians Laboratory, P.C.	Independent Laboratory	4840 F St	Omaha	NE	68117-1407
Siouxland Diagnostic Lab Services LLC	Independent Laboratory	825 N 90th St Ste 500	Omaha	NE	68114-2702
Medics at Home Inc.	Medical Transportation Services	5935 Henninger Dr	Omaha	NE	68104-1218
Rocky Mountain Holdings LLC	Medical Transportation Services	981120 Nebraska Medical Ctr	Omaha	NE	68198-1120
Rocky Mountain Holdings LLC	Medical Transportation Services	5935 S 132nd St	Omaha	NE	68137-3122
Behave'N Day Center, Inc.	Mental Health Center	8922 Cumming St	Omaha	NE	68114-2732
CHI Health Partners Clinic	Mental Health Center	6829 N 72nd St	Omaha	NE	68122-1723
CHI Health Partners Clinic	Mental Health Center	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Partners Clinic	Mental Health Center	16909 Lakeside Hills Ct Ste 400	Omaha	NE	68130-4661
CHI Health Partners Clinic	Mental Health Center	7101 Newport Ave Ste 305	Omaha	NE	68152-2167
CHI Health Partners Clinic	Mental Health Center	2001 S 75th St Ste 100	Omaha	NE	68124-2398
CHI Health Partners Clinic	Mental Health Center	7101 Newport Ave	Omaha	NE	68152-2164
Children's Eating Disorders Program	Mental Health Center	1000 N 90th St Ste 201	Omaha	NE	68114-2766
Daybreak-W Center Rd	Mental Health Center	9239 W Center Rd Ste 101	Omaha	NE	68124-1900
Douglas County Community Mental Health Center	Mental Health Center	4102 Woolworth Ave	Omaha	NE	68105-1851
Bruce H. Brumm, M.D., P.C.	Optical Hardware Center	6751 N 72nd St Ste 105	Omaha	NE	68122-1746
Legacy Eyecare, L.L.C.	Optical Hardware Center	16949 Lakeside Hills Plz Ste 101	Omaha	NE	68130-2433
Midwest Eye Care, P.C.	Optical Hardware Center	4353 Dodge St	Omaha	NE	68131-2709
Millard Family Eyecare	Optical Hardware Center	12660 Q St	Omaha	NE	68137-3332
Pearle Vision-Omaha	Optical Hardware Center	7827 Dodge St	Omaha	NE	68114-3411
Schaffer Family Eye Care	Optical Hardware Center	16920 Wright Plz Ste 122	Omaha	NE	68130-4660
Amber Pharmacy	Pharmacy	10004 S 152nd St Ste A	Omaha	NE	68138-3931
Hy-Vee Pharmacy Solutions	Pharmacy	10004 S 152nd St Ste C	Omaha	NE	68138-3904
Midlands Diabetes Center	Pharmacy	2910 S 84th St	Omaha	NE	68124-3213
NMH Diabetes Institute	Pharmacy	8111 Dodge St Ste 332	Omaha	NE	68114-4119
CHI Health Lakeside	Physical Rehabilitation Facility	5405 S 153rd St Ste 102	Omaha	NE	68137

# First Choice Health PPO Network Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
CHI Health Partners Central Billing Office	Physical Rehabilitation Facility	17030 Lakeside Hills Plz	Omaha	NE	68130-2396
CHI Health Partners Central Billing Office	Physical Rehabilitation Facility	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Partners Central Billing Office	Physical Rehabilitation Facility	8405 N 30th St Ste A	Omaha	NE	68112-2221
CHI Health Partners Central Billing Office	Physical Rehabilitation Facility	6751 N 72nd St Ste 104	Omaha	NE	68122-1746
CHI Health Rehabilitation Care West Maple	Physical Rehabilitation Facility	3606 N 156th St Ste 102	Omaha	NE	68116-2163
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	4614 S 132nd St	Omaha	NE	68137-1764
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	4630 S 132nd St	Omaha	NE	68137-1764
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	15664 W Maple Rd	Omaha	NE	68116-8147
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	4626 S 132nd St	Omaha	NE	68137-1764
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	17725 Welch Plz Ste A	Omaha	NE	68135-1402
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	3876 Farnam St	Omaha	NE	68131-3116
Omaha Orthopedic Clinic & Sports Medicine, P.C.	Physical Rehabilitation Facility	11704 W Center Rd Ste 200	Omaha	NE	68144-4327
Nebraska Health Imaging	Radiology Facility	7819 Dodge St	Omaha	NE	68114-3411
Professional Portable Radiological Services, INC	Radiology Facility	14301 Fnb Pkwy Ste 100	Omaha	NE	68154-7200
Touchstone Imaging of Omaha	Radiology Facility	302 N 168th Cir Ste 202	Omaha	NE	68118-4089
Active Spine Physical Therapy, LLC	Rehabilitation Facility	7919 Wakeley Plz	Omaha	NE	68114-3677
Active Spine Physical Therapy, LLC	Rehabilitation Facility	11810 Nicholas St Ste 103	Omaha	NE	68154-4453
Athletes Training Center Physical Therapy	Rehabilitation Facility	13809 Industrial Rd	Omaha	NE	68137-1117
Athletico Excel Nebraska LLC	Rehabilitation Facility	13110 Birch Dr Ste 164	Omaha	NE	68164-4160
Athletico Excel Nebraska LLC	Rehabilitation Facility	12311 W Center Rd	Omaha	NE	68144-3925
Athletico Excel Nebraska LLC	Rehabilitation Facility	9449 J St	Omaha	NE	68127-1218
Athletico Excel Nebraska LLC	Rehabilitation Facility	7818 Dodge St	Omaha	NE	68114-3412
Athletico Excel Nebraska LLC	Rehabilitation Facility	4620 S 50th St	Omaha	NE	68117-1373
Athletico Excel Nebraska LLC	Rehabilitation Facility	3301 Dodge St 1st Floor Ho 1w-151	Omaha	NE	68131
Athletico Excel Nebraska LLC	Rehabilitation Facility	2953 S 168th St Ste 100	Omaha	NE	68130-2000
BodyWise Therapy, PC	Rehabilitation Facility	2504 S 119th St	Omaha	NE	68144-2947
Bussey Physical Therapy, L.L.C.	Rehabilitation Facility	10156 S 168th Ave Ste 3	Omaha	NE	68136-4240
C.O.R.E. Physical Therapy & Sports Performance, PC	Rehabilitation Facility	17660 Wright St Ste 9 & 10	Omaha	NE	68130
CHI Health Clinic	Rehabilitation Facility	7710 Mercy Rd Ste 226	Omaha	NE	68124-2323
CHI Health Clinic	Rehabilitation Facility	9509 Q St	Omaha	NE	68127-5201
CHI Health Clinic	Rehabilitation Facility	17030 Lakeside Hills Plz Fl 2	Omaha	NE	68130-2396
CHI Health Clinic	Rehabilitation Facility	7710 Mercy Rd	Omaha	NE	68124-2372
CHI Health Clinic	Rehabilitation Facility	17030 Lakeside Hills Plz	Omaha	NE	68130-2396
CHI Health Clinic	Rehabilitation Facility	7500 Mercy Rd	Omaha	NE	68124-2319
CHI Health Clinic	Rehabilitation Facility	7710 Mercy Rd Ste 500	Omaha	NE	68124-2372
CHI Health Clinic	Rehabilitation Facility	5020 L St	Omaha	NE	68117-1329
East and West Physical Therapy LLC	Rehabilitation Facility	14440 F St Ste 103	Omaha	NE	68137-1005
Flex Physical Therapy LLC	Rehabilitation Facility	3537 N 162nd Ct	Omaha	NE	68116
Go Physical Therapy, P.C.	Rehabilitation Facility	18101 R Plz Ste 106	Omaha	NE	68135-1929
Healing Motion PT	Rehabilitation Facility	12565 W Center Rd Ste 130	Omaha	NE	68144-3802
Horizon Spine Rehabilitation	Rehabilitation Facility	825 N 90th St	Omaha	NE	68114-2702
Horizon Spine Rehabilitation	Rehabilitation Facility	8642 F St	Omaha	NE	68127-1639
Key Physical Therapy	Rehabilitation Facility	7686 Walnut St	Omaha	NE	68124-1717
Madonna Rehabilitation Hospital	Rehabilitation Facility	17500 Burke St	Omaha	NE	68118-2244
Makovicka/Harms Group, P.C.	Rehabilitation Facility	3830 N 167th Ct	Omaha	NE	68116-8064
Makovicka/Harms Group, P.C.	Rehabilitation Facility	4235 N 90th St	Omaha	NE	68134-4136
Makovicka/Harms Group, P.C.	Rehabilitation Facility	6307 Center St Ste 105	Omaha	NE	68106-3459
Makovicka/Harms Group, P.C.	Rehabilitation Facility	6909 S 157th St Ste E	Omaha	NE	68136-3052
Makovicka/Harms Group, P.C.	Rehabilitation Facility	3201 Farnam St Ste 6110	Omaha	NE	68131-3405
Makovicka/Harms Group, P.C.	Rehabilitation Facility	1021 S 178th St Ste 101	Omaha	NE	68118-3574
McGuigan Physical Therapy Specialists LLC	Rehabilitation Facility	4006 N 144th St	Omaha	NE	68116-4206
Methodist Physical Therapy	Rehabilitation Facility	8303 Dodge St	Omaha	NE	68114-4108
Midwest Physical Therapy Services	Rehabilitation Facility	11640 Arbor St Ste 200	Omaha	NE	68144-5007
Natural Therapy, LLC	Rehabilitation Facility	1219 Leavenworth St	Omaha	NE	68102-3214
Noll Spine Rehabilitation & Orthopedic P.T. Inc.	Rehabilitation Facility	11414 W Center Rd Ste 242	Omaha	NE	68144-4487
Omaha Physical Therapy Institute, P.C.	Rehabilitation Facility	625 N 144th Ave Ste 102	Omaha	NE	68154-1935
Peterson Physical Therapy, PC	Rehabilitation Facility	2430 S 73rd St Ste 100	Omaha	NE	68124-2342
Physical Therapy Works, Inc.	Rehabilitation Facility	3407 S 84th St	Omaha	NE	68124-3325
Premier Therapy Associates PC	Rehabilitation Facility	1313 S Saddle Creek Rd	Omaha	NE	68106-2402
Premier Therapy Associates PC	Rehabilitation Facility	6073 Maple St	Omaha	NE	68104-4050
Progress Physical Therapy, L.L.C.	Rehabilitation Facility	14436 W Center Rd	Omaha	NE	68144-3217
Progressive Rehabilitation Inc.	Rehabilitation Facility	7919 Wakeley Plz	Omaha	NE	68114-3677
Restore Physical Therapy, LLC	Rehabilitation Facility	2607 S 159th Plz	Omaha	NE	68130-1705
Snyder Charleson Therapy Services, P.C.	Rehabilitation Facility	8031 W Center Rd Ste 300	Omaha	NE	68124-3134
Specialized Physical Therapy	Rehabilitation Facility	7611 Pacific St	Omaha	NE	68114-5420
Specialized Physical Therapy	Rehabilitation Facility	2728 N 108th St Ste 103	Omaha	NE	68164-3763
The Hand Therapy Center of Omaha, Inc.	Rehabilitation Facility	7808 Davenport St	Omaha	NE	68114-3629
The Rehab Guru	Rehabilitation Facility	360 N 114th St	Omaha	NE	68154-2517
Total Rehab, P.C.	Rehabilitation Facility	10858 W Dodge Rd	Omaha	NE	68154-2609
Azria Health Montclair	Skilled Nursing Facility	2525 S 135th Ave	Omaha	NE	68144-2424
Brookestone Village	Skilled Nursing Facility	4330 S 144th St	Omaha	NE	68137-1051
Florence Home for the Aged	Skilled Nursing Facility	7915 N 30th St	Omaha	NE	68112-2418
Good Samaritan Society Millard	Skilled Nursing Facility	12856 Deauville Dr	Omaha	NE	68137-3204

# First Choice Health PPO Network Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Hillcrest Millard	Skilled Nursing Facility	13225 Westwood Ln	Omaha	NE	68144-3515
Immanuel Fontenelle	Skilled Nursing Facility	6809 N 68th Plz	Omaha	NE	68152-2117
Maple Crest Health Center	Skilled Nursing Facility	2824 N 66th Ave	Omaha	NE	68104-3928
Old Mill Rehabilitation	Skilled Nursing Facility	1131 Papillion Pkwy	Omaha	NE	68154-1620
Omaha Nursing and Rehabilitation Center	Skilled Nursing Facility	4835 S 49th St	Omaha	NE	68117-2002
Quality Living Inc	Skilled Nursing Facility	6404 N 70th Plz	Omaha	NE	68104-1074
Ridgecrest Rehabilitation Center LLC	Skilled Nursing Facility	3110 Scott Cir	Omaha	NE	68112-2604
River City Nursing and Rehabilitation	Skilled Nursing Facility	7410 Mercy Rd	Omaha	NE	68124-2317
The Ambassador Omaha Inc	Skilled Nursing Facility	1540 N 72nd St	Omaha	NE	68114-1924
The Lighthouse, Healthcare Residences at Lakeside Vill	Skilled Nursing Facility	17600 Arbor St	Omaha	NE	68130-4682
CHI Health Partners Clinic	Sleep Disorder Center/Lab	10110 Nicholas St Ste 103	Omaha	NE	68114-2185
CHI Health Partners Clinic	Sleep Disorder Center/Lab	415 S 25th Ave	Omaha	NE	68131-3630
CHI Health Partners Clinic	Sleep Disorder Center/Lab	6901 N 72nd St	Omaha	NE	68122-1709
CHI Health Sleep Center	Sleep Disorder Center/Lab	16909 Lakeside Hills Ct Ste 110	Omaha	NE	68130-4663
Frontier Diagnostic Sleep Center	Sleep Disorder Center/Lab	8425 F St Ste B	Omaha	NE	68127-1628
Heartland Sleep Disorders Center	Sleep Disorder Center/Lab	11011 Q St Ste 101C	Omaha	NE	68137-3700
Vitalistics LLC	Sleep Disorder Center/Lab	222 S 15th St Ste 247N	Omaha	NE	68102-1653
Catholic Charities-Sheehan Center	Substance Abuse Rehabilitation Facility	3300 N 60th St	Omaha	NE	68104-3402
CHI Health Residential Treatment Center	Substance Abuse Rehabilitation Facility	6845 N 68th Plz	Omaha	NE	68152-2117
Halo Counseling Center	Substance Abuse Rehabilitation Facility	8998 L St Ste 110	Omaha	NE	68127-1400
Inroads to Recovery, Inc	Substance Abuse Rehabilitation Facility	2808 N 75th St Ste H	Omaha	NE	68134-6861
Lasting Hope Recovery Center	Substance Abuse Rehabilitation Facility	415 S 25th Ave	Omaha	NE	68131-3630
Nova Treatment Community Inc.	Substance Abuse Rehabilitation Facility	8502 Mormon Bridge Rd	Omaha	NE	68152-1929
Stephen Center HERO Program	Substance Abuse Rehabilitation Facility	2723 Q St	Omaha	NE	68107-3408
Stephen Center HERO Program	Substance Abuse Rehabilitation Facility	5217 S 28th St	Omaha	NE	68107-3402
Valley Hope Association	Substance Abuse Rehabilitation Facility	7703 Serum Ave	Omaha	NE	68127-4281
AFC Urgent Care	Urgent Care Clinic	4004 N 132nd St Ste 101	Omaha	NE	68164-1803
Heartland Emergicare, P.C.	Urgent Care Clinic	2419 M St	Omaha	NE	68107-2715
Midwest Minor Medical	Urgent Care Clinic	14104 S St	Omaha	NE	68137-2636
Midwest Minor Medical	Urgent Care Clinic	8610 W Dodge Rd	Omaha	NE	68114-2882
MinuteClinic Diagnostic of Nebraska LLC	Urgent Care Clinic	14460 W Maple Rd	Omaha	NE	68116-5163
MinuteClinic Diagnostic of Nebraska LLC	Urgent Care Clinic	4840 Dodge St	Omaha	NE	68132-3111
Physicians Clinic	Urgent Care Clinic	10710 Fort St	Omaha	NE	68134-1230
Physicians Clinic	Urgent Care Clinic	5908 S 142nd St	Omaha	NE	68137-2800
Physicians Clinic	Urgent Care Clinic	3353 L St	Omaha	NE	68107-2500
Urgent Care Network Rockbrook	Urgent Care Clinic	2821 S 108th St	Omaha	NE	68144-4802
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	747 N 132nd St	Omaha	NE	68154-4000
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	10808 Fort St	Omaha	NE	68164-2076
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	3410 N 156th St	Omaha	NE	68116-2020
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	17810 Welch Plz	Omaha	NE	68135-1620
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	14591 Stoney Brook Blvd	Omaha	NE	68137-2617
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	1000 S 178th St	Omaha	NE	68118-3542
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	9707 Q St	Omaha	NE	68127-3272
CHI Health Creighton University Medical Center-Bergal	Urgent Care Facility	2412 Cumming St Ste 100	Omaha	NE	68131-1601
CHI Health West Omaha Imaging		17201 Wright St Ste 100	Omaha	NE	68130-2042
Home Health Medical Equipment, Inc.	Durable Medical Equipment Supplier	416 E Douglas St	Oneill	NE	68763-1852
Avera at Home-Home Health Care	Home Health	209 E Benton St Ste 110	Oneill	NE	68763-1523
St. Anthony's Home Health Agency	Home Health	300 N 2nd St	Oneill	NE	68763-1514
AseraCare Hospice	Hospice	209 W Douglas St	Oneill	NE	68763-1715
Avera St. Anthony Hospital	Hospital	300 N 2nd St	Oneill	NE	68763-1514
Arbor Care Center-O'Neill	Skilled Nursing Facility	1102 N Harrison St	Oneill	NE	68763-2230
Valley Hope Association	Substance Abuse Rehabilitation Facility	1421 N 10th St	Oneill	NE	68763-1170
Anderson Pharmacy	Durable Medical Equipment Supplier	1429 M St	Ord	NE	68862-1426
Valley County Hospital Home Health	Home Health	400 S 23rd St	Ord	NE	68862-1619
Valley County Hospital Hospice	Hospice	400 S 23rd St	Ord	NE	68862-1619
Valley County Hospital	Hospital	2707 L St	Ord	NE	68862-1275
Riverside Physical Therapy	Rehabilitation Facility	47581 815th Rd	Ord	NE	68862-5362
Annie Jeffrey Memorial County Health Center	Hospital	531 Beebe St	Osceola	NE	68651-5537
Good Samaritan Society Osceola	Skilled Nursing Facility	600 Center Dr	Osceola	NE	68651-4800
Osmond General Hospital	Hospital	402 N Maple St	Osmond	NE	68765-5726
Southwest Nebraska Physical Therapy PC	Rehabilitation Facility	811 Howell St	Oxford	NE	68967-6754
CHI Health Ambulatory Surgery Center at Midlands	Ambulatory Surgical Center	11111 S 84th St Ste 2200	Papillion	NE	68046-4122
Omaha Surgical Center	Ambulatory Surgical Center	11111 S 84th St	Papillion	NE	68046-4122
Papillion Eye Surgical Center Inc	Ambulatory Surgical Center	535 Fortune Dr Ste 200	Papillion	NE	68046-3428
CHI Health Diabetes Education	Durable Medical Equipment Supplier	11111 S 84th St	Papillion	NE	68046-4122
CHI Health Partners Clinic	Durable Medical Equipment Supplier	11109 S 84th St Ste 3841	Papillion	NE	68046-4166
CHI Health Pharmacy - Midlands	Durable Medical Equipment Supplier	11109 S 84th St Ste 1841	Papillion	NE	68046-4133
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	11650 S 73rd St	Papillion	NE	68046-1500
CHI Health Partners Clinic	Hospital	11111 S 84th St	Papillion	NE	68046-4122
CHI Health Midlands Laboratory	Independent Laboratory	11111 S 84th St	Papillion	NE	68046-4122
Visionworks	Optical Hardware Center	7505 Towne Center Pkwy Ste 101	Papillion	NE	68046-2140
Fyzical Therapy and Balance Centers	Physical Rehabilitation Facility	545 Fortune Dr Ste 100	Papillion	NE	68046-3426
Athletico Excel Nebraska LLC	Rehabilitation Facility	1226 N Washington St Ste 1	Papillion	NE	68046-3064

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Edge Physical Therapy	Rehabilitation Facility	11336 S 96th St Ste 114	Papillion	NE	68046-4211
Gina V Physical Therapy	Rehabilitation Facility	114 E 1st St Ste 105	Papillion	NE	68046-2407
Makovicka/Harms Group, P.C.	Rehabilitation Facility	8419 S 73rd Plz Ste 104	Papillion	NE	68046-1507
Hillcrest Country Estates- Cottages	Skilled Nursing Facility	6082 Grand Lodge Ave	Papillion	NE	68133-3200
Papillion Manor	Skilled Nursing Facility	610 S Polk St	Papillion	NE	68046-2548
CHI Health Sleep Center	Sleep Disorder Center/Lab	11111 S 84th St	Papillion	NE	68046-4122
Midlands Family Urgent Care	Urgent Care Clinic	312 Olson Dr Ste 101	Papillion	NE	68046-2981
Urgent Care of Papillion	Urgent Care Clinic	8419 S 73rd Plz	Papillion	NE	68046-1507
Urgent Care of Papillion South	Urgent Care Clinic	1219 Applewood Dr Ste 105	Papillion	NE	68046-5763
CHI Health Creighton Clinic Quick Care	Urgent Care Facility	11650 S 73rd St	Papillion	NE	68046-1500
Beatrice Community Hospital Home Health Care	Home Health	600 I St	Pawnee City	NE	68420-3001
Pawnee County Memorial Hospital	Hospital	600 I St	Pawnee City	NE	68420-3001
Northeast Nebraska Community Action Partnership, Inc	County Health Clinic	603 Earl St	Pender	NE	68047-5030
Pender Community Hospital	Hospital	100 Hospital Dr	Pender	NE	68047-4507
Pierce Rescue Service	Medical Transportation Services	106 S 1st St	Pierce	NE	68767-1368
Hausmann Physical Therapy - Pierce	Rehabilitation Facility	105 E Main St	Pierce	NE	68767-1343
CHI Health Partners Clinic	Hospital	704 N 3rd St	Plainview	NE	68769-2047
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	16418 Westside Dr	Plattsmouth	NE	68048-6102
OrthoSource, Inc.	Durable Medical Equipment Supplier	2380 8th Ave Ste 8	Plattsmouth	NE	68048-2367
Witte Physical Therapy	Rehabilitation Facility	16304 Westside Dr Ste 400	Plattsmouth	NE	68048
Prestige Care Center of Plattsmouth	Skilled Nursing Facility	602 S 18th St	Plattsmouth	NE	68048-2056
Absolute Healthcare Urgent Care	Urgent Care Clinic	2302 8th Ave Ste 4	Plattsmouth	NE	68048-2365
Colonial Manor of Randolph	Skilled Nursing Facility	811 S Main St	Randolph	NE	68771-1706
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	321 Grand Ave	Ravenna	NE	68869-1321
Good Samaritan Society Ravenna	Skilled Nursing Facility	411 W Genoa St	Ravenna	NE	68869-1213
Webster County Community Hospital	Hospital	621 N Franklin St	Red Cloud	NE	68970-2260
Heritage of Red Cloud	Skilled Nursing Facility	636 N Locust St	Red Cloud	NE	68970-2463
Cloverlodge Care Center	Skilled Nursing Facility	301 N 13th St	Saint Edward	NE	68660-4426
Howard County Medical Center	Hospital	1113 Sherman St	Saint Paul	NE	68873-1546
Brookefield Park	Skilled Nursing Facility	1405 Heritage Dr	Saint Paul	NE	68873-3618
CHI Health Schuyler	Hospital	104 W 17th St	Schuyler	NE	68661-1304
CHI Health Partners Clinic	Sleep Disorder Center/Lab	104 W 17th St	Schuyler	NE	68661-1304
Oregon Trail Eye Surgery Center	Ambulatory Surgical Center	329 W 40th St	Scottsbluff	NE	69361-4634
Certified Prosthetics & Orthotics, L.L.C.	Durable Medical Equipment Supplier	2621 5th Ave	Scottsbluff	NE	69361-1745
High Plains Orthotics & Prosthetics, Inc.	Durable Medical Equipment Supplier	1930 E 20th Pl	Scottsbluff	NE	69361-2708
MES Team, Inc	Durable Medical Equipment Supplier	3802 Avenue B	Scottsbluff	NE	69361-4653
Orthotic Prosthetic Solutions, L.L.C.	Durable Medical Equipment Supplier	1012 W 36th St Ste 5	Scottsbluff	NE	69361-5008
Petersen Drug	Durable Medical Equipment Supplier	502 W 27th St	Scottsbluff	NE	69361-4312
Western CPAP Supply LLC	Durable Medical Equipment Supplier	416 Valley View Dr Ste 307	Scottsbluff	NE	69361-1420
Regional West Medical Center Homecare	Home Health	3701 Avenue D Ste 2105	Scottsbluff	NE	69361-4771
Regional West Medical Center Hospice	Hospice	3701 Avenue D Ste 2204	Scottsbluff	NE	69361-4771
Regional West Medical Center	Hospital	4021 Avenue B	Scottsbluff	NE	69361-4602
Bluffs Vision Care PC	Optical Hardware Center	416 Valley View Dr Ste 100	Scottsbluff	NE	69361-1444
Elite Physical Therapy & Wellness, LLC	Rehabilitation Facility	214 W 27th St	Scottsbluff	NE	69361-4306
Monument Rehabilitation and Care Center	Skilled Nursing Facility	111 W 36th St	Scottsbluff	NE	69361-4636
Western Sleep Medicine, L.L.C.	Sleep Disorder Center/Lab	416 Valley View Dr Ste 400	Scottsbluff	NE	69361-1461
Quick Care Medical Services	Urgent Care Clinic	3210 Avenue B	Scottsbluff	NE	69361-4303
Memorial Hospital-Seward NE	Hospital	300 N Columbia Ave	Seward	NE	68434-2228
Ridgewood Rehab & Care Center	Skilled Nursing Facility	624 Pinewood Ave	Seward	NE	68434-1055
Sidney Regional Medical Center Home Health	Home Health	1625 Dorwart Dr Ste A	Sidney	NE	69162-2505
Sidney Regional Medical Center Hospice	Hospice	1625 Dorwart Dr Ste A	Sidney	NE	69162-2505
Sidney Regional Medical Center	Hospital	1000 Pole Creek Xing	Sidney	NE	69162-2901
Sidney Rehabilitation & Wellness Clinic	Physical Rehabilitation Facility	927 23rd Ave	Sidney	NE	69162-1418
Sidney Regional Medical Center	Skilled Nursing Facility	549 Keller Dr	Sidney	NE	69162-1775
Riverview Surgical Center, L.L.C.	Ambulatory Surgical Center	201 E 4th St	South Sioux City	NE	68776-9916
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	2501 Cornhusker Dr	South Sioux City	NE	68776-3910
UnityPoint At Home SC Homecare	Home Health	729 E 7th St Ste 3	South Sioux City	NE	68776-1853
Hospice of Siouxland	Hospice	3220 Plaza Dr Ste D	South Sioux City	NE	68776-3191
Integration Physical Therapy	Rehabilitation Facility	110 E 39th St	South Sioux City	NE	68776-3602
Sioux City Physical Therapy PC	Rehabilitation Facility	3250 Plaza Dr	South Sioux City	NE	68776-3144
Continental Springs LLC	Skilled Nursing Facility	3200 G St	South Sioux City	NE	68776-3339
Family Health Care of Siouxland	Urgent Care Clinic	3250 Plaza Dr	South Sioux City	NE	68776-3144
Summit Health Physical Therapy, P.C.	Rehabilitation Facility	880 Park Dr	Springfield	NE	68059-6845
Stanton Health Center	Skilled Nursing Facility	301 17th St	Stanton	NE	68779-2302
Midwest Covenant Home	Skilled Nursing Facility	615 E 9th St	Stromsburg	NE	68666-4053
Brodstone Memorial Hospital	Hospital	520 E 10th St	Superior	NE	68978-1225
Superior Physical Therapy	Rehabilitation Facility	308 N Central Ave	Superior	NE	68978-1715
Good Samaritan Society Superior	Skilled Nursing Facility	1710 Idaho St	Superior	NE	68978-9574
Clay County Physical Therapy	Rehabilitation Facility	117 S Saunders Ave	Sutton	NE	68979-2051
Sutton Community Home, Inc.	Skilled Nursing Facility	1106 N Saunders Ave	Sutton	NE	68979-2406
Syracuse Area Health	Hospital	2731 Healthcare Dr	Syracuse	NE	68446-7880
Good Samaritan Society Syracuse	Skilled Nursing Facility	1622 Walnut St	Syracuse	NE	68446-7017
<b>Southeast Medical Supply</b>	<b>Durable Medical Equipment Supplier</b>	<b>202 High St Ste 200</b>	<b>Tecumseh</b>	<b>NE</b>	<b>68450-2443</b>

# First Choice Health PPO Network

## Hospital and Other Non-Specialty Organizations

Sorted by Practice City and Specialty Code Description

Organization Name	Specialty Code Description	Practice Address	Practice City	Practice State	Practice Zip
Johnson County Hospital Home Health Services	Home Health	292 Broadway St	Tecumseh	NE	68450-2455
Johnson County Hospital	Hospital	202 High St	Tecumseh	NE	68450-2443
Belle Terrace	Skilled Nursing Facility	1133 N 3rd St	Tecumseh	NE	68450-2069
Nannen Physical Therapy	Rehabilitation Facility	1124 S 13th St	Tekamah	NE	68061-1816
Arbor Care Center-Tekamah	Skilled Nursing Facility	823 M St	Tekamah	NE	68061-1427
Norfolk Physical Therapy	Rehabilitation Facility	109 E 2nd St	Tilden	NE	68781
Cherry County Hospital	Hospital	510 N Green St	Valentine	NE	69201-1932
Good Samaritan Society Valentine	Skilled Nursing Facility	601 W 4th St	Valentine	NE	69201-1564
Arbor Care Center-Valhavan	Skilled Nursing Facility	300 W Meigs St	Valley	NE	68064-9758
Overland Rehab Services	Rehabilitation Facility	405 James St	Verdigre	NE	68783-6149
Alpine Village	Skilled Nursing Facility	706 James St	Verdigre	NE	68783-6022
Hospice and Home Healthcare of Saunders County	Home Health	141 E 5th St	Wahoo	NE	68066-1922
Hospice and Home Healthcare of Saunders County	Hospice	141 E 5th St	Wahoo	NE	68066-1922
Saunders Medical Center	Hospital	1760 County Road J	Wahoo	NE	68066-4152
Makovicka/Harms Group, P.C.	Rehabilitation Facility	559 W 15th St	Wahoo	NE	68066-1280
South Haven Living Center	Skilled Nursing Facility	1400 Mark Dr	Wahoo	NE	68066-4023
Wauneta Care and Therapy Center	Skilled Nursing Facility	427 W Legion	Wauneta	NE	69045-4549
Makovicka/Harms Group, P.C.	Rehabilitation Facility	13851 Guildford St	Waverly	NE	68462-1453
Waverly Health Care Urgent Care	Urgent Care Clinic	13220 Callum Dr Ste 4	Waverly	NE	68462-2562
Providence Community Pharmacy	Durable Medical Equipment Supplier	803 Providence Rd Ste 101	Wayne	NE	68787-1590
U-Save Pharmacy	Durable Medical Equipment Supplier	216 E 7th St	Wayne	NE	68787-2213
Providence Medical Center	Hospital	1200 Providence Rd	Wayne	NE	68787-1212
Wayne Countryview Care and Rehab	Skilled Nursing Facility	811 E 14th St	Wayne	NE	68787-1216
Hy-Vee Pharmacy	Durable Medical Equipment Supplier	500 Plaza Dr	West Point	NE	68788-2612
St. Francis Home Health Care and Hospice	Home Health	435 N Monitor St	West Point	NE	68788-1554
St. Francis Hospice	Hospice	435 N Monitor St	West Point	NE	68788-1554
St. Francis Memorial Hospital	Hospital	430 N Monitor St	West Point	NE	68788-1555
Wilber Physical Therapy, LLC	Rehabilitation Facility	209 W 3rd St	Wilber	NE	68465-3144
Wilber Care Center	Skilled Nursing Facility	611 N Main St	Wilber	NE	68465-2500
Elkhorn Logan Valley Public Health Department	County Health Clinic	2104 21st Cir	Wisner	NE	68791-2044
Family Physical Therapy and Sports Center, P.C.	Rehabilitation Facility	905 Main St	Wood River	NE	68883-3108
York General Hospital Home Health Agency	Home Health	2319 N Lincoln Ave	York	NE	68467-1001
AseraCare Hospice	Hospice	1719 N Lincoln Ave	York	NE	68467-1443
York General Hospital	Hospital	2222 N Lincoln Ave	York	NE	68467-1030
York Physical Therapy Inc	Rehabilitation Facility	2835 N Nebraska Ave	York	NE	68467-8096
Urgent Care of York	Urgent Care Clinic	309 S Lincoln Ave	York	NE	68467-4225

# First Choice Health PPO Network

## Specialist Providers Only: Summary Count Distinct Providers/Practice Office

Specialty	Community Corrections Center Omaha	Omaha Correctional Center	Lincoln Correctional Center	NDCS Reception and Treatment Center	Nebraska State Penitentiary	Nebraska Correctional Center for Women	NDCS Work Ethic Camp	Tecumseh State Correctional
PRISON LOCATION	OMAHA	OMAHA	LINCOLN	LINCOLN	LINCOLN	YORK	MCCOOK	JOHNSON
Acupuncture	0	0	1	1	1	0	0	0
Addiction Medicine	1	1	1	1	1	0	0	0
Adolescent Medicine	2	2	0	0	0	0	0	0
<b>Allergy &amp; Immunology</b>	<b>15</b>	<b>15</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>
Anesthesiology	191	191	60	60	60	2	0	0
Applied Behavior Analysis	163	163	11	11	11	0	0	0
<b>Audiology</b>	<b>59</b>	<b>59</b>	<b>15</b>	<b>15</b>	<b>15</b>	<b>1</b>	<b>0</b>	<b>0</b>
Behavioral/Mental Health	2	2	0	0	0	0	0	0
Cardiac Electrophysiology	8	8	4	4	4	0	0	0
Cardiac Surgery	0	0	2	2	2	0	0	0
<b>Cardiovascular Disease</b>	<b>71</b>	<b>71</b>	<b>46</b>	<b>46</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>0</b>
Cert Registered Nurse Anesthetist	277	277	117	117	117	9	8	0
Certified Nutritionist/Registered D	18	18	6	6	6	0	0	0
Chiropractor	226	226	120	120	120	4	8	1
Colon & Rectal Surgery	10	10	2	2	2	0	0	0
Critical Care Medicine	14	14	0	0	0	0	0	0
Cytopathology	1	1	0	0	0	0	0	0
<b>Dentistry</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Dermatology</b>	<b>43</b>	<b>43</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>1</b>	<b>0</b>	<b>0</b>
Dermatopathology	0	0	0	0	0	0	0	0
Dietitian	23	23	8	8	8	0	0	0
<b>Emergency Medicine</b>	<b>154</b>	<b>154</b>	<b>74</b>	<b>74</b>	<b>74</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Endocrinology</b>	<b>30</b>	<b>30</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Family Practice</b>	<b>303</b>	<b>303</b>	<b>171</b>	<b>171</b>	<b>171</b>	<b>14</b>	<b>26</b>	<b>5</b>
<b>Family Practice /OB</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Gastroenterology</b>	<b>51</b>	<b>51</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>0</b>	<b>1</b>	<b>1</b>
<b>General Practice</b>	<b>19</b>	<b>19</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>General Surgery</b>	<b>74</b>	<b>74</b>	<b>33</b>	<b>33</b>	<b>33</b>	<b>2</b>	<b>2</b>	<b>0</b>
Genetic Counseling	10	10	2	2	2	0	0	0
Genetics, Clinical	4	4	1	1	1	0	0	0
Genetics, Medical	7	7	2	2	2	0	0	0
Geriatric Medicine	12	12	0	0	0	0	0	0
Gynecologic Oncology	7	7	3	3	3	2	0	0
Gynecology	3	3	0	0	0	0	0	0
<b>Hematology</b>	<b>16</b>	<b>16</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>0</b>
Hospitalist	20	20	3	3	3	0	0	0
<b>Infectious Disease</b>	<b>43</b>	<b>43</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Internal Medicine</b>	<b>334</b>	<b>334</b>	<b>138</b>	<b>138</b>	<b>138</b>	<b>3</b>	<b>1</b>	<b>1</b>
Interventional Cardiology	10	10	12	12	12	0	0	0
Lactation Consultant	21	21	13	13	13	0	0	0
Licensed Clinical Social Worker	32	32	14	14	14	3	1	0
Licensed Professional Counselors	942	942	387	387	387	15	18	0
Marriage & Family Counselor	21	21	18	18	18	0	0	0
Maternal & Fetal Medicine	11	11	4	4	4	0	0	0
Neonatal Medicine	26	26	5	5	5	0	0	0
Neonatal/Perinatal Medicine	2	2	0	0	0	0	0	0
<b>Nephrology</b>	<b>31</b>	<b>31</b>	<b>11</b>	<b>11</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Neurological Surgery</b>	<b>38</b>	<b>38</b>	<b>9</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Neurology</b>	<b>92</b>	<b>92</b>	<b>27</b>	<b>27</b>	<b>27</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Neuromusculoskeletal Medicine</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Neuro-Ophthalmology	2	2	0	0	0	0	0	0
Neuropsychology	8	8	0	0	0	0	0	0
Neuroradiology	1	1	0	0	0	0	0	0
Nuclear Medicine	5	5	2	2	2	0	0	0
Nurse Midwife Certified/Licensed	23	23	6	6	6	1	0	0
Nurse Practitioner	638	638	237	237	237	6	5	0
Nurse Practitioner/Acute Care	1	1	0	0	0	0	0	0
Nurse Practitioner/Adult	15	15	7	7	7	0	0	0
Nurse Practitioner/Family Practice	297	297	185	185	185	5	21	1
Nurse Practitioner/Geriatric	7	7	8	8	8	0	0	0
Nurse Practitioner/Mental Health	103	103	51	51	51	4	1	0
Nurse Practitioner/Neonatal	42	42	17	17	17	0	0	0
Nurse Practitioner/Neonatal - Peri	18	18	7	7	7	0	0	0
Nurse Practitioner/Pediatric	121	121	37	37	37	0	0	0
Nurse Practitioner/Women's Health	47	47	27	27	27	0	0	2
Nutritionist	1	1	1	1	1	0	0	0
<b>Obstetrics &amp; Gynecology</b>	<b>138</b>	<b>138</b>	<b>48</b>	<b>48</b>	<b>48</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Occupational Therapy</b>	<b>214</b>	<b>214</b>	<b>74</b>	<b>74</b>	<b>74</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Oncology, Medical</b>	<b>15</b>	<b>15</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Oncology/Hematology</b>	<b>23</b>	<b>23</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ophthalmology</b>	<b>68</b>	<b>68</b>	<b>23</b>	<b>23</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>1</b>

# First Choice Health PPO Network

## Specialist Providers Only: Summary Count Distinct Providers/Practice Office

Specialty	Community Corrections Center Omaha	Omaha Correctional Center	Lincoln Correctional Center	NDCS Reception and Treatment Center	Nebraska State Penitentiary	Nebraska Correctional Center for Women	NDCS Work Ethic Camp	Tecumseh State Correctional
PRISON LOCATION	OMAHA	OMAHA	LINCOLN	LINCOLN	LINCOLN	YORK	MCCOOK	JOHNSON
<b>Optometry</b>	144	144	64	64	64	6	8	0
<b>Oral Surgery (Dental Board)</b>	1	1	0	0	0	0	0	0
<b>Orthopedic Surgery</b>	102	102	32	32	32	1	4	0
<b>Orthopedics</b>	2	2	2	2	2	0	0	0
<b>Otolaryngology</b>	46	46	11	11	11	1	2	1
<b>Pain Management</b>	17	17	7	7	7	2	1	0
Palliative Care	2	2	0	0	0	0	0	0
<b>Pathology</b>	70	70	16	16	16	0	0	0
Pediatric Allergy/Immunology	3	3	3	3	3	0	0	0
Pediatric Anesthesiology	14	14	1	1	1	0	0	0
Pediatric Cardiology	24	24	19	19	19	0	0	0
Pediatric Critical Care Medicine	30	30	0	0	0	0	0	0
Pediatric Dermatology	1	1	0	0	0	0	0	0
Pediatric Emergency Medicine	19	19	0	0	0	0	0	0
Pediatric Endocrinology	5	5	2	2	2	0	0	0
Pediatric Gastroenterology	12	12	2	2	2	0	0	0
Pediatric Hematology/Oncology	12	12	0	0	0	0	0	0
Pediatric Infectious Diseases	10	10	0	0	0	0	0	0
Pediatric Mental Health	1	1	1	1	1	0	0	0
Pediatric Nephrology	4	4	1	1	1	0	0	0
Pediatric Neurology	14	14	3	3	3	0	0	0
Pediatric Ophthalmology	5	5	1	1	1	0	0	0
Pediatric Otolaryngology	2	2	0	0	0	0	0	0
Pediatric Physical Therapy	1	1	1	1	1	0	0	0
Pediatric Pulmonology	10	10	5	5	5	0	0	0
Pediatric Radiology	11	11	1	1	1	0	0	0
Pediatric Rheumatology	7	7	0	0	0	0	0	0
Pediatric Surgery	9	9	4	4	4	0	0	0
Pediatric Urology	4	4	4	4	4	0	0	0
Pediatric, Developmental/Behavior	5	5	0	0	0	0	0	0
Pediatric, Orthopaedics	5	5	4	4	4	0	0	0
Pediatrics	215	215	81	81	81	0	0	0
Perinatal Medicine	1	1	0	0	0	0	0	0
<b>Physical Medicine and Rehabilitation</b>	29	29	11	11	11	0	0	0
<b>Physical Therapy</b>	510	510	309	309	309	4	15	0
Physician Assistant	676	676	375	375	375	30	23	6
Plastic & Reconstructive Surgery	6	6	3	3	3	1	0	0
Plastic Surgery	11	11	5	5	5	0	0	0
<b>Podiatry</b>	34	34	15	15	15	0	4	0
Psychiatry	111	111	28	28	28	0	0	0
Psychiatry, Child/Adolescent	16	16	2	2	2	0	0	0
Psychiatry, Geriatric	1	1	0	0	0	0	0	0
Psychology	164	164	112	112	112	6	2	0
Psychology, Pediatric	4	4	2	2	2	0	0	0
Psychology/ NeuroPsychology	1	1	0	0	0	0	0	0
<b>Pulmonary Disease</b>	42	42	18	18	18	7	2	5
<b>Radiation Oncology</b>	20	20	5	5	5	0	1	0
Radiology	8	8	8	8	8	1	0	0
<b>Radiology, Diagnostic</b>	159	159	89	89	89	4	0	0
Radiology, Interventional	6	6	3	3	3	0	0	0
Radiology, Vascular & Intervention	3	3	6	6	6	0	0	0
Registered Nurse/Surgical Assist	5	5	2	2	2	0	0	0
Rehabilitation	0	0	0	0	0	0	0	0
Reproductive Endocrinology	3	3	2	2	2	0	0	0
<b>Rheumatology</b>	21	21	4	4	4	0	0	0
<b>Sleep Disorder Medicine</b>	3	3	1	1	1	0	0	0
Social Work	253	253	92	92	92	7	7	0
<b>Speech Language Pathology</b>	179	179	68	68	68	1	1	0
Sports Medicine	2	2	4	4	4	0	0	0
<b>Substance Abuse/Chemical Dependence</b>	44	44	32	32	32	6	2	0
<b>Surgery, Hand</b>	5	5	2	2	2	0	0	0
<b>Surgery, Head &amp; Neck</b>	8	8	1	1	1	0	0	0
<b>Surgery, Oral/Maxillofacial</b>	10	10	0	0	0	0	1	0
Surgery, Transplant	7	7	0	0	0	0	0	0
Surgical Critical Care	28	28	1	1	1	0	0	0
<b>Thoracic &amp; Cardiac Surgery</b>	17	17	12	12	12	0	0	0
<b>Thoracic Surgery</b>	11	11	5	5	5	0	0	0
Urgent Care	1	1	1	1	1	0	0	0
<b>Urology</b>	33	33	9	9	9	0	2	0
<b>Vascular Surgery</b>	21	21	8	8	8	0	0	0
<b>Wound Care</b>	2	2	0	0	0	0	0	0

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES (NDCS/DCS)  
HEALTHCARE INVOICE PROCESSING  
CORPORATE OVERVIEW  
RFP # 120174 O3

Due: January 22, 2025 | Submitted to:

Nebraska Department of Correctional Services  
Julie Schiltz, NDCS Assistant Materiel Administrator  
801 W. Prospector Place, Bldg. #1  
Lincoln, NE 68522  
402-479-5718

Proposal Submitted by:

Correctional Health Partners, LLC  
Contact: Deb Goheen, CEO  
1720 S. Bellaire St., Suite 700  
Denver, CO 80222  
720-612-6647 Direct  
719-355-9606 Cell

## **Corporate Overview (Section VI)**

### **Bidder Identification and Information (VI.A.1a)**

Correctional Health Partners, LLC  
1720 S. Bellaire Street., Suite 700  
Denver, CO 80222  
Entity Organization: Partnership  
State in which incorporated: Colorado  
Year First Organized: 2005  
Year Changed to Limited Liability Corporation: 2009  
Name Change: Correctional Health Partners has not changed names since 2005, with the exception of adding LLC in 2009

**Description of Organization:** Correctional Health Partners (CHP) operates as a Third-Party Administrator (TPA) with its own staff, leadership, offices, and Board of Directors. Our services focus directly on TPA service provision. From 2005 to 2023, CHP was a division of its parent company Physician Health Partners (PHP) which was founded in 1996 as a management services organization. CHP was founded in 2005, became a limited liability company in 2009 and was split off as a wholly owned subsidiary of PHP in January of 2010. Ownership of the company changed January 1, 2023, from PHP to the current three-owner board of directors: two members (Chief Executive Officer Deb Goheen and Chief Medical Officer Jennifer Mix) provide the day-to-day leadership in the company. The third member (Michael Ptasnik) is the Chairman of the Board and oversees all operations. While the current ownership has been in place since January 2023, the physician board members (CMO Mix and Board Chairman Ptasnik) have been involved with the company since 2011. CEO Goheen has been with the company since May 2022.

CHP's vision for the future is to continue to provide excellent service to our clients, assist in providing excellent care for their patients while being good stewards of public funds. One of our goals to do this is to provide management of a medical claim through the entire revenue cycle from the point of authorization request, concurrent review of inpatient care to claim review and claim payment through the state or with the new 1115 waiver billing and payment through Medicaid. This model is currently in development considering the new 1115 waiver mandate.

### **Financial Statements (VI.A.1b)**

CHP is in a strong financial position with no long-term debt. The company holds long-term contracts with clients and has successfully renewed all TPA contracts within the last four years and expanded with the addition of a new state system TPA contract in 2023. Other direct medical care contracts with jails were divested in 2022, when the company refocused the mission to providing only TPA services. This has allowed CHP to focus successfully on the core TPA services that have been the foundation of the company since inception. CHP's other client contracts in three states are currently in place through the next six years. CHP Financial Statements are provided in Appendix A.

**Correctional Health Partners, LLC is a privately owned organization, and we request our financial statements be protected from public disclosure as commercial or PROPRIETARY INFORMATION under the provisions of Nebraska's Statute 84-712.05(3).**

**Banking Reference:** [REDACTED]

**Litigation:** CHP does not have any judgements or expected/pending litigation that would materially affect the viability or stability of the organization.

**Change of Ownership (VI.A.1c)**

CHP does not anticipate any change of ownership in the next 12 months.

**Office Location (VI.A.1d)**

CHP operates out of one main office in Denver, Colorado. Employees work remotely and live in several different states, including Illinois, Arkansas, Missouri, Utah, Oregon and Colorado.

**Relationships with the State (VI.A.1e)**

CHP has not conducted any dealings with the State of Nebraska in the last three years, and the associated subcontractors also have not conducted any dealings with the State of Nebraska in that timeframe.

**Bidder's Employee Relations to State (VI.A.1f)**

CHP has not employed anyone that has previous employment with the State of Nebraska in the last 12 months, nor hired any subcontractors that have had dealings with the State of Nebraska in the last 12 months.

**Contract Performance (VI.A.1g)**

CHP has never had a contract terminated for default during the past three years. In 2022, CHP divested the company's services from working with direct care jail contracts, when the company refocused the mission to providing only TPA services. This has allowed CHP to focus successfully on the core TPA services that have been the foundation of the company since inception.

**Client Base:** Since 2005, CHP has supplied third party administration and claims administration services similar to those described in 120174 03 NDCS RFP Scope of Work. We have provided long-term TPA services for Colorado Department of Corrections (CDOC) since 2005, Oregon Department of Corrections (ODOC) since 2009, Multnomah County Jail in Oregon since 2011, Colorado Division of Youth Services (CDYS) since 2006, and California Department of State Hospitals (CDSH) since 2023. CHP measures client satisfaction as successfully receiving contract renewals for all TPA contracts in the last four years.

### Summary of Bidder's Corporate Experience (VI.A.1h)

Correctional Health Partners (CHP) operates as a Third-Party Administrator (TPA) with its own staff, leadership, offices, and Board of Directors. Our services focus directly on TPA service provision. The below matrix describes client services that are of the same scope as the Nebraska Department of Correctional Services RFP. All services are being provided as the prime vendor.

Contract Name	Length of Engagement	ADP	TPA Services Provided
<p><b>Colorado Department of Corrections</b> 1250 Academy Park Loop, Colorado Springs, CO 80910</p> <p>Ashley Clark, Director of Finance Ashley.clark@state.co.us 719.226.4777</p> <p>(State Government)</p>	<p><b>September 2005 - Present</b> <b>(20 years)</b></p>	<p><b>16,263</b></p>	<ul style="list-style-type: none"> <li>• Administering of claims involving Medicaid eligibility determinations</li> <li>• Utilization management including prior authorization, concurrent review, approvals/denials for inpatient and outpatient, quality management</li> <li>• Provider contracting and network management</li> <li>• Claims payment approximately \$43 million annually</li> <li>• Standard reporting, incurred but not reported (IBNR) projections</li> <li>• Specialized Ad Hoc Reporting</li> <li>• Clinical/quality initiatives</li> </ul>
<p><b>Colorado Division of Youth Services</b> 4131 S. Julian Way Denver CO 80236</p> <p>Ashley M. Tunstall, Director of Behavioral Health &amp; Medical Services ashley.tunstall@state.co.us 303-866-7967</p> <p>(State Government)</p>	<p><b>July 2006- Present</b> <b>(19 years)</b></p>	<p><b>415</b></p>	<ul style="list-style-type: none"> <li>• Administering of claims involving Medicaid eligibility determinations</li> <li>• Standardized Reporting, IBNR projections, Specialized Ad Hoc Reporting</li> <li>• Medical auditing of facilities, policies, and procedures</li> <li>• On-call scheduling</li> <li>• Medical/physician staffing</li> <li>• Pharmacy benefits management</li> <li>• Claims payment approximately \$1.0 million</li> <li>• Utilization management</li> <li>• Accounting: invoices, admin fees, funding</li> </ul>

<p><b>Oregon Department of Corrections</b> 2575 Center Street NE Salem, OR 97301</p> <p>Matt Shoemaker, Contract Administrator matt.m.shoemaker@doc.oregon.gov 503-378-6428</p> <p>(State Government)</p>	<p><b>July 2009-Present (16 years)</b></p>	<p><b>12,083</b></p>	<ul style="list-style-type: none"> <li>Utilization management including concurrent review, discharge planning/ transition/ management, approvals/denials for inpatient, quality management</li> <li>Claims payment of approximately \$27 million annually</li> <li>Administering of claims involving Medicaid Eligibility determinations</li> <li>Accounting: invoices, admin fees, funding</li> <li>Quality improvement initiatives</li> <li>Standardized Reporting, IBNR projections, Specialized Ad Hoc Reporting</li> </ul>
<p><b>Multnomah County Corrections Health</b> 619 NW 6th Avenue Portland, OR 97204</p> <p>Tony Gaines, Deputy Director tony.gaines@multco.us 503-260-6332</p> <p>(County Government)</p>	<p><b>February 2011-Present (11 years)</b></p>	<p><b>975</b></p>	<ul style="list-style-type: none"> <li>Utilization management</li> <li>Comprehensive reporting</li> <li>Claims payment services</li> <li>Administering of claims involving Medicaid Eligibility determinations</li> <li>Accounting-invoices and administrative services</li> </ul>
<p><b>Department of State Hospitals</b> 1215 O Street, MS-1 Sacramento, CA 95814</p> <p>Stephanie Chambers, CFO stephanie.chambers@dsh.ca.gov</p>	<p><b>January 2023 – Present (2 years)</b></p>	<p><b>5,500</b></p>	<ul style="list-style-type: none"> <li>Administering of claims involving Medicare Eligibility determinations</li> <li>Standardized Reporting, IBNR projections, Specialized Ad Hoc Reporting</li> <li>Accounting-invoices and administrative services</li> <li>2024 - Implementing Utilization Management program with concurrent review, approvals/denials of authorizations, quality management</li> </ul>

**Summary of Bidder’s Proposed Personnel/Management Approach (VI.A.1i)**

**KEY PERSONNEL (VI.A.1i)**

**CEO:** Deb Goheen

**Chief Medical Officer:** Jennifer Mix, DO

**Chairman of the Board:** Mike Ptasnik, MD

**Account Manager:** To be hired

**Claims:** Leah Kamalu, Claims Manager

**Prior Authorization:** Renee Sukovaty RN, Prior Authorization Manager

**Contracting:** Ginger Middleton, Contracting and Regulatory Manager

**Quality Control:** Elaine Meyer RN

**Data/Analytics:** Mark Overturf, Analytics Manager

**CEO: Deb Goheen**

**Job description:** Responsible for overall operations of CHP. The Chief Executive Officer has overall responsibility for the non-clinical aspects of the business. Responsible for maintaining the fiscal and data integrity of the company. Monitors the accuracy of operational and fiscal reporting and advises the Chairman of the Board of any concerns regarding the company's financial performance relative to targets. Supervises key functional areas such as claims processing, data analytics, third party administration to include account management and overall budget responsibilities. Must be highly adept at facts and figures and must be able to measure and analyze current performance and model future performance of the company. Primarily responsible for company operations and is authorized to make appropriate executive decisions, consulting with other Executive Committee members as necessary. Knows the functional, mechanical processes of the company at a detailed level and can guide others in proper procedure. Participates in strategic planning with other Executive Team members and develops operational capacity consistent with company growth goals.

Deb Goheen is the Chief Executive Officer at Correctional Health Partners. She developed a strong financial background through owning three successful companies before joining the Colorado Department of Corrections in 2001. While there, she progressed through several positions in financial operations, ultimately serving as the Director of Finance and Administration managing a \$1 billion annual budget. She was integral in the configuration of a new accounting system and oversight of an offender management system transition during her years at CDOC and was the Department's representative for providing testimony on Department operations to various legislative committees and legal depositions. Upon her retirement from CDOC in May 2022, she joined Correctional Health Partners and is currently serving as the Chief Executive Officer. Ms. Goheen is a member of the Association for Women Executives in Corrections (AWEC), Women Working in Criminal and Juvenile Justice (WWICJJ) and the American Correctional Association (ACA). She was previously a member of the CORE Governance Committee with the State of Colorado, as well as a member of the State Employees Leading Colorado (SELC).

**Chief Medical Officer: Jennifer Mix, DO**

**Job description:** Serves as final clinical authority for all medical practices for the company. Responsible for the strategic direction and oversight of all clinical procedures, protocols and initiatives. Responsible for the clinical oversight of medical providers (physicians and advanced practice providers) at all sites with direct care services. Participates in strategic planning with other Executive Team members and develops initiatives consistent with company growth goals. This person is responsible for the Utilization Management/Quality Management Program process to include peer reviews, inpatient utilization review, medical necessity decisions, litigation case reviews and legislative compliance. She assists in contracting and client relations as necessary.

Since 2011, Dr. Mix, has been actively engaged in developing physician and specialty provider relationships in corrections as a medical director and now as the Chief Medical Officer for CHP. She reviews clinical and utilization reports to monitor performance and mentors our providers to maximize their skill set and scope of practice. She makes proper decisions for our patients in the correctional setting, manages healthcare costs, and instills continuity of care. Dr. Mix oversees appropriate clinical decision-making by mentoring CHP providers and delivering primary clinical direction following evidence-based practices and meeting the community standard of care. In addition to her experience in correctional medicine, Dr. Mix has over 12

years of experience as an Internal Medicine physician in private practice and has continued her practice as a hospice physician.

**Chairman of the Board: Mike Ptasnik, MD**

**Job description:** Chairman of the Board responsibilities providing oversight and guidance to CHP leadership. Responsible for overall operations of CHP.

Michael J. Ptasnik, M.D. was educated at Michigan State University College of Human Medicine and completed post graduate training of Residency in Internal Medicine and Fellowship in Cardiovascular Disease at the University of Colorado. He was also Associate Professor at the University of Colorado following training. Dr. Ptasnik continues in the private practice of Cardiology in the Metro Denver area in Interventional and General Cardiology with an interest in cardiovascular disease in Women and Geriatric Cardiology. He is a founder of his group Colorado Heart and Vascular in the Metro Denver area and served as President of his group for many years. Dr. Ptasnik has also been intimately involved representing the specialist community with Physician HealthPartners for many years on the Board of Directors and two terms as Chairman of the Board. He is currently Chairman of the Board of Correctional Health Partners with a deep commitment from the medical community to the incarcerated patient.

**Account Manager:** To be hired.

**Job Description:** CHP will provide a full-time account manager with clinical and business operations experience that will serve as the liaison with NDCS. Our account manager is the liaison and first line of communication between providers, NDCS operations/key executives, and designated clinical staff regarding:

- Claims and invoices
- Reporting and analytics
- Complaints/grievances
- Provider Network liaison with contracting and maintenance

The account manager will manage the relationships, negotiations, and contracting with the network providers as well as address any issues of concern between NDCS and providers. They will also research additional providers to bring into the network if NDCS has any specialized requests.

**Claims:** Leah Kamalu, Claims Manager

**Job description:** CHP claims manager supervises daily activities of the Claims department staff dedicated to supporting CHP claims payment. Directs workflows to ensure timely and accurate payment to providers. Ensures compliance with government contracts and state regulations. Coordination of required communication with providers and clients. Assists the configuration team to support accurate configuration of the claim system with respect to benefit plan changes and provider contracts. Ensures staff is focused on providing excellent customer service to both internal and external customers.

The claims manager will supervise one claims examiner dedicated to NDCS claims as well as a data entry clerk and will be responsible for day-to-day business for the TPA services with NDCS. The claims manager will be responsible for the auditing and quality control for the claims processes and will be the subject matter expert regarding all claims adjudication processes. This position also oversees the claims call center operations, monitors call center performance, and provides training to staff as needed.

Leah Kamalu is an experienced Claims Manager with a proven track record in overseeing complex claims processes and ensuring customer satisfaction. With 24 years in the industry,

she excels in navigating the intricacies of claims management, from initial assessment to resolution.

She is passionate about leveraging data-driven strategies to streamline operations and enhance service quality. Known for her strong leadership skills and attention to detail, Leah has successfully led teams to meet and exceed performance goals while fostering a collaborative work environment.

**Prior Authorization: Renee Sukovaty, RN, Prior Authorization Manager**

**Job description:** CHP's Prior Authorization Manager is responsible for day-to-day business for the PA services. The Prior Authorization Manager uses clinical judgment and critical thinking to supervise the CHP Prior Authorization staff and Facility Care Managers, as well as assisting CHP's clients in their efforts to provide appropriate and efficient quality care to their patients. The Supervisor is responsible for monitoring workflows and productivity, including distribution of work, as well as assisting the staff with production as necessary. The Supervisor also works directly with clients to assist with scheduling, streamlining processes or dealing with urgent or high-profile medical needs, as well as working with providers.

With a decade of dedicated experience in Nursing, Renee Sukovaty has developed a diverse skill set that encompasses nursing leadership, prior authorizations, concurrent review, and obstetrics. She currently holds an Associate of Science degree in Nursing and has begun the process of pursuing her master's degree in nursing leadership to further enhance her skills and leadership capabilities in the healthcare field. Renee cultivates teamwork among the Prior Authorization team and CHP's clients, fostering an environment of collaboration and mutual support that helps ensure the highest standards of patient care and operational efficiency.

**Contracting: Ginger Middleton, Contracting and Regulatory Manager**

**Job description:** CHP's contract manager will manage the day-to-day business for the provider network and ensure staff complete amendments, addenda, memoranda of understanding (MOUs), letters of agreement (LOAs) and single case agreements (SCAs). They work closely with the account manager to meet the network maintenance needs. This position will also ensure the contracts comply with Nebraska contracting requirements, as well as serve as the liaison between CHP and the registering agent in Nebraska to ensure the company remains in good standing with the state.

Ginger Middleton has over 25 years of contracting experience, in public, private, and non-profit areas. Additionally, she has over 10 years of corrections experience in two states. Ms. Middleton is responsible for all contracting and regulatory management and compliance. Her focus is on ensuring company compliance with contracting and regulatory guidelines, preparing and executing contracts, development and implementation of effective provider acquisitions, as well as assessing contractor performance. Ms. Middleton also has extensive financial and budgeting experience, which benefits CHP.

**Quality Control: Elaine Meyer, RN**

**Job description:** This position is responsible for processes related to clinical compliance and the Quality Management Program. This position is responsible for providing management and oversight of processes necessary to facilitate, monitor and improve quality outcomes throughout the clinical aspect of the provider network for TPA clients. This position will design and implement programs, policies, and practices to ensure that all operations are in compliance with federal, state, and local regulatory requirements and ensure the highest level of enterprise compliance is maintained. In addition, this position will Co-Chair the Quality Management

Committee which is responsible for all tracking, trending, analyzing and reporting for the assurance of care efficacy.

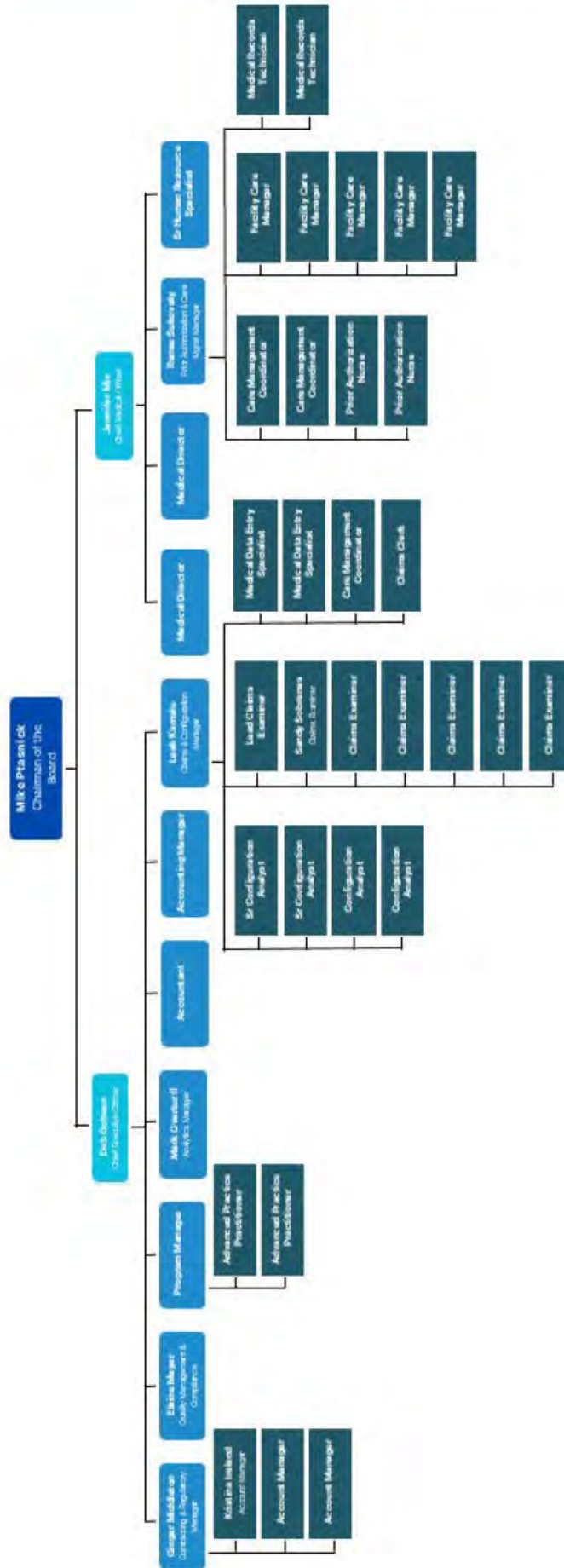
Elaine Meyer, RN, BSN, MBA/HCM, is a Registered Nurse with over 29 years of experience. She comes to Correctional Health Partners with over 10 years of experience in corrections. During Elaine's 10-year career as a Health Services Administrator at Arapahoe County, the jail maintained both NCCHC and ACA accreditation status at 100% compliance. Elaine was certified as a Correctional Health Care Provider with NCCHC and was a Correctional Nurse Manager with ACA. From there, Elaine was recruited by Kindred Hospitals, a long-term acute care hospital. When Elaine joined Kindred, the hospital was under a temporary license with the state, as they had just experienced multiple quality issues and multiple citations from the State of Colorado. Elaine was hired as the Chief Clinical Officer, overseeing all clinical operations. Within eight months, Elaine was instrumental in helping Kindred obtain their non-restrictive license back with the state. Elaine brings objective and experienced quality knowledge to CHP.

**Data/Analytics: Mark Overturf, Analytics Manager**

**Job description:** Supports CEO in matters related to budgeting, budget reporting, RFP budget development, Key Indicator Reporting, Client Contract Reconciliations, development of operational reports for other departments, as well as assisting with the identification and implementation of technology solutions company-wide. Manages and maintains oversight of daily activities of the CHP Client Decision Support department and its staff development.

Mark Overturf has served as the CHP Analytics Manager for over 9 years with over 25 years of healthcare experience. Mark directly manages reporting and analytics that support institution-based services and third-party administration clients. In addition, he assists in all aspects of day-to-day business operations: promoting, planning, directing, and analyzing. By observing trends consistently, he administers reports on both a periodic and an as-needed basis to support client needs. Mark developed forecasting tools and broadened CHP's standard reporting packages. He also incorporated a clinical classification system for reporting, which broadens analysis of authorization and claims data thereby giving clients a better understanding of where their dollars are being spent.

Organizational Chart



### **Subcontractors (VI.A.1j)**

CHP has outsourcing contracts for its TPA services as follows: clearinghouse/document scanning and data validation for claims entry; claims and prior authorization portal hosting; credentialing; and PPO network services to First Choice Health network (FCH), a regional PPO with an extensive network in the Nebraska service area.

#### **Smart Data Solutions, Eagen, MN:**

Document scanning, electronic clearinghouse, data validation, transmit claims to CHP  
Performance hours: N/A  
Total percentage of subcontractor performance hours: N/A

#### **VisibLEDI, OR:**

Direct Data Entry portal for claims or prior authorizations (for providers who do not use EDI or clearinghouse submission for claims or prior authorizations)  
Performance hours: N/A  
Total percentage of subcontractor performance hours: N/A

#### **Change Healthcare/Optum:**

Payment processing to providers, 1099 management, access to provider EOB  
Performance hours: N/A  
Total percentage of subcontractor performance hours: N/A

#### **First Choice Health:**

Provider Network contracting and management, pricing FCH provider claims prior to submission to CHP  
Performance hours: N/A  
Total percentage of subcontractor performance hours: N/A

#### **AQC:**

Credentialing services for providers outside network or through direct CHP contracts  
Performance hours: N/A  
Total percentage of subcontractor performance hours: N/A

All claims adjudication, prior authorization, quality management, and auditing services are conducted in-house.

## Deb Goheen

7195 Bonnie Brae Ln Phone: 970-580-3733 (cell)  
Colorado Springs, CO 80922 E-mail: doitforme161@gmail.com

**Employment** 05/2022-Present Correctional Health Partners, LLC Denver, Colorado

### Chief Operating Officer May 2022 - Present

- Oversight and management of CHP, a company which provides third party administration and direct care services to commercial and institutional organizations. Responsible for oversight of all operations, including budgets, allocation and execution, financial transactions, contracts, procurement, prior authorizations, claims adjudication, forecasting data, human resources, training, research, process improvement, and analytical and business reporting.
- Company representative for decision making; new business ventures, customer relations, litigation management, policy development, IT support, contracting, and signatory authority.
- Liaison to the CHP Board of Directors.

08/2001-05/2022 Department of Corrections (DOC) Headquarters Colorado Springs, Colorado

### Director of Finance and Administration 2018 – May 2022

- Oversight and management of \$993 million budget. Responsible for all financial operations, including budget submissions, allocation and execution of budget, financial transactions, contracts, procurement, internal auditing functions, accreditation, forecasting financial data, balancing activities; training; maintenance of 7.0 million sq ft of state buildings; research and reporting. Assigned divisions include:
  - Budget, payroll, accounting, contracts, procurement, warehouse management, internal audit, accreditation, research unit, Facility Services, Legal Services, and International Corrections Management Training Academy. Delegated contract signature authority for DOC.
- Serve on Dual Eligibility working group with DOC, Correctional Health Partners, and Colorado Department of Public Health and Environment staff to troubleshoot Medicaid/Medicare eligibility for inmates and medical services.
- Responsible for DOC oversight of Information Technology (IT) conversion of the Offender Management System (OMS), pharmacy, and Electronic Health Record system, with financial oversight including contract rewrite and compliance, breach of contract proceedings and resulting remedy solution, data conversion and validation, application testing and validation, resource management, leadership communication, and payment authorizations.
- Responsible for oversight of offender communications tablet project, including IT infrastructure for wiring and access points, as well as content, cybersecurity, and contract oversight.
- Responsible for instilling process improvement into the Division of Finance and Administration, specifically management of the OMS conversion, restoring security controls into a struggling Correctional Industries unit and improving operations of an underperforming accounts payable unit.
- Department's representative for testimony to legislative committees.
- Appointing Authority – management of up to 316 positions. Second level supervisor of 11 Assistant or Associate Directors.

### Budget Director 2015-2018

- Direct management of \$900 million Department budget. Responsible for developing budget requests for all divisions, including bi-annual true-ups for medical services with the third party administrator contract, pharmaceuticals, medical staffing, and treatment services. Also had primary responsibility of forecasting financial data, authorizing procurements and expenditures, generating journal entries, reconciling and balancing over 140 budget lines.
- Succession training instructor for financial operations, advising department management and subordinates on budget financial operations, accounting principles, and Colorado Revised Statutes.
- Department's spokesperson in deposition for Hepatitis C lawsuit.
- Department liaison with the Office of State Planning and Budgeting and the Legislative Joint Budget Committee regarding DOC operations and annual budgets. Department's representative for testimony to legislative committees.
- Appointing Authority – management of 125 positions: warehouse, purchasing, accounts payable, general accounting, budget and business managers. Direct supervisor of 7 managers.

**Budget Analyst and Budget Manager 2007-2015**

- Managed \$808 million Department budget. Oversight of Department budgetary, financial and administrative functions for statewide operations. Department liaison with the Office of State Planning and Budgeting and Joint Budget Committee regarding DOC operations and budgets. Supervised legislative fiscal note development. Developed administrative regulations and established Department's policies and procedures for the successful employee incentive idea program mandated by legislation.
- Developed coding structure for Department's chart of accounts during conversion to new accounting system in 2014. Created instructional material and trained financial staff in the new system. Received Excellence in Corrections Award for this achievement.
- Served three years on the State accounting system Governance Committee, ensuring new developments in the system were applicable to a 24/7 operation.
- Supervisor - 5 direct report staff, and second level supervisor over 23 staff.

8/2001 – 2/2007                      DOC - Sterling Correctional Facility                      Sterling, Colorado

**Business Manager and Regional Business Manager 2003-2007**

- Managed \$42 million facility budget as the financial liaison between DOC Budget Office and the facility. Responsible for daily invoice processing, purchase orders, financial reporting at the local level, forecasting and balancing facility budgets, including medical services.
- Responsible for training facility staff on budget and accounting processes, budget tracking, credit card procurement, expenditure reconciliation, and other financial operations. Developed databases for facility process improvement and effective reporting.
- Supervisor - 4 direct report staff, and lead worker over 3 additional staff.

**Administrative Assistant II and III August 2001-2003**

- Responsible for budget tracking for 13 maintenance departments, maintained employee files, office management. Developed database for staff demographics, training, and scheduling.

8/1990-8/2001                      Kugler Printing                      Haxtun, Colorado

**Owner/Manager**

Owned, managed, and operated commercial print shop. Supervised from 4 to 14 employees. Responsible for business accounting and extensive cost analysis, income taxes, strategic planning, human resource functions, safety practices; and all other functions of a small business.

**Training**      Accounting (college); Income Tax Preparation; various leadership courses, including Exploring the Dynamics & Principles of Effective Leadership; Effective Communication with Legislators; Succession Training; Emotional Intelligence - 7 Levels of Reading and Influencing Human Behavior

**Education**      Northeastern Junior College                      Sterling, Colorado                      **Business Certificate** – 4.0 GPA  
Prairie High School                      New Raymer, Colorado                      Valedictorian, 4.0 GPA

**Summary of qualifications**      Strong leadership over diverse operations; strong financial management and budget development skills, strong writing and computer skills, strong supervisory and communication skills, effective public speaking, comfortable working with public and media, self-starter capable of completing quality work and high-level problem solving.

**Service**      Member of Association for Women Executives in Corrections (AWEC)  
Member of Women Working in Criminal and Juvenile Justice (WWICJJ)  
Member of State Employees Leading Colorado (SELC)  
Member of American Correctional Association (ACA)  
Served on CORE Governance Committee (3 years)  
Licensed Bingo Games Manager



## Jennifer Mix, DO

*Chief Medical Officer*

Dr. Mix serves as the medical authority for all medical practices in the company, and is responsible for the strategic direction and oversight of all clinical practice and initiatives. Dr. Mix is responsible for the clinical performance of medical providers (physicians and advanced practice providers) directly or via delegation for both TPA services and direct care. She sits on the Quality Management Committee; Credentialing Committee; Policy and Procedure Committee; Protocol Committee and multiple client committees. Dr. Mix has assisted with policy development in both large correctional settings as well as for detention facilities. She is a member of the Executive Team and develops strategic planning initiatives consistent with company goals.

### Professional Experience

<b>Correctional Health Partners</b>	
Chief Medical Officer	2015-Present
<b>Consultant for the State of South Dakota</b>	<b>October</b>
<b>2022- Present</b>	
Training the incoming Chief Medical officer for the Department of Corrections	
<b>Correctional Health Partners</b>	
Sr. Medical Director	July 2011-2015
<b>Primary Physician Partners</b>	
Physician Member	July 2006-April 2017
<b>Wheat Ridge Internal Medicine</b>	
Physician, Owner	July 2006-April 2017
<b>Teaching Experience</b>	
<b>Internal Medicine Residency Saint Joseph Hospital, Denver, CO</b>	
Clinical Instructor in Internal Medicine	2006-2017
<b>Red Rocks Community College Physician Assistant Program, Golden, CO</b>	
Clinical Instructor in Internal Medicine	2006-2017

#### Education

- **University of Colorado**  
BA, Molecular Cellular Developmental Biology
- **Kansas City University of Medicine and Biosciences**  
Doctor of Osteopathy
- **Exempla Saint Joseph Hospital in Denver, Colorado**  
Internship/Residency, Internal Medicine

#### Board Certification

- American Board of Internal Medicine 2016

#### Medical Licensure

- Colorado [REDACTED]
- Oregon [REDACTED]
- Maine [REDACTED]
- Montana [REDACTED]

#### Professional Organizations

- American College of Physicians
- Colorado Medical Society
- Denver Medical Society
- American Correctional Association

# CURRICULUM VITAE

## MICHAEL J. PTASNIK, MD., F.A.C.C.

### EDUCATION

UNDERGRADUATE SCHOOL: Wayne State University  
Detroit, Michigan  
Degree: B.S., 1967-1971

MEDICAL SCHOOL: Michigan State University College of Human Medicine  
East Lansing, Michigan  
Degree: M.D., 1971-1975

### POST GRADUATE TRAINING

INTERNSHIP INTERNAL MEDICINE: University of Colorado  
Denver, Colorado  
1975-1976

RESIDENCY INTERNAL MEDICINE: University of Colorado  
Denver, Colorado  
1976-1978

FELLOWSHIP CARDIOVASCULAR DISEASE: University of Colorado  
Denver, Colorado  
1979-1981

### WORK HISTORY

TEACHING POSITION: Instructor, Full Time, 1979-1980  
University of Colorado  
Department of Internal Medicine  
Denver, Colorado

PRIVATE PRACTICE CARDIOVASCULAR DISEASE:  
Cardiovascular Associates, P.C.  
July 15, 1981-October 2013  
Colorado Heart and Vascular, P.C.

October 2013-present

## CERTIFICATION AND LICENSURE

**MEDICAL LICENSURE:**

Colorado License [REDACTED]  
Issued: 1/11/1977

**DEA:**

Registration # [REDACTED]

**BOARD OF CERTIFICATION:**

American Board of Internal Medicine  
Certificate # [REDACTED], 9/13/1978

Subspecialty in Cardiovascular Disease  
Certificate # [REDACTED], 11/9/1983

**SOCIETIES:**

Clear Creek Valley Medical Society  
Colorado Medical Society  
Fellow, American College of Cardiology, 7/30/1984

**HOSPITAL AFFILIATIONS:**

Saint Anthony Hospital, 1/12/1978-present  
Saint Anthony North Health Campus, 1/12/1978-present  
Avista Adventist Hospital  
Longmont United Hospital

**OTHER:**

Physician Health Partners: Former Board Member  
Former Chairman of the Board

Correctional Health Partners: Current Chairman of the Board

# LEAH KAMALU

Nānākuli, Hawaii 96792 | (808) 557-9576

[pueoconcretepumping@yahoo.com](mailto:pueoconcretepumping@yahoo.com) | [www.linkedin.com/in/leah-kamalu](http://www.linkedin.com/in/leah-kamalu)

## SUMMARY

Dynamic and results-driven Claims Manager leveraging extensive managerial expertise to facilitate the claims process and inspire team performance. Demonstrated proficiency in managing and coordinating a dispersed team of 30 employees, coupled with adept problem-solving skills. Committed to executing hands-on management approach, to ensure optimal office operations. Dependable and detail oriented with a proven ability to manage multiple tasks and priorities. Well-versed in office management, claims processing, customer service, audits, and third-party liability, including subrogation.

- Seamless Claims Processing Operations
  - Effective Oral/Written Communication
    - Lucrative stakeholder partnerships
      - Problem Solving
- Substantial Understanding of all Aspects of Claims Processing (Medicare, COB, Recoveries, Claims Quality Auditing, Finance, PDR, Reconsiderations (Appeals and Grievances), Analytics)

## EXPERIENCE

Correctional Health Partners, Denver, CO

Claims Manager, 07/2024-present

- Daily oversight of claims operations, configuration and customer service departments.
- Manage daily claims inventory to ensure compliance adherence and accurate claims payment
- Internal and external communication liaison to all cross functional teams, providers and clients
- Assure accurate configuration of claims system (provider contracts/changes, fee schedule loads/changes, plans changes, testing of newly implemented process, etc)
- Oversight of daily electronic claims and eligibility imports for all clients.
- Training, uptraining and retraining of all team members related to their position.
- Assure customer satisfaction and monitors call center performance

Queen's Health Systems Honolulu, Hawaii

Patient Account Representative, Follow up, 2/2022-July 2024

- Resolve payment discrepancies with payers
- Knowledge of contracts and benefit interpretation
- Navigation of different payer platforms verifying claims, eligibility, COB, etc.
- Revenue Cycle

MDX HAWAII, Honolulu, Hawaii

Manager, Claims Administration, 08/2014 – 07/2021

- Manage day-to-day claims operations, including claims evaluation, adjudication and customer service accordance with agreed quality and production standards.

- Achieve financial objectives by preparing adhering to department budgets; scheduling expenditures; analyzing variances; initiating correcting actions.
- Preparing special reports by collecting, analyzing, and summarizing information and trends
- Maintain staff job results by coaching, counseling, and disciplining employees
- Maintain staff by recruiting, selecting, orienting, and training employees.
- Develop policies and procedures to meet CMS guidelines for claims processing
- Develop standard operating procedures to ensure consistency in processes.
- Develop recoveries process and developed team
- Implemented new claims business rules, tested system to assure rules were developed properly and collaborate with IT to resolve any discrepancies before enterprise-wide deployment.
- Maintained compliance within State and Federal turnaround time regulations
- Recognized and resolved claims issues, identified root cause, and worked with internal teams for education to providers.
- Implemented new OCR vendor and transitioning into new processing system
- Developed and tested claims for new system
- Configuration of claims editing, business rules, authorization linking, member benefits and claims processing.
- Understand Medicare payment methodology to include, IPPS – DRG, CAH, ASC, Ambulance, PT and Surgical MPPR
- Worked with data analytics team in development of numerous operational reports that are used across enterprise
- Assisted other claim sites with claims backlogs and workflows of new claims processing system
- Developed and maintained claims training documents, videos and job aides used enterprise wide.
- Worked with development team building new claims processing system from benefit set up, claims processing requirements from initial claims receipt, data entry to reporting.
- Worked with 2 of the largest hospitals in the State of Hawaii to resolve claims issues.
- Assured all special projects and assignments were carried out and completed within deadlines.
- Developed process for PDR and Reconsiderations.
- Collaborated with internal support teams on developing internal processes for cross references such as authorizations and eligibility verifications.
- Worked with development team to implement system letters such as IDN, additional information letters, AOR, TDI recertifications, etc.
- Participated in CMS mock audits and live CMS audits for claims.
- Worked with high touch providers and hospitals in resolving claims issues, contract issues as well as educating on billing requirements and processes.
- Worked with different vendors with claims edits and COB revenue. (Cotiviti, Beacon and Discovery Health Partners)

MDX HAWAI'I, Honolulu, Hawaii

**Customer Service Supervisor, 03/2012 - 08/2014**

HMA INC/ SUMMERLIN LIFE AND HEALTH INSURANCE, Honolulu, Hawaii

**Claims Department Manager, 02/2005 – 03/2012**

MDX HAWAII

**Customer Service Representative/Lead Customer Service, 1998-2005**

## RENEE SUKOVATY

REGISTERED NURSE

**EDUCATION**

Master of Science, Nurse Leadership  
Wilkes University  
Wilkes-Barre, PA  
Incomplete

Associates of Science, Nursing  
Broward College  
2008 – 2014  
Davie, FL

**SKILLS**

Management & Leadership  
experience  
Patient Care  
Clinical Documentation  
Strong Clinical Judgement  
Adaptable & Flexible  
Organized  
Patient Education  
Strong Communication  
Reporting & Analytics

**LICENSES**

Registered Nurse (RN) Compact,  
Oregon, California  
Advanced Cardiac Life Support  
(ACLS)  
Basic Life Support (BLS)  
Neonatal Resuscitation Program  
(NRP)

### WORK EXPERIENCE

#### Nurse Manager

Correctional Health Partners 04/2023 – Current	Prior Authorization Department Denver, CO
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- Support and direct a team of 15 nurses and care managers in their day-to-day functions.
- Provide clients with statistical reports related to authorizations and concurrent review to establish trends in care and identify needs.
- Collaborate with executives and department heads to improve processes.
- Create goals and objectives for staff and ensure they are met in a timely fashion.

#### Facility Care Manager

Correctional Health Partners 01/2023 – 04/2023	Oregon Department of Corrections Denver, CO
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- Provide ODOC w/ daily clinical updates for patients during inpatient stays.
- Coordinate discharge needs for patients with complex and chronic illnesses.
- Utilize Milliman Care Guidelines to help facilitate coordination of care and smooth patient transitions.
- Frequent collaboration w/ a multidisciplinary healthcare team to ensure best care practices.

#### Nurse Case Manager, Supervisor

Correctional Health Partners 09/2021 – 12/2022	Medical Records Program Denver, CO
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- Built and executed a Medical Records program w/ access to multiple EHR systems.
- Direct supervisory oversight of a small team.
- Extensive knowledge of multiple EHR and HIE systems.
- Data analysis surrounding the Medical Records Program.

#### Corporate Trainer

Correctional Health Partners 05/2020 – 09/2021	Human Resources Dept Denver, CO
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- Tracked, updated, and delivered compliance training.
- Created Patient Education hand-outs for our patients regarding chronic care conditions.
- Knowledge of educational delivery systems.
- Organized and tracked residency programs for Mental Health professionals and Nursing students.

Nurse Auditor

Correctional Health Partners 01/2019 – 05/2020	Colorado Department of Corrections Denver, CO
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- Created and executed audits for CDOC regarding chronic care conditions for their offenders.
- Data analysis based on audits.
- Organized and delivered provider education for CDOC's providers.
- Organized and tracked mentoring sessions for CDOC's providers.

Registered Nurse

Ideal Image 04/2018 – 12/2018	Westminster, CO
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- Diverse medical knowledge of treatments and equipment.
- Reviewed patient medical history and cleared patients for treatments according to protocols.
- Thorough documentation of treatment encounters.

Registered Nurse, Relief Charge Nurse

University of Colorado Health 05/2016 – 04/2018	Women's Care Center Aurora, CO
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- Managed patient assignments.
- Coordinated patient transfers.
- Triage pregnant women based on their medical needs.
- Provided medical care for high-risk obstetric patients.
- Assisted and advocated for women in labor.
- Maintained sterility and assisted in the Operating Room for various procedures.

Registered Nurse

Broward Health 08/2014 – 05/2016	Labor and Delivery Fort Lauderdale, FL
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- Provided medical care for obstetric patients.
- Assisted and advocated for women in labor.
- Maintained sterility in the Operating Room for various procedures.

**Ginger Middleton**  
10142 Beckham St  
Peyton, Colorado 80831  
Mobile: [REDACTED]  
Email: g\_middleton@msn.com

**CAPABILITIES**

Public Administration · Contract Management · Human Resources Management  
· Grant Acquisition and Management · Economic Development · Budget Development · Accounting  
· Financial Management & Control · Non-Profit Fundraising & Administration · Marketing · Project Management  
· Facilities Management · Commercial and Residential Real Estate · Proven Leadership · Business Ownership

**PROFESSIONAL EXPERIENCE**

**Director of contracting and Regulatory**

**Correctional Health Partners**

**September 2022 - Present**

*Accountable for the contracting and regulatory operations of the organization*

- Acts as the Organization's representative on all contracting and regulatory matters
- Oversight of Account Managers and their interactions with all clients
- Maintains updated knowledge of contracting and regulatory practices

**Director of Grants**

**Colorado Springs School District 11**

**January 2022 – September 2022**

*Accountable for the Grants functions within District 11*

- Acts as the District's compliance officer for grants, including monitoring fiscal and programmatic administration of grants.
- Oversees annual planning for grants and associated budgets
- Serves as resource person to District staff regarding Federal/State assistance programs and other grant programs.
- Establish and monitor a comprehensive set of controls and compliance processes

**Services Operations Manager, Colorado Correctional Industries**

**State of Colorado Department of Corrections – Canon City, CO**

**January 2019 – December 2021**

*Oversee and direct daily activities of units/programs which manufacture products and provide services, to include direction and control of operations and perform all legal or administratively required functions.*

- Accountable for setting program and organizational goals and objectives
- Effectively manage programs and cost-centers through supervision of subordinates.
- Submit and monitor budgets, including monitoring personnel service expenditures, realization and projections
- Understand and demonstrate appropriate fiscal responsibility and develop budgets

**Interim Controller**

**State of Colorado Department of Corrections – Canon City, CO**

**October 2018 – December 2018**

*Accountable for the accounting operations of the Colorado Department of Corrections*

- Production of periodic financial reports
- Maintenance of an adequate system of accounting records
- Establish and monitor a comprehensive set of controls and budgets designed to mitigate risk
- Ensure that reported results comply with generally accepted accounting principles or international financial reporting standards.
- Contract Management

**Enterprise Planning Analyst**

**State of Colorado Department of Corrections - Colorado Springs, CO**

**September 2017 – December 2018**

*Responsible for the implementation and maintenance of the Enterprise Resource Planning (ERP) program. Customizes and configures workflow to allow the integration of client/server applications.*

- Work closely with other members of CCI staff across multiple locations
- Support the CCI management in the hiring process of new staff
- Analyze existing processes and procedures to streamline efforts and increase efficiencies
- Work with all locations to reduce redundancies and eliminate obsolete inventory and practices

**Budget and Policy Analyst III**

**State of Colorado Department of Corrections - Colorado Springs, CO**

**January 2016 – August 2017**

*Independently use judgment and resources in a variety of areas to evaluate and propose recommendations for Departmental decision items, personnel issues, and all manner of budgetary issues.*

- Analyze legacy budget and personnel tracking mechanisms within the Department and create/implement new processes that decreased redundancies in the department and allowed for improved tracking of expenditures.
- Work with State legislators and Governor's staff to assess and prepare budget recommendations
- Analyze proposed legislation for departmental impact, both financially and in personnel.
- Work with other divisions to gain information for accurate representation of budgetary needs for decision items.
- Contribute to the creation of a published budget book for the Department of Corrections

**Lead Budget Analyst**

**August 2014 – August 2015**

**City of Tucson – Tucson, AZ**

*Managed a \$397 million budget including Police, Fire, Debt Administration, City Courts, City Attorney, workforce and Economic Development, and the Public Defender's Offices.*

- Analyze legacy budget and personnel tracking mechanisms within multiple City departments and create/implement new processes that decreased redundancies in the department and allowed for improved tracking of expenditures.
- Identified areas of savings that resulted in over \$400,000 reduction in general fund expenditures related to capital projects.
- Create and/or edit memos, forms, and presentations that are distributed citywide or presented to department heads and to the Mayor and Council during public meetings.
- Contribute to the creation of a published budget book for the City of Tucson.

**Business Administrator**

**August 2012 – August 2014**

**State of Arizona – Safford, AZ**

*Business Administrator for the Arizona Department of Corrections, also served as the Equal Employment Opportunity Liaison for the Department.*

- Restructured business processes resulting in reduction of product waste, employee-related expenditures, and travel expenses in excess of \$100,000 per year.
- Led transition to a paperless accounting and procurement system.
- Reconciled accounts payable deficits in excess of \$250,000.
- Appointed as project manager for major office expansion and installation of a well.
- Served as an Enterprise team member for Business Re-Engineering Arizona (BREAZ) for the new statewide ERP system.

**Senior Executive Administrator**

**March 2000 – July 2011**

**Grace to the Nations – Tucson, AZ**

*Senior Administrator for a non-profit leading staff and volunteers in all aspects of office administration, personnel, finances, and facilities.*

- Oversight of all aspects of Finance and Administration, ensuring all GAAP and IFRS measures are met.
- Full knowledge for all accounting, auditing, banking, contracts, purchasing, accounts payable, and accounts receivable procedures.
- Grant writing and management responsibilities: All contracting matters
- Served as project manager for site renovation in several phases.
- Human Resources Director for organization.

**TECHNICAL SKILLS**

Microsoft Office (Word, Excel, PowerPoint, Outlook). Expert-level MS Excel Skills: V Lookups, H Lookups, Pivot Tables. Proficient with QuickBooks, Shelby, and Peachtree accounting systems. Experience with CGI, Advantage, Periscope (procurement), and the Arizona Financial Information System (AFIS).

**EDUCATION & TRAINING**

*Bachelor of Science (B.S.), Dual Concentrations: Management and Marketing.  
University of Phoenix, October, 2016*

FEMA National Incident Management System (NIMS) Training 100, 200, 700, 800.

Ginger Middleton - g\_middleton@msn.com ~ 719.258-0686 ~ Page 2 of 2

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6115

303-808-

## *Elaine Meyer, RN, BSN, MBA/HCM*

**OBJECTIVE:** To work with an organization that promotes growth as well as associate support; to work where I can utilize my health care education and expertise to its best advantage.

### **EXPERIENCE:**

**2022-Present Correctional Health Partners Denver**

#### ***Quality Management and Compliance Administrator***

As a third-party administrator, I review all incidences that occur at the Oregon and Colorado Departments of Corrections to ensure that all clinical care provided is of good quality and appropriate.

I chair the Quality Management Program committee meetings, which are responsible for all tracking, trending, analyzing and reporting for the assurance of care efficacy. I attend quality meetings as assigned by contract or requested by clients. I consistently communicate with the Chief Medical Officer (CMO) on compliance indicators for both contract deliverables and community standards of care. I ensure communication achieves compliance outcomes.

I provide management with recommendations on and participate in developing policies, procedures and standard practices to ensure that contract/subcontract activities achieve desired objectives and timetable. I develop and track corrective action plans. I oversee and direct care, quality management of care where direct care is delivered as well as infectious disease monitoring and management. I perform periodic reviews to ensure company and client contract performance is in line with contractual expectations. I proactively advise management on current, pending or potential issues and recommend courses of action as appropriate.

**2021-2022 Aviant Hospice Greenwood Village**

#### ***Executive Director / Director of Clinical Services***

I oversee the operations of a small hospice company where we provide hospice services to patients at home, in skilled nursing facilities and in assisted living facilities. I am responsible for the care provided by RNs, CNAs, the Chaplain, the Social Worker and the mid-level provider. I work closely with the Medical Director to insure appropriate billing processes as well as the provision of good quality care.

I run the IDG (Inter-Disciplinary Group) meetings twice monthly as well as monthly staff meetings.

I participate in the nursing on-call rotations with the RN and the NP, and provide patient visits as needed.

I support staff and provide counseling and/or discipline as necessary.

**2019-2021 NeuroRestorative, d.b.a. CareMeridian Littleton Littleton**

#### ***Director of Nursing Services***

I oversee all clinical aspects of care, as well as fill the roles of Charge Nurse, Infection Prevention Nurse and Quality Assurance Nurse. I also oversee Wound Care, Respiratory Services and Employee Health.

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Patients come here with traumatic brain injuries, spinal cord injuries, major wounds and chronic illnesses, such as ALS. We provide care to patients with tracheostomies and who are ventilator dependent.

I direct and manage over 35 employees/direct reports.

I run weekly IDT (Inter-Disciplinary Team) meetings.

**2018-2019      Encompass Health Rehabilitation Hospital of Littleton      Littleton**

***Chief Nursing Officer***

Oversee all clinical aspects of acute, inpatient rehabilitation hospital, to include Nursing, Respiratory, Wound Care, Dietary, Food Services, Infectious Disease, Employee Health, Hospital Educator and Administrative Assistants.

Patients come to this hospital post trauma, major illness, injury, etc. to endure three hours of therapy each day.

Direct and manage over 60 employees/direct reports.

Promotes and maintains JCAHO certification, to include additional specialty certifications of Stroke Rehabilitation Certification and Parkinson's Disease Management Certification.

I run monthly Falls Committee Meetings, Monthly Staff Meetings, and Monthly Supervisor Meetings.

I work closely with the physicians to continually improve the quality of care provided to our patients.

I meet with patients and family/friends to maintain good communication and to ensure continued quality care.

November 4, 2018, we began our Joint Venture with Centura Hospitals. This had Littleton Hospital refer all of their inpatient rehabilitation patients to Encompass Health, as they closed down their rehabilitation unit. This also included my oversight of the inpatient rehabilitation hospital at Porter Adventist Hospital until our completion of an additional 20 beds. At that time, expected December 2019, Porter's unit would be closed down and the employees will join Encompass Health to continue the growth of the hospital.

**2015-2018      Kindred Hospital Aurora      Aurora**

***Chief Clinical Officer***

Oversee all clinical aspects of acute patient care, to include Nursing; Respiratory; Case Management; Wound Care; Dietary; Physical, Occupational, Speech and Restorative Therapies; Quality Management; Infectious Disease; Patient Advocate and Administrative Assistants.

Patients come to this hospital in need of long-term, acute care interventions. As Chief Clinical Officer, I oversee all of those operations and interventions.

Promotes cost-effectiveness for the hospital; Directs and manages over 60 employees/direct reports

Promotes and maintains JCAHO, the State of Colorado and CMS accreditation regulations.

Organizes and runs weekly IDT (Interdisciplinary Team) meeting as well as daily Transitions meetings.

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Reviews and approves all admissions to the hospital, taking into account their medical and ancillary needs, as well as their prospective discharge plans.

Promotes education for the clinical staff by initiating weekly Hot Shot Education sessions and monthly staff meetings to include a monthly educational topic.

Re-initiated effective and efficient pre-shift huddles to enhance clinical communication.

Initiated pre-admission briefings, post-admission huddles and post-admission debriefings to facilitate a smooth admission process.

I work closely with our physicians for good quality patient care and outcomes. This includes primary care physicians, as well as the neurologist, GI specialist, Wound Care physician/physiatrist, and Renal Physicians.

While at Kindred Hospital Aurora, I decreased employee turnover from 66% to 24% and increased our CMI (Case Mix Index) to the highest it had ever been at 1.3. I increased nurse competency levels by training the majority of our nurses to a Critical Care level. Our Patient Satisfaction measure was the third highest of the seventy-six total hospitals in Kindred.

In 2017, Kindred Hospital Aurora won the Excellence in Growth Award as well as the Financial Leader Award. Kindred Hospital Aurora lead the Hospital Division of Kindred as the number one leader in financial revenue.

**2005-2015      Arapahoe County Sheriff's Office      Centennial**

***Health Services Administrator (position eliminated and replaced by contract nursing services)***

This position was Arapahoe County Sheriff's Office's Health Authority.

Maintained all health care aspects provided to over 1300 patients; Directed and managed over 35 employees/direct reports.

Maintained budget and promoted cost-effectiveness for entire department

Promoted and maintained correctional accreditation requirements for both the Accreditation of Corrections Academy (ACA) and the National Commission for Correctional Health Care (NCCHC) organizations

Had successfully passed NCCHC accreditation audits, at 100% compliance, for three consecutive audit cycles.

Organized and ran quarterly Continued Quality Improvement (CQI) meetings

Acted as a liaison between inmates, physicians, medical staff, commissioned staff, and family members

Oversaw Outpatient, Inpatient, Dental, X-ray, Optometry, OB/GYN and Laboratory services

Directed Medical Department Staff to maintain good, quality care to all of the patients

Promoted education and opportunities for the Medical Staff so that all of the employees' skills are current and appropriate

Certified Correctional Healthcare Provider (CCHP); October 2009

EDUCATION:

1995	Felician College	Lodi, NJ
Associate Degree in Nursing		
2002	University of Phoenix	Lone Tree, CO
Bachelor of Science in Nursing – Graduated with Honors		
2004	University of Phoenix	Lone Tree, CO
Master of Business Administration / Health Care Management		

LICENSES/CERTIFICATIONS:

RN License: [REDACTED]  
NPI: [REDACTED]  
Taxonomy: [REDACTED]  
BLS for Healthcare Providers – exp 1/2024

*Reference furnished upon request.*

## Mark Overturf

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overturf.mark@gmail.com · 415-505-5090  
www.linkedin.com/in/mroverturf

### Work History

[02/2013 – Present      Correctional Health Partners      Denver, Colorado]

#### **Manager, Business Operations      03/2018 to Present**

- Participated in various smaller projects to bridge the gap between information technologists and clinical staff to upgrade systems or reporting requirements.
- Facilitated development of clinic and chart audit tools and other performance measurement tools applied in a correctional setting, both operational and clinical.
- Developed, managed and reported KPIs for client services functions—claims, clinical management systems such as prior authorization, etc.

#### **Supervisor, Client Decision Support      03/2015 to 02/2018**

- Manage staff of up to 2 analysts. Coach, guide and mentor analyst development.
- Manage workflow, assignments for CDS group.
- Includes prior healthcare analytics functions as senior analyst

#### **Senior Healthcare Data Analyst      02/2013 to 02/2015**

- Developed or modified analytic tools for client periodic and ad hoc reporting. Significantly enhanced standard reporting to include information rather than just simple aggregations. Includes constructing SQL data extract queries and utilizing various tools such as Visual Basic, Excel, Power Query and PowerPivot.
- Performed IBNR analysis and claims expense forecasting for client reporting.
- Compiled and presented monthly healthcare reports and analyses for client presentation. Reporting and analytics are now the central focus of client meetings.
- Provided analytics to support network adequacy analysis, contract analysis and cost impact of changing providers in various situations.
- Participated in projects to test new and upgraded system, specifically to design SQL test scenarios for a new data warehouse.

[07/2011 – 04/2012      Anheuser-Busch      Westlake Village, California]

#### **Promotions Manager I**

- Managed yearly promotions calendar rollover project.
- Researched competitive intelligence and syndicated data sources to support pricing.
- Compiled ROI analyses of existing and proposed discounts to determine promotional efficiency.
- Developed sales segmentation analysis to prepare for implementation of channel pricing.
- Analyzed promotions forecast elements to enhance accuracy of promotional investment.

[05/2008 – 06/2011      Extreme Networks      Santa Clara, California]

#### **Senior Pricing Analyst**

- Developed a contribution margin model to analyze profitability.
- Priced significant new and innovative networking and wireless products and services.
- Gathered and disseminated competitive list and street pricing.
- Benchmarked key business metrics such as discount and street price.
- Consulted Sales & IT staff to develop system requirements, use cases and testing scenarios for pricing systems.
- Managed manual and automated price loads and modifications to Oracle/Siebel.

## Mark Overturf

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overturf.mark@gmail.com · 415-505-5090  
www.linkedin.com/in/mroverturf

[01/2007 – 04/2008      Express Scripts      St. Louis, Missouri]

### Senior Business Analyst / Supervisor

- Supervised staff of two business analysts.
- Developed a gross margin forecast model to facilitate management of provider contracting planning and program development.
- Managed project team to develop appropriate analytical models/tools for pricing analyses.
- Analyzed pharmaceutical price change impact to support client/provider contracting.
- Determined the impact of changes to provider performance guarantees.
- Analyzed MAC pricing data to determine appropriate linear programming constraints.

[7/2004 – 10/2006      Kaiser Permanente      Denver, Colorado]

### Actuarial Pricing Specialist

- Managed Medicare competitive bid development project for A/B and Part-D.
- Participated on development team to determine Medicare product strategy.
- Analyzed historical claims and revenue to develop a Medicare pro-forma model.
- Compiled and presented IBNR reserves for the health plan.
- Developed detailed Medicare budget elements for membership, revenue and healthcare expense.
- Participated in the development of a revised national Rx fee schedule.

[7/2001 – 6/2004      McKesson CORPORATION      San Francisco, California]

### Program Pricing Manager

- Set price for OneStop generic pharmaceutical program.
- Analyzed generic price and sell margin to optimize program performance.
- Developed and modified the primary pricing model and assumptions based on various sales and competitive factors.
- Reduced acquisition cost through direct negotiation with suppliers.
- Managed yearly re-bid project to determine primary positioning, rebate and cost levels.
- Designed and compiled pricing systems requirements, use cases and process models.

[9/2000 - 6/2001      Aon Consulting      San Francisco, California]

### Consulting Associate

- Analyzed client's benefits management and structure to ascertain ways to enhance program offerings under predefined cost/budgetary constraints.
- Developed RFPs for various benefit programs, in particular, a managed behavioral healthcare RFP.
- Worked directly with plan participants and carriers to resolve issues related to reimbursement, enrollment, claims, etc.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES (NDCS/DCS)  
HEALTHCARE INVOICE PROCESSING  
Appendix  
RFP # 120174 O3

Due: January 22, 2025 | Submitted to:

Nebraska Department of Correctional Services  
Julie Schiltz, NDCS Assistant Materiel Administrator  
801 W. Prospector Place, Bldg. #1  
Lincoln, NE 68522  
402-479-5718

Proposal Submitted by:

Correctional Health Partners, LLC  
Contact: Deb Goheen, CEO  
1720 S. Bellaire St., Suite 700  
Denver, CO 80222  
720-612-6647 Direct  
719-355-9606 Cell

## **Appendix**

**Appendix A – Financial Reports**

**Appendix B – Sample Reporting Package**

**Appendix C – Insurance COI and Certificate of Good Standing**

**CORRECTIONAL HEALTH PARTNERS, LLC**  
**Statement of Operations**  
(Unaudited)

1/01/2024 to  
12/31/2024

Revenues

Management Fees

\$ 9,746,413

Total Revenue

9,746,413

Operating Expenses

Payroll and Related Benefits

5,086,850

General and Administrative

3,557,540

Rent Expense

55,721

Depreciation and Amortization

39,059

Total Operating Expenses

8,739,170

Income (Loss) from Operations

1,007,243

Other Income (Expense)

Interest and Other Income

2,909

Other Expense

8,422

Total Other Income/(Expense)

(5,513)

Net Income/(Loss)

\$ 1,001,730

**CORRECTIONAL HEALTH PARTNERS, LLC**

**Balance Sheet**

(Unaudited)

12/31/2024

**Assets**

Current Assets

Cash 513,677

Accounts Receivable 1,415,990

Prepaid Expenses 509,751

Total Current Assets 2,439,418

Non-Current Assets

Fixed Assets - Net 101,627

Total Non-Current Assets 101,627

Total Assets 2,541,045

**Liabilities and Member's Equity**

Current Liabilities

Accounts Payable and Accrued Liabilities 611,465

Accrued Compensation 475,666

Total Current Liabilities 1,087,131

Long-Term Liabilities

Long-Term Lease 5,313

Total Long-Term Liabilities 5,313

Total Liabilities 1,092,444

Member's Equity 1,448,601

Total Liabilities and Member's Equity 2,541,045

<b>Monthly Reporting Package Report Descriptions</b>	
<b>001A_RFP_NDCS_JOC_Notes_yyyymm.pdf</b>	Monthly summary document exhibiting various key statistics, indicators and summaries of reports for review in JOC meeting.
<b>002A_RFP_NDCS_Clinical_Report_yyyymm.pdf</b>	<p>Monthly review exhibiting various reports of Inpatient tracking data for any level of care (e.g. IP Acute; Observation; LTAC; etc.) and Outpatient (non-IP) tracking authorizations.</p> <p>Inpatient Summary – various views, current month</p> <p>Inpatient Detail – current month</p> <p>Inpatient by Bed Type (LoC) – current month</p> <p>Inpatient by Month/Prison -- 48-month trend, Admits, Days, ALOS</p> <p>Inpatient Distribution by Month (non)Medicaid -- 24-month trend</p> <p>Inpatient 30-Day All-Cause Readmissions – current month</p> <p>Outpatient by Request Type – 12-month trend</p> <p>Outpatient by Procedure Group – 12-month trend</p> <p>Outpatient by Prison by Request Type – 12-month trend</p> <p>Outpatient by Procedure Group by Procedure Code – 12-month trend</p> <p>Outpatient by Clinical Class (I/II/Category) – 12-month trend</p> <p>Outpatient Detail – current month</p> <p>Medical Resonance Technologies by Procedure – 12-month trend</p> <p>Colonoscopies by Procedure – 12-month trend</p> <p>Includes 2 separate spreadsheets with detail IP and OP data set</p>
<b>003A_RFP_NDCS_Financial_Report_yyyymm.pdf</b>	<p>Dashboard of KPIs and Trend Graphics</p> <p>Total External Cost Comparison – by fiscal period</p> <p>Total External Cost Distribution by Place of Service – by fiscal period</p> <p>Inpatient Facility Cost Comparison – by fiscal period</p> <p>Inpatient Facility Cost Distribution by Diagnosis – by fiscal period</p> <p>Outpatient Cost Comparison – by fiscal period</p> <p>Outpatient Cost Distribution by Diagnosis – by fiscal period</p> <p>Specialist/Ancillary Cost Distribution by Procedure Type – by fiscal period</p> <p>Emergency Facility Cost Comparison – by fiscal period</p> <p>Emergency Facility Cost Distribution by Diagnosis – by fiscal period</p> <p>Emergency and Ambulance Encounters by Facility – trend graphics</p> <p>Emergency and Ambulance Encounters by Incurred Month – trend graphics</p> <p>Percentage of Inpatient Admits via the Emergency Room – by fiscal period</p> <p>High Dollar Offender Summary – current fiscal year</p>
<b>004A_RFP_NDCS_ER_Trend_Report_yyyymm.pdf</b>	<p>Monthly review including various reports of Emergency encounter information.</p> <p>Emergency Encounters Rates and Trends Summary – by fiscal period</p> <p>Emergency Encounters by Prison – 15-month trend (includes paid amount)</p> <p>Emergency Encounters by Prison by Clinical Class – 15-month trend</p> <p>Emergency Encounter Summary by Prison – by fiscal period</p> <p>Emergency Encounter Summary by Clinical Classification – by fiscal period</p>
<b>004B_RFP_NDCS_Emergency_Ambulance_yyyymm.pdf</b>	Monthly summary report by Service Type (emergency and ambulance) by Month Incurred. Include encounters and paid amount – 24-month
<b>004C_RFP_NDCS_ER_FrequentFlyers_yyyymm.pdf</b>	

Monthly summary of patient level and prison level for patients with multiple emergency encounter in the recent 12-month period by date of service – 12-month aggregation.
<b>005A_RFP_NDCS_IBNR_Summary_yyyymm.pdf</b>
Monthly summary report of the analysis of Incurred by Not Reported claims estimate. IBNR results are used to first determine current claims liability for a claims reserve and forecasting of future expenses incurred.
<b>999A_RFP_NDCS_Biennium_Claims_Paid_yyyymm.pdf</b>
Monthly report of claims paid by paid month by prison location for the current NDCS biennium. Report rolls over every two years for the new period.
<b>999B_RFP_NDCS_ClaimLag_yyyymm.pdf</b>
Monthly traditional claims lag with paid claims by paid and incurred months. Generally, this is 12-months paid cross 24-months incurred.
<b>999C_RFP_NDCS_ClaimLag_Covid_yyyymm.pdf</b>
Monthly traditional claims lag with paid claims by paid and incurred months— Covid claims only. Generally, this is 12-months paid cross 24-months incurred.
<b>999D_RFP_NDCS_ClaimsPaidIn_yyyymm.pdf</b>
Monthly claim detail report. Includes data elements sufficient to identify the key service information on a claim – current month.
<b>999E_RFP_NDCS_ClaimsPaidIn_Covid_yyyymm.pdf</b>
Monthly claim detail report—Covid claims only. Includes data elements sufficient to identify the key service information on a claim – current month.
<b>999F_RFP_NDCS_ClaimsPaidToDate_Covid_yyyymm.pdf</b>
Paid to Date claim detail report—Covid claims only. Includes data elements sufficient to identify the key service information on a claim – current month.
<b>999G_RFP_NDCS_ClinicalClassification_yyyymm.pdf</b>
Summary claims paid report by fiscal year by Clinical Classification levels I and II – fiscal year.
<b>999H_RFP_NDCS_High_Dollar_Claimants_FY24_yyyymm.pdf</b>
Monthly claim detail report—High Dollar Claimants only. Includes data elements sufficient to identify the key service information on a claim – prior fiscal year.
<b>999I_RFP_NDCS_High_Dollar_Claimants_FY25_yyyymm.pdf</b>
Monthly claim detail report—High Dollar Claimants only. Includes data elements sufficient to identify the key service information on a claim – current fiscal year.
<b>999J_RFP_NDCS_NonNetwork_yyyymm.pdf</b>
Report identifying new vendor/provider items that are currently non-contracted with the PPO network.
<b>999K_RFP_NDCS_Self_Injurious_yyyymm.pdf</b>
Claim detail report—common self-injurious diagnoses only. Includes data elements sufficient to identify the key service information on a claim – 12-month.

# NDCS JOC Notes: AUGUST 2024

## Overall Financial View

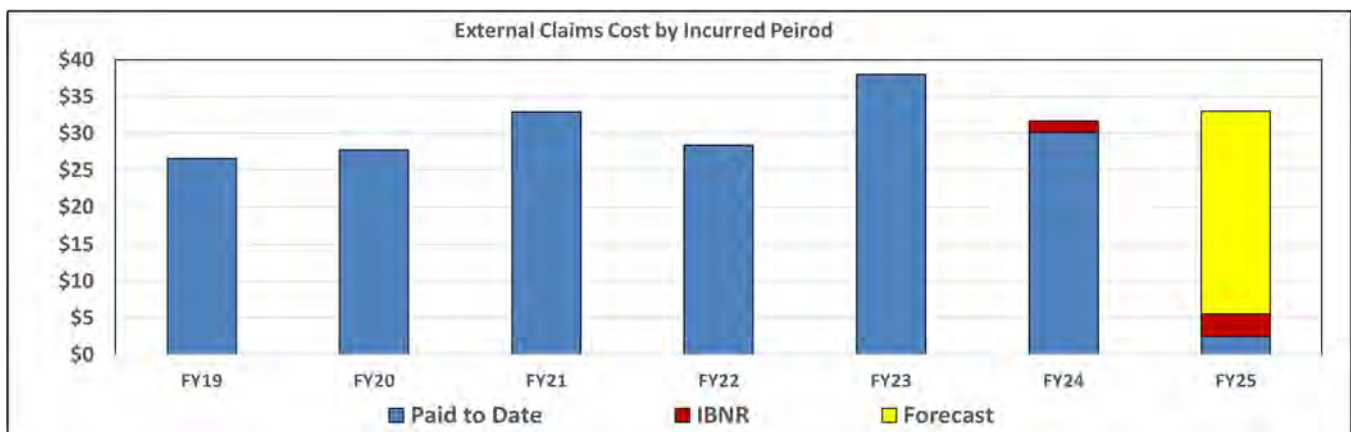
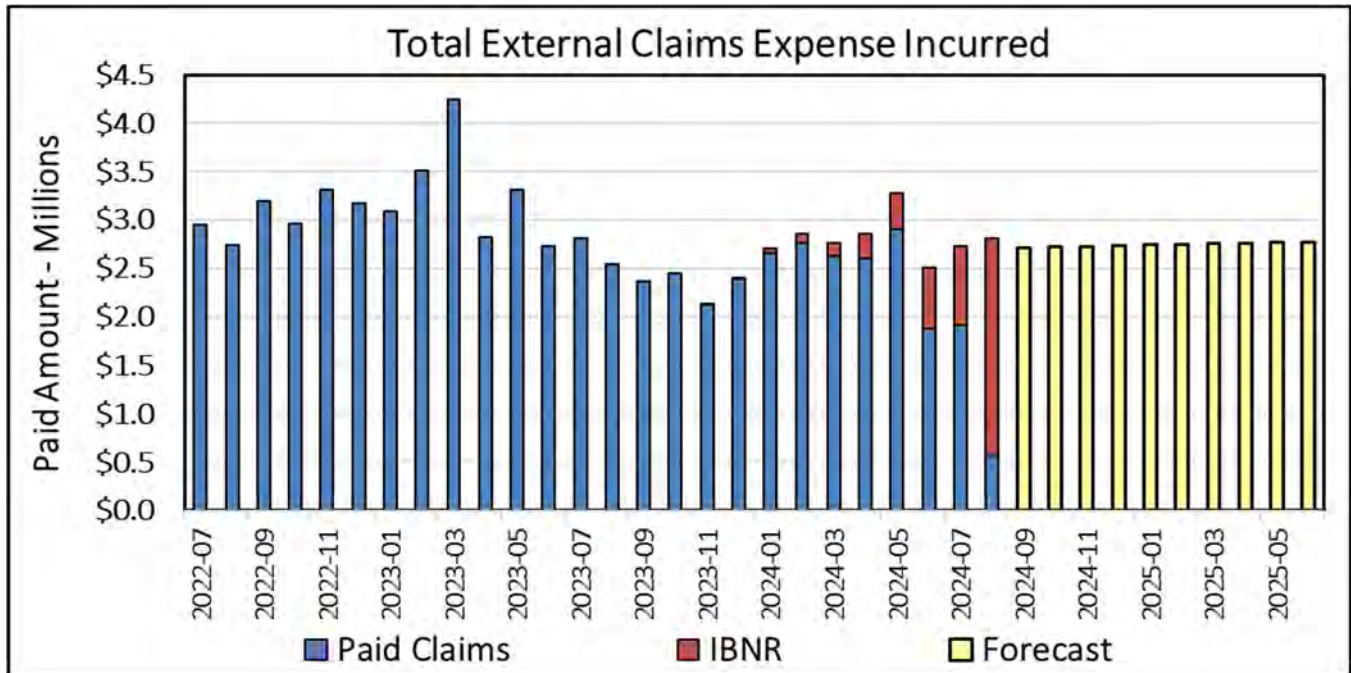
External Healthcare Services					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	6,211	6,341	510.8	524.3	2.6%
Paid on Incurred Claims	\$30,121,410	\$2,492,871	\$206.45	\$17.18	
IBNR Claims (Current Liability)	\$1,548,077	\$3,053,160	\$10.61	\$21.04	
Forecast Period Claims	\$0	\$27,447,834	\$0.00	\$189.13	
Ultimate Claims Expense	\$31,669,486	\$32,993,865	\$217.06	\$227.35	4.7%

### Total External Healthcare Claims Expense **Paid in Current Month**

Paid Month	IPFAC	ERFAC	OPFAC	Specialist	Ambulance	Grand Total
202408	132,104	1,821,502	3,367,967	1,225,851	599,578	7,147,002
Prior QTR Avg	240,911	744,575	1,454,075	469,697	166,232	3,075,490
Prior Year Avg	254,753	584,491	1,188,129	397,948	228,385	2,653,705

- AUG 2024 \$1.43M paid per week on 5 weeks; 133% higher than prior 12-month average
- AUG 2024 Contracted % Rate: Current Month [90.7%] vs Prior 24-Months [90.7%]  
Percentage contracted rate is based on dollars, not a count of contracted providers

### Total External Healthcare Claims Expense **Incurred**



# NDCS JOC Notes: AUGUST 2024

## Fiscal Year **Incurred** Expense per Offender per Month (Includes IBNR)

FY	Paid Months	Paid to Date	IBNR Estimate	% Complete	Adjustments	Forecast	Total Incurred	Eligibility	POPM	% Trend
2019	74	\$26,550,809	\$0	100.0%	\$0	\$0	\$26,550,810	178,912	\$148.40	17.6%
2020	62	\$27,768,107	\$0	100.0%	\$0	\$0	\$27,768,108	179,115	\$155.03	4.5%
2021	50	\$32,890,033	\$0	100.0%	\$0	\$0	\$32,890,034	175,727	\$187.17	20.7%
2022	38	\$28,386,168	\$0	100.0%	\$0	\$0	\$28,386,169	146,241	\$194.11	3.7%
2023	26	\$38,041,869	\$0	100.0%	\$0	\$0	\$38,041,870	148,347	\$256.44	32.1%
2023	14	\$30,121,410	\$1,548,077	95.1%	\$0	\$0	\$31,669,487	145,901	\$217.06	-15.4%
2025	2	\$2,492,871	\$3,053,160	44.9%	\$0	\$27,447,834	\$32,993,865	145,123	\$227.35	4.7%

## Fiscal Year **Incurred** Expenses by Service Category (Includes IBNR)

FY	Inpatient	Emergency	Outpatient	Specialist	Ambulance	Manual Adj	Total Incurred	Eligibility	POPM	% Trend
2018	\$2,011,854	\$3,548,882	\$12,521,919	\$2,841,244	\$1,417,129	\$0	\$22,341,027	177,112	\$126.14	0.0%
2019	\$2,534,518	\$4,268,014	\$13,846,874	\$4,411,675	\$1,489,688	\$0	\$26,550,769	178,912	\$148.40	17.6%
2020	\$3,325,199	\$4,790,828	\$12,702,464	\$5,486,730	\$1,462,886	\$0	\$27,768,107	179,115	\$155.03	22.9%
2021	\$7,776,904	\$6,527,769	\$9,927,404	\$5,255,237	\$3,402,718	\$0	\$32,890,033	175,727	\$187.17	20.7%
2022	\$843,826	\$7,020,260	\$12,163,031	\$5,589,976	\$2,769,075	\$0	\$28,386,168	146,241	\$194.11	3.7%
2023	\$3,774,902	\$7,667,887	\$16,514,986	\$6,539,413	\$3,544,681	\$0	\$38,041,869	148,347	\$256.44	32.1%
2024	\$2,264,593	\$8,254,830	\$13,545,792	\$5,185,068	\$2,419,203	\$0	\$31,669,486	145,901	\$217.06	-15.4%
2025	\$2,825,283	\$8,770,512	\$13,478,791	\$5,168,544	\$2,750,734	\$0	\$32,993,865	145,123	\$227.35	4.7%

## Outlier Claims **Paid in Current Month**

POS	Offender Name	Offender ID	DOS	Facility	Treating Provider	Diagnosis	Amount Paid
AMB	AIC-9012313	9012313	3/26/2024	CCCF	P-HCFA-900000026	CHEST PAIN UNSPECIFIED	6,500
FFL	AIC-9004838	9004838	6/25/2024	EOCI	P-HCFA-900000003	FRACTURE ALVEOLUS MAXILLA INITIAL E	65,000
ER	AIC-9007901	9007901	7/8/2024	CCCF	P-UB-900000452	CALCULUS GB W/ACUTE CHOLECYST W/C	38,000
ER	AIC-9002446	9002446	4/7/2024	SRCI	P-HCFA-900000008	RIGHT UPPER QUADRANT PAIN	32,000

POS	Offender Name	Offender ID	DOS	Facility	Treating Provider	Diagnosis	Amount Paid
OP	AIC-9008469	9008469	6/13/2024	SRCI	P-UB-900000447	MYASTHENIA GRAVIS WITHOUT ACUTE E	175,000
OP	AIC-9001502	9001502	5/31/2024	SRCI	P-HCFA-900000010	OTHER HODGKIN LYMPHOMA UNSPECIF	90,000
OP	AIC-9001118	9001118	7/16/2024	TRCI	P-UB-900000465	PRIMARY OSTEOARTHRITIS RIGHT SHO	60,000
OP	AIC-9002087	9002087	3/27/2024	DRCI	P-HCFA-900000047	SHORTNESS OF BREATH	50,000

POS	Offender Name	Offender ID	DOS	Facility	Treating Provider	Diagnosis	Amount Paid
SPEC	AIC-9009973	9009973	4/11/2024	OSCI	P-HCFA-900000001	MAINTENANCE CHEMOTHERAPY; RADIO	125,000
SPEC	AIC-9009973	9009973	5/8/2024	OSCI	P-HCFA-900000001	MAINTENANCE CHEMOTHERAPY; RADIO	75,000
SPEC	AIC-9003030	9003030	5/3/2024	CCCF	P-HCFA-900000007	MALIGNANT NEOPLASM OVERLAP SITE L	35,000

POS	Offender Name	Offender ID	DOS	Facility	Treating Provider	Diagnosis	Amount Paid
IP	AIC-9000696	9000696	4/19/2024 (7d)	OSP	SALEM HEALTH	INFLUENZA	38,000
IP	AIC-9010630	9010630	5/25/2024 (1d)	OSP	SALEM HEALTH	PNEUMONIA (EXCEPT THAT CAUSED BY	10,000
IP	AIC-9001779	9001779	5/25/2023 (3d)	TRCI	GOOD SHEPHERD MEDICAL	PANCREATIC DISORDERS (NOT DIABETES	32,000
IP	AIC-9008507	9008507	6/8/2024 (6d)	OSP	SALEM HEALTH	OTHER NON-EPITHELIAL CANCER OF SKI	21,000
IP	AIC-9005722	9005722	1/24/2024 (11d)	SRCI	ST ALPHONSUS REGIONAL	LATE EFFECTS OF CEREBROVASCULAR DI	16,000

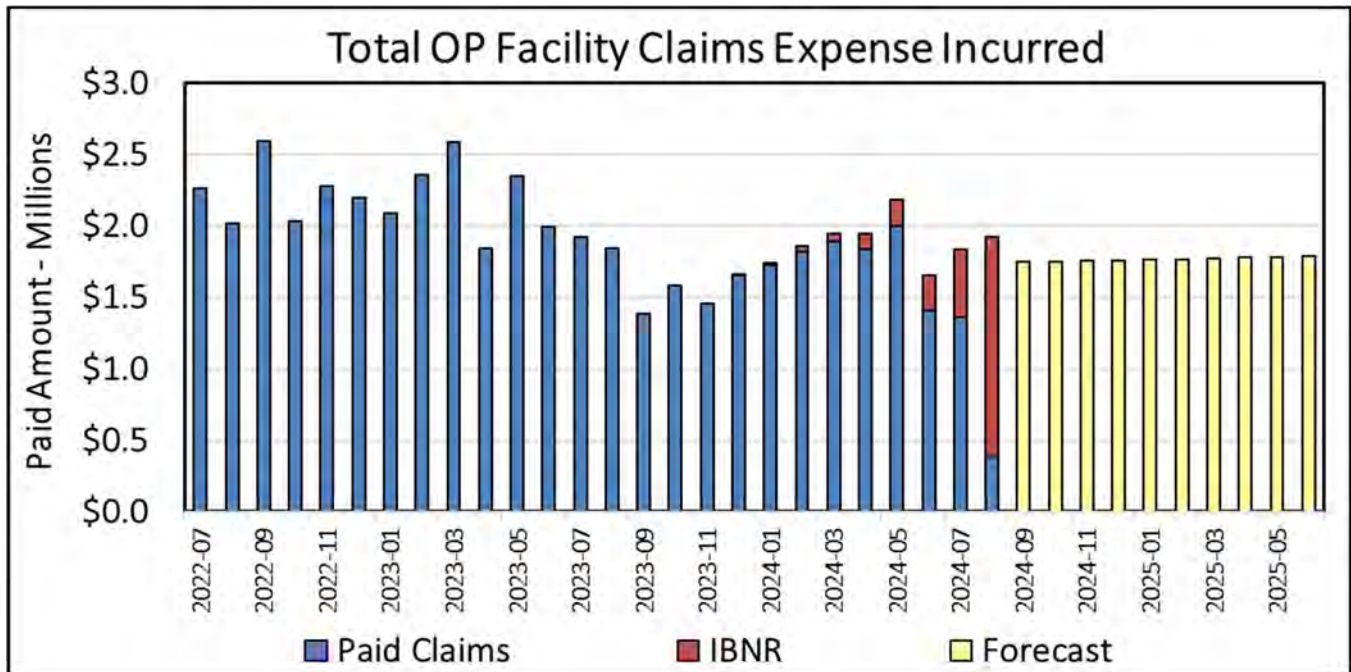
# NDCS JOC Notes: AUGUST 2024

## Outpatient Financial Review

Includes: outpatient facility; ambulatory facility; observation; ambulance; specialist; ancillary

External Healthcare Outpatient : POS<>21 and POS<>23					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	5,970	6,099	491.0	504.3	2.7%
Paid on Incurred Claims	\$20,504,107	\$1,750,031	\$140.53	\$12.06	
IBNR Claims (Current Liability)	\$645,956	\$2,001,990	\$4.43	\$13.80	
Forecast Period Claims	\$0	\$17,646,049	\$0.00	\$121.59	
Ultimate Claims Expense	\$21,150,063	\$21,398,070	\$144.96	\$147.45	1.7%

### Fiscal Year **Incurred** Outpatient Expenses by Place of Service (Includes IBNR)



FY	Outpatient Facility	Home	Independent Lab	Office	Prison	Other	Ambulance Land	Ambulance Air	TOTAL
2015	\$7,746,819	\$1,871,134	\$36,177	\$1,733,972	\$120,327	\$5,869	\$709,098	\$217,483	\$12,440,880
2016	\$7,959,313	\$1,736,518	\$24,930	\$1,918,934	\$107,920	\$17,071	\$378,206	\$313,941	\$12,456,832
2017	\$7,980,098	\$1,569,477	\$19,546	\$1,978,112	\$166,157	\$21,289	\$442,641	\$501,843	\$12,679,163
2018	\$12,521,919	\$375,831	\$58,342	\$2,326,019	\$62,741	\$18,311	\$712,127	\$705,002	\$16,780,291
2019	\$13,846,874	\$1,133,569	\$85,372	\$3,058,873	\$119,172	\$14,689	\$969,393	\$520,295	\$19,748,237
2020	\$12,702,464	\$2,068,102	\$86,763	\$2,995,065	\$311,372	\$25,428	\$917,351	\$545,535	\$19,652,080
2021	\$9,927,404	\$2,451,215	\$59,256	\$2,323,345	\$400,448	\$20,974	\$2,027,584	\$1,375,134	\$18,585,360
2022	\$12,163,031	\$2,290,038	\$63,467	\$2,681,410	\$525,936	\$29,125	\$1,410,466	\$1,358,609	\$20,522,082
2023	\$16,514,986	\$2,244,394	\$61,982	\$3,671,537	\$529,256	\$32,244	\$1,755,366	\$1,789,315	\$26,599,080
2024	\$13,527,572	\$2,185,317	\$33,309	\$2,586,713	\$384,956	\$11,915	\$1,773,154	\$647,127	\$21,150,063
2025	\$12,924,610	\$2,196,940	\$61,864	\$2,859,126	\$543,449	\$28,570	\$1,482,766	\$1,300,745	\$21,398,070

### Outpatient Claims by Clinical Class I by Fiscal Year (No IBNR)

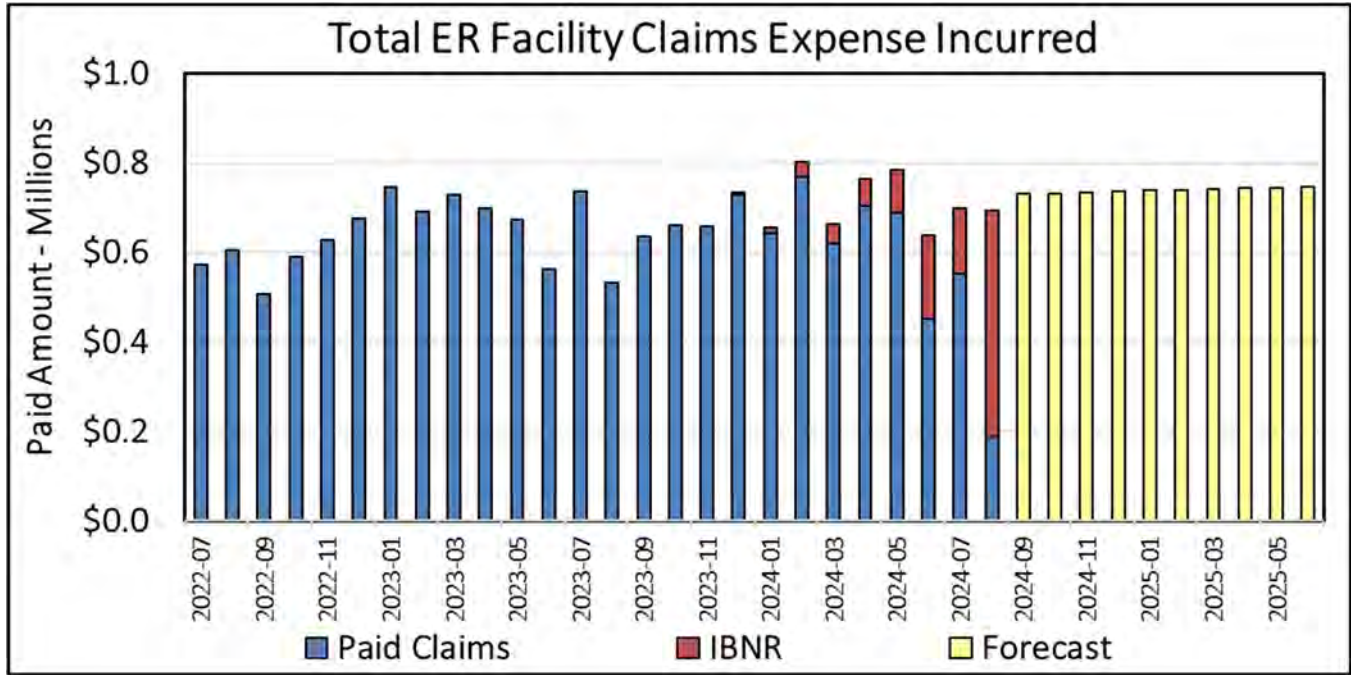
Clinical Class I	2022	2023	2024	FYTD 2025	Grand Total	% Total
NEOPLASMS	3,447,227	5,504,484	3,345,085	234,429	12,531,225	18.1%
MUSCULOSKELETAL	2,059,409	4,021,613	2,574,759	330,202	8,985,982	13.0%
INJURY/POISONING	2,163,353	3,222,926	2,451,396	197,616	8,035,290	11.6%
DIGESTIVE	2,455,689	2,927,956	2,431,052	236,655	8,051,352	11.6%
BLOOD	2,317,559	2,326,765	2,120,943	1,895	6,767,163	9.8%
CIRCULATORY	2,720,759	2,369,567	1,931,198	177,918	7,199,443	10.4%
SYMPTOMS/ILL-DEFINED	937,322	1,314,436	1,559,463	113,004	3,924,224	5.7%
NERVOUS	1,797,409	1,592,417	1,504,725	134,214	5,028,765	7.2%
GENITOURINARY	777,303	1,005,587	752,955	150,107	2,685,952	3.9%
RESPIRATORY	510,199	596,997	467,043	43,579	1,617,818	2.3%
OTHER CC 1	1,335,854	1,716,331	1,365,489	130,412	4,548,086	6.6%
<b>Grand Total</b>	<b>20,522,082</b>	<b>26,599,080</b>	<b>20,504,107</b>	<b>1,750,031</b>	<b>69,375,300</b>	<b>100.0%</b>

# NDCS JOC Notes: AUGUST 2024

## Emergency Services Financial Review

Includes: emergency encounters

Emergency Room Services : POS=23					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	0	0	0.0	0.0	0.0%
Paid on Incurred Claims	\$7,817,297	\$739,040	\$53.58	\$5.09	
IBNR Claims (Current Liability)	\$437,533	\$649,688	\$3.00	\$4.48	
Forecast Period Claims	\$0	\$7,381,785	\$0.00	\$50.87	
Ultimate Claims Expense	\$8,254,830	\$8,770,512	\$56.58	\$60.44	6.8%



Rates										
Fiscal Year	Offender Months	Encounters	Encounter Per 1000	Unique Claimants	Claimants Per 1000	Encounters Per Claimant	Paid Amount	POPM	Cost Per Claimant	Cost Per Encounter
2016	177,141	1,151	78.0	891	60.4	1.292	\$ 2,900,737	\$ 16.38	\$ 3,618	\$ 2,793
2017	177,112	1,356	91.9	1,004	68.0	1.351	\$ 3,448,380	\$ 19.47	\$ 4,106	\$ 3,054
2018	177,587	1,337	90.3	980	66.2	1.364	\$ 3,549,563	\$ 19.99	\$ 4,646	\$ 3,162
2019	179,115	1,532	102.6	1,104	74.0	1.388	\$ 4,268,014	\$ 23.83	\$ 3,866	\$ 2,786
2020	175,727	1,571	107.3	1,092	74.6	1.439	\$ 4,790,828	\$ 27.26	\$ 4,387	\$ 3,050
2021	156,348	1,824	140.0	1,219	93.6	1.496	\$ 6,527,769	\$ 41.75	\$ 5,355	\$ 3,579
2022	146,241	1,919	157.5	1,187	97.4	1.617	\$ 7,020,260	\$ 48.00	\$ 5,914	\$ 3,658
2023	148,347	2,049	165.7	1,248	101.0	1.642	\$ 7,667,887	\$ 51.69	\$ 6,144	\$ 3,742
2024 Est	145,901	2,169	178.4	1,357	111.6	1.598	\$ 8,254,830	\$ 56.58	\$ 6,083	\$ 3,806
2025 Est	145,123	2,237	185.0	1,398	115.6	1.600	\$ 8,770,512	\$ 60.44	\$ 6,272	\$ 3,920

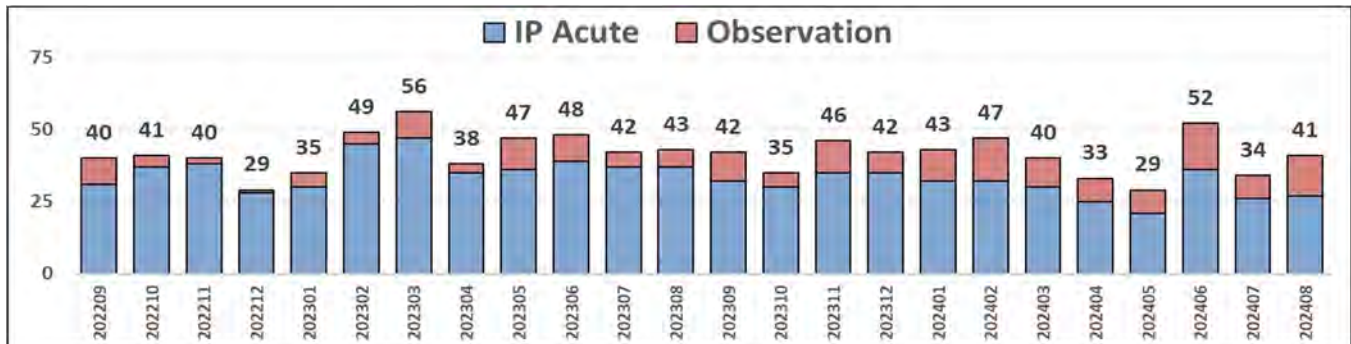
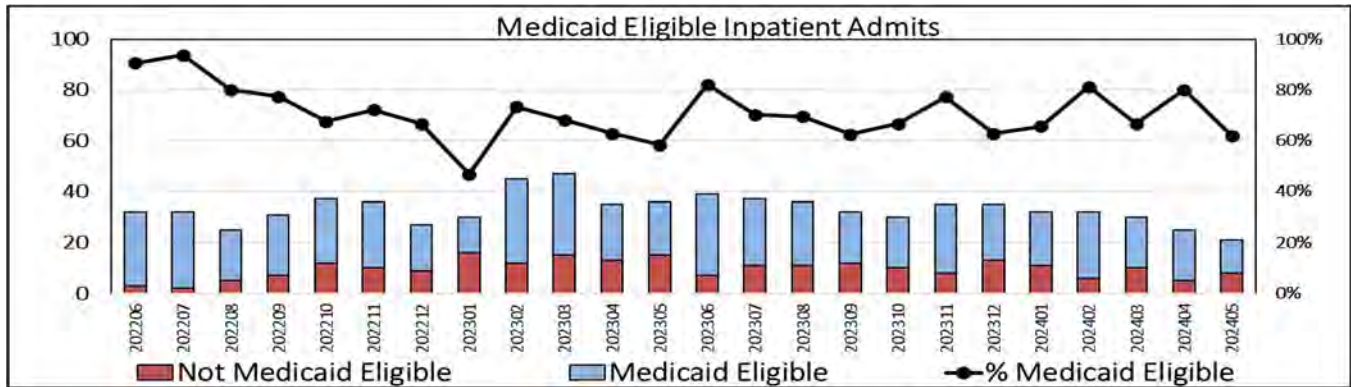
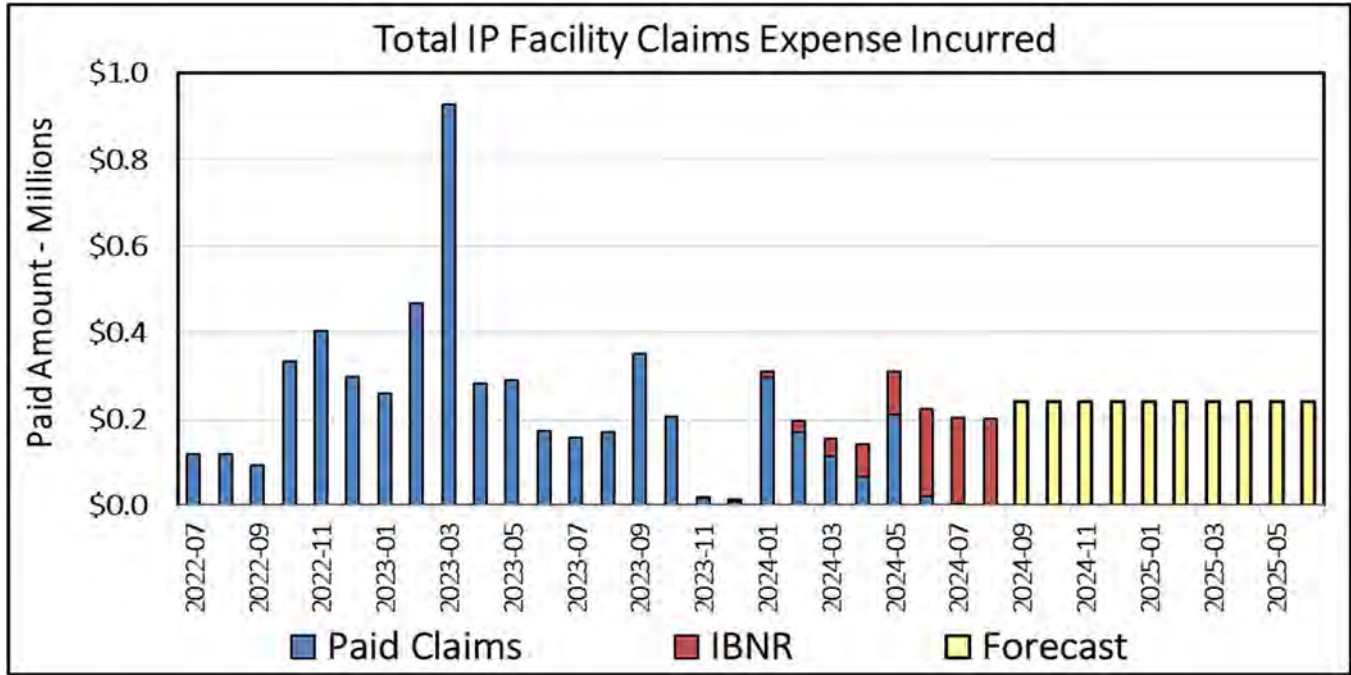
Trend										
Fiscal Year	Offender Months	Encounters	Encounter Per 1000	Unique Claimants	Claimants Per 1000	Encounters Per Claimant	Paid Amount	POPM	Cost Per Claimant	Cost Per Encounter
2016	---	---	---	---	---	---	---	---	---	---
2017	0.0%	17.8%	17.8%	12.7%	12.7%	4.6%	18.9%	18.9%	13.5%	9.4%
2018	0.3%	-1.4%	-1.7%	-2.4%	-2.7%	1.0%	2.9%	2.7%	13.1%	3.5%
2019	0.9%	14.6%	13.6%	12.7%	11.7%	1.7%	20.2%	19.2%	-16.8%	-11.9%
2020	-1.9%	2.5%	4.5%	-1.1%	0.8%	3.7%	12.2%	14.4%	13.5%	9.5%
2021	-11.0%	16.1%	30.5%	11.6%	25.5%	4.0%	36.3%	53.1%	22.1%	17.4%
2022	-6.5%	5.2%	12.5%	-2.6%	4.1%	8.0%	7.5%	15.0%	10.4%	2.2%
2023	1.4%	6.8%	5.3%	5.1%	3.6%	1.6%	9.2%	7.7%	3.9%	2.3%
2024 Est	-1.6%	5.9%	7.6%	8.7%	10.6%	-2.6%	7.7%	9.5%	-1.0%	1.7%
2025 Est	-0.5%	3.2%	3.7%	3.1%	3.6%	0.1%	6.2%	6.8%	3.1%	3.0%

# NDCS JOC Notes: AUGUST 2024

## Inpatient Financial Review

Includes: inpatient acute claims not paid by Medicaid

External Healthcare Inpatient : POS 21					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	34	38	2.8	3.1	12.4%
Paid on Incurred Claims	\$1,800,006	\$3,801	\$12.34	\$0.03	
IBNR Claims (Current Liability)	\$464,588	\$401,482	\$3.18	\$2.77	
Forecast Period Claims	\$0	\$2,420,000	\$0.00	\$16.68	
Ultimate Claims Expense	\$2,264,593	\$2,825,283	\$15.52	\$19.47	25.4%



# NDCS JOC Notes: AUGUST 2024

## Claimant Distribution by Fiscal Year Incurred High Dollar Claimants [≥\$50K]

Costs for All Claimants	FY22	FY23	FY24	FY25
Unique Claimants	6,327	6,244	6,372	1,331
Total Paid	28,372,734	37,979,835	30,121,410	2,492,871
Inpatient Paid	834,424	3,743,276	1,703,328	3,801
Outpatient Paid	27,538,310	34,236,559	28,418,082	2,489,070

Cost for Catastrophic Claimants	FY22		FY23		FY24		FY25	
	Claimants	Paid	Claimants	Paid	Claimants	Paid	Claimants	Paid
Unique Claimants	80	1.3%	139	2.2%	97	1.5%	4	0.3%
Total Paid	10,107,554	35.6%	18,215,119	48.0%	11,564,421	38.4%	252,240	10.1%
Inpatient Paid	715,716	85.8%	3,270,947	87.4%	1,521,986	89.4%	-	0.0%
Outpatient Paid	9,391,837	34.1%	14,944,172	43.6%	10,042,435	35.3%	252,240	10.1%

Bin Low	Bin High	FY22		FY23		FY24		FY25	
		Claimants	Paid	Claimants	Paid	Claimants	Paid	Claimants	Paid
\$0	\$50,000	6247	18,265,181	6105	19,764,716	6275	18,556,988	1327	2,240,631
\$50,000	\$75,000	30	1,837,269	55	3,371,417	37	2,184,366	4	252,240
\$75,000	\$100,000	23	1,973,974	29	2,527,857	25	2,140,732	0	-
\$100,000	\$125,000	10	1,113,214	23	2,529,219	12	1,377,194	0	-
\$125,000	\$150,000	5	667,526	6	804,185	7	953,484	0	-
\$150,000	\$175,000	2	311,111	5	812,734	6	981,669	0	-
\$175,000	\$200,000	3	554,626	5	936,387	2	369,702	0	-
\$200,000	\$225,000	1	207,108	1	205,074	2	411,237	0	-
\$225,000	\$250,000	0	-	3	724,576	1	233,081	0	-
\$250,000	\$275,000	1	257,925	0	-	1	261,675	0	-
\$275,000	\$300,000	1	296,473	3	865,958	1	278,814	0	-
\$300,000	\$350,000	1	331,501	1	342,552	0	-	0	-
\$350,000	\$400,000	0	-	0	-	1	371,405	0	-
\$400,000	\$450,000	1	405,200	3	1,253,605	0	-	0	-
\$450,000	\$500,000	0	-	3	1,405,865	1	482,020	0	-
\$500,000	\$1,999,999	2	2,151,629	2	2,435,690	1	1,519,043	0	-

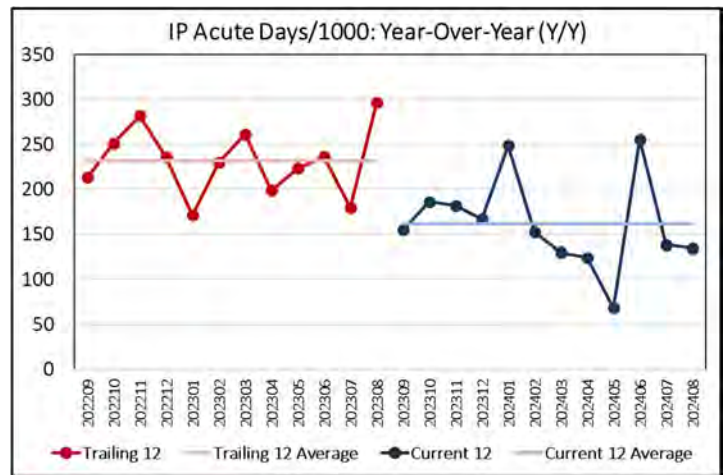
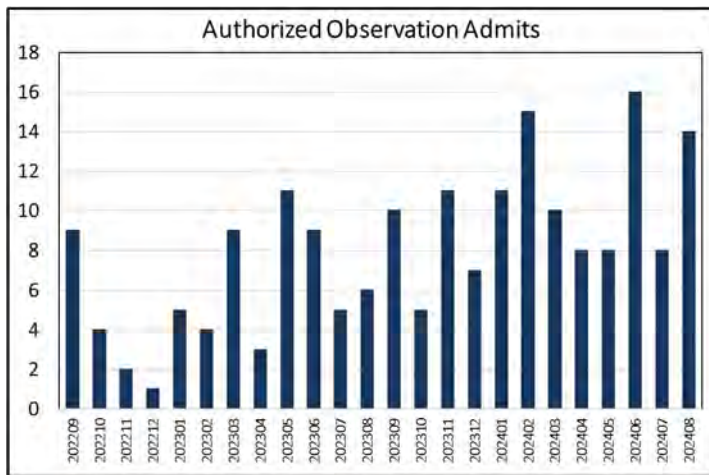
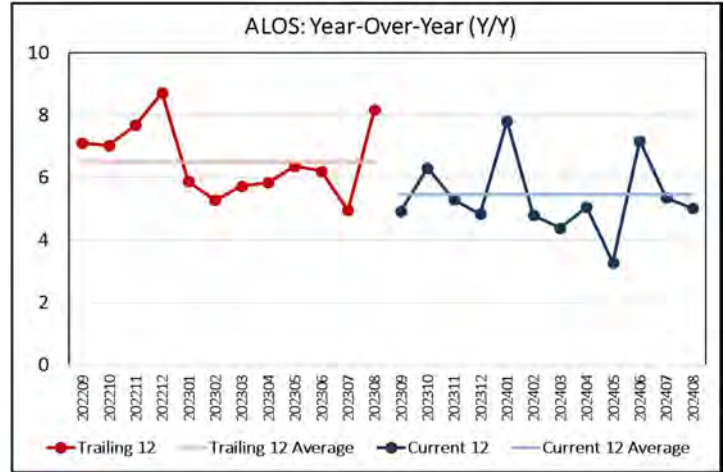
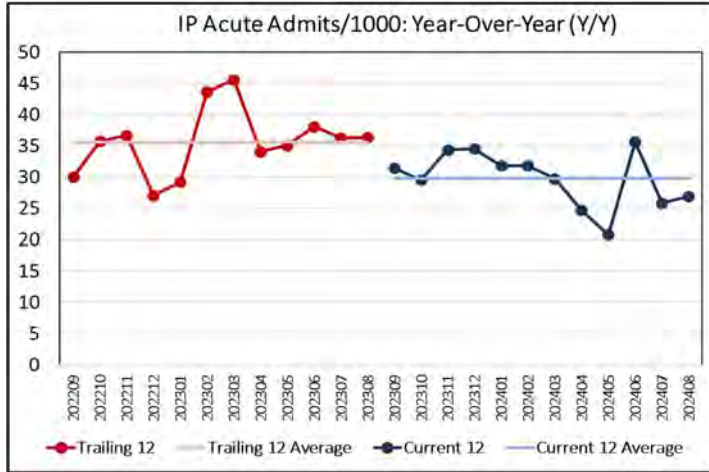
### Top 10 Claimants (>\$50K) by Dollars Paid FY25 (Paid through 2024-08-31)

DOC ID	Offender Name	Diagnosis Description	Amount Paid	% IP	% OP	% ER
9003030	AIC-9003030	MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY	70,683	0%	100%	0%
9011440	AIC-9011440	MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY	64,263	0%	70%	30%
9001118	AIC-9001118	OSTEOARTHRITIS	60,864	0%	100%	0%
9002087	AIC-9002087	CORONARY ATHEROSCLEROSIS AND OTHER HEART DISEASE	56,431	0%	100%	0%

# NDCS JOC Notes: AUGUST 2024

## Inpatient Utilization Summary

Statistic	Current Month	Month Compared to 12-Month Avg	Current Quarter Average	Quarter Compared to 12-Month Avg	Current 12-Months Average	Prior 12-Months Average	Y/Y Trend
IP Acute Admissions	28	-7.4%	30.0	-0.8%	30.3	36.6	-17.3%
IP Acute Days	137	-16.6%	178.7	8.8%	164.3	238.1	-31.0%
IP Acute ALOS	4.9	-9.9%	6.0	9.7%	5.4	6.5	-16.6%
Observations	14	36.6%	12.7	23.6%	10.3	5.7	80.9%
Outlier Stays >=10 Days	5	17.6%	4.7	9.8%	4.3	6.3	-32.9%
Readmissions w/in 30 Days	2	-51.0%	4.7	14.3%	4.1	5.6	-26.9%



## Outlier Admits - Current Month [ $\geq 10$ Days LOS] [As of 2024-09-12]

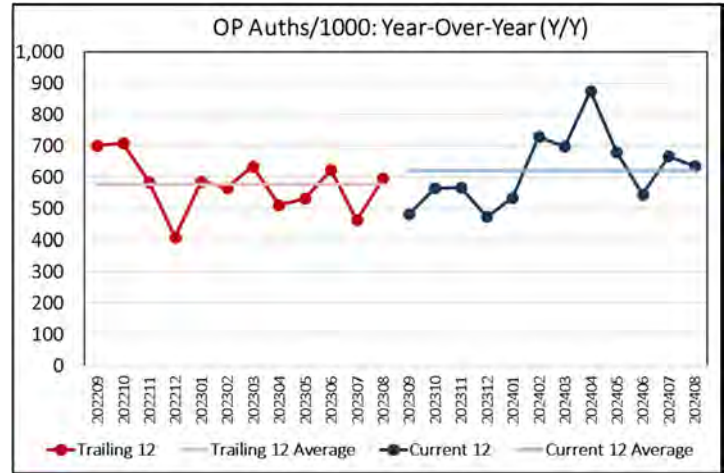
Offender Name	DOC ID	Sex	Age	Admit Date	Discharge Date	Facility	Treating Provider	Diag Code	Diagnosis Description	LOS
AIC-900012807	900012807	MALE	65	20240814	20240830	OSCI	PROVIDER P00931	K56.60	UNSPECIFIED INTESTINAL OBSTRUCTION	16
AIC-900002626	900002626	MALE	61	20240822	20240904	OSP	PROVIDER P00931	J18.9	PNEUMONIA UNSPECIFIED ORGANISM	13
AIC-900007232	900007232	MALE	72	20240817	20240828	SRCI	PROVIDER P00896	R78.81	BACTEREMIA	11
AIC-900004936	900004936	MALE	49	20240828	20240907	SRCI	PROVIDER P00896	I21.4	NON-ST ELEVATION MYOCARDIAL INFARCTION	10
AIC-900011535	900011535	MALE	77	20240814	20240824	OSP	PROVIDER P00931	N17.9	ACUTE KIDNEY FAILURE UNSPECIFIED	10

# NDCS JOC Notes: AUGUST 2024

## Outpatient Authorizations

- OP Authorizations [639] 2% higher than current 12-month average OP Authorizations Y/Y Trend 2.4%
- OP Authorization Aggregate Volume [Prior Year; 7113] [Current Year; 7531] [Aggregate Trend 5.9%]

Procedure Group	Outpatient Authorizations			
	202406	202407	202408	Average
OTHER DIAGNOSTIC PROCEDURES	183	229	220	211
OTHER DIAGNOSTIC RADIOLOGY	67	83	59	70
MAGNETIC RESONANCE IMAGING	37	40	59	45
UNKNOWN	48	30	34	37
COLONOSCOPY AND BIOPSY	16	31	16	21
DIAGNOSTIC ULTRASOUND	11	21	17	16
CT SCAN CHEST	10	20	18	16
PHYSICAL THERAPY EXERCISES	12	14	15	14
OTHER THERAPEUTIC PROCEDURES	19	8	14	14
OPHTHALMOLOGIC AND OTOLGIC	11	9	12	11
OTHER DIAGNOSTIC NERVOUS	14	8	7	10
LENS AND CATARACT PROCEDURES	5	13	9	9
RADIOISOTOPE SCAN AND FLUOROSCOPY	3	14	9	9
COMPUTERIZED AXIAL TOMOGRAPHY	4	4	15	8
OTHER CT SCAN	7	6	9	7
UPPER GASTROINTESTINAL ENDOSCOPY	6	9	6	7
DIAGNOSTIC PHYSICAL THERAPY	9	7	4	7
CT SCAN ABDOMEN	4	7	7	6
CANCER CHEMOTHERAPY	6	4	6	5
OTHER DIAGNOSTIC ULTRASOUND	3	5	3	4
ALL OTHER SERVICES	76	109	100	95
<b>SUBTOTAL OP</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>620</b>



Clinical Class I	Outpatient Authorizations			
	202406	202407	202408	Average
BLOOD	12	10	12	11
CIRCULATORY	39	64	65	56
CONGENITAL ANOMALIES	-	2	2	1
DIGESTIVE	71	85	58	71
ENDOCRINE/METABOLIC	-	-	-	-
GENITOURINARY	13	23	36	24
INFECTIOUS/PARASITIC	1	4	1	2
INJURY/POISONING	55	68	56	60
MENTAL	5	11	6	7
MUSCULOSKELETAL	148	140	136	141
NEOPLASMS	51	71	64	62
NERVOUS	84	69	73	75
NOT CATEGORIZED	6	15	25	15
PERINATAL PERIOD	-	-	-	-
PREGNANCY & DELIVERY	1	7	4	4
RESPIRATORY	9	26	14	16
SKIN/SUBCUTANEOUS	7	11	4	7
SYMPTOMS/ILL-DEFINED	24	32	37	31
UNCLASSIFIED/E-CODES	25	33	46	35
<b>TOTAL OP AUTHS</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>620</b>

Prison	
CCCF	
CRCI	
DRCI	
EOCI	
MCCF	
OSCI	
OSP	
PRCF	
RJAC	
RLAN	
RMAR	
SCCI	
SCI	
SFFC	
SRCI	
TRCI	
WCCF	
<b>TOTAL OP AUTHS</b>	

	Outpatient Authorizations			
	202406	202407	202408	Average
CCCF	20	57	41	39
CRCI	13	8	5	9
DRCI	128	117	105	117
EOCI	35	76	66	59
MCCF	-	-	-	-
OSCI	40	45	55	47
OSP	77	108	110	98
PRCF	17	14	11	14
RJAC	-	-	-	-
RLAN	-	-	-	-
RMAR	-	-	-	-
SCCI	-	-	-	-
SCI	18	10	10	13
SFFC	-	-	-	-
SRCI	144	146	127	139
TRCI	54	86	105	82
WCCF	5	4	4	4
<b>TOTAL OP AUTHS</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>620</b>

Procedure Group	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total	% Dist
OTHER DIAGNOSTIC PROCEDURES (INTERVIEW EVALUATION)	137	181	191	181	183	215	256	292	234	183	229	220	2502	33.2%
MAGNETIC RESONANCE IMAGING	36	41	41	34	43	67	62	66	50	37	40	59	576	7.6%
OTHER DIAGNOSTIC RADIOLOGY AND RELATED TECHNOLOGIES	30	43	18	11	20	41	64	61	71	67	83	59	568	7.5%
UNKNOWN	47	44	40	20	37	66	46	53	53	48	30	34	518	6.9%
DIAGNOSTIC PHYSICAL THERAPY	48	63	36	46	69	50	0	37	6	9	7	4	375	5.0%
OTHER THERAPEUTIC PROCEDURES	15	12	17	11	10	17	19	45	27	19	8	14	214	2.8%
OPHTHALMOLOGIC AND OTOLOGIC DIAGNOSIS AND TREATMENT	13	21	25	30	13	18	22	26	14	11	9	12	214	2.8%
COLONOSCOPY AND BIOPSY	8	10	17	17	14	20	15	21	22	16	31	16	207	2.7%
CT SCAN CHEST	11	16	18	16	13	18	22	17	25	10	20	18	204	2.7%
PHYSICAL THERAPY EXERCISES MANIPULATION AND TENS	12	20	7	12	17	12	13	34	7	12	14	15	175	2.3%
DIAGNOSTIC ULTRASOUND OF HEART (ECHOCARDIOGRAPHY)	3	9	8	7	4	10	12	13	17	11	21	17	132	1.8%
CT SCAN ABDOMEN	10	13	15	4	15	22	11	15	7	4	7	7	130	1.7%
LENS AND CATARACT PROCEDURES	10	5	6	5	3	12	7	14	7	5	13	9	96	1.3%
OTHER DIAGNOSTIC NERVOUS SYSTEM PROCEDURES	3	2	10	3	6	11	12	12	4	14	8	7	92	1.2%
UPPER GASTROINTESTINAL ENDOSCOPY BIOPSY	3	7	11	7	4	14	10	6	8	6	9	6	91	1.2%
OTHER	104	88	117	76	87	140	133	174	135	99	142	142	1437	19.1%
<b>TOTAL</b>	<b>490</b>	<b>575</b>	<b>577</b>	<b>480</b>	<b>538</b>	<b>733</b>	<b>704</b>	<b>886</b>	<b>687</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>7531</b>	<b>100.0%</b>

Fiscal Year 2025											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

# Nebraska Department of Correctional Services



## Fiscal Year 2025 – AUGUST 2024

Clinical / Authorization Analysis

Executive Summary



Fiscal Year 2025											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Page	Section
3	Inpatient Admissions Summary – Current Month
4	Inpatient Admit Detail – Current Month
5	Inpatient Admissions by Bed Type – Rolling 24-Months
6	Inpatient Admits by Correctional Facility – Rolling 48-Months
7	Inpatient Bed Days by Correctional Facility – Rolling 48-Months
8	Inpatient ALOS by Correctional Facility – Rolling 48-Months
9	Inpatient Medicaid Admits Distribution – Current Month
10	Inpatient Readmissions – Current Month
11	Outpatient Referrals by Request Type – Rolling 12-Months
12	Outpatient Referrals by Procedure Group – Rolling 12-Months
13	Outpatient Referrals by Prison/Request Type – Rolling 12-Months
14	Outpatient Referrals by Procedure Type/Description – Rolling 12 Months
15-17	Outpatient Referrals by Clinical Classification – Rolling 12 Months
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19	Outpatient Referrals – MRT Authorizations Rolling 12 Months
20	Outpatient Referrals – Colonoscopy Authorizations Rolling 12 Months
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# Nebraska Department of Correctional Services

## IP Acute Bed Day Summary - AUGUST 2024

Recast: 2024-09-12

Offenders	12,060
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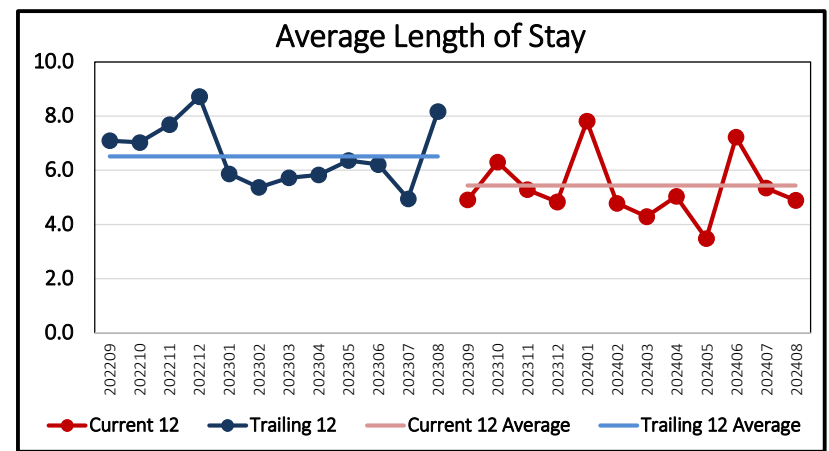
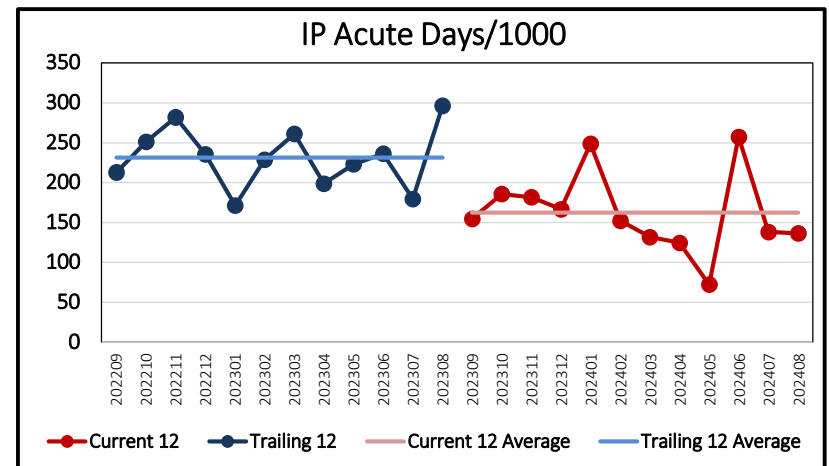
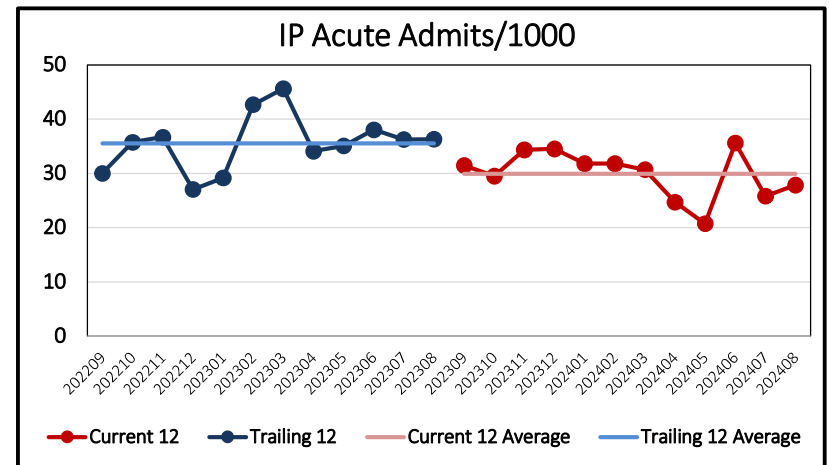
Prison	Admits	Total Days	Denied Days	ALOS
COFFEE CREEK CORRECTIONAL FACILITY	1	4	-	4.00
COLUMBIA RIVER CORRECTIONAL INSTITUTION	-	-	-	-
DEER RIDGE CORRECTIONAL INSTITUTION	4	13	-	3.25
EASTERN OREGON CORRECTIONAL INSTITUTION	1	2	-	2.00
MILL CREEK CORRECTIONAL FACILITY	-	-	-	-
OREGON STATE CORRECTIONAL INSTITUTION	5	29	-	5.80
OREGON STATE PENITENTIARY	6	42	-	7.00
POWDER RIVER CORRECTIONAL FACILITY	-	-	-	-
RENTAL SPACE FROM JACKSON COUNTY JAIL	-	-	-	-
SANTIAM CORRECTIONAL INSTITUTION	1	4	-	4.00
SHUTTER CREEK CORRECTIONAL INSTITUTION	-	-	-	-
SNAKE RIVER CORRECTIONAL INSTITUTION	6	29	-	4.83
SOUTH FORK FOREST CAMP	-	-	-	-
TWO RIVERS CORRECTIONAL INSTITUTION	4	14	-	3.50
WARNER CREEK CORRECTIONAL FACILITY	-	-	-	-
<b>TOTAL</b>	<b>28</b>	<b>137</b>	<b>-</b>	<b>4.89</b>
Per/1000	28	136	-	4.89

### Top Hospitals (by Admits by Bed Days)

Hospital	Admits	Total Days	Denied Days	ALOS
PROVIDER P00931	10	68	-	6.80
PROVIDER P00896	3	22	-	7.33
PROVIDER P01039	2	8	-	4.00
PROVIDER P00935	2	7	-	3.50
PROVIDER P01509	1	5	-	5.00
OTHER HOSPITALS	10	27	-	2.70
<b>TOTAL</b>	<b>28</b>	<b>137</b>	<b>-</b>	<b>4.89</b>

### Top Diagnoses (by Admits by Bed Days)

Clinical Category	Admits	Total Days	Denied Days	ALOS
INTESTINAL OBSTRUCTION WITHOUT HERNIA	3	22	-	7.33
ACUTE AND UNSPECIFIED RENAL FAILURE	2	14	-	7.00
PNEUMONIA (EXCEPT THAT CAUSED BY TUBERCULOS	1	13	-	13.00
FLUID AND ELECTROLYTE DISORDERS	3	12	-	4.00
BACTERIAL INFECTION; UNSPECIFIED SITE	1	11	-	11.00
<b>OTHER DIAGNOSES</b>	<b>18</b>	<b>65</b>	<b>-</b>	<b>3.61</b>
<b>TOTAL</b>	<b>28</b>	<b>137</b>	<b>-</b>	<b>4.89</b>



Nebraska Department of Correctional Services

AUGUST 2024 Inpatient Admissions

Recast: 2024-09-12



Offender Name	DOC ID	Sex	Age	Admit Date	Discharge Date	Auth Number	IP/OBS	Facility	Treating Provider	Diag Code	Diagnosis Description	LOS
AIC-900012807	900012807	MALE	65	20240814	20240830	Auth-A07346	INPATIENT ACUTE	OSCI	PROVIDER P00931	K56.60	UNSPECIFIED INTESTINAL OBSTR	16
AIC-900002626	900002626	MALE	61	20240822	20240904	Auth-A07361	INPATIENT ACUTE	OSP	PROVIDER P00931	J18.9	PNEUMONIA UNSPECIFIED ORG	13
AIC-900007232	900007232	MALE	72	20240817	20240828	Auth-A07352	INPATIENT ACUTE	SRCI	PROVIDER P00896	R78.81	BACTEREMIA	11
AIC-900004936	900004936	MALE	49	20240828	20240907	Auth-A07370	INPATIENT ACUTE	SRCI	PROVIDER P00896	I21.4	NON-ST ELEVATION MYOCARDIA	10
AIC-900011535	900011535	MALE	77	20240814	20240824	Auth-A07347	INPATIENT ACUTE	OSP	PROVIDER P00931	N17.9	ACUTE KIDNEY FAILURE UNSPEC	10
AIC-900001192	900001192	MALE	65	20240815	20240821	Auth-A07349	INPATIENT ACUTE	DRCI	PROVIDER P01039	K63.1	PERFORATION OF INTESTINE NC	6
AIC-900000918	900000918	MALE	66	20240822	20240827	Auth-A07364	INPATIENT ACUTE	OSP	PROVIDER P00931	E87.1	HYPO-OSMOLALITY AND HYPON	5
AIC-900001572	900001572	MALE	60	20240815	20240820	Auth-A07350	INPATIENT ACUTE	OSP	PROVIDER P00935	J96.01	ACUTE RESPIRATORY FAILURE W	5
AIC-900001723	900001723	MALE	63	20240823	20240828	Auth-A07365	INPATIENT ACUTE	OSP	PROVIDER P00931	K52.9	NONINFECTIVE GASTROENTERIT	5
AIC-900008462	900008462	MALE	44	20240811	20240816	Auth-A07342	INPATIENT ACUTE	OSCI	PROVIDER P00931	E87.1	HYPO-OSMOLALITY AND HYPON	5
AIC-900014036	900014036	MALE	44	20240822	20240827	Auth-A07363	INPATIENT ACUTE	TRCI	PROVIDER P01509	M86.9	OSTEOMYELITIS UNSPECIFIED	5
AIC-900003294	900003294	MALE	58	20240808	20240812	Auth-A07339	INPATIENT ACUTE	CCCF	PROVIDER P00582	R07.89	OTHER CHEST PAIN	4
AIC-900004155	900004155	MALE	52	20240801	20240805	Auth-A07330	INPATIENT ACUTE	TRCI	PROVIDER P00514	M43.17	SPONDYLOLISTHESIS LUMBOSAC	4
AIC-900008570	900008570	MALE	44	20240821	20240825	Auth-A07359	INPATIENT ACUTE	SCI	PROVIDER P00931	K56.609	UNSPEC INTESTINAL OBS UNS A	4
AIC-900010152	900010152	MALE	87	20240820	20240824	Auth-A07357	INPATIENT ACUTE	OSP	PROVIDER P00931	N17.9	ACUTE KIDNEY FAILURE UNSPEC	4
AIC-900000039	900000039	MALE	79	20240804	20240807	Auth-A07334	INPATIENT ACUTE	DRCI	PROVIDER P01042	J69.0	PNEUMONITIS DUE TO INHALAT	3
AIC-900005728	900005728	MALE	81	20240831	20240903	Auth-A07374	INPATIENT ACUTE	TRCI	PROVIDER P00402	A41.9	SEPSIS UNSPECIFIED ORGANISM	3
AIC-900013250	900013250	MALE	45	20240825	20240828	Auth-A07366	INPATIENT ACUTE	OSCI	PROVIDER P00931	A41.9	SEPSIS UNSPECIFIED ORGANISM	3
AIC-900015322	900015322	MALE	57	20240822	20240825	Auth-A07360	INPATIENT ACUTE	OSCI	PROVIDER P00931	N28.89	OTHER SPECIFIED DISORDERS O	3
AIC-900015689	900015689	MALE	66	20240812	20240815	Auth-A07341	INPATIENT ACUTE	SRCI	PROVIDER P00900	K92.2	GASTROINTESTINAL HEMORRHA	3
AIC-900001192	900001192	MALE	65	20240813	20240815	Auth-A07345	INPATIENT ACUTE	DRCI	PROVIDER P01042	K52.9	NONINFECTIVE GASTROENTERIT	2
AIC-900001532	900001532	MALE	59	20240819	20240821	Auth-A07353	INPATIENT ACUTE	DRCI	PROVIDER P01039	K56.600	PARTIAL INTESTINAL OBSTRUCT	2
AIC-900003912	900003912	MALE	49	20240803	20240805	Auth-A07333	INPATIENT ACUTE	OSCI	PROVIDER P00935	A41.9	SEPSIS UNSPECIFIED ORGANISM	2
AIC-900004782	900004782	MALE	44	20240819	20240821	Auth-A07354	INPATIENT ACUTE	TRCI	PROVIDER P00402	E87.5	HYPERKALEMIA	2
AIC-900006268	900006268	MALE	43	20240805	20240807	Auth-A07331	INPATIENT ACUTE	SRCI	PROVIDER P01111	C71.9	MALIGNANT NEOPLASM OF BRA	2
AIC-900010519	900010519	MALE	37	20240821	20240823	Auth-A07358	INPATIENT ACUTE	EOCI	PROVIDER P01031	K35.2	ACUTE APPENDICITIS WITH GEN	2
AIC-900015689	900015689	MALE	66	20240815	20240817	Auth-A07348	INPATIENT ACUTE	SRCI	PROVIDER P00898	K92.2	GASTROINTESTINAL HEMORRHA	2
AIC-900005968	900005968	MALE	58	20240827	20240828	Auth-A07367	INPATIENT ACUTE	SRCI	PROVIDER P00896	Z93.3	COLOSTOMY STATUS	1
AIC-900013964	900013964	MALE	25	20240809	20240812	Auth-A07340	OBSERVATION	EOCI	PROVIDER P01031	K51.919	ULCERATIVE COLITIS UNS W/UN	3
AIC-900003007	900003007	MALE	56	20240808	20240810	Auth-A07337	OBSERVATION	TRCI	PROVIDER P00402	L03.115	CELLULITIS OF RIGHT LOWER LIN	2
AIC-900003920	900003920	MALE	49	20240820	20240822	Auth-A07356	OBSERVATION	EOCI	PROVIDER P01031	K80.2	CALCULUS GB W/O CHOLECYSTI	2
AIC-900015107	900015107	MALE	30	20240812	20240814	Auth-A07343	OBSERVATION	TRCI	PROVIDER P00402	K81.9	CHOLECYSTITIS UNSPECIFIED	2
AIC-900001394	900001394	MALE	60	20240820	20240821	Auth-A07355	OBSERVATION	EOCI	PROVIDER P00542	I44.1	ATRIOVENTRICULAR BLOCK SEC	1
AIC-900003851	900003851	MALE	51	20240807	20240807	Auth-A07335	OBSERVATION	CCCF	PROVIDER P00186	G40.89	OTHER SEIZURES	1
AIC-900005360	900005360	MALE	40	20240829	20240830	Auth-A07372	OBSERVATION	EOCI	PROVIDER P01031	K35.2	ACUTE APPENDICITIS WITH GEN	1
AIC-900005735	900005735	MALE	49	20240803	20240803	Auth-A07332	OBSERVATION	TRCI	PROVIDER P00402	K35.80	UNSPECIFIED ACUTE APPENDICI	1
AIC-900005940	900005940	MALE	57	20240828	20240829	Auth-A07371	OBSERVATION	DRCI	PROVIDER P01039	M86.172	OTHER ACUTE OSTEOMYELITIS L	1
AIC-900007072	900007072	MALE	52	20240815	20240816	Auth-A07351	OBSERVATION	CRCI	PROVIDER P00569	R00.1	BRADYCARDIA UNSPECIFIED	1
AIC-900011866	900011866	MALE	29	20240827	20240828	Auth-A07368	OBSERVATION	TRCI	PROVIDER P00402	T43.292A	POISON OTH ANTIDEPRESSANTS	1
AIC-900012390	900012390	FEMALE	47	20240808	20240809	Auth-A07338	OBSERVATION	CCCF	PROVIDER P00582	D84.1	DEFECTS IN THE COMPLEMENT S	1
AIC-900012866	900012866	MALE	29	20240813	20240814	Auth-A07344	OBSERVATION	OSP	PROVIDER P00935	T18.9XXA	FOREIGN BODY ALIMINARY TR	1

Nebraska Department of Correctional Services

IP Admissions by Bed Type

Rolling 24-Months, Ending AUGUST 2024

Recast: 2024-09-12



CorrectionalHealthPartners

Month	IP Acute				Observation				Total		
	Admits	Bed Days	ALOS	% IP Acute	Admits	Bed Days	ALOS	% Obs	Admits	Bed Days	ALOS
202209	31	220	7.10	77.5%	9	21	2.33	22.5%	40	241	6.03
202210	37	260	7.03	90.2%	4	9	2.25	9.8%	41	269	6.56
202211	38	292	7.68	95.0%	2	2	1.00	5.0%	40	294	7.35
202212	28	244	8.71	96.6%	1	1	1.00	3.4%	29	245	8.45
202301	30	176	5.87	85.7%	5	11	2.20	14.3%	35	187	5.34
202302	44	236	5.36	91.7%	4	14	3.50	8.3%	48	250	5.21
202303	47	269	5.72	83.9%	9	30	3.33	16.1%	56	299	5.34
202304	35	204	5.83	92.1%	3	9	3.00	7.9%	38	213	5.61
202305	36	229	6.36	76.6%	11	17	1.55	23.4%	47	246	5.23
202306	39	242	6.21	81.3%	9	19	2.11	18.8%	48	261	5.44
202307	37	183	4.95	88.1%	5	7	1.40	11.9%	42	190	4.52
202308	37	302	8.16	86.0%	6	12	2.00	14.0%	43	314	7.30
202309	32	157	4.91	76.2%	10	15	1.50	23.8%	42	172	4.10
202310	30	189	6.30	85.7%	5	71	14.20	14.3%	35	260	7.43
202311	35	185	5.29	76.1%	11	22	2.00	23.9%	46	207	4.50
202312	35	169	4.83	83.3%	7	10	1.43	16.7%	42	179	4.26
202401	32	250	7.81	74.4%	11	17	1.55	25.6%	43	267	6.21
202402	32	153	4.78	68.1%	15	30	2.00	31.9%	47	183	3.89
202403	31	133	4.29	75.6%	10	14	1.40	24.4%	41	147	3.59
202404	25	126	5.04	75.8%	8	13	1.63	24.2%	33	139	4.21
202405	21	73	3.48	72.4%	8	18	2.25	27.6%	29	91	3.14
202406	36	260	7.22	69.2%	16	32	2.00	30.8%	52	292	5.62
202407	26	139	5.35	76.5%	8	15	1.88	23.5%	34	154	4.53
202408	28	137	4.89	66.7%	14	19	1.36	33.3%	42	156	3.71
<b>Rolling 24 Months</b>	<b>802</b>	<b>4,828</b>	<b>6.02</b>	<b>80.8%</b>	<b>191</b>	<b>428</b>	<b>2.24</b>	<b>19.2%</b>	<b>993</b>	<b>5,256</b>	<b>5.29</b>
Prior 12 Months	439	2,857	6.51	86.6%	68	152	2.24	13.4%	507	3,009	5.93
Current 12 Months	363	1,971	5.43	74.7%	123	276	2.24	25.3%	486	2,247	4.62

Nebraska Department of Correctional Services  
 Inpatient Acute Admits by Correctional Facility by Month [Rolling 4-Years]  
 Current Month Ending AUGUST 2024  
 Recast: 2024-09-12



Month	CCCF	CRCI	DRCI	EOCI	MCCF	OSCI	OSP	PRCF	RSJC	SCCI	SCI	SFFC	SRCI	TRCI	WCCF	Total
202009	4	1	1	1	0	3	10	0	0	0	0	0	26	9	0	55
202010	2	0	2	4	0	6	7	0	0	0	0	0	13	8	0	42
202011	6	0	0	1	0	6	5	1	0	0	1	0	4	2	0	26
202012	3	0	12	0	0	3	15	0	0	0	0	0	5	8	0	46
202101	6	2	3	1	0	5	21	0	0	0	1	0	8	36	0	83
202102	2	3	5	2	0	6	11	0	0	0	0	0	12	9	0	50
202103	3	0	1	1	0	5	16	0	0	0	0	0	12	7	0	45
202104	6	0	0	0	0	5	7	0	0	0	0	0	9	9	0	36
202105	3	1	1	0	0	2	11	0	0	0	0	0	7	3	0	28
202106	5	0	1	1	0	1	4	0	0	0	0	0	12	12	0	36
202107	8	1	1	1	0	3	11	0	0	0	0	0	14	2	0	41
202108	11	0	3	0	0	1	12	1	0	0	2	0	3	4	0	37
202109	5	2	4	3	0	1	5	0	0	0	1	0	10	9	0	40
202110	4	1	0	2	0	1	6	0	0	0	0	0	4	4	0	22
202111	7	2	0	2	0	1	9	0	0	0	0	0	5	7	0	33
202112	6	0	4	0	0	7	7	0	0	0	0	0	5	8	0	37
202201	6	0	1	1	0	1	8	0	0	0	1	0	11	6	0	35
202202	6	4	5	1	0	3	10	0	0	0	1	0	5	2	0	37
202203	5	2	3	1	0	4	9	0	0	0	0	0	5	5	0	34
202204	6	3	2	0	0	1	6	0	0	0	0	0	6	3	0	27
202205	7	1	3	1	0	2	13	0	0	0	1	0	8	3	0	39
202206	7	1	2	1	0	2	8	0	0	0	2	0	8	2	0	33
202207	5	1	3	2	0	1	6	0	0	0	1	0	6	7	0	32
202208	3	1	2	0	0	3	7	0	0	0	0	0	5	4	0	25
202209	1	4	3	1	0	0	9	0	0	0	0	0	12	0	1	31
202210	6	2	1	1	0	0	16	0	0	0	0	0	9	2	0	37
202211	2	4	0	1	0	11	9	0	0	0	0	0	6	5	0	38
202212	4	0	1	1	0	4	6	0	0	0	0	0	8	4	0	28
202301	4	1	1	0	0	4	6	0	0	0	0	0	9	5	0	30
202302	9	2	3	5	0	2	6	0	0	0	0	0	13	5	0	45
202303	5	1	2	1	0	7	12	0	0	0	0	0	13	5	1	47
202304	6	1	3	6	0	1	9	1	0	0	1	0	5	2	0	35
202305	0	1	3	0	0	2	17	0	0	0	2	0	7	5	0	36
202306	6	1	5	1	0	3	7	0	0	0	0	0	11	5	0	39
202307	3	2	3	0	0	1	12	0	0	0	0	0	12	3	1	37
202308	2	3	1	1	0	2	12	1	0	0	2	0	5	8	0	37
202309	2	0	1	0	0	2	6	0	0	0	1	0	11	9	0	32
202310	0	1	2	0	0	1	9	1	0	0	0	0	10	6	0	30
202311	3	1	3	1	0	4	8	0	0	0	3	0	9	3	0	35
202312	3	1	5	0	0	4	5	1	0	0	0	0	9	6	1	35
202401	1	3	3	2	0	2	11	0	0	0	0	0	7	3	0	32
202402	2	1	1	2	0	2	9	0	0	0	1	0	9	4	1	32
202403	5	0	0	0	0	2	6	0	0	0	0	0	9	8	0	30
202404	4	1	1	1	0	2	8	0	0	0	0	0	6	2	0	25
202405	2	0	0	1	0	2	6	1	0	0	0	0	6	3	0	21
202406	6	0	1	1	0	6	11	0	0	0	0	0	7	4	0	36
202407	6	0	1	1	0	0	3	0	0	0	1	0	7	7	0	26
202408	1	0	4	1	0	5	6	0	0	0	1	0	6	3	0	27

Nebraska Department of Correctional Services  
 Inpatient Acute Days by Correctional Facility by Month [Rolling 4-Years]  
 Current Month Ending AUGUST 2024  
 Recast: 2024-09-12



Month	CCCF	CRCI	DRCI	EOCI	MCCF	OSCI	OSP	PRCF	RSJC	SCCI	SCI	SFFC	SRCI	TRCI	WCCF	Total
202009	11	2	3	4	0	22	60	0	0	0	0	0	176	72	0	350
202010	14	0	11	21	0	13	49	0	0	0	0	0	94	49	0	251
202011	48	0	0	4	0	52	45	2	0	0	3	0	17	6	0	177
202012	29	0	151	0	0	23	142	0	0	0	0	0	50	53	0	448
202101	31	11	11	1	0	33	167	0	0	0	2	0	24	291	0	571
202102	15	24	29	10	0	23	51	0	0	0	0	0	69	116	0	337
202103	41	0	2	2	0	41	82	0	0	0	0	0	65	32	0	265
202104	32	0	0	0	0	34	48	0	0	0	0	0	68	42	0	224
202105	53	3	3	0	0	7	74	0	0	0	0	0	14	17	0	171
202106	28	0	3	3	0	2	8	0	0	0	0	0	51	100	0	195
202107	25	3	4	2	0	46	36	0	0	0	0	0	52	8	0	176
202108	54	0	12	0	0	2	68	4	0	0	7	0	33	27	0	207
202109	34	9	34	20	0	3	40	0	0	0	3	0	53	61	0	257
202110	53	8	0	13	0	10	28	0	0	0	0	0	32	21	0	165
202111	57	12	0	4	0	5	58	0	0	0	0	0	15	24	0	175
202112	63	0	15	0	0	48	27	0	0	0	0	0	36	16	0	205
202201	19	0	20	2	0	8	70	0	0	0	6	0	30	52	0	207
202202	35	22	18	1	0	15	45	0	0	0	3	0	55	24	0	218
202203	58	7	12	2	0	31	42	0	0	0	0	0	11	25	0	188
202204	54	29	11	0	0	12	26	0	0	0	0	0	37	12	0	181
202205	25	1	4	2	0	48	86	0	0	0	3	0	29	8	0	206
202206	31	5	3	6	0	19	51	0	0	0	22	0	82	4	0	223
202207	22	1	9	23	0	3	29	0	0	0	3	0	11	32	0	133
202208	10	7	14	0	0	14	37	0	0	0	0	0	22	15	0	119
202209	5	54	14	8	0	0	77	0	0	0	0	0	59	0	3	220
202210	35	40	9	1	0	0	95	0	0	0	0	0	74	6	0	260
202211	3	68	0	1	0	103	71	0	0	0	0	0	16	30	0	292
202212	18	0	2	7	0	55	83	0	0	0	0	0	53	26	0	244
202301	30	3	4	0	0	62	29	0	0	0	0	0	32	16	0	176
202302	19	5	11	41	0	15	26	0	0	0	0	0	109	11	0	237
202303	21	18	15	11	0	30	57	0	0	0	0	0	99	16	2	269
202304	33	4	18	36	0	20	32	1	0	0	1	0	46	13	0	204
202305	0	18	9	0	0	23	138	0	0	0	2	0	25	14	0	229
202306	42	37	25	1	0	9	50	0	0	0	0	0	57	21	0	242
202307	11	28	8	0	0	15	50	0	0	0	0	0	58	10	3	183
202308	19	125	2	2	0	10	55	2	0	0	26	0	30	31	0	302
202309	5	0	2	0	0	8	32	0	0	0	10	0	58	42	0	157
202310	0	1	9	0	0	2	95	7	0	0	0	0	47	28	0	189
202311	7	4	14	7	0	43	31	0	0	0	22	0	46	11	0	185
202312	14	4	17	0	0	13	14	2	0	0	0	0	50	49	6	169
202401	4	58	9	12	0	17	81	0	0	0	0	0	48	21	0	250
202402	21	5	4	9	0	13	39	0	0	0	4	0	41	11	6	153
202403	19	0	0	0	0	13	21	0	0	0	0	0	44	34	0	131
202404	28	2	2	3	0	10	33	0	0	0	0	0	41	7	0	126
202405	7	0	0	1	0	6	17	5	0	0	0	0	25	8	0	69
202406	39	0	15	3	0	48	103	0	0	0	0	0	40	10	0	258
202407	34	0	2	5	0	0	15	0	0	0	5	0	62	16	0	139
202408	4	0	13	2	0	37	40	0	0	0	4	0	24	11	0	135

Nebraska Department of Correctional Services  
 Inpatient Acute ALOS by Correctional Facility by Month [Rolling 4-Years]  
 Current Month Ending AUGUST 2024  
 Recast: 2024-09-12



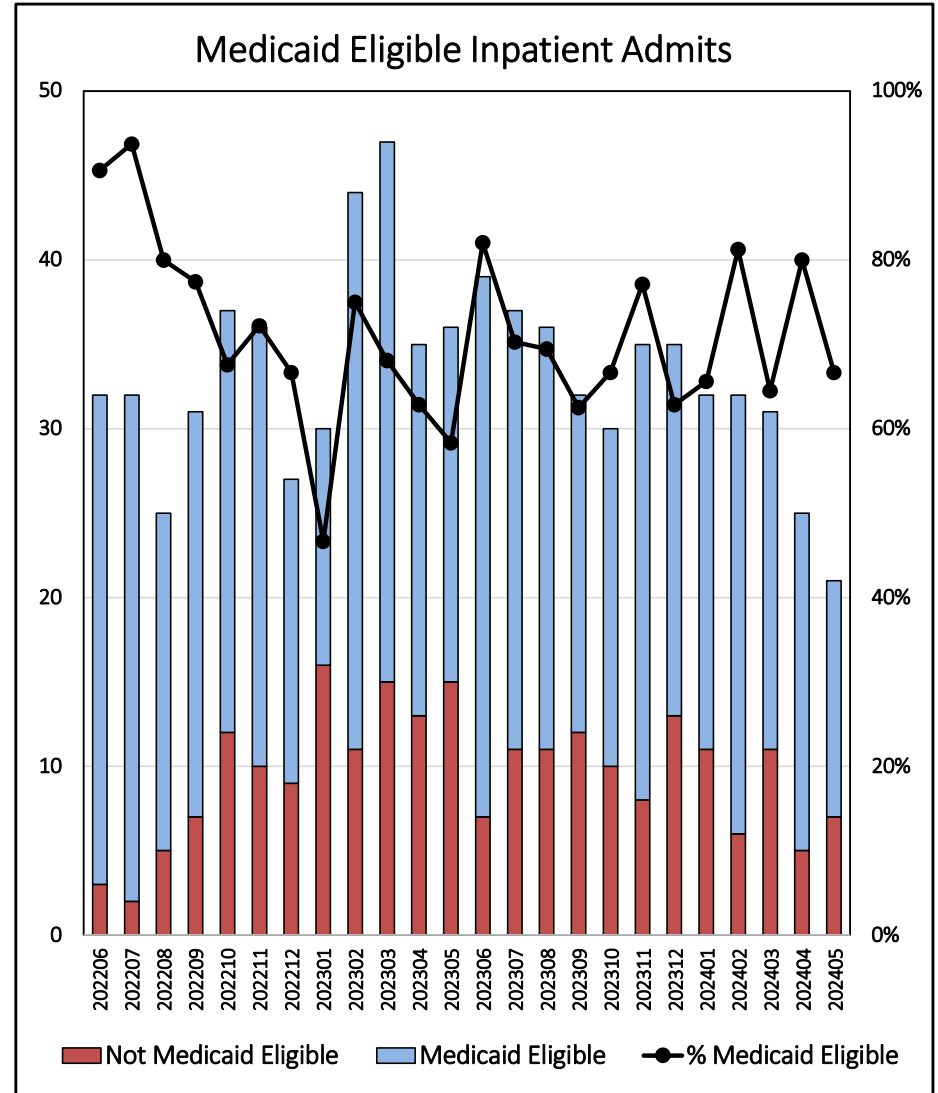
Month	CCCF	CRCI	DRCI	EOCI	MCCF	OSCI	OSP	PRCF	RSJC	SCCI	SCI	SFFC	SRCI	TRCI	WCCF	Total
202009	2.8	2.0	3.0	4.0	0.0	7.3	6.0	0.0	0.0	0.0	0.0	0.0	6.8	8.0	0.0	6.4
202010	7.0	0.0	5.5	5.3	0.0	2.2	7.0	0.0	0.0	0.0	0.0	0.0	7.2	6.1	0.0	6.0
202011	8.0	0.0	0.0	4.0	0.0	8.7	9.0	2.0	0.0	0.0	3.0	0.0	4.3	3.0	0.0	6.8
202012	9.7	0.0	12.6	0.0	0.0	7.7	9.5	0.0	0.0	0.0	0.0	0.0	10.0	6.6	0.0	9.7
202101	5.2	5.5	3.7	1.0	0.0	6.6	8.0	0.0	0.0	0.0	2.0	0.0	3.0	8.1	0.0	6.9
202102	7.5	8.0	5.8	5.0	0.0	3.8	4.6	0.0	0.0	0.0	0.0	0.0	5.8	12.9	0.0	6.7
202103	13.7	0.0	2.0	2.0	0.0	8.2	5.1	0.0	0.0	0.0	0.0	0.0	5.4	4.6	0.0	5.9
202104	5.3	0.0	0.0	0.0	0.0	6.8	6.9	0.0	0.0	0.0	0.0	0.0	7.6	4.7	0.0	6.2
202105	17.7	3.0	3.0	0.0	0.0	3.5	6.7	0.0	0.0	0.0	0.0	0.0	2.0	5.7	0.0	6.1
202106	5.6	0.0	3.0	3.0	0.0	2.0	2.0	0.0	0.0	0.0	0.0	0.0	4.3	8.3	0.0	5.4
202107	3.1	3.0	4.0	2.0	0.0	15.3	3.3	0.0	0.0	0.0	0.0	0.0	3.7	4.0	0.0	4.3
202108	4.9	0.0	4.0	0.0	0.0	2.0	5.7	4.0	0.0	0.0	3.5	0.0	11.0	6.8	0.0	5.6
202109	6.8	4.5	8.5	6.7	0.0	3.0	8.0	0.0	0.0	0.0	3.0	0.0	5.3	6.8	0.0	6.4
202110	13.3	8.0	0.0	6.5	0.0	10.0	4.7	0.0	0.0	0.0	0.0	0.0	8.0	5.3	0.0	7.5
202111	8.1	6.0	0.0	2.0	0.0	5.0	6.4	0.0	0.0	0.0	0.0	0.0	3.0	3.4	0.0	5.3
202112	10.5	0.0	3.8	0.0	0.0	6.9	3.9	0.0	0.0	0.0	0.0	0.0	7.2	2.0	0.0	5.5
202201	3.2	0.0	20.0	2.0	0.0	8.0	8.8	0.0	0.0	0.0	6.0	0.0	2.7	8.7	0.0	5.9
202202	5.8	5.5	3.6	1.0	0.0	5.0	4.5	0.0	0.0	0.0	3.0	0.0	11.0	12.0	0.0	5.9
202203	11.6	3.5	4.0	2.0	0.0	7.8	4.7	0.0	0.0	0.0	0.0	0.0	2.2	5.0	0.0	5.5
202204	9.0	9.7	5.5	0.0	0.0	12.0	4.3	0.0	0.0	0.0	0.0	0.0	6.2	4.0	0.0	6.7
202205	3.6	1.0	1.3	2.0	0.0	24.0	6.6	0.0	0.0	0.0	3.0	0.0	3.6	2.7	0.0	5.3
202206	4.4	5.0	1.5	6.0	0.0	9.5	6.4	1.5	0.0	0.0	11.0	0.0	10.3	2.0	0.0	6.8
202207	4.4	1.0	3.0	11.5	0.0	3.0	4.8	0.0	0.0	0.0	3.0	0.0	1.8	4.6	0.0	4.2
202208	3.3	7.0	7.0	0.0	0.0	4.7	5.3	0.0	0.0	0.0	0.0	0.0	4.4	3.8	0.0	4.8
202209	5.0	13.5	4.7	8.0	0.0	0.0	8.6	0.0	0.0	0.0	0.0	0.0	4.9	0.0	3.0	7.1
202210	5.8	20.0	9.0	1.0	0.0	0.0	5.9	0.0	0.0	0.0	0.0	0.0	8.2	3.0	0.0	7.0
202211	1.5	17.0	0.0	1.0	0.0	9.4	7.9	0.0	0.0	0.0	0.0	0.0	2.7	6.0	0.0	7.7
202212	4.5	0.0	2.0	7.0	0.0	13.8	13.8	0.0	0.0	0.0	0.0	0.0	6.6	6.5	0.0	8.7
202301	7.5	3.0	4.0	0.0	0.0	15.5	4.8	0.0	0.0	0.0	0.0	0.0	3.6	3.2	0.0	5.9
202302	2.1	2.5	3.7	8.2	0.0	7.5	4.3	0.0	0.0	0.0	0.0	0.0	8.4	2.2	0.0	5.3
202303	4.2	18.0	7.5	11.0	0.0	4.3	4.8	0.0	0.0	0.0	0.0	0.0	7.6	3.2	2.0	5.7
202304	5.5	4.0	6.0	6.0	0.0	20.0	3.6	1.0	0.0	0.0	1.0	0.0	9.2	6.5	0.0	5.8
202305	0.0	18.0	3.0	0.0	0.0	11.5	8.1	0.0	0.0	0.0	2.0	0.0	3.6	2.8	0.0	6.4
202306	7.0	37.0	5.0	1.0	0.0	3.0	7.1	0.0	0.0	0.0	0.0	0.0	5.2	4.2	0.0	6.2
202307	3.7	14.0	2.7	0.0	0.0	15.0	4.2	0.0	0.0	0.0	0.0	0.0	4.8	3.3	3.0	4.9
202308	9.5	41.7	2.0	2.0	0.0	5.0	4.6	2.0	0.0	0.0	13.0	0.0	6.0	3.9	0.0	8.2
202309	2.5	0.0	2.0	0.0	0.0	4.0	5.3	0.0	0.0	0.0	10.0	0.0	5.3	4.7	0.0	4.9
202310	0.0	1.0	4.5	0.0	0.0	2.0	10.6	7.0	0.0	0.0	0.0	0.0	4.7	4.7	0.0	6.3
202311	2.3	4.0	4.7	7.0	0.0	10.8	3.9	0.0	0.0	0.0	7.3	0.0	5.1	3.7	0.0	5.3
202312	4.7	4.0	3.4	0.0	0.0	3.3	2.8	2.0	0.0	0.0	0.0	0.0	5.6	8.2	6.0	4.8
202401	4.0	19.3	3.0	6.0	0.0	8.5	7.4	0.0	0.0	0.0	0.0	0.0	6.9	7.0	0.0	7.8
202402	10.5	5.0	4.0	4.5	0.0	6.5	4.3	0.0	0.0	0.0	4.0	0.0	4.6	2.8	6.0	4.8
202403	3.8	0.0	0.0	0.0	0.0	6.5	3.5	0.0	0.0	0.0	0.0	0.0	4.9	4.3	0.0	4.4
202404	7.0	2.0	2.0	3.0	0.0	5.0	4.1	0.0	0.0	0.0	0.0	0.0	6.8	3.5	0.0	5.0
202405	3.5	0.0	0.0	1.0	0.0	3.0	2.8	5.0	0.0	0.0	0.0	0.0	4.2	2.7	0.0	3.3
202406	6.5	0.0	15.0	3.0	0.0	8.0	9.4	0.0	0.0	0.0	0.0	0.0	5.7	2.5	0.0	7.2
202407	5.7	0.0	2.0	5.0	0.0	0.0	5.0	0.0	0.0	0.0	5.0	0.0	8.9	2.3	0.0	5.3
202408	4.0	0.0	3.3	2.0	0.0	7.4	6.7	0.0	0.0	0.0	4.0	0.0	4.0	3.7	0.0	5.0

Nebraska Department of Correctional Services  
 Inpatient Acute Admissions by Medicaid Eligibility  
 202206 Through 202408

% Medicaid Eligible, Prior 12 Months	71.4%
% Medicaid Eligible, Current 12 Months	70.9%

Month	Inpatient Acute Admits			
	Not Medicaid Eligible	Medicaid Eligible	Overall Total	% Medicaid Eligible
202206	3	29	32	90.6%
202207	2	30	32	93.8%
202208	5	20	25	80.0%
202209	7	24	31	77.4%
202210	12	25	37	67.6%
202211	10	26	36	72.2%
202212	9	18	27	66.7%
202301	16	14	30	46.7%
202302	11	33	44	75.0%
202303	15	32	47	68.1%
202304	13	22	35	62.9%
202305	15	21	36	58.3%
202306	7	32	39	82.1%
202307	11	26	37	70.3%
202308	11	25	36	69.4%
202309	12	20	32	62.5%
202310	10	20	30	66.7%
202311	8	27	35	77.1%
202312	13	22	35	62.9%
202401	11	21	32	65.6%
202402	6	26	32	81.3%
202403	11	20	31	64.5%
202404	5	20	25	80.0%
202405	7	14	21	66.7%
202406	9	27	36	75.0%
202407	12	14	26	53.8%
202408	19	9	28	32.1%

Period	Not Medicaid Eligible	Medicaid Eligible	Overall Total	% Medicaid Eligible
Prior 12-Month	118	294	412	71.4%
Current 12-Month	112	273	385	70.9%
Trend	-5.1%	-7.1%	-6.6%	



NDCS All-Cause Readmissions Within 30 Days  
With Readmission Date in AUGUST 2024

Nebraska Department of Correctional Services	Readmissions	2
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ODOC ID	Offender Name	Date of Birth	Age								
900011535	AIC-900011535	19470619	77								
Admission	Auth ID	Auth Type	Admit Type	Admission Date	Discharge Date	Diag Code	Diagnosis	Clinical Category	Treating Provider	Prison	LOS
Index	Auth-A07297	INPATIENT ACUTE	ER ADMISSION	20240707	20240714	R55	SYNCOPE AND COLLAPSE	SYNCOPE	PROVIDER P0093	OSP	7
Readmission	Auth-A07347	INPATIENT ACUTE	ER ADMISSION	20240814	20240824	N17.9	ACUTE KIDNEY FAILURE UNSPECIFIED	ACUTE AND UNSPECIFIED RE	PROVIDER P0093	OSP	10
Notes											

ODOC ID	Offender Name	Date of Birth	Age								
900000039	AIC-900000039	19441227	79								
Admission	Auth ID	Auth Type	Admit Type	Admission Date	Discharge Date	Diag Code	Diagnosis	Clinical Category	Treating Provider	Prison	LOS
Index	Auth-A07317	INPATIENT ACUTE	ER ADMISSION	20240724	20240728	A41.9	SEPSIS UNSPECIFIED ORGANISM	SEPTICEMIA (EXCEPT IN LABC	PROVIDER P0105	TRCI	4
Readmission	Auth-A07334	INPATIENT ACUTE	ER ADMISSION	20240804	20240807	J69.0	PNEUMONITIS DUE TO INHALATION OF FOOD	ASPIRATION PNEUMONITIS; f	PROVIDER P0104	DRCI	3
Notes											

Nebraska Department of Correctional Services  
 OP Authorizations by Request Type: Rolling 12-Months  
 Updated as of: 2024-09-12



Request Type	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
UNKNOWN	123	133	178	148	125	211	205	262	194	142	190	200	2,111
OFFICE ORTHOPEDICS	48	68	51	56	52	72	100	109	48	59	50	57	770
THERAPY PT OT	60	87	44	54	87	66	13	75	12	21	18	19	556
OP DIAGNOSTIC RADIOLOGY	28	43	15	12	19	48	42	21	66	69	83	59	505
OP DIAGNOSTIC CT SCAN	26	38	43	27	32	52	50	41	48	28	34	39	458
OFFICE UROLOGY	21	19	27	20	31	27	27	33	34	8	26	37	310
AMBULATORY SURGERY	25	27	33	22	23	22	26	36	34	15	21	18	302
OFFICE HEMA/ONCOLOGY	15	9	13	18	20	27	24	26	26	25	26	31	260
OFFICE CARDIOLOGY	9	12	15	20	17	20	20	31	27	15	26	38	250
DENTAL	38	27	18	10	16	17	23	24	18	26	18	8	243
OP DIAGNOSTIC COLONOSCOPY	9	11	14	20	13	15	19	25	23	17	33	14	213
OFFICE ENT	9	7	17	8	11	14	20	23	21	8	20	14	172
OFFICE NEUROLOGY	3	6	15	3	9	13	20	23	11	26	18	5	152
OFFICE NEUROSURGERY	10	13	8	5	7	13	10	20	12	14	5	12	129
OP DIAGNOSTIC OTHER	7	8	11	10	6	8	10	11	4	4	11	9	99
OFFICE GASTROENTEROLOGY	2	10	11	3	6	17	8	7	8	4	12	9	97
OP DIAGNOSTIC ULTRASOUND	8	8	9	5	2	12	11	7	12	5	4	6	89
OFFICE OTHER	3	1	9	4	1	6	7	21	8	1	5	4	70
OP DIAGNOSTIC EGD	2	8	5	6	6	6	8	6	7	4	3	6	67
OFFICE DERMATOLOGY	2	4	6	4	4	2	5	14	4	5	10	3	63
OFFICE ORAL SURGERY	2	4	5	1	11	8	4	10	7	4	3	2	61
CHEMOTHERAPY	0	0	1	2	1	7	6	8	12	6	9	9	61
OTHER SERVICES	6	11	3	5	4	2	7	8	4	6	2	1	59
OFFICE PODIATRY	2	3	6	3	6	4	2	6	5	7	3	9	56
DME PURCHASE	3	3	2	0	5	11	4	5	10	4	4	2	53
OFFICE NEPHROLOGY	3	1	2	0	5	9	9	3	8	1	2	1	44
OP DIAGNOSTIC MAMMOGRAM	7	2	3	3	5	1	3	3	3	1	3	5	39
OFFICE RADIATION ONCOLOGY	14	1	1	0	3	1	3	3	0	0	4	3	33
OFFICE PAIN MANAGEMENT	0	1	3	2	1	1	3	4	2	7	3	3	30
OFFICE INFECTIOUS	1	0	2	1	2	1	10	1	6	1	1	1	27
OP DIAGNOSTIC PET SCAN	3	2	2	2	0	5	1	0	3	1	5	2	26
DME OTHER	0	4	1	1	0	9	0	0	0	6	3	2	26
OFFICE OB/GYN	0	0	0	0	0	0	0	0	2	2	11	5	20
OFFICE RHEUMATOLOGY	0	1	2	1	4	1	1	4	1	3	0	2	20
OFFICE HAND SURGERY	0	1	1	1	2	0	1	3	0	2	1	1	13
OP DIAGNOSTIC CARDIAC TESTING	0	1	0	0	1	3	1	3	2	0	1	0	12
OFFICE OPHTHALMOLOGY	0	0	0	0	0	0	0	7	1	1	2	0	11
OP DIAGNOSTIC AUDIOGRAM	0	1	1	3	1	0	1	0	1	3	0	0	11
THERAPY OTHER	0	0	0	0	0	0	0	0	0	0	1	3	4
DME RENTAL	1	0	0	0	0	0	0	1	2	0	0	0	4
OFFICE VASCULAR SURG	0	0	0	0	0	0	0	2	1	0	0	0	3
OFFICE THORACIC SURGERY	0	0	0	0	0	2	0	0	0	0	0	0	2
<b>Grand Total</b>	<b>490</b>	<b>575</b>	<b>577</b>	<b>480</b>	<b>538</b>	<b>733</b>	<b>704</b>	<b>886</b>	<b>687</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>7,531</b>

Nebraska Department of Correctional Services  
 OP Authorizations by Procedure Group: Rolling 12-Months  
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Procedure Group	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
OTHER DIAGNOSTIC PROCEDURES (INTERVIEW EVALUATI	137	181	191	181	183	215	256	292	234	183	229	220	2,502
MAGNETIC RESONANCE IMAGING	36	41	41	34	43	67	62	66	50	37	40	59	576
OTHER DIAGNOSTIC RADIOLOGY AND RELATED TECHNIQI	30	43	18	11	20	41	64	61	71	67	83	59	568
UNKNOWN	47	44	40	20	37	66	46	53	53	48	30	34	518
DIAGNOSTIC PHYSICAL THERAPY	48	63	36	46	69	50	0	37	6	9	7	4	375
OTHER THERAPEUTIC PROCEDURES	15	12	17	11	10	17	19	45	27	19	8	14	214
OPHTHALMOLOGIC AND OTOLOGIC DIAGNOSIS AND TRE/	13	21	25	30	13	18	22	26	14	11	9	12	214
COLONOSCOPY AND BIOPSY	8	10	17	17	14	20	15	21	22	16	31	16	207
CT SCAN CHEST	11	16	18	16	13	18	22	17	25	10	20	18	204
PHYSICAL THERAPY EXERCISES MANIPULATION AND OTHI	12	20	7	12	17	12	13	34	7	12	14	15	175
DIAGNOSTIC ULTRASOUND OF HEART (ECHOCARDIOGRAI	3	9	8	7	4	10	12	13	17	11	21	17	132
CT SCAN ABDOMEN	10	13	15	4	15	22	11	15	7	4	7	7	130
LENS AND CATARACT PROCEDURES	10	5	6	5	3	12	7	14	7	5	13	9	96
OTHER DIAGNOSTIC NERVOUS SYSTEM PROCEDURES	3	2	10	3	6	11	12	12	4	14	8	7	92
UPPER GASTROINTESTINAL ENDOSCOPY BIOPSY	3	7	11	7	4	14	10	6	8	6	9	6	91
OTHER CT SCAN	3	2	9	8	4	8	8	7	14	7	6	9	85
RADIOISOTOPE SCAN AND FUNCTION STUDIES	7	2	6	3	0	5	3	1	7	3	14	9	60
OTHER DIAGNOSTIC ULTRASOUND	8	3	5	4	1	6	9	5	6	3	5	3	58
COMPUTERIZED AXIAL TOMOGRAPHY (CT) SCAN HEAD	1	3	4	2	2	5	6	5	6	4	4	15	57
INGUINAL AND FEMORAL HERNIA REPAIR	2	0	11	2	7	1	4	7	4	3	6	2	49
OTHER THERAPEUTIC PROCEDURES ON MUSCLES AND TE	2	3	1	3	0	6	6	14	2	3	2	2	44
CANCER CHEMOTHERAPY	0	0	0	1	3	8	3	6	7	6	4	6	44
CARDIAC STRESS TESTS	2	3	4	1	1	3	2	8	4	3	4	4	39
MAMMOGRAPHY	7	2	5	1	2	1	3	4	2	1	3	4	35
DIAGNOSTIC CARDIAC CATHETERIZATION CORONARY ART	1	1	5	4	0	0	2	1	9	3	3	3	32
ENDOSCOPY AND ENDOSCOPIC BIOPSY OF THE URINARY	5	0	3	3	2	4	1	4	4	1	1	3	31
OTHER PHYSICAL THERAPY AND REHABILITATION	0	2	1	0	0	11	1	2	5	1	3	3	29
OTHER INTRAOCULAR THERAPEUTIC PROCEDURES	1	4	6	2	1	1	2	4	1	1	6	0	29
INSERTION OF CATHETER OR SPINAL STIMULATOR AND IM	1	1	3	0	3	6	1	5	2	2	0	2	26
DIAGNOSTIC ULTRASOUND OF ABDOMEN OR RETROPERI	1	3	1	1	0	5	2	3	6	0	1	3	26
THERAPEUTIC RADIOLOGY	12	1	2	0	2	2	3	1	1	0	0	1	25
DECOMPRESSION PERIPHERAL NERVE	2	0	1	0	0	4	1	4	5	2	0	6	25
TRACTION SPLINTS AND OTHER WOUND CARE	2	8	3	4	2	0	2	1	0	1	1	0	24
OTHER OR THERAPEUTIC PROCEDURES ON JOINTS	2	1	3	1	3	2	0	2	1	0	5	1	21
HIP REPLACEMENT TOTAL AND PARTIAL	3	4	0	1	1	1	3	2	1	2	2	0	20
ELECTROGRAPHIC CARDIAC MONITORING	0	2	4	0	0	1	1	2	0	3	3	4	20
OTHER VASCULAR CATHETERIZATION NOT HEART	0	0	2	3	4	2	1	2	4	0	2	0	20
OTHER HERNIA REPAIR	0	2	2	2	0	2	3	2	2	1	1	2	19
ARTHROPLASTY KNEE	1	2	0	2	0	1	5	4	1	0	2	1	19
EXCISION OF SKIN LESION	1	0	0	2	1	1	2	3	0	4	3	1	18
UPPER GASTROINTESTINAL X-RAY	0	1	3	2	1	0	5	0	1	0	3	2	18
<b>Grand Total</b>	<b>490</b>	<b>575</b>	<b>577</b>	<b>480</b>	<b>538</b>	<b>733</b>	<b>704</b>	<b>886</b>	<b>687</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>7,531</b>

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Facility	Request Type	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
CCCF		5	2	10	3	5	10	122	147	27	20	57	41	449
	UNKNOWN	1	0	0	1	0	0	35	58	8	4	21	16	144
	DENTAL	1	0	1	0	0	7	5	13	2	1	5	2	37
	OFFICE ORTHOPEDICS	1	0	0	0	0	0	13	14	0	0	0	0	28
	OFFICE CARDIOLOGY	0	0	4	0	1	0	5	5	3	0	1	4	23
	OP DIAGNOSTIC RADIOLOGY	0	0	0	0	0	0	17	6	0	0	0	0	23
	OFFICE OB/GYN	0	0	0	0	0	0	0	0	2	2	11	5	20
	OP DIAGNOSTIC CT SCAN	0	0	1	0	0	0	9	7	0	0	3	0	20
	OP DIAGNOSTIC COLONOSCOPY	0	0	0	1	1	0	1	7	3	1	3	1	18
	OFFICE NEUROLOGY	0	0	1	0	0	0	3	3	0	7	2	0	16
	AMBULATORY SURGERY	0	0	0	0	0	1	4	5	1	1	2	1	15
	THERAPY PT OT	0	0	0	0	2	1	6	3	0	0	0	0	12
	OFFICE ENT	0	0	0	0	0	0	3	2	1	1	3	1	11
	OP DIAGNOSTIC ULTRASOUND	0	0	0	0	0	0	4	0	3	0	2	1	10
	OFFICE UROLOGY	1	0	0	0	0	0	3	5	0	1	0	0	10
	OFFICE HEMA/ONCOLOGY	0	0	0	0	0	0	1	2	1	0	0	4	8
	OFFICE GASTROENTEROLOGY	1	1	0	0	0	0	2	3	0	1	0	0	8
	OP DIAGNOSTIC MAMMOGRAM	0	0	0	0	0	0	0	0	1	0	3	2	6
	OFFICE NEUROSURGERY	0	0	1	0	0	0	0	3	0	0	0	1	5
	OFFICE ORAL SURGERY	0	0	2	0	0	0	2	1	0	0	0	0	5
	OFFICE OTHER	0	0	0	0	0	1	1	2	1	0	0	0	5
	OTHER SERVICES	0	0	0	0	0	0	3	1	0	0	0	0	4
	OFFICE RHEUMATOLOGY	0	0	0	0	0	0	1	2	0	0	0	1	4
	OFFICE PODIATRY	0	0	0	0	0	0	1	1	0	0	0	2	4
	OP DIAGNOSTIC OTHER	0	0	0	1	0	0	0	1	0	1	0	0	3
	OP DIAGNOSTIC EGD	0	0	0	0	0	0	1	2	0	0	0	0	3
	OFFICE DERMATOLOGY	0	1	0	0	0	0	0	1	0	0	0	0	2
	DME PURCHASE	0	0	0	0	0	0	1	0	1	0	0	0	2
	CHEMOTHERAPY	0	0	0	0	0	0	0	0	0	0	1	0	1
	OP DIAGNOSTIC CARDIAC TESTING	0	0	0	0	1	0	0	0	0	0	0	0	1
	OFFICE NEPHROLOGY	0	0	0	0	0	0	1	0	0	0	0	0	1

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Procedure Code	Procedure Description	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
OTHER DIAGNOSTIC PROCEDURES (INTERVIEW EVALUATION CONSULTATION		137	181	191	181	183	215	256	292	234	183	229	220	2,502
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	24	62	50	47	49	52	55	65	68	29	57	31	589
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	13	28	30	43	18	43	29	38	46	43	45	49	425
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	27	23	18	21	23	18	28	48	29	43	33	31	342
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	25	22	30	4	21	23	14	20	6	7	19	11	202
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	5	1	2	7	12	30	46	22	24	10	10	31	200
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	12	8	18	15	12	12	13	19	33	7	17	17	183
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	1	19	9	7	16	8	9	26	7	14	22	6	144
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	4	1	4	7	15	6	20	22	2	14	8	12	115
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	2	0	3	5	3	9	7	7	8	8	8	11	71
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	0	3	10	10	8	4	13	6	2	2	4	4	66
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	3	1	6	5	2	2	4	2	1	0	0	10	36
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	5	3	1	4	1	4	9	4	0	1	2	0	34
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	8	3	7	1	1	1	0	5	2	1	1	1	31
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	0	5	1	0	0	0	3	1	1	0	1	2	14
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION	2	0	1	2	0	1	0	2	0	0	0	2	10
95811	POLYSOMNOGRAPHY; AGE 6 YEARS OR OLDER, SLEEP STUDY	2	0	0	0	1	0	3	0	1	1	0	0	8
95806	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING	2	1	0	1	0	0	0	1	0	0	0	0	5
99254	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	0	0	0	0	0	0	0	3	0	0	1	0	4
99415	PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND	0	0	0	0	0	2	0	0	0	0	0	0	2
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	0	0	0	0	0	0	0	0	1	0	1	0	2
99417	UNKNOWN	0	0	0	1	0	0	0	1	0	0	0	0	2
99221	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION	0	0	0	0	0	0	0	0	0	1	0	1	2
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	1	0	0	0	0	0	0	0	0	0	0	0	1
99156	MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN	0	0	0	0	0	0	0	0	0	1	0	0	1
99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION	0	0	0	1	0	0	0	0	0	0	0	0	1
99152	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN	0	0	0	0	0	0	0	0	0	0	0	1	1
99424	NULL	0	0	0	0	0	0	1	0	0	0	0	0	1
99354	PROLONGED EVALUATION AND MANAGEMENT OR PSYCHIATRY	0	0	0	0	0	0	1	0	0	0	0	0	1
99216	NULL	0	0	1	0	0	0	0	0	0	0	0	0	1
99449	INTERPROFESSIONAL TELEPHONE/INTERNET ASSESSMENT	0	0	0	0	0	0	0	0	0	1	0	0	1
99250	NULL	0	0	0	0	1	0	0	0	0	0	0	0	1
99232	SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION	0	0	0	0	0	0	1	0	0	0	0	0	1
99423	UNKNOWN	0	0	0	0	0	0	0	0	1	0	0	0	1
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	0	0	0	0	0	0	0	0	1	0	0	0	1
99255	INPATIENT CONSULTATION FOR A NEW OR ESTABLISHED PATIENT	0	1	0	0	0	0	0	0	0	0	0	0	1
96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICE	0	0	0	0	0	0	0	0	1	0	0	0	1
99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	1	0	0	0	0	0	0	0	0	0	0	0	1

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Clinical Class I	Clinical Category	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
<b>BLOOD</b>		<b>2</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>6</b>	<b>10</b>	<b>12</b>	<b>14</b>	<b>10</b>	<b>12</b>	<b>10</b>	<b>12</b>	<b>99</b>
	ANEMIA	2	2	4	4	2	6	6	13	10	10	8	10	77
	COAGULATION AND HEMORRHAGIC DISORDERS [62.]	0	0	0	0	0	4	6	1	0	1	0	0	12
	OTHER HEMATOLOGIC CONDITIONS [64.]	0	1	0	0	2	0	0	0	0	0	1	2	6
	DISEASES OF WHITE BLOOD CELLS [63.]	0	0	0	0	2	0	0	0	0	1	1	0	4
<b>CIRCULATORY</b>		<b>14</b>	<b>29</b>	<b>36</b>	<b>24</b>	<b>21</b>	<b>44</b>	<b>49</b>	<b>56</b>	<b>55</b>	<b>39</b>	<b>64</b>	<b>65</b>	<b>496</b>
	DISEASES OF THE HEART	10	25	22	18	12	23	25	43	40	33	51	47	349
	DISEASES OF ARTERIES; ARTERIOLES; AND CAPILLARIES	3	1	8	3	0	11	18	8	5	3	5	7	72
	DISEASES OF VEINS AND LYMPHATICS	1	2	3	1	3	6	2	3	7	1	7	3	39
	CEREBROVASCULAR DISEASE	0	1	1	2	5	4	1	1	3	2	1	5	26
	HYPERTENSION	0	0	2	0	1	0	3	1	0	0	0	3	10
<b>CONGENITAL ANOMALIES</b>		<b>3</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>31</b>
	OTHER CONGENITAL ANOMALIES [217.]	0	4	1	0	1	5	0	1	1	0	0	1	14
	CARDIAC AND CIRCULATORY CONGENITAL ANOMALIES [218.]	3	0	0	0	0	2	0	2	0	0	1	1	9
	DIGESTIVE CONGENITAL ANOMALIES [214.]	0	0	0	0	0	1	2	0	1	0	1	0	5
	GENITOURINARY CONGENITAL ANOMALIES [215.]	0	1	1	0	0	0	0	1	0	0	0	0	3
<b>DIGESTIVE</b>		<b>62</b>	<b>57</b>	<b>59</b>	<b>41</b>	<b>52</b>	<b>70</b>	<b>80</b>	<b>91</b>	<b>75</b>	<b>71</b>	<b>85</b>	<b>58</b>	<b>801</b>
	DISORDERS OF TEETH AND JAW [136.]	35	25	21	8	12	17	24	27	19	24	12	7	231
	OTHER GASTROINTESTINAL DISORDERS [155.]	9	14	10	13	13	13	15	27	23	11	35	12	195
	ABDOMINAL HERNIA [143.]	2	9	11	4	9	9	15	21	13	13	15	15	136
	LOWER GASTROINTESTINAL DISORDERS	3	2	2	2	8	8	4	3	5	6	3	8	54
	UPPER GASTROINTESTINAL DISORDERS	2	3	7	2	2	8	7	3	0	5	5	4	48
	GASTROINTESTINAL HEMORRHAGE [153.]	1	2	3	6	0	3	6	5	8	3	7	1	45
	LIVER DISEASE	6	1	4	2	2	2	2	0	5	3	2	3	32
	DISEASES OF MOUTH; EXCLUDING DENTAL [137.]	1	1	1	1	2	2	4	3	2	2	3	4	26
	BILIARY TRACT DISEASE [149.]	3	0	0	2	0	5	3	1	0	4	2	4	24
	PANCREATIC DISORDERS (NOT DIABETES) [152.]	0	0	0	1	2	1	0	0	0	0	1	0	5
	NONINFECTIOUS GASTROENTERITIS [154.]	0	0	0	0	2	2	0	1	0	0	0	0	5
<b>GENITOURINARY</b>		<b>20</b>	<b>16</b>	<b>26</b>	<b>18</b>	<b>21</b>	<b>42</b>	<b>37</b>	<b>45</b>	<b>48</b>	<b>13</b>	<b>23</b>	<b>36</b>	<b>345</b>
	DISEASES OF THE URINARY SYSTEM	13	11	19	13	11	34	28	35	35	10	11	22	242
	DISEASES OF MALE GENITAL ORGANS	2	3	3	2	8	6	4	7	10	2	7	7	61
	DISEASES OF FEMALE GENITAL ORGANS	5	2	4	3	2	2	5	3	3	1	5	7	42
<b>INFECTIOUS/PARASITIC</b>		<b>3</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>31</b>
	BACTERIAL INFECTION	2	1	1	0	1	1	1	1	2	0	1	0	11
	VIRAL INFECTION	0	0	2	0	3	1	0	0	2	0	1	1	10
	IMMUNIZATIONS AND SCREENING FOR INFECTIOUS DISE.	0	0	1	0	1	0	0	1	1	1	2	0	7
	OTHER INFECTIONS; INCLUDING PARASITIC [8.]	1	0	0	0	0	1	0	0	0	0	0	0	2
	MYCOSES [4.]	0	0	0	0	0	0	0	1	0	0	0	0	1
<b>INJURY/POISONING</b>		<b>42</b>	<b>54</b>	<b>44</b>	<b>44</b>	<b>61</b>	<b>71</b>	<b>77</b>	<b>88</b>	<b>60</b>	<b>55</b>	<b>68</b>	<b>56</b>	<b>720</b>
	FRACTURES	12	13	9	14	14	18	23	24	21	19	23	15	205
	JOINT DISORDERS AND DISLOCATIONS; TRAUMA-RELATED	8	12	11	12	12	15	15	18	11	12	15	10	151

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 Updated as of: 2024-09-12

Clinical Class I	Clinical Category	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
INJURY/POISONING	SPRAINS AND STRAINS [232.]	10	9	5	5	16	14	7	19	13	11	10	7	126
	COMPLICATIONS	8	9	7	4	9	5	10	9	5	1	6	5	78
	OTHER INJURIES AND CONDITIONS DUE TO EXTERNAL CA	1	7	3	4	4	9	9	9	4	7	7	9	73
	OPEN WOUNDS	2	1	1	0	1	4	8	5	3	1	3	8	37
	SUPERFICIAL INJURY; CONTUSION [239.]	1	1	4	2	2	3	3	2	2	3	2	1	26
	CRUSHING INJURY OR INTERNAL INJURY [234.]	0	1	2	2	3	3	1	0	1	1	0	0	14
	INTRACRANIAL INJURY [233.]	0	1	2	1	0	0	1	2	0	0	2	0	9
	SPINAL CORD INJURY [227.]	0	0	0	0	0	0	0	0	0	0	0	0	1
<b>MENTAL</b>		<b>5</b>	<b>5</b>	<b>2</b>	<b>7</b>	<b>7</b>	<b>14</b>	<b>14</b>	<b>10</b>	<b>16</b>	<b>5</b>	<b>11</b>	<b>6</b>	<b>102</b>
	SCREENING AND HISTORY OF MENTAL HEALTH AND SUBS	0	5	1	3	4	10	11	6	8	4	7	4	63
	MISCELLANEOUS MENTAL DISORDERS [670]	3	0	0	0	2	4	1	1	3	0	1	2	17
	SUBSTANCE-RELATED DISORDERS [661]	2	0	1	4	0	0	0	2	3	0	0	0	12
	MOOD DISORDERS [657]	0	0	0	0	0	0	0	1	0	0	3	0	4
	ALCOHOL-RELATED DISORDERS [660]	0	0	0	0	1	0	1	0	1	1	0	0	4
	DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGI	0	0	0	0	0	0	1	0	1	0	0	0	2
<b>MUSCULOSKELETAL</b>		<b>98</b>	<b>135</b>	<b>93</b>	<b>93</b>	<b>124</b>	<b>174</b>	<b>155</b>	<b>228</b>	<b>140</b>	<b>148</b>	<b>140</b>	<b>136</b>	<b>1,664</b>
	NON-TRAUMATIC JOINT DISORDERS	38	63	39	31	53	77	76	107	48	56	64	61	713
	SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; OTHEI	25	34	25	38	43	42	38	68	39	50	35	32	469
	OTHER CONNECTIVE TISSUE DISEASE [211.]	19	23	13	13	13	34	24	30	27	28	20	24	268
	ACQUIRED DEFORMITIES	10	7	8	4	5	12	8	12	14	7	9	8	104
	OTHER BONE DISEASE AND MUSCULOSKELETAL DEFORM	6	6	6	4	7	6	5	8	5	5	6	4	68
	INFECTIVE ARTHRITIS AND OSTEOMYELITIS (EXCEPT THAT	0	2	2	1	1	0	0	2	6	1	4	6	25
	PATHOLOGICAL FRACTURE [207.]	0	0	0	1	1	1	1	1	0	1	2	0	8
	SYSTEMIC LUPUS ERYTHEMATOSUS AND CONNECTIVE TI	0	0	0	1	1	1	1	0	1	0	0	0	5
	OSTEOPOROSIS [206.]	0	0	0	0	0	1	2	0	0	0	0	1	4
<b>NEOPLASMS</b>		<b>40</b>	<b>28</b>	<b>54</b>	<b>46</b>	<b>49</b>	<b>81</b>	<b>61</b>	<b>69</b>	<b>63</b>	<b>51</b>	<b>71</b>	<b>64</b>	<b>677</b>
	CANCER OF MALE GENITAL ORGANS	20	3	11	8	11	16	14	12	17	7	17	9	145
	COLORECTAL CANCER	2	5	6	8	9	18	13	11	17	14	14	16	133
	CANCER OF BRONCHUS; LUNG [19.]	4	3	9	3	1	9	8	6	6	5	10	10	74
	CANCER; OTHER PRIMARY	4	4	6	9	4	15	3	8	4	3	5	7	72
	BENIGN NEOPLASMS	0	4	8	3	6	9	8	11	4	4	8	1	66
	CANCER OF SKIN	1	4	3	3	6	2	6	4	3	6	6	4	48
	CANCER OF LYMPHATIC AND HEMATOPOIETIC TISSUE	1	0	1	2	0	6	4	7	3	6	1	4	35
	NEOPLASMS OF UNSPECIFIED NATURE OR UNCERTAIN BE	2	0	0	3	6	3	2	4	2	2	4	5	33
	CANCER OF URINARY ORGANS	4	2	5	3	2	1	2	3	3	2	1	2	30
	SECONDARY MALIGNANCIES [42.]	0	2	3	2	2	1	0	0	2	0	0	1	13
	OTHER GASTROINTESTINAL CANCER	1	0	2	0	2	0	1	1	2	2	0	0	11
	CANCER OF BREAST [24.]	0	1	0	0	0	0	0	1	0	0	5	3	10
	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SIT	1	0	0	2	0	1	0	0	0	0	0	0	4
	CANCER OF UTERUS AND CERVIX	0	0	0	0	0	0	0	1	0	0	0	0	1
	MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY [45.]	0	0	0	0	0	0	0	0	0	0	0	1	1
	CANCER OF OVARY AND OTHER FEMALE GENITAL ORGAN	0	0	0	0	0	0	0	0	0	0	0	1	1
<b>NERVOUS</b>		<b>48</b>	<b>56</b>	<b>71</b>	<b>46</b>	<b>42</b>	<b>79</b>	<b>93</b>	<b>115</b>	<b>84</b>	<b>84</b>	<b>69</b>	<b>73</b>	<b>860</b>

Nebraska Department of Correctional Services  
 OP Authorizations by Clinical Classification: Rolling 12-Months  
 Updated as of: 2024-09-12



Clinical Class I	Clinical Category	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
NERVOUS	EYE DISORDERS	27	38	41	34	26	47	48	69	42	45	44	43	504
	EAR CONDITIONS	12	12	18	7	6	10	18	16	18	8	9	9	143
	OTHER NERVOUS SYSTEM DISORDERS [95.]	6	5	9	4	4	16	16	21	18	15	6	12	132
	HEREDITARY AND DEGENERATIVE NERVOUS SYSTEM CO	1	1	3	0	1	3	2	0	2	8	3	3	27
	PARALYSIS [82.]	1	0	0	1	1	1	2	2	2	3	4	2	19
	EPILEPSY; CONVULSIONS [83.]	1	0	0	0	2	2	1	4	2	1	2	3	18
	HEADACHE; INCLUDING MIGRAINE [84.]	0	0	0	0	2	0	6	3	0	4	1	1	17
<b>NOT CATEGORIZED</b>		<b>13</b>	<b>15</b>	<b>8</b>	<b>9</b>	<b>9</b>	<b>11</b>	<b>8</b>	<b>17</b>	<b>8</b>	<b>6</b>	<b>15</b>	<b>25</b>	<b>144</b>
	DIABETES MELLITUS WITH COMPLICATIONS [50.]	7	10	4	7	6	8	7	10	4	4	9	5	81
	THYROID DISORDERS [48.]	3	2	0	1	1	1	0	0	3	0	2	6	19
	OTHER NUTRITIONAL; ENDOCRINE; AND METABOLIC DISC	0	2	2	0	0	0	0	1	0	0	1	12	18
	OTHER ENDOCRINE DISORDERS [51.]	2	0	2	0	2	1	0	2	0	1	3	1	14
	DIABETES MELLITUS WITHOUT COMPLICATION [49.]	0	0	0	0	0	1	1	2	1	0	0	0	5
	DISORDERS OF LIPID METABOLISM [53.]	0	1	0	1	0	0	0	2	0	0	0	0	4
	IMMUNITY DISORDERS [57.]	0	0	0	0	0	0	0	0	0	1	0	1	2
	NUTRITIONAL DEFICIENCIES [52.]	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>PREGNANCY &amp; DELIVERY</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>14</b>
	NORMAL PREGNANCY AND/OR DELIVERY [196.]	0	0	0	0	0	0	0	0	2	1	7	4	14
<b>RESPIRATORY</b>		<b>5</b>	<b>8</b>	<b>8</b>	<b>7</b>	<b>7</b>	<b>10</b>	<b>15</b>	<b>21</b>	<b>22</b>	<b>9</b>	<b>26</b>	<b>14</b>	<b>152</b>
	OTHER LOWER RESPIRATORY DISEASE [133.]	1	4	2	2	2	2	5	4	11	3	12	10	58
	OTHER UPPER RESPIRATORY DISEASE [134.]	3	2	3	3	3	3	5	11	3	4	5	1	46
	RESPIRATORY INFECTIONS	0	1	2	1	2	2	4	4	3	1	4	1	25
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND BROU	1	1	0	1	0	3	1	1	2	1	4	1	16
	ASTHMA [128.]	0	0	1	0	0	0	0	1	1	0	0	0	3
	LUNG DISEASE DUE TO EXTERNAL AGENTS [132.]	0	0	0	0	0	0	0	0	1	0	1	0	2
	ASPIRATION PNEUMONITIS; FOOD/VOMITUS [129.]	0	0	0	0	0	0	0	0	1	0	0	1	2
<b>SKIN/SUBCUTANEOUS</b>		<b>6</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>11</b>	<b>10</b>	<b>12</b>	<b>15</b>	<b>10</b>	<b>7</b>	<b>11</b>	<b>4</b>	<b>101</b>
	OTHER SKIN DISORDERS [200.]	3	2	6	3	7	8	4	8	5	6	5	2	59
	SKIN AND SUBCUTANEOUS TISSUE INFECTIONS [197.]	2	0	0	1	3	1	5	5	3	1	4	1	26
	CHRONIC ULCER OF SKIN [199.]	0	1	1	1	0	1	2	1	1	0	1	0	9
	OTHER INFLAMMATORY CONDITION OF SKIN [198.]	1	0	0	0	1	0	1	1	1	0	1	1	7
<b>SYMPTOMS/ILL-DEFINED</b>		<b>27</b>	<b>38</b>	<b>40</b>	<b>35</b>	<b>22</b>	<b>34</b>	<b>39</b>	<b>40</b>	<b>43</b>	<b>24</b>	<b>32</b>	<b>37</b>	<b>411</b>
	FACTORS INFLUENCING HEALTH CARE	22	28	38	27	16	31	34	28	40	13	21	25	323
	SYMPTOMS; SIGNS; AND ILL-DEFINED CONDITIONS	5	10	2	8	6	3	5	12	3	11	11	12	88
<b>UNCLASSIFIED/E-CODES</b>		<b>102</b>	<b>122</b>	<b>119</b>	<b>101</b>	<b>100</b>	<b>72</b>	<b>49</b>	<b>70</b>	<b>44</b>	<b>25</b>	<b>33</b>	<b>46</b>	<b>883</b>
	UNCLASSIFIED/E-CODES	90	108	110	95	88	63	33	58	31	11	23	24	734
		12	14	9	6	12	9	16	12	13	14	10	22	149
<b>Grand Total</b>		<b>490</b>	<b>575</b>	<b>577</b>	<b>480</b>	<b>538</b>	<b>733</b>	<b>704</b>	<b>886</b>	<b>687</b>	<b>551</b>	<b>671</b>	<b>639</b>	<b>7,531</b>

Nebraska Department of Correctional Services  
 Outpatient Authorization Detail: AUGUST 2024  
 Updated as of: 2024-09-12



Offender Name	Offender ID	Age	Created Date	Request Type	Auth Number	Facility	Treating Provider	Diagnosis Description	Procedure Description	Count
AIC-900000039	900000039	79	20240801	OP DIAGNOSTIC RADIOLOGY	Auth-A16787	DRCI	PROVIDER P00160	PNEUMONITIS DUE TO INHALATION O	UNKNOWN	1
AIC-900000101	900000101	83	20240805	OFFICE CARDIOLOGY	Auth-A16820	TRCI	PROVIDER P00510	BRADYCARDIA UNSPECIFIED	OFFICE CONSULTATION FOR A NEW OF	1
AIC-900000101	900000101	83	20240805	UNKNOWN	Auth-A16819	TRCI	PROVIDER P00510	BRADYCARDIA UNSPECIFIED	TRANSTHORACIC ECHOCARDIOGRAPHY	1
AIC-900000114	900000114	72	20240806	OFFICE ENT	Auth-A16801	CCCF	PROVIDER P01220	NODULES OF VOCAL CORDS	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000114	900000114	72	20240821	UNKNOWN	Auth-A17175	CCCF	PROVIDER P00198	MALIGNANT NEOPLASM OF GLOTTIS	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000122	900000122	72	20240821	UNKNOWN	Auth-A17264	TRCI	PROVIDER P01268	UNSPECIFIED OPEN-ANGLE GLAUCOMA	OFFICE CONSULTATION FOR A NEW OF	1
AIC-900000128	900000128	76	20240805	OFFICE OTHER	Auth-A16847	OSP	PROVIDER P00703	SENSORINEURAL HEARING LOSS BILAT	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000128	900000128	76	20240822	AMBULATORY SURGERY	Auth-A17295	OSP	PROVIDER P00360	COMBINED FORMS OF AGE-RELATED I	EXTRACAPSULAR CATARACT REMOVAL	1
AIC-900000145	900000145	71	20240809	OFFICE HEMA/ONCOLOGY	Auth-A17006	OSP	PROVIDER P00763	OTHER NONSPECIFIC ABNORMAL FINI	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000145	900000145	71	20240809	OFFICE RADIATION ONCOLOG	Auth-A17010	OSP	PROVIDER P00851	OTHER NONSPECIFIC ABNORMAL FINI	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000145	900000145	71	20240809	UNKNOWN	Auth-A17007	OSP	PROVIDER P00924	OTHER NONSPECIFIC ABNORMAL FINI	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000145	900000145	71	20240809	UNKNOWN	Auth-A17011	OSP	PROVIDER P00931	OTHER NONSPECIFIC ABNORMAL FINI	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000145	900000145	71	20240819	OFFICE RADIATION ONCOLOG	Auth-A17199	OSP	PROVIDER P00931	OTHER NONSPECIFIC ABNORMAL FINI	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000178	900000178	72	20240808	OFFICE HEMA/ONCOLOGY	Auth-A16878	SRCI	PROVIDER P01079	ANEMIA UNSPECIFIED	COLLECTION OF VENOUS BLOOD BY VE	1
AIC-900000178	900000178	72	20240808	OFFICE HEMA/ONCOLOGY	Auth-A16879	SRCI	PROVIDER P01079	ANEMIA UNSPECIFIED	COLLECTION OF VENOUS BLOOD BY VE	1
AIC-900000178	900000178	72	20240814	OFFICE HEMA/ONCOLOGY	Auth-A17032	SRCI	PROVIDER P00907	MYELODYPLASTIC SYNDROME UNSPE	UNKNOWN	1
AIC-900000178	900000178	72	20240815	OFFICE HEMA/ONCOLOGY	Auth-A17066	SRCI	PROVIDER P01111	ANEMIA UNSPECIFIED	COLLECTION OF VENOUS BLOOD BY VE	1
AIC-900000178	900000178	72	20240815	OFFICE HEMA/ONCOLOGY	Auth-A17067	SRCI	PROVIDER P01111	ANEMIA UNSPECIFIED	COLLECTION OF VENOUS BLOOD BY VE	1
AIC-900000178	900000178	72	20240815	OFFICE HEMA/ONCOLOGY	Auth-A17069	SRCI	PROVIDER P01111	ANEMIA UNSPECIFIED	COLLECTION OF VENOUS BLOOD BY VE	1
AIC-900000178	900000178	72	20240815	OFFICE HEMA/ONCOLOGY	Auth-A17071	SRCI	PROVIDER P01111	ANEMIA UNSPECIFIED	COLLECTION OF VENOUS BLOOD BY VE	1
AIC-900000203	900000203	75	20240801	UNKNOWN	Auth-A16727	SRCI	PROVIDER P00806	CORTICAL AGE-RELATED CATARACT BI	EXTRACAPSULAR CATARACT REMOVAL	1
AIC-900000211	900000211	70	20240830	UNKNOWN	Auth-A17422	OSP	PROVIDER P00781	UNSTABLE ANGINA	CATHETER PLACEMENT IN CORONARY	1
AIC-900000215	900000215	73	20240807	OFFICE UROLOGY	Auth-A16893	TRCI	PROVIDER P00514	CROSSING VES & STRICT URETER W/O	CYSTOURETHROSCOPY, WITH INSERTIC	1
AIC-900000236	900000236	69	20240815	OFFICE ORTHOPEDICS	Auth-A17060	SRCI	PROVIDER P00888	UNILATERAL PRIMARY OSTEOARTHRI	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000240	900000240	69	20240815	UNKNOWN	Auth-A17062	SRCI	PROVIDER P00898	ANEMIA UNSPECIFIED	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000246	900000246	74	20240821	UNKNOWN	Auth-A17270	TRCI	PROVIDER P00402	UNSPECIFIED HEMORRHOIDS	HEMORRHOIDECTOMY, INTERNAL, BY	1
AIC-900000248	900000248	70	20240830	OFFICE HEMA/ONCOLOGY	Auth-A17411	EOCI	PROVIDER P00402	MALIGNANT NEOPLASM UPPER LOBE	BIOPSY, LUNG OR MEDIASTINUM, PERI	1
AIC-900000248	900000248	70	20240830	OFFICE HEMA/ONCOLOGY	Auth-A17413	EOCI	PROVIDER P00402	MALIGNANT NEOPLASM UPPER LOBE	CHEMOTHERAPY ADMINISTRATION, IN	1
AIC-900000315	900000315	67	20240816	OP DIAGNOSTIC CT SCAN	Auth-A17132	SRCI	PROVIDER P00907	NULL	COMPUTED TOMOGRAPHY, LOWER EX	1
AIC-900000316	900000316	68	20240814	OFFICE NEUROSURGERY	Auth-A17031	SRCI	PROVIDER P00911	SPINAL STENOSIS LUMBAR REGION	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000342	900000342	69	20240809	OFFICE ENT	Auth-A17003	OSP	PROVIDER P01329	PERITONSILLAR ABSCESS	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000344	900000344	67	20240808	OFFICE ENT	Auth-A16992	TRCI	PROVIDER P00402	NONTOXIC SINGLE THYROID NODULE	OFFICE CONSULTATION FOR A NEW OF	1
AIC-900000373	900000373	66	20240829	OFFICE NEUROLOGY	Auth-A17406	DRCI	PROVIDER P00063	MUSCLE WEAKNESS GENERALIZED	MOTOR AND/OR SENSORY NERVE CON	1
AIC-900000373	900000373	66	20240830	UNKNOWN	Auth-A17423	DRCI	PROVIDER P00160	CNTRL CORD SYND AT UNS LVL CERV	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000384	900000384	73	20240827	UNKNOWN	Auth-A17325	SRCI	PROVIDER P00878	PUCKERING OF MACULA	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000398	900000398	66	20240814	OFFICE OTHER	Auth-A07498	DRCI	PROVIDER P00160	OTHER SPECIFIED DISEASES OF LIVER	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000398	900000398	66	20240821	UNKNOWN	Auth-A17231	DRCI	PROVIDER P00160	OTHER SPECIFIED DISEASES OF LIVER	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000401	900000401	66	20240829	UNKNOWN	Auth-A17372	OSP	PROVIDER P00758	OTHER CHEST PAIN	MYOCARDIAL IMAGING, POSITRON EM	1
AIC-900000442	900000442	66	20240806	OFFICE UROLOGY	Auth-A16850	OSP	PROVIDER P01347	PERSONAL HISTORY MALIGNANT NEO	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000442	900000442	66	20240806	OFFICE CARDIOLOGY	Auth-A16851	OSP	PROVIDER P00758	PRESENCE AUTO IMPLANTABLE CARDI	INTERROGATION DEVICE EVALUATION	1
AIC-900000458	900000458	66	20240807	UNKNOWN	Auth-A16915	DRCI	PROVIDER P01043	UNILAT INGUINAL HERNIA W/O OBST	POSTOPERATIVE FOLLOW-UP VISIT, NC	1
AIC-900000472	900000472	66	20240814	OFFICE ORTHOPEDICS	Auth-A17106	DRCI	PROVIDER P01207	UNS FRACTURE RT FOOT SUBSQ	ENC OFFICE CONSULTATION FOR A NEW OF	1
AIC-900000475	900000475	69	20240806	OFFICE UROLOGY	Auth-A16868	OSP	PROVIDER P01347	DISORDER OF PROSTATE UNSPECIFIED	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000475	900000475	70	20240816	OFFICE RADIATION ONCOLOG	Auth-A17179	OSP	PROVIDER P00851	MALIGNANT NEOPLASM OF PROSTATI	OFFICE OR OTHER OUTPATIENT VISIT F	1
AIC-900000509	900000509	65	20240808	OP DIAGNOSTIC CT SCAN	Auth-A16927	OSP	PROVIDER P00924	SOLITARY PULMONARY NODULE	COMPUTED TOMOGRAPHY, THORAX; \	1
AIC-900000520	900000520	65	20240807	THERAPY PT OT	Auth-A16875	SCI	PROVIDER P00692	STRAIN MUSC FASC TEND OTH PART B	THERAPEUTIC PROCEDURE, 1 OR MOR	1
AIC-900000567	900000567	65	20240814	UNKNOWN	Auth-A16961	OSCI	PROVIDER P00924	NEOPLASM OF UNCERTAIN BEHAVIOR	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000567	900000567	65	20240814	UNKNOWN	Auth-A16963	OSCI	PROVIDER P00924	OTHER SPECIFIED DISORDERS OF KIDN	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000625	900000625	73	20240808	OFFICE ORTHOPEDICS	Auth-A16926	TRCI	PROVIDER P00655	LOOSE BODY IN RIGHT ELBOW	OFFICE CONSULTATION FOR A NEW OF	1
AIC-900000625	900000625	73	20240821	UNKNOWN	Auth-A17273	TRCI	PROVIDER P01268	UNSPECIFIED SECONDARY CATARACT	SCANNING COMPUTERIZED OPHTHALM	1
AIC-900000625	900000625	73	20240821	UNKNOWN	Auth-A17274	TRCI	PROVIDER P01268	UNSPECIFIED SECONDARY CATARACT	DISCUSSION OF SECONDARY MEMBRAN	1
AIC-900000631	900000631	65	20240827	UNKNOWN	Auth-A17376	EOCI	PROVIDER P01032	OTH TEAR MED MENISCUS CURR INJ R	MAGNETIC RESONANCE (EG, PROTON)	1
AIC-900000631	900000631	65	20240819	OFFICE PODIATRY	Auth-A17213	EOCI	PROVIDER P00785	CHARCOTS JOINT RIGHT ANKLE AND F	UNKNOWN	1
AIC-900000631	900000631	65	20240819	DME OTHER	Auth-A14950	TRCI	PROVIDER P00785	CHARCOTS JOINT LEFT ANKLE AND FO	UNKNOWN	1
AIC-900000639	900000639	70	20240801	OP DIAGNOSTIC RADIOLOGY	Auth-A16778	DRCI	PROVIDER P00160	PAIN IN LEFT KNEE	RADIOLOGIC EXAMINATION, KNEE; 3 V	1
AIC-900000645	900000645	63	20240808	OFFICE ORTHOPEDICS	Auth-A16930	TRCI	PROVIDER P00655	ADHESIVE CAPSULITIS OF RIGHT SHOL	OFFICE CONSULTATION FOR A NEW OF	1

Nebraska Department of Correctional Services  
MRT Authorizations by Prison: Rolling 12-Months  
Updated as of: 2024-09-12



Note: Doesn't Include MRTs Performed in ER or Inpatient Facility

Procedure Code	Facility	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total
MAGNETIC RESONANCE IMAGING		36	41	41	34	43	67	62	66	50	37	40	59	576
	SNAKE RIVER CORRECTIONAL INSTITUTION	13	8	14	14	17	14	20	19	19	3	11	16	168
	TWO RIVERS CORRECTIONAL INSTITUTION	4	5	10	9	8	18	15	12	10	7	11	9	118
	EASTERN OREGON CORRECTIONAL INSTITUTION	6	4	4	5	3	14	7	13	6	8	7	11	88
	DEER RIDGE CORRECTIONAL INSTITUTION	6	9	2	1	3	8	2	3	3	7	4	8	56
	OREGON STATE PENITENTIARY	4	5	1	2	4	8	5	2	7	3	7	6	54
	OREGON STATE CORRECTIONAL INSTITUTION	1	6	4	1	5	4	1	5	1	3	0	6	37
	COFFEE CREEK CORRECTIONAL FACILITY	0	0	0	0	0	0	11	10	0	0	0	0	21
	SANTIAM CORRECTIONAL INSTITUTION	0	2	3	2	0	0	0	0	2	1	0	2	12
	COLUMBIA RIVER CORRECTIONAL INSTITUTION	0	1	3	0	1	1	0	0	1	4	0	0	11
	POWDER RIVER CORRECTIONAL FACILITY	2	0	0	0	2	0	0	0	0	1	0	1	6
	WARNER CREEK CORRECTIONAL FACILITY	0	1	0	0	0	0	1	2	1	0	0	0	5
<b>Grand Total</b>		<b>36</b>	<b>41</b>	<b>41</b>	<b>34</b>	<b>43</b>	<b>67</b>	<b>62</b>	<b>66</b>	<b>50</b>	<b>37</b>	<b>40</b>	<b>59</b>	<b>576</b>

Nebraska Department of Correctional Services  
 Colonoscopy Authorizations by Prison/Provider: Rolling 12-Months  
 Updated as of: 2024-09-12



Prison	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
SNAKE RIVER CORRECTIONAL INSTITUTION	4	3	3	2	6	5	9	5	9	8	7	3	64
TWO RIVERS CORRECTIONAL INSTITUTION	2	1	2	3	2	4	1	6	4	5	11	1	42
OREGON STATE PENITENTIARY	0	2	4	5	2	5	1	3	1	1	4	4	32
DEER RIDGE CORRECTIONAL INSTITUTION	0	4	1	1	1	1	1	0	0	2	1	4	16
COFFEE CREEK CORRECTIONAL FACILITY	0	0	0	0	0	0	0	7	3	0	4	1	15
OREGON STATE CORRECTIONAL INSTITUTION	0	0	3	2	1	1	0	0	4	0	3	0	14
EASTERN OREGON CORRECTIONAL INSTITUTION	0	0	2	1	1	3	0	0	0	0	0	2	9
COLUMBIA RIVER CORRECTIONAL INSTITUTION	0	0	2	2	0	1	0	0	0	0	1	1	7
WARNER CREEK CORRECTIONAL FACILITY	0	0	0	0	0	0	3	0	1	0	0	0	4
SANTIAM CORRECTIONAL INSTITUTION	1	0	0	1	1	0	0	0	0	0	0	0	3
POWDER RIVER CORRECTIONAL FACILITY	1	0	0	0	0	0	0	0	0	0	0	0	1
<b>Grand Total</b>	<b>8</b>	<b>10</b>	<b>17</b>	<b>17</b>	<b>14</b>	<b>20</b>	<b>15</b>	<b>21</b>	<b>22</b>	<b>16</b>	<b>31</b>	<b>16</b>	<b>207</b>

# Metadata

## Source Data

- Data regarding authorizations or utilization amounts were pulled from the CHP data warehouse view BedDays or view Referral
- Diagnosis codes may be grouped into Major Diagnostic Categories according to CMS / HHS groupings. Alternatively, diagnosis codes may be grouped together into Clinical Classification using Healthcare Cost and Utilization Project tables. Clinical Classification is a method for classifying diagnoses or procedures from the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) into clinically meaningful categories. These categories can be used for various types of aggregate statistical reporting. Clinical Classification was developed by the Healthcare Cost and Utilization Project (H-CUP) and is made possible by a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ)
- Procedure codes were grouped together using Healthcare Cost and Utilization Project tables

## Calculation:

- **Member Months:** actual number of offenders in a particular month or the cumulative number of offenders over a period. Member months are used on a cumulative basis to derive population normalized statistics, such as, Per Offender Per Month (POPM) amount or Utilization Per 1000 (offenders) rates.
- **Utilization Per 1000:** population normalized statistic to describe a comparative utilization rate. Derived by taking utilization for a service category for any period, dividing by the corresponding member months, then dividing by 1000. The result represents a comparative average utilization rate over the period—respectfully this equates to a one-month rate. In general, utilization per 1000 is annualized by multiplying the calculated rate by 12 to represent a yearly period. There is no requirement to annualize the statistic; however, it should be documented when the rate is ‘not’ annualized.
  - Formula:  $[(Utilization)/((Member\ Months/1000))*12]$
  - or  $[{(Utilization)/(Member\ Months)}*12,000]$
- **Average Length of Stay (ALOS):** measures the average amount of time an admitted patient spends in the hospital until being discharged. The average length of stay is calculated as the total number of patient days in the hospital divided by the number of discharges. Assessing changes in average length of stay has its limitations because the optimal length of stay depends on the diagnosis, procedure, reimbursement, margin maximization, and other components of the delivery care system.

Fiscal Year 2025											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Nebraska Department of Correctional Services



Fiscal Year 2025: AUGUST 2024  
 [Claims Paid Through 2024-08-31]

Financial Report  
 Executive Summary



Fiscal Year 2025											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

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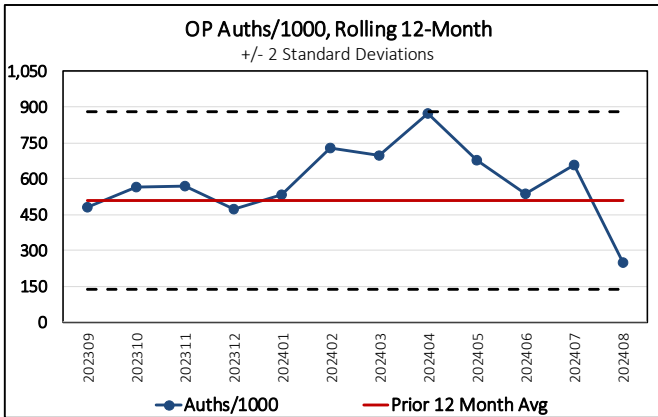
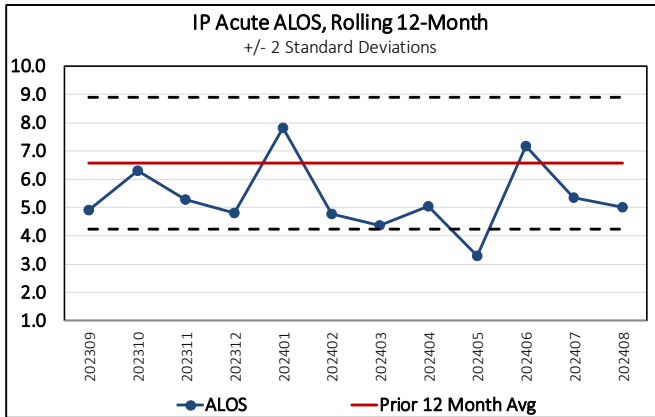
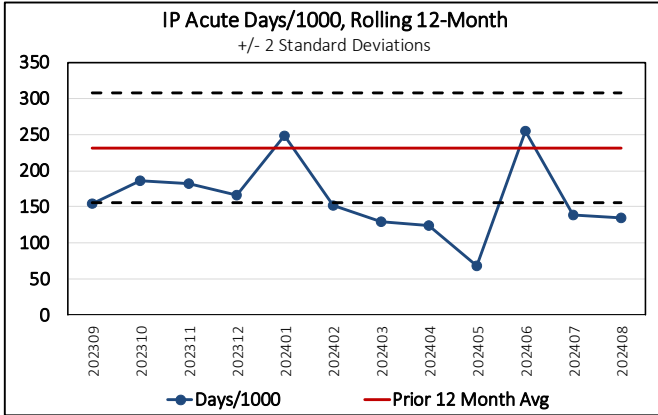
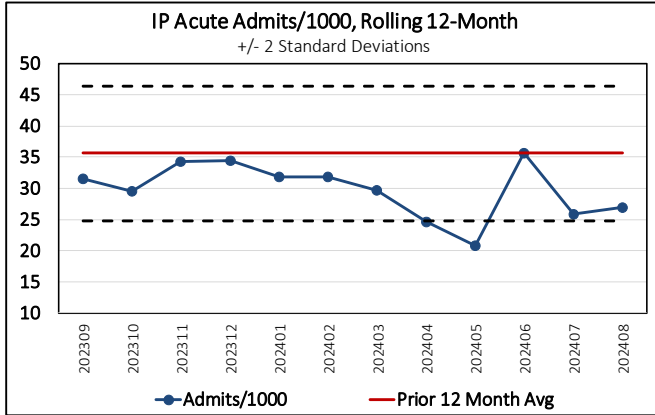
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# Fiscal Year 2025

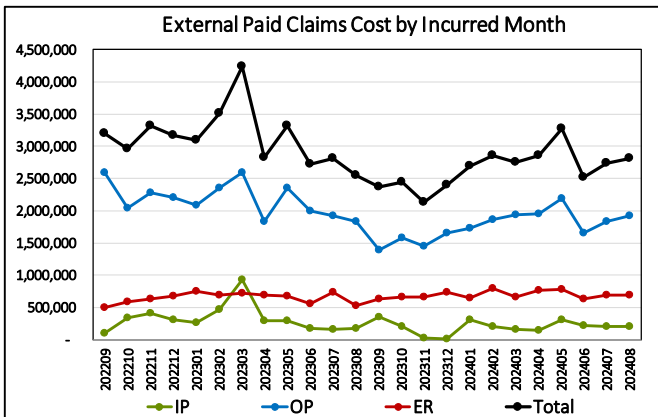
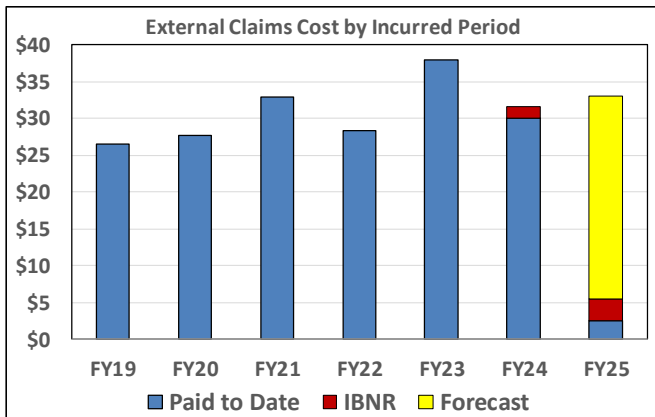
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
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## Dashboard

### IP & OP Authorization Trends



### Claims Paid by Incurred Period [Includes Adjustments]

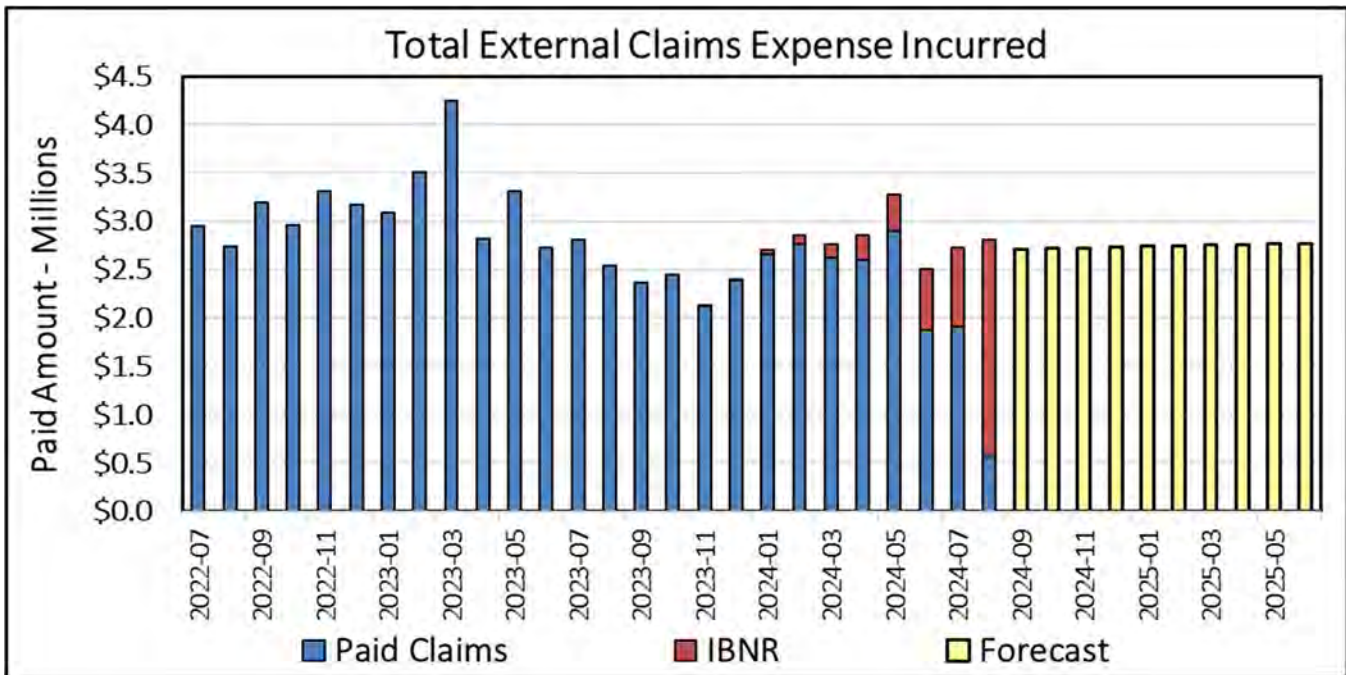


## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
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### Total External Cost Comparison

External Healthcare Services					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	6,211	6,341	510.8	524.3	2.6%
Paid on Incurred Claims	\$30,121,410	\$2,492,871	\$206.45	\$17.18	
IBNR Claims (Current Liability)	\$1,548,077	\$3,053,160	\$10.61	\$21.04	
Forecast Period Claims	\$0	\$27,447,834	\$0.00	\$189.13	
Ultimate Claims Expense	\$31,669,486	\$32,993,865	\$217.06	\$227.35	4.7%



### Fiscal Year Incurred Expense per Offender per Month (Includes IBNR)

FY	Paid Months	Paid to Date	IBNR Estimate	% Complete	Adjustments	Forecast	Total Incurred	Eligibility	POPM	% Trend
2019	74	\$26,550,809	\$0	100.0%	\$0	\$0	\$26,550,810	178,912	\$148.40	17.6%
2020	62	\$27,768,107	\$0	100.0%	\$0	\$0	\$27,768,108	179,115	\$155.03	4.5%
2021	50	\$32,890,033	\$0	100.0%	\$0	\$0	\$32,890,034	175,727	\$187.17	20.7%
2022	38	\$28,386,168	\$0	100.0%	\$0	\$0	\$28,386,169	146,241	\$194.11	3.7%
2023	26	\$38,041,869	\$0	100.0%	\$0	\$0	\$38,041,870	148,347	\$256.44	32.1%
2023	14	\$30,121,410	\$1,548,077	95.1%	\$0	\$0	\$31,669,487	145,901	\$217.06	-15.4%
2025	2	\$2,492,871	\$3,053,160	44.9%	\$0	\$27,447,834	\$32,993,865	145,123	\$227.35	4.7%

### Fiscal Year Incurred Expenses by Service Category (Includes IBNR)

FY	Inpatient	Emergency	Outpatient	Specialist	Ambulance	Manual Adj	Total Incurred	Eligibility	POPM	% Trend
2018	\$2,011,854	\$3,548,882	\$12,521,919	\$2,841,244	\$1,417,129	\$0	\$22,341,027	177,112	\$126.14	0.0%
2019	\$2,534,518	\$4,268,014	\$13,846,874	\$4,411,675	\$1,489,688	\$0	\$26,550,769	178,912	\$148.40	17.6%
2020	\$3,325,199	\$4,790,828	\$12,702,464	\$5,486,730	\$1,462,886	\$0	\$27,768,107	179,115	\$155.03	22.9%
2021	\$7,776,904	\$6,527,769	\$9,927,404	\$5,255,237	\$3,402,718	\$0	\$32,890,033	175,727	\$187.17	20.7%
2022	\$843,826	\$7,020,260	\$12,163,031	\$5,589,976	\$2,769,075	\$0	\$28,386,168	146,241	\$194.11	3.7%
2023	\$3,774,902	\$7,667,887	\$16,514,986	\$6,539,413	\$3,544,681	\$0	\$38,041,869	148,347	\$256.44	32.1%
2024	\$2,264,593	\$8,254,830	\$13,545,792	\$5,185,068	\$2,419,203	\$0	\$31,669,486	145,901	\$217.06	-15.4%
2025	\$2,825,283	\$8,770,512	\$13,478,791	\$5,168,544	\$2,750,734	\$0	\$32,993,865	145,123	\$227.35	4.7%

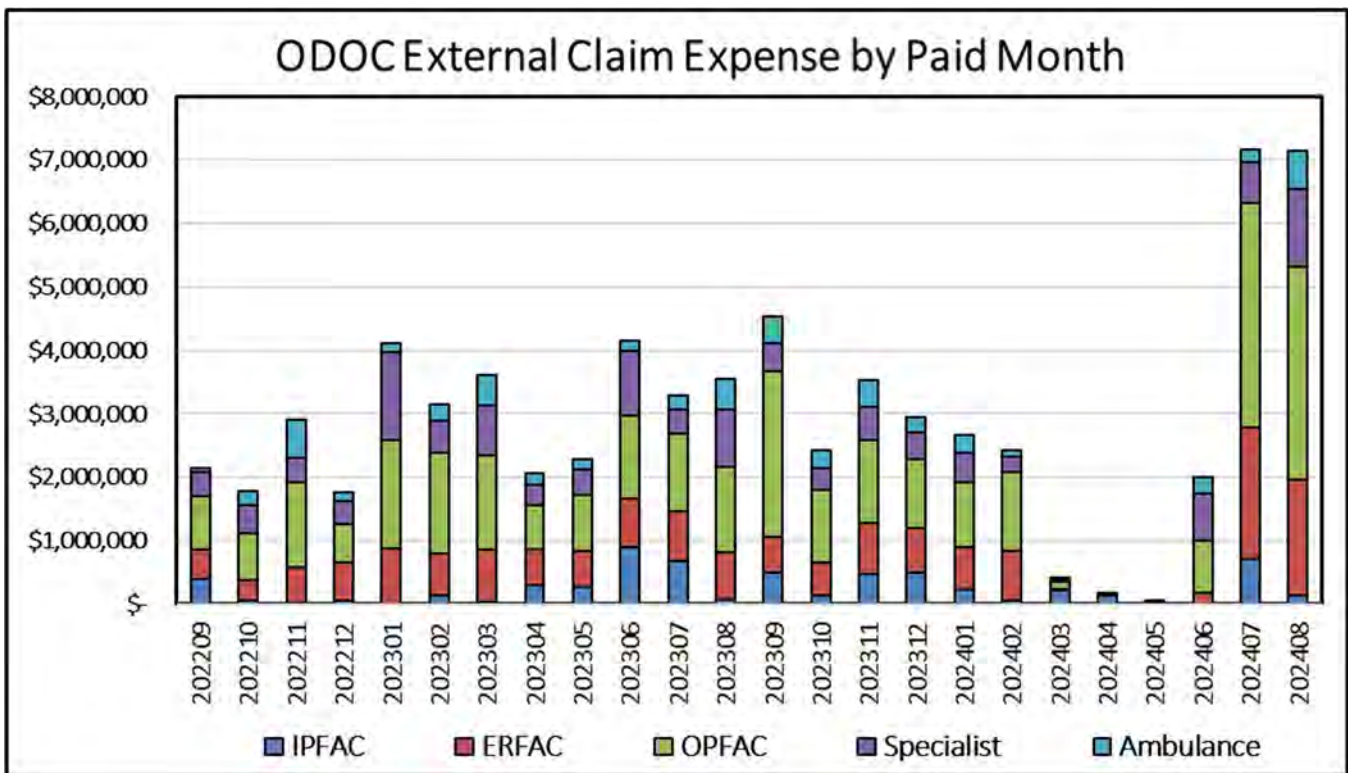
## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Total External Cost Distribution by Place of Service

This view is based on claims by paid period [no IBNR] 12-Month Rolling Period

Paid Month	IPFAC	ERFAC	OPFAC	Specialist	Ambulance	Grand Total
FY11 Total	9,749,459	2,194,495	6,980,349	2,637,848	602,811	22,164,962
FY12 Total	9,331,009	2,261,771	7,419,186	3,041,575	889,121	22,942,662
FY13 Total	10,270,297	2,508,132	8,183,324	2,961,579	869,633	24,792,965
FY14 Total	7,232,655	2,642,061	8,675,820	4,065,008	1,012,339	23,627,883
FY15 Total	2,113,927	2,175,804	10,633,772	3,977,358	967,398	19,868,259
FY16 Total	1,895,335	2,968,641	10,469,684	3,513,936	1,069,530	19,917,127
FY17 Total	1,436,402	3,402,563	11,353,077	3,398,062	817,942	20,408,046
FY18 Total	1,202,514	3,116,677	10,841,432	2,696,126	1,179,206	19,035,954
FY19 Total	3,143,648	4,467,783	15,085,666	4,141,832	1,665,534	28,504,463
FY20 Total	3,097,399	4,926,196	13,389,298	5,760,458	1,539,260	28,712,609
FY21 Total	4,471,409	6,059,023	9,465,171	5,003,855	3,063,460	28,062,918
FY22 Total	4,462,554	7,186,209	12,537,861	5,395,227	2,881,792	32,463,642
FY23 Total	2,170,697	7,327,527	13,498,080	6,526,039	2,893,315	32,415,658
FY24 Total	3,018,622	5,725,147	11,951,050	4,514,071	2,746,310	27,955,200
202407	722,711	2,069,273	3,528,034	647,102	202,087	7,169,207
202408	132,104	1,821,502	3,367,967	1,225,851	599,578	7,147,002
202409	0	0	0	0	0	0
202410	0	0	0	0	0	0
202411	0	0	0	0	0	0
202412	0	0	0	0	0	0
202501	0	0	0	0	0	0
202502	0	0	0	0	0	0
202503	0	0	0	0	0	0
202504	0	0	0	0	0	0
202505	0	0	0	0	0	0
202506	0	0	0	0	0	0
FY25 Total	854,815	3,890,775	6,896,001	1,872,952	801,665	14,316,208



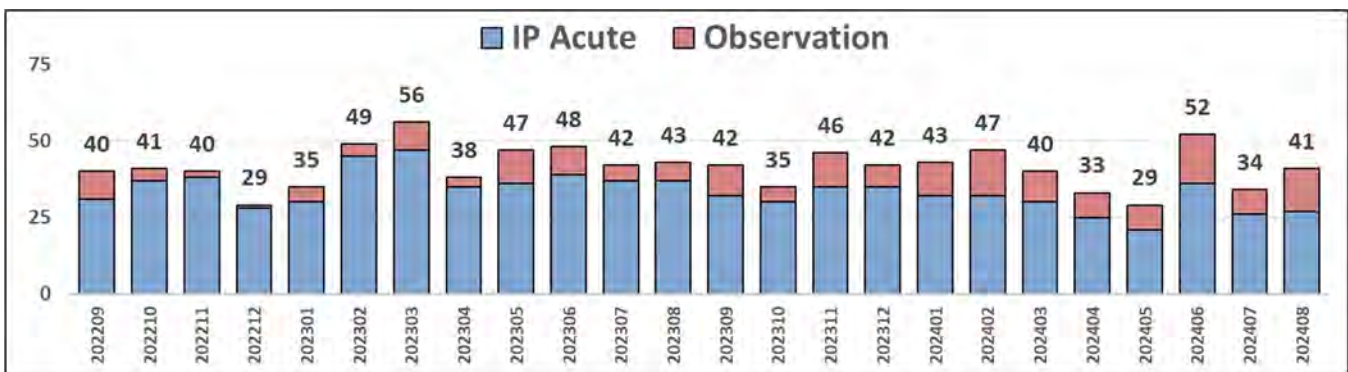
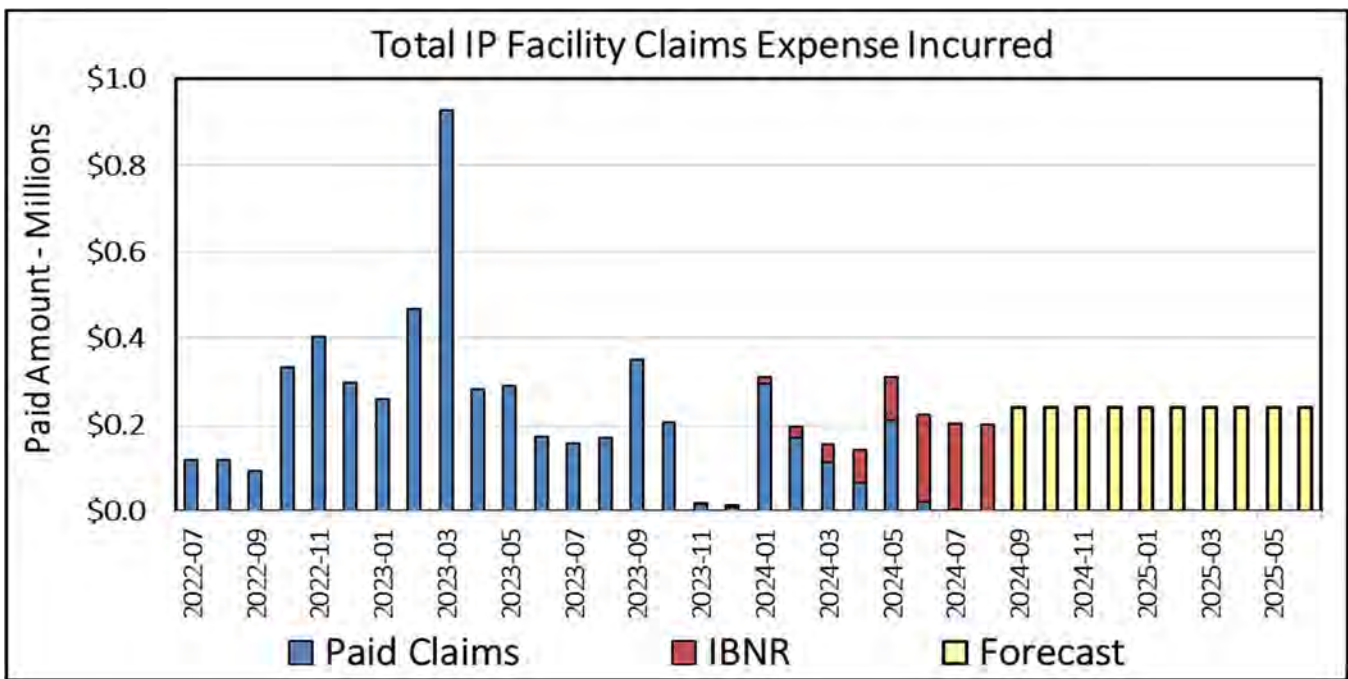
## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Inpatient Facility Cost Comparison

Inpatient Costs are those with a Place of Service = 21 - Inpatient Hospital

External Healthcare Inpatient : POS 21					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	34	38	2.8	3.1	12.4%
Paid on Incurred Claims	\$1,800,006	\$3,801	\$12.34	\$0.03	
IBNR Claims (Current Liability)	\$464,588	\$401,482	\$3.18	\$2.77	
Forecast Period Claims	\$0	\$2,420,000	\$0.00	\$16.68	
Ultimate Claims Expense	\$2,264,593	\$2,825,283	\$15.52	\$19.47	25.4%



## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Inpatient Facility Cost Distribution by Diagnosis

Inpatient Costs include those with a Place of Service = 21—Inpatient Hospital

#### Top 25 IP Total Diagnoses [No IBNR]

Clinical Category	FY 2023	FY 2024	FY 2025	FY 2023 POPM	FY 2024 POPM	FY 2025 POPM	% Variance POPM
SEPTICEMIA (EXCEPT IN LABOR)	1,369,227	264,781	\$0	9.23	1.81	0.00	-100.0%
DIABETES MELLITUS WITH COMPLICATIONS	132,263	216,330	\$0	0.89	1.48	0.00	-100.0%
ACUTE MYOCARDIAL INFARCTION	165,752	179,368	\$0	1.12	1.23	0.00	-100.0%
ACUTE CEREBROVASCULAR DISEASE	163,943	82,442	\$0	1.11	0.57	0.00	-100.0%
COMPLICATION OF DEVICE; IMPLANT OR GRAFT	375	212,270	\$0	0.00	1.45	0.00	-100.0%
RESPIRATORY FAILURE; INSUFFICIENCY; ARREST (ADULT)	97,721	88,095	1,744	0.66	0.60	0.07	-88.0%
LEUKEMIAS	187,104	\$0	\$0	1.26	0.00	0.00	0.0%
SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; OTHER B	1,008	182,187	\$0	0.00	1.25	0.00	-100.0%
CARDIAC DYSRHYTHMIAS	125,770	5,030	398	0.85	0.03	0.02	-52.2%
CANCER OF BRONCHUS; LUNG	124,154	\$0	\$0	0.84	0.00	0.00	0.0%
COMPLICATIONS OF SURGICAL PROCEDURES OR MEDICAL	114,016	344	\$0	0.77	0.00	0.00	-100.0%
OTHER BONE DISEASE AND MUSCULOSKELETAL DEFORMIT	107,126	20	\$0	0.72	0.00	0.00	-100.0%
CANCER OF PROSTATE	105,660	\$0	\$0	0.71	0.00	0.00	0.0%
HEART VALVE DISORDERS	442	103,328	\$0	0.00	0.71	0.00	-100.0%
OTHER NUTRITIONAL; ENDOCRINE; AND METABOLIC DISO	94,694	\$0	\$0	0.64	0.00	0.00	0.0%
OTHER NERVOUS SYSTEM DISORDERS	79,728	2,303	\$0	0.54	0.02	0.00	-100.0%
INTRACRANIAL INJURY	47,615	33,394	\$0	0.32	0.23	0.00	-100.0%
CONGESTIVE HEART FAILURE; NONHYPERTENSIVE	\$0	79,919	\$0	0.00	0.55	0.00	-100.0%
HYPERTENSION WITH COMPLICATIONS AND SECONDARY H	70,060	\$0	\$0	0.47	0.00	0.00	0.0%
GASTROINTESTINAL HEMORRHAGE	363	69,115	\$0	0.00	0.47	0.00	-100.0%
LATE EFFECTS OF CEREBROVASCULAR DISEASE	33,889	32,689	\$0	0.23	0.22	0.00	-100.0%
ACUTE AND UNSPECIFIED RENAL FAILURE	58,556	\$0	\$0	0.39	0.00	0.00	0.0%
FLUID AND ELECTROLYTE DISORDERS	58,285	196	\$0	0.39	0.00	0.00	-100.0%
OTHER GASTROINTESTINAL DISORDERS	58,064	274	48	0.39	0.00	0.00	5.9%
ENCEPHALITIS (EXCEPT THAT CAUSED BY TUBERCULOSIS O	57,667	\$0	\$0	0.39	0.00	0.00	0.0%
<b>OTHER</b>	<b>521,420</b>	<b>247,920</b>	<b>1,612</b>	<b>3.51</b>	<b>1.70</b>	<b>0.07</b>	<b>0.0%</b>
<b>Grand Total</b>	<b>3,774,902</b>	<b>1,800,006</b>	<b>3,801</b>	<b>25.45</b>	<b>12.34</b>	<b>0.16</b>	<b>-98.7%</b>

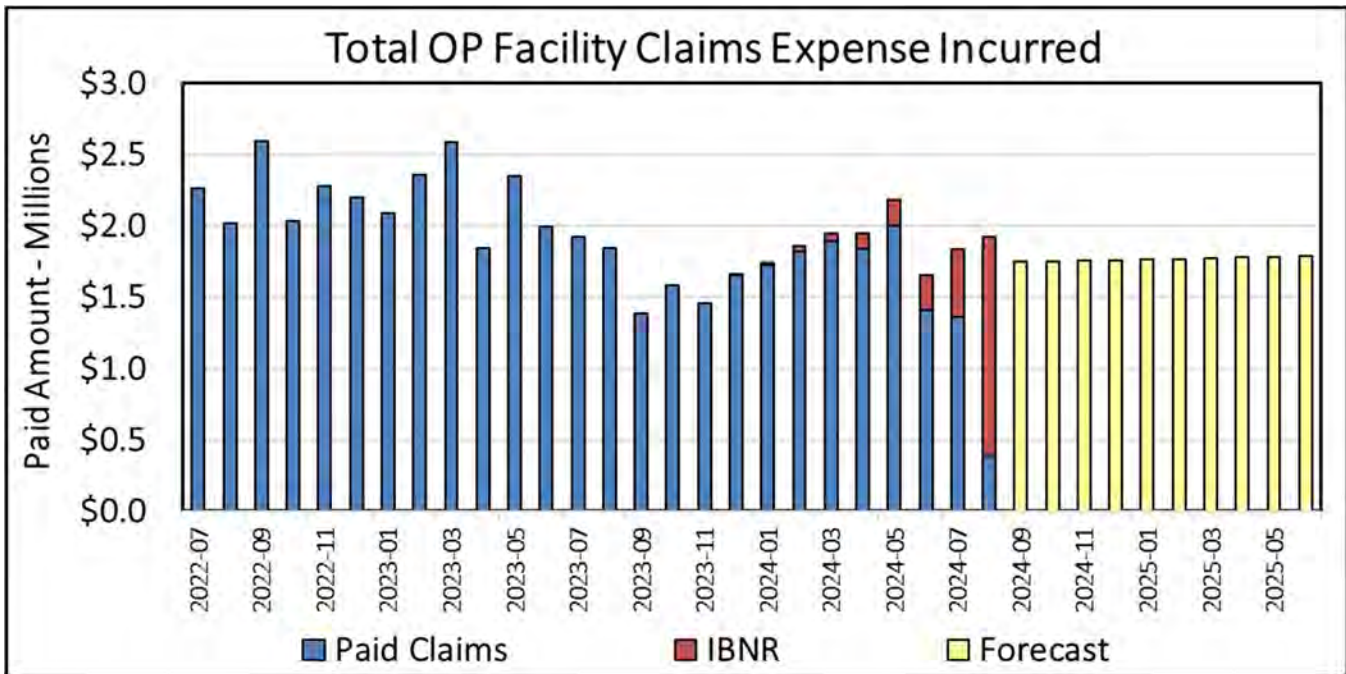
## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Outpatient Cost Comparison

Outpatient Costs include: Outpatient Facility, Specialist/Ancillary and Ambulance

External Healthcare Outpatient : POS<>21 and POS<>23					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	5,970	6,099	491.0	504.3	2.7%
Paid on Incurred Claims	\$20,504,107	\$1,750,031	\$140.53	\$12.06	
IBNR Claims (Current Liability)	\$645,956	\$2,001,990	\$4.43	\$13.80	
Forecast Period Claims	\$0	\$17,646,049	\$0.00	\$121.59	
Ultimate Claims Expense	\$21,150,063	\$21,398,070	\$144.96	\$147.45	1.7%



FY	Outpatient Facility	Home	Independent Lab	Office	Prison	Other	Ambulance Land	Ambulance Air	TOTAL
2015	\$7,746,819	\$1,871,134	\$36,177	\$1,733,972	\$120,327	\$5,869	\$709,098	\$217,483	\$12,440,880
2016	\$7,959,313	\$1,736,518	\$24,930	\$1,918,934	\$107,920	\$17,071	\$378,206	\$313,941	\$12,456,832
2017	\$7,980,098	\$1,569,477	\$19,546	\$1,978,112	\$166,157	\$21,289	\$442,641	\$501,843	\$12,679,163
2018	\$12,521,919	\$375,831	\$58,342	\$2,326,019	\$62,741	\$18,311	\$712,127	\$705,002	\$16,780,291
2019	\$13,846,874	\$1,133,569	\$85,372	\$3,058,873	\$119,172	\$14,689	\$969,393	\$520,295	\$19,748,237
2020	\$12,702,464	\$2,068,102	\$86,763	\$2,995,065	\$311,372	\$25,428	\$917,351	\$545,535	\$19,652,080
2021	\$9,927,404	\$2,451,215	\$59,256	\$2,323,345	\$400,448	\$20,974	\$2,027,584	\$1,375,134	\$18,585,360
2022	\$12,163,031	\$2,290,038	\$63,467	\$2,681,410	\$525,936	\$29,125	\$1,410,466	\$1,358,609	\$20,522,082
2023	\$16,514,986	\$2,244,394	\$61,982	\$3,671,537	\$529,256	\$32,244	\$1,755,366	\$1,789,315	\$26,599,080
2024	\$13,527,572	\$2,185,317	\$33,309	\$2,586,713	\$384,956	\$11,915	\$1,773,154	\$647,127	\$21,150,063
2025	\$12,924,610	\$2,196,940	\$61,864	\$2,859,126	\$543,449	\$28,570	\$1,482,766	\$1,300,745	\$21,398,070

## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

## Outpatient Facility Cost Distribution by Diagnosis

Outpatient Facility Costs Include: Outpatient Facility

### Top 25 OP Facility Diagnoses [No IBNR]

Clinical Category	FY 2023	FY 2024	FY 2025	FY 2023 POPM	FY 2024 POPM	FY 2025 POPM	% Variance POPM
OSTEOARTHRITIS	1,609,180	1,005,513	187,264	10.85	6.89	7.76	12.6%
SPRAINS AND STRAINS	504,718	492,832	90,183	3.40	3.38	3.74	10.7%
CORONARY ATHEROSCLEROSIS AND OTHER HEART DISEASE	271,880	234,428	70,616	1.83	1.61	2.93	82.2%
ABDOMINAL HERNIA	849,856	801,366	64,861	5.73	5.49	2.69	-51.0%
OTHER SCREENING FOR SUSPECTED CONDITIONS (NOT M	521,882	529,438	57,093	3.52	3.63	2.37	-34.8%
SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; OTHER B	814,834	528,086	56,700	5.49	3.62	2.35	-35.1%
BILIARY TRACT DISEASE	401,687	347,695	55,317	2.71	2.38	2.29	-3.8%
CHRONIC KIDNEY DISEASE	79,649	9,180	44,285	0.54	0.06	1.84	2817.8%
COMPLICATION OF DEVICE; IMPLANT OR GRAFT	427,809	388,010	43,086	2.88	2.66	1.79	-32.8%
SKIN AND SUBCUTANEOUS TISSUE INFECTIONS	10,366	137,354	38,073	0.07	0.94	1.58	67.7%
CATARACT	272,309	148,792	35,926	1.84	1.02	1.49	46.0%
OTHER GASTROINTESTINAL DISORDERS	291,183	163,457	34,441	1.96	1.12	1.43	27.4%
OTHER MALE GENITAL DISORDERS	56,271	59,756	34,207	0.38	0.41	1.42	246.2%
MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY	2,124,412	1,509,641	29,568	14.32	10.35	1.23	-88.2%
OTHER CONNECTIVE TISSUE DISEASE	323,198	159,097	26,264	2.18	1.09	1.09	-0.2%
OTHER UPPER RESPIRATORY INFECTIONS	62,450	17,742	24,846	0.42	0.12	1.03	747.0%
ACUTE AND UNSPECIFIED RENAL FAILURE	28,990	1,959	24,005	0.20	0.01	1.00	7312.1%
HYPERPLASIA OF PROSTATE	167,560	82,029	19,740	1.13	0.56	0.82	45.6%
OTHER NON-TRAUMATIC JOINT DISORDERS	238,073	195,933	19,610	1.60	1.34	0.81	-39.5%
CARDIAC DYSRHYTHMIAS	232,578	202,696	19,088	1.57	1.39	0.79	-43.0%
CANCER OF HEAD AND NECK	113,229	67,422	16,999	0.76	0.46	0.70	52.5%
JOINT DISORDERS AND DISLOCATIONS; TRAUMA-RELATED	353,421	370,545	14,967	2.38	2.54	0.62	-75.6%
OTHER AND UNSPECIFIED BENIGN NEOPLASM	196,587	190,573	14,850	1.33	1.31	0.62	-52.9%
OTHER AFTERCARE	78,579	73,495	14,597	0.53	0.50	0.61	20.1%
HEART VALVE DISORDERS	49,676	55,951	11,948	0.33	0.38	0.50	29.2%
<b>OTHER</b>	<b>6,434,610</b>	<b>5,371,738</b>	<b>231,072</b>	<b>43.38</b>	<b>36.82</b>	<b>9.58</b>	<b>-74.0%</b>
<b>Grand Total</b>	<b>16,514,986</b>	<b>13,144,727</b>	<b>1,279,606</b>	<b>111.33</b>	<b>90.09</b>	<b>53.05</b>	<b>-41.1%</b>

## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Specialist/Ancillary Cost Distribution by Diagnosis

Specialist/Ancillary Costs include all OP services that are not OP facility

#### Top 25 Specialist Diagnoses [No IBNR]

Clinical Category	FY 2023	FY 2024	FY 2025	FY 2023 POPM	FY 2024 POPM	FY 2025 POPM	% Variance POPM
MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY	57,358	137,300	107,701	0.39	0.94	4.46	374.4%
NONSPECIFIC CHEST PAIN	576,360	388,444	39,680	3.89	2.66	1.64	-38.2%
OTHER INJURIES AND CONDITIONS DUE TO EXTERNAL CAU	250,933	192,644	27,001	1.69	1.32	1.12	-15.2%
OTHER NERVOUS SYSTEM DISORDERS	259,304	177,926	25,592	1.75	1.22	1.06	-13.0%
DISORDERS OF TEETH AND JAW	200,366	213,444	23,608	1.35	1.46	0.98	-33.1%
SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; OTHER B	231,709	159,610	18,988	1.56	1.09	0.79	-28.0%
LEUKEMIAS	5,583	64,439	10,466	0.04	0.44	0.43	-1.8%
CATARACT	42,365	33,876	8,409	0.29	0.23	0.35	50.1%
OTHER SCREENING FOR SUSPECTED CONDITIONS (NOT M	64,967	237,557	8,324	0.44	1.63	0.35	-78.8%
NOT CATEGORIZED	18,218	32,169	8,029	0.12	0.22	0.33	51.0%
EPILEPSY; CONVULSIONS	141,664	112,321	7,932	0.95	0.77	0.33	-57.3%
CARDIAC DYSRHYTHMIAS	213,793	160,777	7,907	1.44	1.10	0.33	-70.3%
CHRONIC ULCER OF SKIN	7,707	23,535	7,013	0.05	0.16	0.29	80.2%
SYNCOPE	53,082	66,153	6,495	0.36	0.45	0.27	-40.6%
OTHER CONNECTIVE TISSUE DISEASE	78,818	74,720	5,840	0.53	0.51	0.24	-52.7%
ESSENTIAL HYPERTENSION	24,018	19,371	5,662	0.16	0.13	0.23	76.8%
ABDOMINAL PAIN	126,124	137,081	5,572	0.85	0.94	0.23	-75.4%
RESIDUAL CODES; UNCLASSIFIED	556,235	172,181	5,476	3.75	1.18	0.23	-80.8%
DIABETES MELLITUS WITHOUT COMPLICATION	23,989	19,373	5,426	0.16	0.13	0.22	69.4%
DIABETES MELLITUS WITH COMPLICATIONS	142,307	88,232	5,279	0.96	0.60	0.22	-63.8%
MALaise AND FATIGUE	79,565	179,844	5,114	0.54	1.23	0.21	-82.8%
OTHER NON-TRAUMATIC JOINT DISORDERS	162,258	106,044	4,978	1.09	0.73	0.21	-71.6%
OTHER LOWER RESPIRATORY DISEASE	124,824	188,398	4,547	0.84	1.29	0.19	-85.4%
NONMALIGNANT BREAST CONDITIONS	36,634	30,513	4,255	0.25	0.21	0.18	-15.7%
MULTIPLE SCLEROSIS	6,768	7,627	4,054	0.05	0.05	0.17	221.5%
<b>OTHER</b>	<b>6,599,145</b>	<b>4,335,802</b>	<b>107,078</b>	<b>44.48</b>	<b>29.72</b>	<b>4.44</b>	<b>-85.1%</b>
<b>Grand Total</b>	<b>10,084,094</b>	<b>7,359,380</b>	<b>470,424</b>	<b>67.98</b>	<b>50.44</b>	<b>19.50</b>	<b>-61.3%</b>

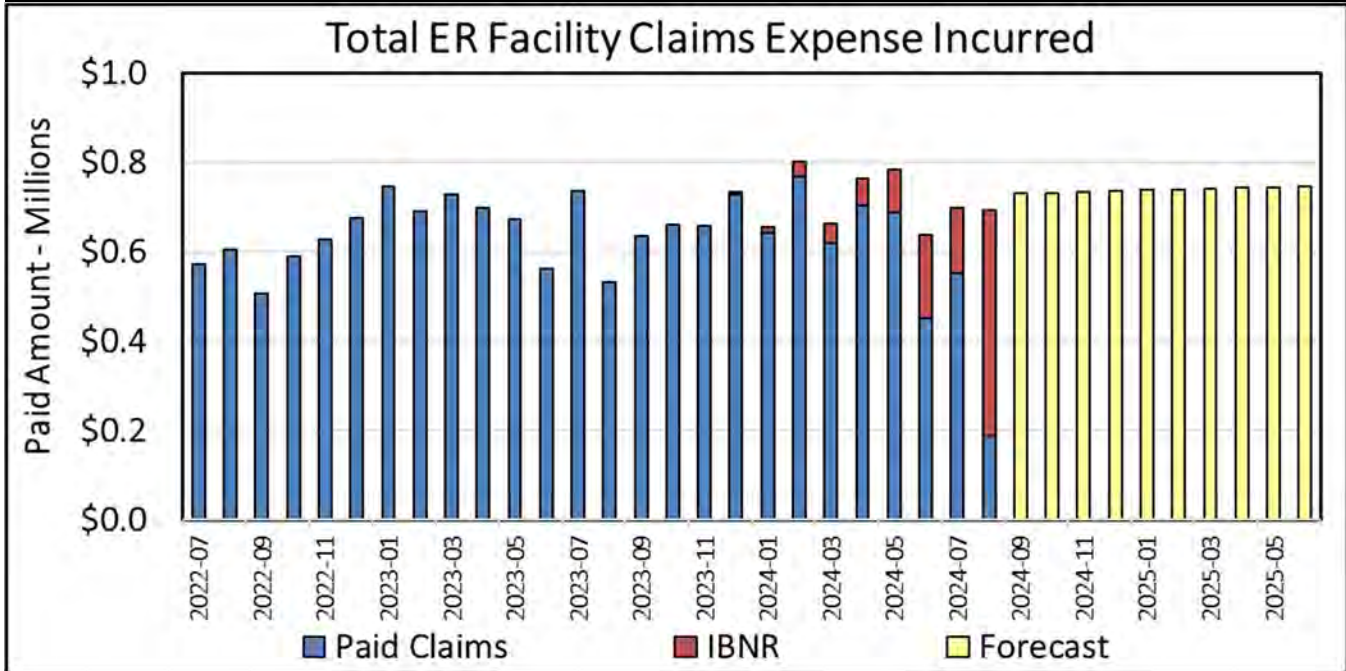
## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Emergency Facility Cost Comparison

Emergency Facility costs include those with a Place of Service = 23 - Emergency Room

Emergency Room Services : POS=23					
Measure	FY 2024	FY 2025	FY24 Rate	FY25 Rate	% Trend
Average Daily Population	12,158	12,094			-0.5%
Claimants	0	0	0.0	0.0	0.0%
Paid on Incurred Claims	\$7,817,297	\$739,040	\$53.58	\$5.09	
IBNR Claims (Current Liability)	\$437,533	\$649,688	\$3.00	\$4.48	
Forecast Period Claims	\$0	\$7,381,785	\$0.00	\$50.87	
Ultimate Claims Expense	\$8,254,830	\$8,770,512	\$56.58	\$60.44	6.8%



Rates										
Fiscal Year	Offender Months	Encounters	Encounter Per 1000	Unique Claimants	Claimants Per 1000	Encounters Per Claimant	Paid Amount	POPM	Cost Per Claimant	Cost Per Encounter
2016	177,141	1,151	78.0	891	60.4	1.292	\$ 2,900,737	\$ 16.38	\$ 3,618	\$ 2,793
2017	177,112	1,356	91.9	1,004	68.0	1.351	\$ 3,448,380	\$ 19.47	\$ 4,106	\$ 3,054
2018	177,587	1,337	90.3	980	66.2	1.364	\$ 3,549,563	\$ 19.99	\$ 4,646	\$ 3,162
2019	179,115	1,532	102.6	1,104	74.0	1.388	\$ 4,268,014	\$ 23.83	\$ 3,866	\$ 2,786
2020	175,727	1,571	107.3	1,092	74.6	1.439	\$ 4,790,828	\$ 27.26	\$ 4,387	\$ 3,050
2021	156,348	1,824	140.0	1,219	93.6	1.496	\$ 6,527,769	\$ 41.75	\$ 5,355	\$ 3,579
2022	146,241	1,919	157.5	1,187	97.4	1.617	\$ 7,020,260	\$ 48.00	\$ 5,914	\$ 3,658
2023	148,347	2,049	165.7	1,248	101.0	1.642	\$ 7,667,887	\$ 51.69	\$ 6,144	\$ 3,742
2024 Est	145,901	2,169	178.4	1,357	111.6	1.598	\$ 8,254,830	\$ 56.58	\$ 6,083	\$ 3,806
2025 Est	145,123	2,237	185.0	1,398	115.6	1.600	\$ 8,770,512	\$ 60.44	\$ 6,272	\$ 3,920

Trend										
Fiscal Year	Offender Months	Encounters	Encounter Per 1000	Unique Claimants	Claimants Per 1000	Encounters Per Claimant	Paid Amount	POPM	Cost Per Claimant	Cost Per Encounter
2016	---	---	---	---	---	---	---	---	---	---
2017	0.0%	17.8%	17.8%	12.7%	12.7%	4.6%	18.9%	18.9%	13.5%	9.4%
2018	0.3%	-1.4%	-1.7%	-2.4%	-2.7%	1.0%	2.9%	2.7%	13.1%	3.5%
2019	0.9%	14.6%	13.6%	12.7%	11.7%	1.7%	20.2%	19.2%	-16.8%	-11.9%
2020	-1.9%	2.5%	4.5%	-1.1%	0.8%	3.7%	12.2%	14.4%	13.5%	9.5%
2021	-11.0%	16.1%	30.5%	11.6%	25.5%	4.0%	36.3%	53.1%	22.1%	17.4%
2022	-6.5%	5.2%	12.5%	-2.6%	4.1%	8.0%	7.5%	15.0%	10.4%	2.2%
2023	1.4%	6.8%	5.3%	5.1%	3.6%	1.6%	9.2%	7.7%	3.9%	2.3%
2024 Est	-1.6%	5.9%	7.6%	8.7%	10.6%	-2.6%	7.7%	9.5%	-1.0%	1.7%
2025 Est	-0.5%	3.2%	3.7%	3.1%	3.6%	0.1%	6.2%	6.8%	3.1%	3.0%

## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

## Emergency Facility Cost Distribution by Diagnosis

Emergency Facility costs include those with a Place of Service = 23 - Emergency Room

<b>Top 25 ER Total Diagnoses [No IBNR]</b>							
Clinical Category	FY 2023	FY 2024	FY 2025	FY 2023 POPM	FY 2024 POPM	FY 2025 POPM	% Variance POPM
NONSPECIFIC CHEST PAIN	511,328	617,763	72,250	3.45	4.23	3.00	-29.3%
ABDOMINAL PAIN	380,126	403,176	66,062	2.56	2.76	2.74	-0.9%
OTHER INJURIES AND CONDITIONS DUE TO EXTERNAL CAU	406,306	430,517	60,591	2.74	2.95	2.51	-14.9%
BILIARY TRACT DISEASE	84,145	78,249	45,479	0.57	0.54	1.89	251.5%
SUICIDE AND INTENTIONAL SELF-INFLICTED INJURY	174,671	262,337	38,960	1.18	1.80	1.62	-10.2%
OTHER CONNECTIVE TISSUE DISEASE	80,237	127,374	25,419	0.54	0.87	1.05	20.7%
PNEUMONIA (EXCEPT THAT CAUSED BY TUBERCULOSIS OF	54,041	64,151	23,677	0.36	0.44	0.98	123.2%
NONINFECTIOUS GASTROENTERITIS	42,534	39,858	21,515	0.29	0.27	0.89	226.5%
SKULL AND FACE FRACTURES	213,100	226,347	19,693	1.44	1.55	0.82	-47.4%
OPEN WOUNDS OF HEAD; NECK; AND TRUNK	323,892	294,127	18,062	2.18	2.02	0.75	-62.9%
SUPERFICIAL INJURY; CONTUSION	237,774	176,664	17,410	1.60	1.21	0.72	-40.4%
CONDITIONS ASSOCIATED WITH DIZZINESS OR VERTIGO	25,300	42,762	16,254	0.17	0.29	0.67	129.9%
CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND BRONC	64,900	59,073	16,083	0.44	0.40	0.67	64.7%
EPILEPSY; CONVULSIONS	259,693	142,087	14,324	1.75	0.97	0.59	-39.0%
CANCER OF HEAD AND NECK	7,858	135	13,922	0.05	0.00	0.58	62226.9%
OVARIAN CYST	7,048	\$0	13,888	0.05	0.00	0.58	0.0%
INFECTIVE ARTHRITIS AND OSTEOMYELITIS (EXCEPT THAT	6,824	15,311	13,600	0.05	0.10	0.56	437.2%
INTRACRANIAL INJURY	162,133	139,679	13,040	1.09	0.96	0.54	-43.5%
DIVERTICULOSIS AND DIVERTICULITIS	18,917	19,928	10,834	0.13	0.14	0.45	228.8%
RESIDUAL CODES; UNCLASSIFIED	141,072	169,259	10,738	0.95	1.16	0.45	-61.6%
OTHER LOWER RESPIRATORY DISEASE	45,031	89,354	9,228	0.30	0.61	0.38	-37.5%
GENITOURINARY SYMPTOMS AND ILL-DEFINED CONDITIO	68,341	101,138	9,052	0.46	0.69	0.38	-45.9%
OTHER UPPER RESPIRATORY DISEASE	12,433	8,749	8,654	0.08	0.06	0.36	498.2%
HEADACHE; INCLUDING MIGRAINE	57,217	138,253	8,325	0.39	0.95	0.35	-63.6%
OTHER NON-TRAUMATIC JOINT DISORDERS	33,953	43,014	8,267	0.23	0.29	0.34	16.2%
<b>OTHER</b>	<b>4,249,012</b>	<b>4,127,992</b>	<b>163,711</b>	<b>28.64</b>	<b>28.29</b>	<b>6.79</b>	<b>-76.0%</b>
<b>Grand Total</b>	<b>7,667,887</b>	<b>7,817,297</b>	<b>739,040</b>	<b>51.69</b>	<b>53.58</b>	<b>30.64</b>	<b>-42.8%</b>

## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

## Emergency and Ambulance Encounters by Institution

Each 12-Month Period does not include IBNR for Comparability  
 “Ambulance” includes Land Transports only

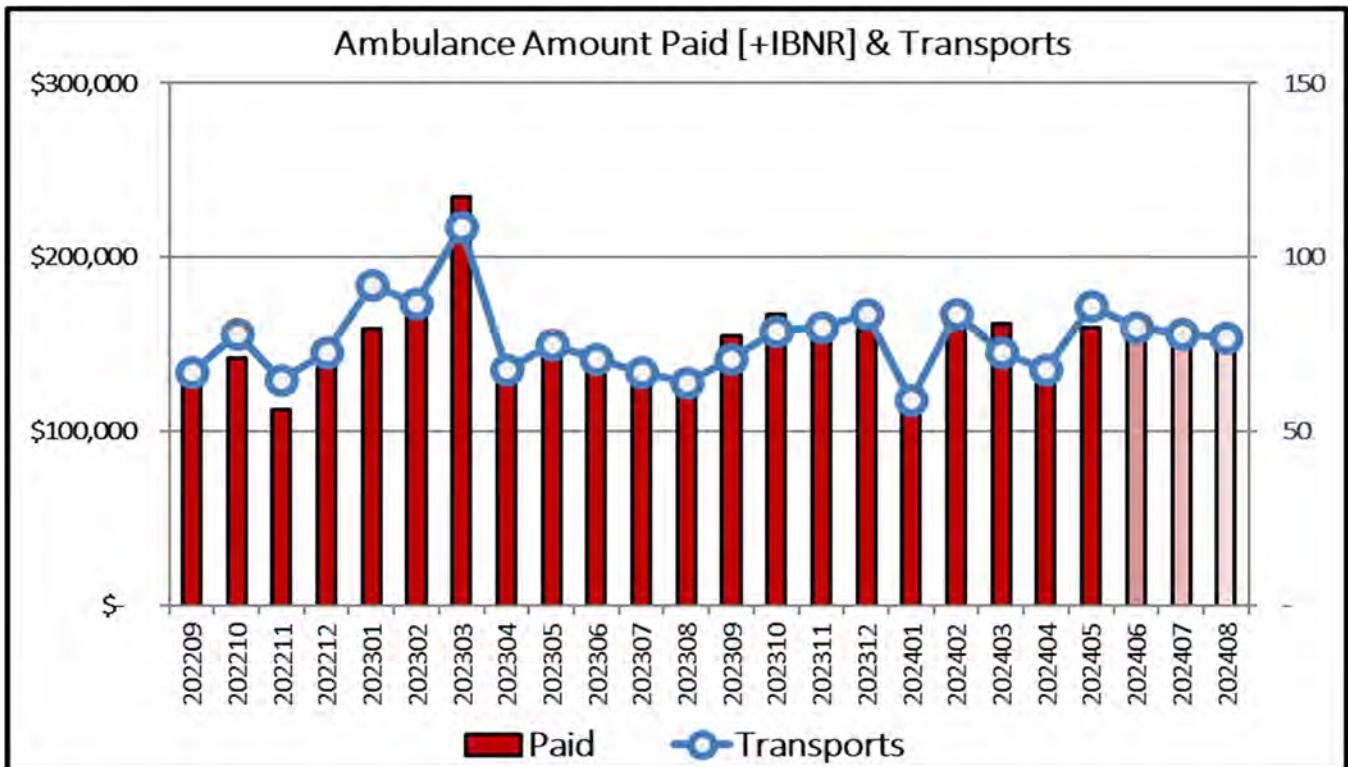
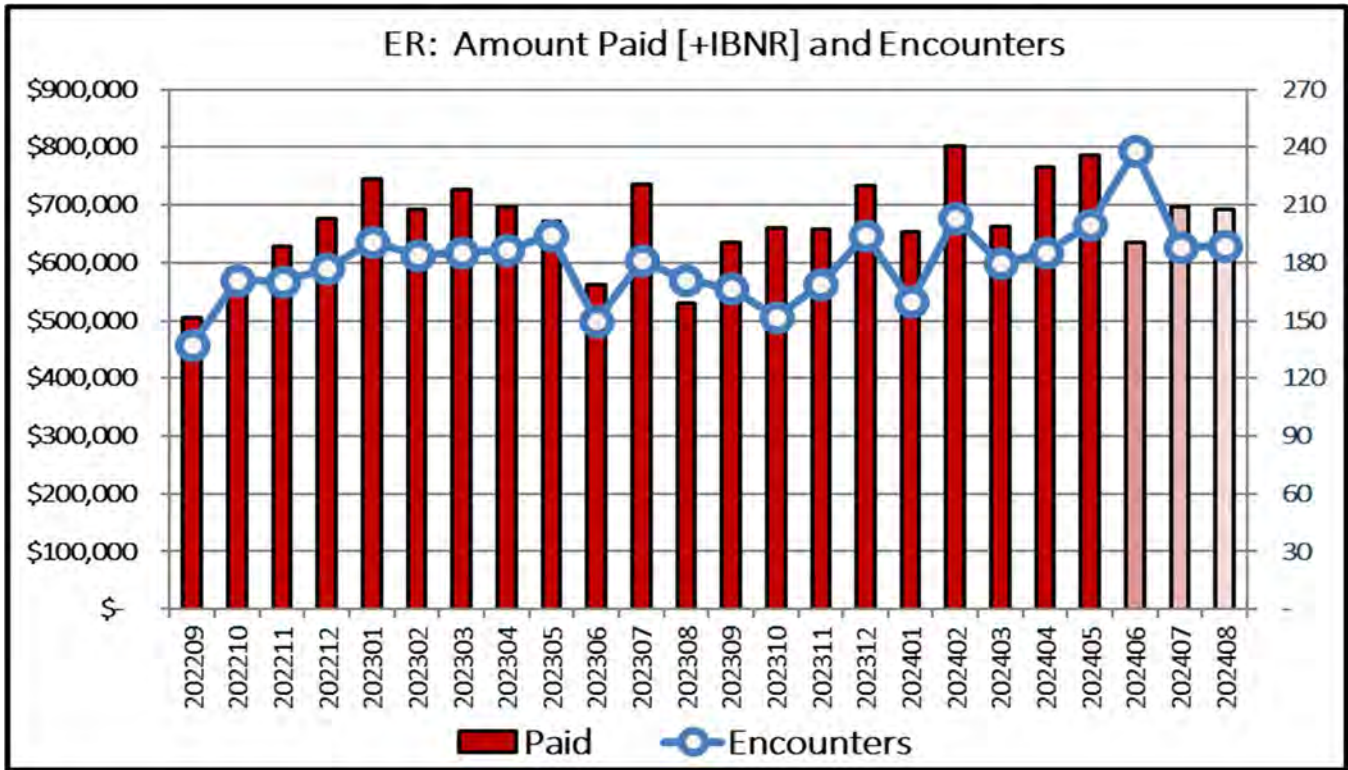
Prison	Emergency Room Encounters					
	Prior: 202206 to 202305			Current: 202306 to 202405		
	Visits	Amount Paid	Cost/Vist	Visits	Amount Paid	Cost/Vist
CCCF	353	1,264,217	3,581	292	1,060,714	3,633
CRCI	61	205,812	3,374	62	166,455	2,685
DRCI	127	352,118	2,773	131	499,757	3,815
EOCI	213	1,121,333	5,264	147	925,178	6,294
MCCF	-	-	-	-	-	-
OSCI	144	380,166	2,640	230	782,870	3,404
OSP	434	1,165,721	2,686	374	1,174,369	3,140
PRCF	29	59,963	2,068	18	45,924	2,551
RLAN	-	-	-	1	4,001	4,001
RMAR	-	-	-	-	-	-
SCCI	-	-	-	-	-	-
SCI	29	68,844	2,374	50	111,122	2,222
SFFC	8	23,923	2,990	5	14,102	2,820
SRCI	368	1,622,515	4,409	383	1,872,033	4,888
TRCI	303	1,385,542	4,573	195	1,173,306	6,017
WCCF	15	79,649	5,310	25	96,873	3,875
IBRO	-	-	-	1	1,849	1,849
<b>Total</b>	<b>2,084</b>	<b>7,729,803</b>	<b>3,709</b>	<b>1,914</b>	<b>7,928,553</b>	<b>4,142</b>
<b>Trend Y/Y</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-8.2%</b>	<b>2.6%</b>	<b>11.7%</b>

Prison	Ambulance Transports [Land Only]					
	Prior: 202206 to 202305			Current: 202306 to 202405		
	Trips	Amount Paid	Cost/Trip	Trips	Amount Paid	Cost/Trip
CCCF	106	172,664	1,629	86	148,276	1,724
CRCI	21	43,582	2,075	23	43,966	1,912
DRCI	42	91,059	2,168	5	12,588	2,518
EOCI	97	178,790	1,843	54	86,029	1,593
MCCF	-	-	-	-	-	-
OSCI	64	124,391	1,944	73	154,891	2,122
OSP	150	268,155	1,788	179	360,386	2,013
PRCF	1	3,400	3,400	7	14,001	2,000
RLAN	-	-	-	-	-	-
RMAR	-	-	-	-	-	-
SCCI	-	-	-	-	-	-
SCI	9	16,340	1,816	11	23,440	2,131
SFFC	-	-	-	-	-	-
SRCI	265	391,547	1,478	252	407,468	1,617
TRCI	154	419,927	2,727	180	507,247	2,818
WCCF	-	-	-	1	1,401	1,401
IBRO	1	1,812	1,812	-	-	-
<b>Total</b>	<b>910</b>	<b>1,711,667</b>	<b>1,881</b>	<b>871</b>	<b>1,759,692</b>	<b>2,020</b>
<b>Trend Y/Y</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-4.3%</b>	<b>2.8%</b>	<b>7.4%</b>

## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Emergency and Ambulance Encounters by Incurred Month



## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### Percentage of Inpatient Admits via the Emergency Room

The following table is based on the current 24-Month Incurred period [lagged 3 months; no IBNR]

Facility	Prior: 202206 to 202305				Current: 202306 to 202405			
	ER Visits	ER Visits/K	IP Admits from ER	IP Admits %	ER Visits	ER Visits/K	IP Admits from ER	IP Admits %
CCCF	353	249.0	63	15.1%	292	209.2	51	14.9%
CRCI	61	104.8	13	17.6%	62	108.2	15	19.5%
DRCI	127		14	9.9%	131		26	16.6%
EOCI	213	168.2	16	7.0%	147	117.9	14	8.7%
MCCF	0		0	0.0%	0		0	0.0%
OSCI	144	163.2	35	19.6%	230	264.7	30	11.5%
OSP	434	247.5	102	19.0%	374	216.6	118	24.0%
PRCF	29	91.0	0	0.0%	18	57.4	3	14.3%
RLAN	0	0.0	0	0.0%	1	346.7	0	0.0%
RJAC	0		0	0.0%	0		0	0.0%
RMAR	0		0	0.0%	0		0	0.0%
SCCI	0		0	0.0%	0		0	0.0%
SCI	29	64.0	6	17.1%	50	112.1	9	15.3%
SFFC	8	53.5	1	11.1%	5	34.0	0	0.0%
SRCI	368	133.4	40	9.8%	383	141.0	85	18.2%
TRCI	303	211.6	52	14.6%	195	138.3	65	25.0%
WCCF	15	40.2	3	16.7%	25	68.0	4	13.8%
IBRO	0	0.0	0	0.0%	1	16.5	0	0.0%
<b>TOTAL</b>	<b>2,084</b>	<b>182.0</b>	<b>345</b>	<b>14.2%</b>	<b>1,914</b>	<b>169.7</b>	<b>420</b>	<b>18.0%</b>

## Fiscal Year 2025

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

### High Dollar Offender Summary

Based on a Paid Amount ≥ \$50K in the Incurred FYTD Period  
Please refer to the High Dollar Claimants Monthly Report for Claim Detail

Costs for All Claimants	FY22	FY23	FY24	FY25
Unique Claimants	6,327	6,244	6,372	1,331
Total Paid	28,372,734	37,979,835	30,121,410	2,492,871
Inpatient Paid	834,424	3,743,276	1,703,328	3,801
Outpatient Paid	27,538,310	34,236,559	28,418,082	2,489,070

Cost for Catastrophic Claimants	FY22		FY23		FY24		FY25	
	Claimants	Paid	Claimants	Paid	Claimants	Paid	Claimants	Paid
Unique Claimants	80	1.3%	139	2.2%	97	1.5%	4	0.3%
Total Paid	10,107,554	35.6%	18,215,119	48.0%	11,564,421	38.4%	252,240	10.1%
Inpatient Paid	715,716	85.8%	3,270,947	87.4%	1,521,986	89.4%	-	0.0%
Outpatient Paid	9,391,837	34.1%	14,944,172	43.6%	10,042,435	35.3%	252,240	10.1%

Bin Low	Bin High	FY22		FY23		FY24		FY25	
		Claimants	Paid	Claimants	Paid	Claimants	Paid	Claimants	Paid
\$0	\$50,000	6247	18,265,181	6105	19,764,716	6275	18,556,988	1327	2,240,631
\$50,000	\$75,000	30	1,837,269	55	3,371,417	37	2,184,366	4	252,240
\$75,000	\$100,000	23	1,973,974	29	2,527,857	25	2,140,732	0	-
\$100,000	\$125,000	10	1,113,214	23	2,529,219	12	1,377,194	0	-
\$125,000	\$150,000	5	667,526	6	804,185	7	953,484	0	-
\$150,000	\$175,000	2	311,111	5	812,734	6	981,669	0	-
\$175,000	\$200,000	3	554,626	5	936,387	2	369,702	0	-
\$200,000	\$225,000	1	207,108	1	205,074	2	411,237	0	-
\$225,000	\$250,000	0	-	3	724,576	1	233,081	0	-
\$250,000	\$275,000	1	257,925	0	-	1	261,675	0	-
\$275,000	\$300,000	1	296,473	3	865,958	1	278,814	0	-
\$300,000	\$350,000	1	331,501	1	342,552	0	-	0	-
\$350,000	\$400,000	0	-	0	-	1	371,405	0	-
\$400,000	\$450,000	1	405,200	3	1,253,605	0	-	0	-
\$450,000	\$500,000	0	-	3	1,405,865	1	482,020	0	-
\$500,000	\$1,999,999	2	2,151,629	2	2,435,690	1	1,519,043	0	-

#### Top 10 Claimants (>\$50K) by Dollars Paid FY25 (Paid through 2024-08-31)

DOC ID	Offender Name	Diagnosis Description	Amount Paid	% IP	% OP	% ER
9003030	AIC-9003030	MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY	70,683	0%	100%	0%
9011440	AIC-9011440	MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY	64,263	0%	70%	30%
9001118	AIC-9001118	OSTEOARTHRITIS	60,864	0%	100%	0%
9002087	AIC-9002087	CORONARY ATHEROSCLEROSIS AND OTHER HEART DISEASE	56,431	0%	100%	0%

Fiscal Year 2025											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

Metadata

Source Data:

- Data regarding dollar amounts paid was compiled from the transactional claims adjudication system.
- High Dollar Inmate cases were determined by total amount paid by inmate  $\geq$  \$50K for the reported fiscal period.

Calculations:

- Member Months  
Actual number of offenders in a particular month or the cumulative number of offenders over a period. Member Months are used on a cumulative basis to derive population normalized statistics, such as Per Offender per Month (POPM) amount or Utilization Per 1000 (offenders) rates.
- POPM  
Abbreviation for Per Offender per Month. A population normalized statistic to describe a rate based on some amount. Derived by taking a reported amount (generally dollars) for any period and dividing by the corresponding member months.  
Formula:  $(Amount) / (Member\ Months)$
- Utilization Per 1000  
A population normalized statistic to describe a comparative utilization rate. Derived by taking utilization for a service category for any period, dividing by the corresponding Member Months, then dividing by 1000. The result represents a comparative average utilization rate over the period—respectfully this equates to a one-month rate. In general, Utilization per 1000 is annualized by multiplying the calculated rate by 12 to represent a yearly period. There is no requirement to annualize the statistic, however, it should be documented when the rate is not annualized.  
Formula:  $(Utilization) / ((Member\ Months) / 1000) * 12$   
Formula alternative:  $(Utilization) / (Member\ Months) * 12,000$

FY-2025											
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

## Nebraska Department of Correctional Services

### ER Trend Report - AUGUST 2024

### Claim Payments through 2024-08-31



**FY-2025**

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun

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Nebraska Department of Correctional Services  
 Emergency Encounters Rates and Trends by Fiscal Year  
 Claims Paid Through 2024-08-31 [FY24 includes IBNR and Forecast]

Rates

Fiscal Year	Offender Months	Encounters	Encounter Per 1000	Unique Claimants	Claimants Per 1000	Encounters Per Claimant	Paid Amount	POPM	Cost Per Claimant	Cost Per Encounter
2016	177,141	1,151	78.0	891	60.4	1.292	\$ 2,900,737	\$ 16.38	\$ 3,618	\$ 2,793
2017	177,112	1,356	91.9	1,004	68.0	1.351	\$ 3,448,380	\$ 19.47	\$ 4,106	\$ 3,054
2018	177,587	1,337	90.3	980	66.2	1.364	\$ 3,549,563	\$ 19.99	\$ 4,646	\$ 3,162
2019	179,115	1,532	102.6	1,104	74.0	1.388	\$ 4,268,014	\$ 23.83	\$ 3,866	\$ 2,786
2020	175,727	1,571	107.3	1,092	74.6	1.439	\$ 4,790,828	\$ 27.26	\$ 4,387	\$ 3,050
2021	156,348	1,824	140.0	1,219	93.6	1.496	\$ 6,527,769	\$ 41.75	\$ 5,355	\$ 3,579
2022	146,241	1,919	157.5	1,187	97.4	1.617	\$ 7,020,260	\$ 48.00	\$ 5,914	\$ 3,658
2023	148,347	2,049	165.7	1,248	101.0	1.642	\$ 7,667,887	\$ 51.69	\$ 6,144	\$ 3,742
2024 Est	145,901	2,169	178.4	1,357	111.6	1.598	\$ 8,254,830	\$ 56.58	\$ 6,083	\$ 3,806
2025 Est	145,123	2,237	185.0	1,398	115.6	1.600	\$ 8,770,512	\$ 60.44	\$ 6,272	\$ 3,920

Trend

Fiscal Year	Offender Months	Encounters	Encounter Per 1000	Unique Claimants	Claimants Per 1000	Encounters Per Claimant	Paid Amount	POPM	Cost Per Claimant	Cost Per Encounter
2016	---	---	---	---	---	---	---	---	---	---
2017	0.0%	17.8%	17.8%	12.7%	12.7%	4.6%	18.9%	18.9%	13.5%	9.4%
2018	0.3%	-1.4%	-1.7%	-2.4%	-2.7%	1.0%	2.9%	2.7%	13.1%	3.5%
2019	0.9%	14.6%	13.6%	12.7%	11.7%	1.7%	20.2%	19.2%	-16.8%	-11.9%
2020	-1.9%	2.5%	4.5%	-1.1%	0.8%	3.7%	12.2%	14.4%	13.5%	9.5%
2021	-11.0%	16.1%	30.5%	11.6%	25.5%	4.0%	36.3%	53.1%	22.1%	17.4%
2022	-6.5%	5.2%	12.5%	-2.6%	4.1%	8.0%	7.5%	15.0%	10.4%	2.2%
2023	1.4%	6.8%	5.3%	5.1%	3.6%	1.6%	9.2%	7.7%	3.9%	2.3%
2024 Est	-1.6%	5.9%	7.6%	8.7%	10.6%	-2.6%	7.7%	9.5%	-1.0%	1.7%
2025 Est	-0.5%	3.2%	3.7%	3.1%	3.6%	0.1%	6.2%	6.8%	3.1%	3.0%

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Incurred Month by Prison [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

Prison Location	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
<b>OREGON STATE PENITENTIARY</b>																
Total Encounters	28	36	39	35	43	33	31	33	30	28	30	35	35	17	11	463
Unique Claimants	28	30	31	30	37	27	25	24	27	27	27	30	30	16	11	271
Encounters Per Claimant	1.0	1.2	1.3	1.2	1.2	1.2	1.2	1.4	1.1	1.0	1.1	1.2	1.2	1.1	1.0	1.7
Total Paid Amount	\$74,956	\$96,511	\$78,592	\$95,228	\$115,436	\$91,963	\$103,006	\$107,048	\$128,730	\$74,595	\$97,673	\$110,373	\$27,860	\$35,617	\$3,081	\$1,240,669
Cost Per Encounter	\$2,677	\$2,681	\$2,015	\$2,721	\$2,685	\$2,787	\$3,323	\$3,244	\$4,291	\$2,664	\$3,256	\$3,154	\$796	\$2,095	\$280	\$2,680
Cost Per Claimant	\$2,677	\$3,217	\$2,535	\$3,174	\$3,120	\$3,406	\$4,120	\$4,460	\$4,768	\$2,763	\$3,618	\$3,679	\$929	\$2,226	\$280	\$4,578
<b>SNAKE RIVER</b>																
Total Encounters	29	45	35	38	25	20	40	31	54	21	36	38	28	27	13	457
Unique Claimants	23	27	24	22	21	17	25	20	39	21	31	35	27	25	12	266
Encounters Per Claimant	1.3	1.7	1.5	1.7	1.2	1.2	1.6	1.6	1.4	1.0	1.2	1.1	1.0	1.1	1.1	1.7
Total Paid Amount	\$163,207	\$212,846	\$108,688	\$143,237	\$147,978	\$133,346	\$191,858	\$127,204	\$169,228	\$83,923	\$202,856	\$188,882	\$131,772	\$145,834	\$81,112	\$2,231,972
Cost Per Encounter	\$5,628	\$4,730	\$3,105	\$3,769	\$5,919	\$6,667	\$4,796	\$4,103	\$3,134	\$3,996	\$5,635	\$4,971	\$4,706	\$5,401	\$6,239	\$4,884
Cost Per Claimant	\$7,096	\$7,883	\$4,529	\$6,511	\$7,047	\$7,844	\$7,674	\$6,360	\$4,339	\$3,996	\$6,544	\$5,397	\$4,880	\$5,833	\$6,759	\$8,391
<b>COFFEE CREEK</b>																
Total Encounters	18	21	24	22	27	28	28	16	28	33	28	37	24	26	1	361
Unique Claimants	15	19	21	22	25	27	27	15	24	27	28	33	21	19	1	242
Encounters Per Claimant	1.2	1.1	1.1	1.0	1.1	1.0	1.0	1.1	1.2	1.2	1.0	1.1	1.1	1.4	1.0	1.5
Total Paid Amount	\$61,060	\$60,265	\$76,532	\$65,616	\$136,713	\$90,329	\$104,961	\$58,111	\$92,823	\$114,187	\$93,242	\$106,839	\$44,982	\$118,087	\$2,104	\$1,225,851
Cost Per Encounter	\$3,392	\$2,870	\$3,189	\$2,983	\$5,063	\$3,226	\$3,749	\$3,632	\$3,315	\$3,460	\$3,330	\$2,888	\$1,874	\$4,542	\$2,104	\$3,396
Cost Per Claimant	\$4,071	\$3,172	\$3,644	\$2,983	\$5,469	\$3,346	\$3,887	\$3,874	\$3,868	\$4,229	\$3,330	\$3,238	\$2,142	\$6,215	\$2,104	\$5,065
<b>OREGON STATE CORRECTIONAL</b>																
Total Encounters	15	17	20	19	20	24	24	17	30	26	20	13	35	29	8	317
Unique Claimants	15	14	19	15	18	21	21	16	25	22	18	12	21	21	7	181
Encounters Per Claimant	1.0	1.2	1.1	1.3	1.1	1.1	1.1	1.1	1.2	1.2	1.1	1.1	1.7	1.4	1.1	1.8
Total Paid Amount	\$32,126	\$59,439	\$65,055	\$52,724	\$73,796	\$58,678	\$93,429	\$51,484	\$102,250	\$89,567	\$69,809	\$34,506	\$48,521	\$76,787	\$1,421	\$909,591
Cost Per Encounter	\$2,142	\$3,496	\$3,253	\$2,775	\$3,690	\$2,445	\$3,893	\$3,028	\$3,408	\$3,445	\$3,490	\$2,654	\$1,386	\$2,648	\$178	\$2,869
Cost Per Claimant	\$2,142	\$4,246	\$3,424	\$3,515	\$4,100	\$2,794	\$4,449	\$3,218	\$4,090	\$4,071	\$3,878	\$2,875	\$2,311	\$3,657	\$203	\$5,025
<b>TWO RIVERS</b>																
Total Encounters	23	12	21	22	14	15	16	17	20	21	17	20	13	10	1	242
Unique Claimants	20	12	17	17	11	14	12	17	18	21	15	19	12	10	1	176
Encounters Per Claimant	1.2	1.0	1.2	1.3	1.3	1.1	1.3	1.0	1.1	1.0	1.1	1.1	1.1	1.0	1.0	1.4
Total Paid Amount	\$83,678	\$38,855	\$109,798	\$169,300	\$91,569	\$93,326	\$66,708	\$87,547	\$122,473	\$103,900	\$78,561	\$127,564	\$63,349	\$55,884	\$262	\$1,292,775
Cost Per Encounter	\$3,638	\$3,238	\$5,228	\$7,695	\$6,541	\$6,222	\$4,169	\$5,150	\$6,124	\$4,948	\$4,621	\$6,378	\$4,873	\$5,588	\$262	\$5,342
Cost Per Claimant	\$4,184	\$3,238	\$6,459	\$9,959	\$8,324	\$6,666	\$5,559	\$5,150	\$6,804	\$4,948	\$5,237	\$6,714	\$5,279	\$5,588	\$262	\$7,345
<b>EASTERN OREGON</b>																
Total Encounters	14	24	11	9	2	14	12	20	13	13	15	14	14	15	10	200
Unique Claimants	14	20	10	9	2	12	12	18	13	13	11	14	14	14	10	157
Encounters Per Claimant	1.0	1.2	1.1	1.0	1.0	1.2	1.0	1.1	1.0	1.0	1.4	1.0	1.0	1.1	1.0	1.3
Total Paid Amount	\$69,144	\$181,504	\$42,553	\$57,466	\$16,241	\$95,042	\$65,237	\$136,323	\$42,092	\$81,748	\$86,586	\$54,780	\$62,045	\$60,400	\$71,606	\$1,122,769
Cost Per Encounter	\$4,939	\$7,563	\$3,868	\$6,385	\$8,121	\$6,789	\$5,436	\$6,816	\$3,238	\$6,288	\$5,772	\$3,913	\$4,432	\$4,027	\$7,161	\$5,614
Cost Per Claimant	\$4,939	\$9,075	\$4,255	\$6,385	\$8,121	\$7,920	\$5,436	\$7,573	\$3,238	\$6,288	\$7,871	\$3,913	\$4,432	\$4,314	\$7,161	\$7,151

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Incurred Month by Prison [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

Prison Location	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
<b>DEER RIDGE</b>																
Total Encounters	14	18	6	8	9	14	21	14	18	6	11	6	12	9	4	170
Unique Claimants	12	15	6	8	9	13	18	14	14	6	11	6	12	8	4	110
Encounters Per Claimant	1.2	1.2	1.0	1.0	1.0	1.1	1.2	1.0	1.3	1.0	1.0	1.0	1.0	1.1	1.0	1.5
Total Paid Amount	\$44,031	\$65,804	\$20,258	\$21,255	\$32,374	\$48,809	\$66,361	\$52,573	\$75,558	\$18,072	\$38,280	\$16,379	\$49,128	\$24,427	\$13,881	\$587,190
Cost Per Encounter	\$3,145	\$3,656	\$3,376	\$2,657	\$3,597	\$3,486	\$3,160	\$3,755	\$4,198	\$3,012	\$3,480	\$2,730	\$4,094	\$2,714	\$3,470	\$3,454
Cost Per Claimant	\$3,669	\$4,387	\$3,376	\$2,657	\$3,597	\$3,755	\$3,687	\$3,755	\$5,397	\$3,012	\$3,480	\$2,730	\$4,094	\$3,053	\$3,470	\$5,338
<b>COLUMBIA RIVER</b>																
Total Encounters	0	3	6	5	4	6	6	6	5	9	6	5	1	6	0	68
Unique Claimants	0	2	5	4	4	6	6	6	5	6	5	4	1	6	0	50
Encounters Per Claimant	0.0	1.5	1.2	1.3	1.0	1.0	1.0	1.0	1.0	1.5	1.2	1.3	1.0	1.0	0.0	1.4
Total Paid Amount	\$0	\$7,320	\$10,704	\$12,949	\$13,938	\$18,490	\$8,843	\$9,020	\$18,233	\$31,541	\$15,975	\$16,112	\$8,201	\$18,350	\$0	\$189,676
Cost Per Encounter	\$0	\$2,440	\$1,784	\$2,590	\$3,484	\$3,082	\$1,474	\$1,503	\$3,647	\$3,505	\$2,662	\$3,222	\$8,201	\$3,058	\$0	\$2,789
Cost Per Claimant	\$0	\$3,660	\$2,141	\$3,237	\$3,484	\$3,082	\$1,474	\$1,503	\$3,647	\$5,257	\$3,195	\$4,028	\$8,201	\$3,058	\$0	\$3,794
<b>SANTIAM</b>																
Total Encounters	3	0	6	5	5	13	4	4	5	4	3	1	3	4	0	58
Unique Claimants	3	0	6	5	4	12	3	3	4	3	3	1	3	4	0	45
Encounters Per Claimant	1.0	0.0	1.0	1.0	1.3	1.1	1.3	1.3	1.3	1.3	1.0	1.0	1.0	1.0	0.0	1.3
Total Paid Amount	\$6,132	\$0	\$7,738	\$8,140	\$19,638	\$20,786	\$7,421	\$10,971	\$17,489	\$7,399	\$4,773	\$629	\$5,680	\$12,028	\$0	\$128,825
Cost Per Encounter	\$2,044	\$0	\$1,290	\$1,628	\$3,928	\$1,599	\$1,855	\$2,743	\$3,498	\$1,850	\$1,591	\$629	\$1,893	\$3,007	\$0	\$2,221
Cost Per Claimant	\$2,044	\$0	\$1,290	\$1,628	\$4,909	\$1,732	\$2,474	\$3,657	\$4,372	\$2,466	\$1,591	\$629	\$1,893	\$3,007	\$0	\$2,863
<b>WARNER CREEK</b>																
Total Encounters	2	0	0	1	2	1	7	1	0	4	3	4	2	2	3	32
Unique Claimants	2	0	0	1	2	1	3	1	0	4	3	3	2	2	3	24
Encounters Per Claimant	1.0	0.0	0.0	1.0	1.0	1.0	2.3	1.0	0.0	1.0	1.0	1.3	1.0	1.0	1.0	1.3
Total Paid Amount	\$19,379	\$0	\$0	\$1,758	\$3,660	\$5,836	\$10,520	\$1,412	\$0	\$9,598	\$14,280	\$29,184	\$7,989	\$2,505	\$13,062	\$119,182
Cost Per Encounter	\$9,689	\$0	\$0	\$1,758	\$1,830	\$5,836	\$1,503	\$1,412	\$0	\$2,400	\$4,760	\$7,296	\$3,994	\$1,253	\$4,354	\$3,724
Cost Per Claimant	\$9,689	\$0	\$0	\$1,758	\$1,830	\$5,836	\$3,507	\$1,412	\$0	\$2,400	\$4,760	\$9,728	\$3,994	\$1,253	\$4,354	\$4,966
<b>POWDER RIVER</b>																
Total Encounters	1	3	3	2	1	1	4	1	0	1	1	1	0	2	0	21
Unique Claimants	1	3	3	2	1	1	3	1	0	1	1	1	0	2	0	20
Encounters Per Claimant	1.0	1.0	1.0	1.0	1.0	1.0	1.3	1.0	0.0	1.0	1.0	1.0	0.0	1.0	0.0	1.1
Total Paid Amount	\$590	\$9,572	\$10,559	\$4,849	\$9,595	\$1,490	\$5,108	\$589	\$0	\$1,442	\$1,245	\$882	\$0	\$2,591	\$0	\$48,513
Cost Per Encounter	\$590	\$3,191	\$3,520	\$2,425	\$9,595	\$1,490	\$1,277	\$589	\$0	\$1,442	\$1,245	\$882	\$0	\$1,295	\$0	\$2,310
Cost Per Claimant	\$590	\$3,191	\$3,520	\$2,425	\$9,595	\$1,490	\$1,703	\$589	\$0	\$1,442	\$1,245	\$882	\$0	\$1,295	\$0	\$2,426
<b>SOUTH FORK FOREST CAMP</b>																
Total Encounters	3	2	0	1	0	0	0	0	0	2	0	0	1	0	0	9
Unique Claimants	3	2	0	1	0	0	0	0	0	2	0	0	1	0	0	9
Encounters Per Claimant	1.0	1.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	1.0	0.0	0.0	1.0
Total Paid Amount	\$6,651	\$2,765	\$0	\$1,927	\$0	\$0	\$0	\$0	\$0	\$2,759	\$0	\$0	\$327	\$0	\$0	\$14,429
Cost Per Encounter	\$2,217	\$1,383	\$0	\$1,927	\$0	\$0	\$0	\$0	\$0	\$1,379	\$0	\$0	\$327	\$0	\$0	\$1,603
Cost Per Claimant	\$2,217	\$1,383	\$0	\$1,927	\$0	\$0	\$0	\$0	\$0	\$1,379	\$0	\$0	\$327	\$0	\$0	\$1,603

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Incurred Month by Prison [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

Prison Location	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
<b>IBRO</b>																
Total Encounters	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Unique Claimants	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Encounters Per Claimant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0
Total Paid Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,849	\$0	\$0	\$0	\$1,849
Cost Per Encounter	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,849	\$0	\$0	\$0	\$1,849
Cost Per Claimant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,849	\$0	\$0	\$0	\$1,849
<b>LANE COUNTY JAIL</b>																
Total Encounters	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Unique Claimants	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Encounters Per Claimant	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Total Paid Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$4,001	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,001
Cost Per Encounter	\$0	\$0	\$0	\$0	\$0	\$0	\$4,001	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,001
Cost Per Claimant	\$0	\$0	\$0	\$0	\$0	\$0	\$4,001	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$4,001
<b>Total Total Encounters</b>	<b>150</b>	<b>181</b>	<b>171</b>	<b>167</b>	<b>152</b>	<b>169</b>	<b>194</b>	<b>160</b>	<b>203</b>	<b>168</b>	<b>170</b>	<b>175</b>	<b>168</b>	<b>147</b>	<b>51</b>	<b>2,400</b>
<b>Total Unique Claimants</b>	<b>136</b>	<b>143</b>	<b>142</b>	<b>135</b>	<b>133</b>	<b>149</b>	<b>155</b>	<b>133</b>	<b>168</b>	<b>151</b>	<b>149</b>	<b>158</b>	<b>144</b>	<b>127</b>	<b>49</b>	<b>1,464</b>
<b>Total Encounters Per Claimant</b>	<b>1.1</b>	<b>1.3</b>	<b>1.2</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>	<b>1.3</b>	<b>1.2</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>1.2</b>	<b>1.2</b>	<b>1.0</b>	<b>1.6</b>
<b>Total Total Paid Amount</b>	<b>\$560,954</b>	<b>\$734,882</b>	<b>\$530,477</b>	<b>\$634,450</b>	<b>\$660,939</b>	<b>\$658,095</b>	<b>\$727,454</b>	<b>\$642,281</b>	<b>\$768,877</b>	<b>\$618,731</b>	<b>\$703,281</b>	<b>\$687,977</b>	<b>\$449,853</b>	<b>\$552,510</b>	<b>\$186,530</b>	<b>\$9,117,291</b>
<b>Total Cost Per Encounter</b>	<b>\$3,740</b>	<b>\$4,060</b>	<b>\$3,102</b>	<b>\$3,799</b>	<b>\$4,348</b>	<b>\$3,894</b>	<b>\$3,750</b>	<b>\$4,014</b>	<b>\$3,788</b>	<b>\$3,683</b>	<b>\$4,137</b>	<b>\$3,931</b>	<b>\$2,678</b>	<b>\$3,759</b>	<b>\$3,657</b>	<b>\$3,799</b>
<b>Total Cost Per Claimant</b>	<b>\$4,125</b>	<b>\$5,139</b>	<b>\$3,736</b>	<b>\$4,700</b>	<b>\$4,969</b>	<b>\$4,417</b>	<b>\$4,693</b>	<b>\$4,829</b>	<b>\$4,577</b>	<b>\$4,098</b>	<b>\$4,720</b>	<b>\$4,354</b>	<b>\$3,124</b>	<b>\$4,350</b>	<b>\$3,807</b>	<b>\$6,228</b>

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Incurred Month by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

Prison Location	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
<b>INJURY/POISONING</b>																
Total Encounters	44	50	50	43	40	37	43	50	54	46	47	50	46	44	11	651
Unique Claimants	44	47	48	40	38	37	38	39	51	45	41	50	43	43	11	536
Encounters Per Claimant	1.0	1.1	1.0	1.1	1.1	1.0	1.1	1.3	1.1	1.0	1.1	1.0	1.1	1.0	1.0	1.2
Total Paid Amount	\$172,890	\$210,395	\$134,669	\$160,723	\$143,556	\$151,828	\$143,517	\$220,891	\$197,504	\$138,356	\$178,812	\$233,796	\$107,609	\$122,719	\$35,523	\$2,352,789
Cost Per Encounter	\$3,929	\$4,208	\$2,693	\$3,738	\$3,589	\$4,103	\$3,338	\$4,418	\$3,657	\$3,008	\$3,805	\$4,676	\$2,339	\$2,789	\$3,229	\$3,614
Cost Per Claimant	\$3,929	\$4,476	\$2,806	\$4,018	\$3,778	\$4,103	\$3,777	\$5,664	\$3,873	\$3,075	\$4,361	\$4,676	\$2,503	\$2,854	\$3,229	\$4,390
<b>CIRCULATORY</b>																
Total Encounters	22	22	29	24	28	23	27	23	39	23	24	36	23	22	8	364
Unique Claimants	22	19	23	20	26	21	25	22	32	22	21	30	20	20	8	251
Encounters Per Claimant	1.0	1.2	1.3	1.2	1.1	1.1	1.1	1.0	1.2	1.0	1.1	1.2	1.2	1.1	1.0	1.5
Total Paid Amount	\$68,692	\$79,239	\$131,254	\$75,618	\$104,414	\$65,934	\$119,805	\$89,356	\$127,308	\$86,987	\$90,297	\$126,598	\$79,832	\$83,421	\$13,269	\$1,342,024
Cost Per Encounter	\$3,122	\$3,602	\$4,526	\$3,151	\$3,729	\$2,867	\$4,437	\$3,885	\$3,264	\$3,782	\$3,762	\$3,517	\$3,471	\$3,792	\$1,659	\$3,687
Cost Per Claimant	\$3,122	\$4,170	\$5,707	\$3,781	\$4,016	\$3,140	\$4,792	\$4,062	\$3,978	\$3,954	\$4,300	\$4,220	\$3,992	\$4,171	\$1,659	\$5,347
<b>DIGESTIVE</b>																
Total Encounters	16	22	16	17	18	19	24	16	15	12	15	11	16	14	8	238
Unique Claimants	14	14	15	15	16	19	22	14	14	12	15	11	13	13	8	188
Encounters Per Claimant	1.1	1.6	1.1	1.1	1.1	1.0	1.1	1.1	1.1	1.0	1.0	1.0	1.2	1.1	1.0	1.3
Total Paid Amount	\$52,757	\$79,793	\$53,894	\$70,078	\$113,987	\$84,743	\$114,723	\$67,465	\$57,725	\$49,715	\$64,642	\$34,825	\$37,846	\$58,673	\$50,907	\$991,772
Cost Per Encounter	\$3,297	\$3,627	\$3,368	\$4,122	\$6,333	\$4,460	\$4,780	\$4,217	\$3,848	\$4,143	\$4,309	\$3,166	\$2,365	\$4,191	\$6,363	\$4,167
Cost Per Claimant	\$3,768	\$5,699	\$3,593	\$4,672	\$7,124	\$4,460	\$5,215	\$4,819	\$4,123	\$4,143	\$4,309	\$3,166	\$2,911	\$4,513	\$6,363	\$5,275
<b>SYMPTOMS/ILL-DEFINED</b>																
Total Encounters	13	21	15	20	9	11	14	11	18	16	5	13	17	17	6	198
Unique Claimants	11	15	9	14	9	10	13	11	17	16	5	12	16	16	6	155
Encounters Per Claimant	1.2	1.4	1.7	1.4	1.0	1.1	1.1	1.0	1.1	1.0	1.0	1.1	1.1	1.1	1.0	1.3
Total Paid Amount	\$46,150	\$87,533	\$37,413	\$81,896	\$32,037	\$40,096	\$59,567	\$44,756	\$64,392	\$83,628	\$35,747	\$56,747	\$45,388	\$70,396	\$18,297	\$804,045
Cost Per Encounter	\$3,550	\$4,168	\$2,494	\$4,095	\$3,560	\$3,645	\$4,255	\$4,069	\$3,577	\$5,227	\$7,149	\$4,365	\$2,670	\$4,141	\$3,049	\$4,061
Cost Per Claimant	\$4,195	\$5,836	\$4,157	\$5,850	\$3,560	\$4,010	\$4,582	\$4,069	\$3,788	\$5,227	\$7,149	\$4,729	\$2,837	\$4,400	\$3,049	\$5,187
<b>NERVOUS</b>																
Total Encounters	9	10	9	12	9	16	21	3	7	10	13	9	19	9	4	160
Unique Claimants	9	10	8	12	9	16	20	3	7	9	12	9	16	8	4	135
Encounters Per Claimant	1.0	1.0	1.1	1.0	1.0	1.0	1.1	1.0	1.0	1.1	1.1	1.0	1.2	1.1	1.0	1.2
Total Paid Amount	\$31,601	\$42,100	\$22,937	\$54,593	\$37,061	\$95,322	\$74,557	\$12,903	\$22,994	\$38,920	\$61,086	\$27,173	\$53,475	\$38,328	\$11,284	\$624,334
Cost Per Encounter	\$3,511	\$4,210	\$2,549	\$4,549	\$4,118	\$5,958	\$3,550	\$4,301	\$3,285	\$3,892	\$4,699	\$3,019	\$2,814	\$4,259	\$2,821	\$3,902
Cost Per Claimant	\$3,511	\$4,210	\$2,867	\$4,549	\$4,118	\$5,958	\$3,728	\$4,301	\$3,285	\$4,324	\$5,091	\$3,019	\$3,342	\$4,791	\$2,821	\$4,625
<b>MUSCULOSKELETAL</b>																
Total Encounters	6	9	8	11	7	14	7	9	7	8	13	9	6	9	2	124
Unique Claimants	6	8	8	11	7	12	6	9	7	7	13	9	6	9	2	108
Encounters Per Claimant	1.0	1.1	1.0	1.0	1.0	1.2	1.2	1.0	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.1
Total Paid Amount	\$25,020	\$37,190	\$32,473	\$32,145	\$30,113	\$36,633	\$22,288	\$20,758	\$35,890	\$32,179	\$43,985	\$32,084	\$15,491	\$45,134	\$2,123	\$443,507
Cost Per Encounter	\$4,170	\$4,132	\$4,059	\$2,922	\$4,302	\$2,617	\$3,184	\$2,306	\$5,127	\$4,022	\$3,383	\$3,565	\$2,582	\$5,015	\$1,062	\$3,577
Cost Per Claimant	\$4,170	\$4,649	\$4,059	\$2,922	\$4,302	\$3,053	\$3,715	\$2,306	\$5,127	\$4,597	\$3,383	\$3,565	\$2,582	\$5,015	\$1,062	\$4,107

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Incurred Month by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

Prison Location	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
<b>RESPIRATORY</b>																
Total Encounters	4	7	3	3	9	11	8	7	22	5	9	5	9	8	7	117
Unique Claimants	4	6	3	2	9	9	8	6	15	5	9	5	8	8	7	92
Encounters Per Claimant	1.0	1.2	1.0	1.5	1.0	1.2	1.0	1.2	1.5	1.0	1.0	1.0	1.1	1.0	1.0	1.3
Total Paid Amount	\$14,942	\$28,174	\$5,781	\$27,577	\$48,174	\$69,396	\$29,034	\$22,629	\$70,784	\$15,004	\$34,854	\$8,463	\$22,853	\$35,279	\$28,536	\$461,480
Cost Per Encounter	\$3,735	\$4,025	\$1,927	\$9,192	\$5,353	\$6,309	\$3,629	\$3,233	\$3,217	\$3,001	\$3,873	\$1,693	\$2,539	\$4,410	\$4,077	\$3,944
Cost Per Claimant	\$3,735	\$4,696	\$1,927	\$13,789	\$5,353	\$7,711	\$3,629	\$3,772	\$4,719	\$3,001	\$3,873	\$1,693	\$2,857	\$4,410	\$4,077	\$5,016
<b>GENITOURINARY</b>																
Total Encounters	6	9	12	4	6	10	6	9	8	14	10	8	5	6	1	114
Unique Claimants	6	8	12	4	6	10	6	7	7	11	8	8	5	6	1	85
Encounters Per Claimant	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.3	1.1	1.3	1.3	1.0	1.0	1.0	1.0	1.3
Total Paid Amount	\$12,265	\$45,341	\$36,347	\$14,959	\$43,886	\$37,814	\$30,256	\$41,796	\$42,535	\$71,108	\$44,976	\$29,998	\$15,354	\$25,110	\$8,574	\$500,319
Cost Per Encounter	\$2,044	\$5,038	\$3,029	\$3,740	\$7,314	\$3,781	\$5,043	\$4,644	\$5,317	\$5,079	\$4,498	\$3,750	\$3,071	\$4,185	\$8,574	\$4,389
Cost Per Claimant	\$2,044	\$5,668	\$3,029	\$3,740	\$7,314	\$3,781	\$5,043	\$5,971	\$6,076	\$6,464	\$5,622	\$3,750	\$3,071	\$4,185	\$8,574	\$5,886
<b>SKIN/SUBCUTANEOUS</b>																
Total Encounters	6	9	7	4	7	4	17	2	9	9	9	8	5	3	1	98
Unique Claimants	6	8	7	4	6	4	7	2	8	9	9	8	5	3	1	80
Encounters Per Claimant	1.0	1.1	1.0	1.0	1.2	1.0	2.4	1.0	1.1	1.0	1.0	1.0	1.0	1.0	1.0	1.2
Total Paid Amount	\$14,769	\$25,593	\$18,159	\$15,422	\$16,420	\$5,298	\$30,495	\$6,021	\$28,420	\$32,442	\$24,319	\$24,630	\$8,888	\$4,653	\$959	\$256,488
Cost Per Encounter	\$2,462	\$2,844	\$2,594	\$3,856	\$2,346	\$1,324	\$1,794	\$3,010	\$3,158	\$3,605	\$2,702	\$3,079	\$1,778	\$1,551	\$959	\$2,617
Cost Per Claimant	\$2,462	\$3,199	\$2,594	\$3,856	\$2,737	\$1,324	\$4,356	\$3,010	\$3,553	\$3,605	\$2,702	\$3,079	\$1,778	\$1,551	\$959	\$3,206
<b>MENTAL</b>																
Total Encounters	3	7	7	9	4	4	9	7	7	10	8	6	5	9	1	96
Unique Claimants	3	7	7	7	4	3	9	6	7	10	8	6	4	7	1	69
Encounters Per Claimant	1.0	1.0	1.0	1.3	1.0	1.3	1.0	1.2	1.0	1.0	1.0	1.0	1.3	1.3	1.0	1.4
Total Paid Amount	\$16,983	\$45,793	\$23,198	\$26,835	\$23,698	\$12,563	\$40,365	\$35,372	\$56,312	\$31,798	\$39,538	\$17,644	\$4,132	\$34,827	\$10,974	\$420,033
Cost Per Encounter	\$5,661	\$6,542	\$3,314	\$2,982	\$5,925	\$3,141	\$4,485	\$5,053	\$8,045	\$3,180	\$4,942	\$2,941	\$826	\$3,870	\$10,974	\$4,375
Cost Per Claimant	\$5,661	\$6,542	\$3,314	\$3,834	\$5,925	\$4,188	\$4,485	\$5,895	\$8,045	\$3,180	\$4,942	\$2,941	\$1,033	\$4,975	\$10,974	\$6,087
<b>ENDOCRINE/METABOLIC</b>																
Total Encounters	6	5	7	7	2	4	3	5	3	3	1	3	4	2	0	55
Unique Claimants	6	5	7	6	2	4	3	5	3	3	1	3	4	2	0	49
Encounters Per Claimant	1.0	1.0	1.0	1.2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	1.1
Total Paid Amount	\$40,464	\$6,902	\$17,061	\$26,314	\$11,603	\$8,400	\$8,578	\$16,658	\$9,187	\$7,793	\$2,730	\$9,135	\$5,886	\$4,413	\$0	\$175,124
Cost Per Encounter	\$6,744	\$1,380	\$2,437	\$3,759	\$5,802	\$2,100	\$2,859	\$3,332	\$3,062	\$2,598	\$2,730	\$3,045	\$1,471	\$2,206	\$0	\$3,184
Cost Per Claimant	\$6,744	\$1,380	\$2,437	\$4,386	\$5,802	\$2,100	\$2,859	\$3,332	\$3,062	\$2,598	\$2,730	\$3,045	\$1,471	\$2,206	\$0	\$3,574
<b>INFECTIOUS/PARASITIC</b>																
Total Encounters	6	4	2	4	3	7	5	4	4	4	3	2	1	0	0	49
Unique Claimants	6	4	2	4	3	6	5	4	4	4	3	2	1	0	0	47
Encounters Per Claimant	1.0	1.0	1.0	1.0	1.0	1.2	1.0	1.0	1.0	1.0	1.0	1.0	1.0	0.0	0.0	1.0
Total Paid Amount	\$23,552	\$23,091	\$955	\$24,267	\$2,645	\$12,370	\$8,379	\$9,559	\$28,148	\$11,780	\$6,702	\$1,904	\$7,420	\$0	\$0	\$160,773
Cost Per Encounter	\$3,925	\$5,773	\$478	\$6,067	\$882	\$1,767	\$1,676	\$2,390	\$7,037	\$2,945	\$2,234	\$952	\$7,420	\$0	\$0	\$3,281
Cost Per Claimant	\$3,925	\$5,773	\$478	\$6,067	\$882	\$2,062	\$1,676	\$2,390	\$7,037	\$2,945	\$2,234	\$952	\$7,420	\$0	\$0	\$3,421

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Incurred Month by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

Prison Location	202306	202307	202308	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Grand Total
<b>BLOOD</b>																
Total Encounters	3	4	4	4	4	3	1	6	4	4	2	4	1	2	0	45
Unique Claimants	1	4	4	4	4	2	1	4	3	4	2	4	1	2	0	25
Encounters Per Claimant	3.0	1.0	1.0	1.0	1.0	1.5	1.0	1.5	1.3	1.0	1.0	1.0	1.0	1.0	0.0	1.8
Total Paid Amount	\$6,864	\$18,967	\$9,280	\$16,941	\$11,395	\$25,813	\$1,364	\$15,319	\$6,655	\$4,056	\$4,096	\$10,408	\$6,085	\$10,932	\$0	\$148,175
Cost Per Encounter	\$2,288	\$4,742	\$2,320	\$4,235	\$2,849	\$8,604	\$1,364	\$2,553	\$1,664	\$1,014	\$2,048	\$2,602	\$6,085	\$5,466	\$0	\$3,293
Cost Per Claimant	\$6,864	\$4,742	\$2,320	\$4,235	\$2,849	\$12,906	\$1,364	\$3,830	\$2,218	\$1,014	\$2,048	\$2,602	\$6,085	\$5,466	\$0	\$5,927
<b>NOT CATEGORIZED</b>																
Total Encounters	2	1	1	2	4	3	5	4	2	2	5	6	1	0	1	39
Unique Claimants	2	1	1	2	4	3	4	4	2	2	5	6	1	0	1	38
Encounters Per Claimant	1.0	1.0	1.0	1.0	1.0	1.0	1.3	1.0	1.0	1.0	1.0	1.0	1.0	0.0	1.0	1.0
Total Paid Amount	\$2,011	\$615	\$5,788	\$3,081	\$33,634	\$6,178	\$30,486	\$14,255	\$7,174	\$8,027	\$24,698	\$38,105	\$3,989	\$0	\$48	\$178,088
Cost Per Encounter	\$1,005	\$615	\$5,788	\$1,541	\$8,409	\$2,059	\$6,097	\$3,564	\$3,587	\$4,014	\$4,940	\$6,351	\$3,989	\$0	\$48	\$4,566
Cost Per Claimant	\$1,005	\$615	\$5,788	\$1,541	\$8,409	\$2,059	\$7,621	\$3,564	\$3,587	\$4,014	\$4,940	\$6,351	\$3,989	\$0	\$48	\$4,687
<b>UNCLASSIFIED/E-CODES</b>																
Total Encounters	2	1	1	2	1	3	4	3	2	2	4	4	6	1	1	37
Unique Claimants	2	1	1	2	1	3	4	3	2	2	4	4	6	1	1	37
Encounters Per Claimant	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
Total Paid Amount	\$8,765	\$4,155	\$1,266	\$3,128	\$7,918	\$5,708	\$14,038	\$18,416	\$4,370	\$6,936	\$40,380	\$33,412	\$33,433	\$4,703	\$6,035	\$192,663
Cost Per Encounter	\$4,383	\$4,155	\$1,266	\$1,564	\$7,918	\$1,903	\$3,510	\$6,139	\$2,185	\$3,468	\$10,095	\$8,353	\$5,572	\$4,703	\$6,035	\$5,207
Cost Per Claimant	\$4,383	\$4,155	\$1,266	\$1,564	\$7,918	\$1,903	\$3,510	\$6,139	\$2,185	\$3,468	\$10,095	\$8,353	\$5,572	\$4,703	\$6,035	\$5,207
<b>NEOPLASMS</b>																
Total Encounters	2	0	0	1	1	0	0	1	1	0	2	0	4	1	0	13
Unique Claimants	2	0	0	1	1	0	0	1	1	0	2	0	3	1	0	11
Encounters Per Claimant	1.0	0.0	0.0	1.0	1.0	0.0	0.0	1.0	1.0	0.0	1.0	0.0	1.3	1.0	0.0	1.2
Total Paid Amount	\$23,229	\$0	\$0	\$874	\$397	\$0	\$0	\$6,126	\$2,284	\$0	\$6,420	\$0	\$2,173	\$13,922	\$0	\$55,423
Cost Per Encounter	\$11,614	\$0	\$0	\$874	\$397	\$0	\$0	\$6,126	\$2,284	\$0	\$3,210	\$0	\$543	\$13,922	\$0	\$4,263
Cost Per Claimant	\$11,614	\$0	\$0	\$874	\$397	\$0	\$0	\$6,126	\$2,284	\$0	\$3,210	\$0	\$724	\$13,922	\$0	\$5,038
<b>CONGENITAL ANOMALIES</b>																
Total Encounters	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Unique Claimants	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Encounters Per Claimant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Total Paid Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,194	\$0	\$0	\$0	\$0	\$0	\$0	\$7,194
Cost Per Encounter	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,194	\$0	\$0	\$0	\$0	\$0	\$0	\$7,194
Cost Per Claimant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,194	\$0	\$0	\$0	\$0	\$0	\$0	\$7,194
<b>PREGNANCY &amp; DELIVERY</b>																
Total Encounters	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Unique Claimants	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Encounters Per Claimant	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	1.0
Total Paid Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,057	\$0	\$0	\$0	\$3,057
Cost Per Encounter	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,057	\$0	\$0	\$0	\$3,057
Cost Per Claimant	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,057	\$0	\$0	\$0	\$3,057
<b>Total Total Encounters</b>	<b>150</b>	<b>181</b>	<b>171</b>	<b>167</b>	<b>152</b>	<b>169</b>	<b>194</b>	<b>160</b>	<b>203</b>	<b>168</b>	<b>170</b>	<b>175</b>	<b>168</b>	<b>147</b>	<b>51</b>	<b>2,400</b>
<b>Total Unique Claimants</b>	<b>136</b>	<b>143</b>	<b>142</b>	<b>135</b>	<b>133</b>	<b>149</b>	<b>155</b>	<b>133</b>	<b>168</b>	<b>151</b>	<b>149</b>	<b>158</b>	<b>144</b>	<b>127</b>	<b>49</b>	<b>1,464</b>
<b>Total Encounters Per Claimant</b>	<b>1.1</b>	<b>1.3</b>	<b>1.2</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>	<b>1.3</b>	<b>1.2</b>	<b>1.2</b>	<b>1.1</b>	<b>1.1</b>	<b>1.1</b>	<b>1.2</b>	<b>1.2</b>	<b>1.0</b>	<b>1.6</b>
<b>Total Total Paid Amount</b>	<b>\$560,954</b>	<b>\$734,882</b>	<b>\$530,477</b>	<b>\$634,450</b>	<b>\$660,939</b>	<b>\$658,095</b>	<b>\$727,454</b>	<b>\$642,281</b>	<b>\$768,877</b>	<b>\$618,731</b>	<b>\$703,281</b>	<b>\$687,977</b>	<b>\$449,853</b>	<b>\$552,510</b>	<b>\$186,530</b>	<b>\$9,117,291</b>
<b>Total Cost Per Encounter</b>	<b>\$3,740</b>	<b>\$4,060</b>	<b>\$3,102</b>	<b>\$3,799</b>	<b>\$4,348</b>	<b>\$3,894</b>	<b>\$3,750</b>	<b>\$4,014</b>	<b>\$3,788</b>	<b>\$3,683</b>	<b>\$4,137</b>	<b>\$3,931</b>	<b>\$2,678</b>	<b>\$3,759</b>	<b>\$3,657</b>	<b>\$3,799</b>
<b>Total Cost Per Claimant</b>	<b>\$4,125</b>	<b>\$5,139</b>	<b>\$3,736</b>	<b>\$4,700</b>	<b>\$4,969</b>	<b>\$4,417</b>	<b>\$4,693</b>	<b>\$4,829</b>	<b>\$4,577</b>	<b>\$4,098</b>	<b>\$4,720</b>	<b>\$4,354</b>	<b>\$3,124</b>	<b>\$4,350</b>	<b>\$3,807</b>	<b>\$6,228</b>

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Prison Facility**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

PRISON FACILITY	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
<b>COFFEE CREEK</b>					
Total Encounters	424	352	316	27	1,119
Unique Claimants	245	223	223	19	624
Encounters Per Claimant	1.73	1.58	1.42	1.42	1.79
Total Paid Amount	\$1,539,817	\$1,168,670	\$1,044,600	\$120,191	\$3,873,278
Cost Per Encounter	\$3,632	\$3,320	\$3,306	\$4,452	\$3,461
Cost Per Claimant	\$6,285	\$5,241	\$4,684	\$6,326	\$6,207
<b>COLUMBIA RIVER</b>					
Total Encounters	59	61	63	6	189
Unique Claimants	47	56	47	6	145
Encounters Per Claimant	1.26	1.09	1.34	1.00	1.30
Total Paid Amount	\$200,043	\$184,769	\$174,649	\$18,350	\$577,811
Cost Per Encounter	\$3,391	\$3,029	\$2,772	\$3,058	\$3,057
Cost Per Claimant	\$4,256	\$3,299	\$3,716	\$3,058	\$3,985
<b>DEER RIDGE</b>					
Total Encounters	86	127	143	13	369
Unique Claimants	65	89	95	11	237
Encounters Per Claimant	1.32	1.43	1.51	1.18	1.56
Total Paid Amount	\$257,114	\$391,425	\$504,851	\$38,308	\$1,191,697
Cost Per Encounter	\$2,990	\$3,082	\$3,530	\$2,947	\$3,230
Cost Per Claimant	\$3,956	\$4,398	\$5,314	\$3,483	\$5,028

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Prison Facility**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

PRISON FACILITY	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
<b>EASTERN OREGON</b>					
Total Encounters	183	211	161	25	580
Unique Claimants	132	139	129	23	358
Encounters Per Claimant	1.39	1.52	1.25	1.09	1.62
Total Paid Amount	\$1,089,432	\$1,075,040	\$918,062	\$132,006	\$3,214,541
Cost Per Encounter	\$5,953	\$5,095	\$5,702	\$5,280	\$5,542
Cost Per Claimant	\$8,253	\$7,734	\$7,117	\$5,739	\$8,979
<b>IBRO</b>					
Total Encounters	0	0	1	0	1
Unique Claimants	0	0	1	0	1
Encounters Per Claimant	0.00	0.00	1.00	0.00	1.00
Total Paid Amount	\$0	\$0	\$1,849	\$0	\$1,849
Cost Per Encounter	\$0	\$0	\$1,849	\$0	\$1,849
Cost Per Claimant	\$0	\$0	\$1,849	\$0	\$1,849
<b>LANE COUNTY JAIL</b>					
Total Encounters	0	0	1	0	1
Unique Claimants	0	0	1	0	1
Encounters Per Claimant	0.00	0.00	1.00	0.00	1.00
Total Paid Amount	\$0	\$0	\$4,001	\$0	\$4,001
Cost Per Encounter	\$0	\$0	\$4,001	\$0	\$4,001
Cost Per Claimant	\$0	\$0	\$4,001	\$0	\$4,001

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Prison Facility**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

PRISON FACILITY	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
<b>OREGON STATE CORRECTIONAL</b>					
Total Encounters	138	142	265	37	582
Unique Claimants	94	91	156	27	320
Encounters Per Claimant	1.47	1.56	1.70	1.37	1.82
Total Paid Amount	\$443,051	\$387,613	\$799,257	\$78,208	\$1,708,128
Cost Per Encounter	\$3,211	\$2,730	\$3,016	\$2,114	\$2,935
Cost Per Claimant	\$4,713	\$4,259	\$5,123	\$2,897	\$5,338
<b>OREGON STATE PENITENTIARY</b>					
Total Encounters	450	434	408	28	1,320
Unique Claimants	233	234	237	25	597
Encounters Per Claimant	1.93	1.85	1.72	1.12	2.21
Total Paid Amount	\$1,114,450	\$1,171,280	\$1,127,248	\$38,698	\$3,451,676
Cost Per Encounter	\$2,477	\$2,699	\$2,763	\$1,382	\$2,615
Cost Per Claimant	\$4,783	\$5,005	\$4,756	\$1,548	\$5,782
<b>POWDER RIVER</b>					
Total Encounters	14	29	18	2	63
Unique Claimants	12	27	17	2	58
Encounters Per Claimant	1.17	1.07	1.06	1.00	1.09
Total Paid Amount	\$30,010	\$56,634	\$45,332	\$2,591	\$134,567
Cost Per Encounter	\$2,144	\$1,953	\$2,518	\$1,295	\$2,136
Cost Per Claimant	\$2,501	\$2,098	\$2,667	\$1,295	\$2,320

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Prison Facility**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

PRISON FACILITY	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
<b>SANTIAM</b>					
Total Encounters	37	29	51	4	121
Unique Claimants	33	25	38	4	98
Encounters Per Claimant	1.12	1.16	1.34	1.00	1.23
Total Paid Amount	\$107,504	\$65,733	\$110,665	\$12,028	\$295,930
Cost Per Encounter	\$2,906	\$2,267	\$2,170	\$3,007	\$2,446
Cost Per Claimant	\$3,258	\$2,629	\$2,912	\$3,007	\$3,020
<b>SHUTTER CREEK</b>					
Total Encounters	3	0	0	0	3
Unique Claimants	2	0	0	0	2
Encounters Per Claimant	1.50	0.00	0.00	0.00	1.50
Total Paid Amount	\$7,466	\$0	\$0	\$0	\$7,466
Cost Per Encounter	\$2,489	\$0	\$0	\$0	\$2,489
Cost Per Claimant	\$3,733	\$0	\$0	\$0	\$3,733
<b>SNAKE RIVER</b>					
Total Encounters	286	359	388	40	1,073
Unique Claimants	211	224	232	34	594
Encounters Per Claimant	1.36	1.60	1.67	1.18	1.81
Total Paid Amount	\$1,238,893	\$1,708,546	\$1,833,738	\$226,946	\$5,008,124
Cost Per Encounter	\$4,332	\$4,759	\$4,726	\$5,674	\$4,667
Cost Per Claimant	\$5,872	\$7,627	\$7,904	\$6,675	\$8,431

# Nebraska Department of Correctional Services

## Emergency Encounters by Fiscal Year by Prison Facility

### Claims Paid Through 2024-08-31 [Excludes IBNR]

PRISON FACILITY	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
<b>SOUTH FORK FOREST CAMP</b>					
Total Encounters	18	8	6	0	32
Unique Claimants	17	8	6	0	31
Encounters Per Claimant	1.06	1.00	1.00	0.00	1.03
Total Paid Amount	\$22,859	\$30,574	\$7,778	\$0	\$61,211
Cost Per Encounter	\$1,270	\$3,822	\$1,296	\$0	\$1,913
Cost Per Claimant	\$1,345	\$3,822	\$1,296	\$0	\$1,975
<b>TWO RIVERS</b>					
Total Encounters	212	300	208	11	731
Unique Claimants	158	202	156	11	448
Encounters Per Claimant	1.34	1.49	1.33	1.00	1.63
Total Paid Amount	\$943,942	\$1,348,495	\$1,152,950	\$56,147	\$3,501,534
Cost Per Encounter	\$4,453	\$4,495	\$5,543	\$5,104	\$4,790
Cost Per Claimant	\$5,974	\$6,676	\$7,391	\$5,104	\$7,816
<b>WARNER CREEK</b>					
Total Encounters	7	15	27	5	54
Unique Claimants	6	13	18	5	41
Encounters Per Claimant	1.17	1.15	1.50	1.00	1.32
Total Paid Amount	\$28,724	\$80,996	\$85,481	\$15,567	\$210,768
Cost Per Encounter	\$4,103	\$5,400	\$3,166	\$3,113	\$3,903
Cost Per Claimant	\$4,787	\$6,230	\$4,749	\$3,113	\$5,141
<b>Total Total Encounters</b>	<b>1,916</b>	<b>2,048</b>	<b>2,052</b>	<b>198</b>	<b>6,214</b>
<b>Total Unique Claimants</b>	<b>1,187</b>	<b>1,246</b>	<b>1,285</b>	<b>167</b>	<b>3,190</b>
<b>Total Encounters Per Claimant</b>	<b>1.61</b>	<b>1.64</b>	<b>1.60</b>	<b>1.19</b>	<b>1.95</b>
<b>Total Total Paid Amount</b>	<b>\$7,023,307</b>	<b>\$7,669,774</b>	<b>\$7,810,460</b>	<b>\$739,040</b>	<b>\$23,242,581</b>
<b>Total Cost Per Encounter</b>	<b>\$3,666</b>	<b>\$3,745</b>	<b>\$3,806</b>	<b>\$3,733</b>	<b>\$3,740</b>
<b>Total Cost Per Claimant</b>	<b>\$5,917</b>	<b>\$6,156</b>	<b>\$6,078</b>	<b>\$4,425</b>	<b>\$7,286</b>

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		<b>INJURY/POISONING</b>	547	566	552	55	1,720
		<b>OPEN WOUNDS</b>	143	131	147	12	433
		OPEN WOUNDS OF HEAD; NECK; AND TRUNK	75	75	85	7	242
		OPEN WOUNDS OF EXTREMITIES	68	56	62	5	191
		<b>OTHER INJURIES AND CONDITIONS DUE TO EXTERNAL CAUSES [244.]</b>	115	103	109	16	343
		OTHER INJURIES AND CONDITIONS DUE TO EXTERNAL CAUSES	115	103	109	16	343
		<b>FRACTURES</b>	81	101	102	12	296
		SKULL AND FACE FRACTURES	37	39	38	5	119
		FRACTURE OF UPPER LIMB	23	29	35	4	91
		FRACTURE OF LOWER LIMB	12	16	18	2	48
		OTHER FRACTURES	9	10	9	1	29
		FRACTURE OF NECK OF FEMUR (HIP)	0	7	2	0	9
		<b>SUPERFICIAL INJURY; CONTUSION [239.]</b>	56	68	53	6	183
		SUPERFICIAL INJURY; CONTUSION	56	68	53	6	183
		<b>SPRAINS AND STRAINS [232.]</b>	54	36	42	3	135
		SPRAINS AND STRAINS	54	36	42	3	135
		<b>JOINT DISORDERS AND DISLOCATIONS; TRAUMA-RELATED [225.]</b>	26	35	31	1	93
		JOINT DISORDERS AND DISLOCATIONS; TRAUMA-RELATED	19	24	18	0	61
		COMPLICATION OF DEVICE; IMPLANT OR GRAFT	4	8	6	0	18
		COMPLICATIONS OF SURGICAL PROCEDURES OR MEDICAL CARE	3	3	7	1	14
		<b>COMPLICATIONS</b>	22	43	14	1	80
		COMPLICATION OF DEVICE; IMPLANT OR GRAFT	14	28	6	0	48
		COMPLICATIONS OF SURGICAL PROCEDURES OR MEDICAL CARE	8	15	8	1	32
		<b>INTRACRANIAL INJURY [233.]</b>	18	25	26	3	72
		INTRACRANIAL INJURY	18	25	26	3	72
		<b>POISONING</b>	24	21	25	0	70
		POISONING BY OTHER MEDICATIONS AND DRUGS	16	14	23	0	53
		POISONING BY PSYCHOTROPIC AGENTS	6	5	0	0	11
		POISONING BY NONMEDICINAL SUBSTANCES	2	2	2	0	6
		<b>CRUSHING INJURY OR INTERNAL INJURY [234.]</b>	7	2	0	1	10
		CRUSHING INJURY OR INTERNAL INJURY	7	2	0	1	10
		<b>BURNS [240.]</b>	1	1	3	0	5
		BURNS	1	1	3	0	5

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		<b>CIRCULATORY</b>	266	304	312	30	912
		<b>DISEASES OF THE HEART</b>	198	235	225	25	683
		NONSPECIFIC CHEST PAIN	141	143	157	22	463
		CARDIAC DYSRHYTHMIAS	24	53	33	1	111
		ACUTE MYOCARDIAL INFARCTION	9	15	16	1	41
		PULMONARY HEART DISEASE	6	4	9	0	19
		CONGESTIVE HEART FAILURE; NONHYPERTENSIVE	2	11	3	0	16
		CORONARY ATHEROSCLEROSIS AND OTHER HEART DISEASE	7	6	2	0	15
		CONDUCTION DISORDERS	4	1	2	1	8
		CARDIAC ARREST AND VENTRICULAR FIBRILLATION	4	1	1	0	6
		PERI-; ENDO-; AND MYOCARDITIS; CARDIOMYOPATHY (EXCEPT THAT	1	1	1	0	3
		OTHER AND ILL-DEFINED HEART DISEASE	0	0	1	0	1
		<b>HYPERTENSION</b>	29	25	20	1	75
		HYPERTENSION WITH COMPLICATIONS AND SECONDARY HYPERTENS	16	12	10	0	38
		ESSENTIAL HYPERTENSION	13	13	10	1	37
		<b>DISEASES OF VEINS AND LYMPHATICS</b>	22	17	30	0	69
		PHLEBITIS; THROMBOPHLEBITIS AND THROMBOEMBOLISM	19	9	23	0	51
		HEMORRHOIDS	3	4	1	0	8
		OTHER DISEASES OF VEINS AND LYMPHATICS	0	3	5	0	8
		VARICOSE VEINS OF LOWER EXTREMITY	0	1	1	0	2
		<b>CEREBROVASCULAR DISEASE</b>	10	20	20	1	51
		ACUTE CEREBROVASCULAR DISEASE	8	15	19	0	42
		OTHER AND ILL-DEFINED CEREBROVASCULAR DISEASE	0	3	0	0	3
		TRANSIENT CEREBRAL ISCHEMIA	1	0	1	1	3
		OCCLUSION OR STENOSIS OF PRECEREBRAL ARTERIES	1	1	0	0	2
		LATE EFFECTS OF CEREBROVASCULAR DISEASE	0	1	0	0	1
		<b>DISEASES OF ARTERIES; ARTERIOLES; AND CAPILLARIES</b>	7	7	17	3	34
		OTHER CIRCULATORY DISEASE	6	2	14	1	23
		PERIPHERAL AND VISCERAL ATHEROSCLEROSIS	1	4	1	2	8
		AORTIC AND PERIPHERAL ARTERIAL EMBOLISM OR THROMBOSIS	0	0	2	0	2
		AORTIC; PERIPHERAL; AND VISCERAL ARTERY ANEURYSMS	0	1	0	0	1
		<b>DIGESTIVE</b>	196	189	200	22	607
		<b>OTHER GASTROINTESTINAL DISORDERS [155.]</b>	36	34	35	1	106

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		DIGESTIVE OTHER GA OTHER GASTROINTESTINAL DISORDERS	36	34	35	1	106
		LOWER GASTROINTESTINAL DISORDERS	28	32	40	4	104
		INTESTINAL OBSTRUCTION WITHOUT HERNIA	11	6	18	1	36
		REGIONAL ENTERITIS AND ULCERATIVE COLITIS	3	12	9	0	24
		APPENDICITIS AND OTHER APPENDICEAL CONDITIONS	9	8	5	0	22
		DIVERTICULOSIS AND DIVERTICULITIS	4	2	5	3	14
		PERITONITIS AND INTESTINAL ABSCESS	0	3	2	0	5
		ANAL AND RECTAL CONDITIONS	1	1	1	0	3
		GASTROINTESTINAL HEMORRHAGE [153.]	26	24	21	2	73
		GASTROINTESTINAL HEMORRHAGE	26	24	21	2	73
		BILIARY TRACT DISEASE [149.]	22	21	21	4	68
		BILIARY TRACT DISEASE	22	21	21	4	68
		ABDOMINAL HERNIA [143.]	20	15	22	2	59
		ABDOMINAL HERNIA	20	15	22	2	59
		LIVER DISEASE	21	14	10	2	47
		OTHER LIVER DISEASES	21	14	10	2	47
		DISORDERS OF TEETH AND JAW [136.]	16	12	13	2	43
		DISORDERS OF TEETH AND JAW	16	12	13	2	43
		UPPER GASTROINTESTINAL DISORDERS	9	13	13	1	36
		GASTRITIS AND DUODENITIS	4	10	10	1	25
		ESOPHAGEAL DISORDERS	3	1	2	0	6
		GASTRODUODENAL ULCER (EXCEPT HEMORRHAGE)	2	2	1	0	5
		PANCREATIC DISORDERS (NOT DIABETES) [152.]	7	12	8	0	27
		PANCREATIC DISORDERS (NOT DIABETES)	7	12	8	0	27
		NONINFECTIOUS GASTROENTERITIS [154.]	4	8	9	3	24
		NONINFECTIOUS GASTROENTERITIS	4	8	9	3	24
		DISEASES OF MOUTH; EXCLUDING DENTAL [137.]	6	4	5	1	16
		DISEASES OF MOUTH; EXCLUDING DENTAL	6	4	5	1	16
		INTESTINAL INFECTION [135.]	1	0	3	0	4
		INTESTINAL INFECTION	1	0	3	0	4
		<b>SYMPTOMS/ILL-DEFINED</b>	<b>185</b>	<b>197</b>	<b>162</b>	<b>23</b>	<b>567</b>
		<b>SYMPTOMS; SIGNS; AND ILL-DEFINED CONDITIONS</b>	<b>169</b>	<b>174</b>	<b>143</b>	<b>21</b>	<b>507</b>
		<b>ABDOMINAL PAIN</b>	<b>89</b>	<b>92</b>	<b>86</b>	<b>17</b>	<b>284</b>

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		SYMPTOM SYMPTOM SYNCOPE	32	43	24	1	100
		ALLERGIC REACTIONS	18	15	10	1	44
		MALaise AND FATIGUE	11	16	7	1	35
		NAUSEA AND VOMITING	8	2	7	1	18
		FEVER OF UNKNOWN ORIGIN	9	4	5	0	18
		LYMPHADENITIS	1	2	3	0	6
		SHOCK	1	0	1	0	2
		FACTORS INFLUENCING HEALTH CARE	16	23	19	2	60
		OTHER SCREENING FOR SUSPECTED CONDITIONS (NOT MENTAL DISC	6	10	13	1	30
		OTHER AFTERCARE	5	5	4	1	15
		ADMINISTRATIVE/SOCIAL ADMISSION	3	4	2	0	9
		MEDICAL EXAMINATION/EVALUATION	2	4	0	0	6
		<b>NERVOUS</b>	<b>129</b>	<b>140</b>	<b>138</b>	<b>13</b>	<b>420</b>
		EPILEPSY; CONVULSIONS [83.]	41	62	42	4	149
		EPILEPSY; CONVULSIONS	41	62	42	4	149
		OTHER NERVOUS SYSTEM DISORDERS [95.]	27	28	23	0	78
		OTHER NERVOUS SYSTEM DISORDERS	27	28	23	0	78
		EYE DISORDERS	21	23	26	2	72
		OTHER EYE DISORDERS	6	9	13	2	30
		BLINDNESS AND VISION DEFECTS	7	6	7	0	20
		INFLAMMATION; INFECTION OF EYE (EXCEPT THAT CAUSED BY TUBE	7	8	4	0	19
		CATARACT	1	0	0	0	1
		RETINAL DETACHMENTS; DEFECTS; VASCULAR OCCLUSION; AND RETI	0	0	1	0	1
		GLAUCOMA	0	0	1	0	1
		HEADACHE; INCLUDING MIGRAINE [84.]	21	11	26	2	60
		HEADACHE; INCLUDING MIGRAINE	21	11	26	2	60
		EAR CONDITIONS	12	11	17	4	44
		CONDITIONS ASSOCIATED WITH DIZZINESS OR VERTIGO	10	8	10	3	31
		OTHER EAR AND SENSE ORGAN DISORDERS	1	2	4	1	8
		OTITIS MEDIA AND RELATED CONDITIONS	1	1	3	0	5
		HEREDITARY AND DEGENERATIVE NERVOUS SYSTEM CONDITIONS	5	2	1	0	8
		OTHER HEREDITARY AND DEGENERATIVE NERVOUS SYSTEM CONDITI	2	2	1	0	5
		PARKINSON'S DISEASE	3	0	0	0	3

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
NERVOUS	PARALYSIS [82.]		0	2	1	1	4
	PARALYSIS		0	2	1	1	4
	COMA; STUPOR; AND BRAIN DAMAGE [85.]		1	1	2	0	4
	COMA; STUPOR; AND BRAIN DAMAGE		1	1	2	0	4
	CENTRAL NERVOUS SYSTEM INFECTION		1	0	0	0	1
	OTHER CNS INFECTION AND POLIOMYELITIS		1	0	0	0	1
<b>MUSCULOSKELETAL</b>			<b>90</b>	<b>96</b>	<b>107</b>	<b>11</b>	<b>304</b>
	SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; OTHER BACK PROBLEMS [205		36	46	43	0	125
	SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; OTHER BACK PROE		36	46	43	0	125
	OTHER CONNECTIVE TISSUE DISEASE [211.]		30	22	39	6	97
	OTHER CONNECTIVE TISSUE DISEASE		30	22	39	6	97
	NON-TRAUMATIC JOINT DISORDERS		18	15	17	4	54
	OTHER NON-TRAUMATIC JOINT DISORDERS		16	15	16	4	51
	OSTEOARTHRITIS		2	0	1	0	3
	INFECTIVE ARTHRITIS AND OSTEOMYELITIS (EXCEPT THAT CAUSED BY TB OR STD		1	6	5	1	13
	INFECTIVE ARTHRITIS AND OSTEOMYELITIS (EXCEPT THAT CAUSED BY		1	6	5	1	13
	OTHER BONE DISEASE AND MUSCULOSKELETAL DEFORMITIES [212.]		4	4	1	0	9
	OTHER BONE DISEASE AND MUSCULOSKELETAL DEFORMITIES		4	4	1	0	9
	ACQUIRED DEFORMITIES		1	2	1	0	4
	OTHER ACQUIRED DEFORMITIES		1	0	1	0	2
	ACQUIRED FOOT DEFORMITIES		0	2	0	0	2
	PATHOLOGICAL FRACTURE [207.]		0	1	1	0	2
	PATHOLOGICAL FRACTURE		0	1	1	0	2
<b>GENITOURINARY</b>			<b>89</b>	<b>102</b>	<b>101</b>	<b>7</b>	<b>299</b>
	DISEASES OF THE URINARY SYSTEM		63	70	82	5	220
	GENITOURINARY SYMPTOMS AND ILL-DEFINED CONDITIONS		17	24	25	1	67
	URINARY TRACT INFECTIONS		10	13	19	1	43
	CALCULUS OF URINARY TRACT		13	8	13	2	36
	ACUTE AND UNSPECIFIED RENAL FAILURE		10	14	11	0	35
	OTHER DISEASES OF KIDNEY AND URETERS		11	6	10	0	27
	CHRONIC KIDNEY DISEASE		0	5	2	0	7
	OTHER DISEASES OF BLADDER AND URETHRA		2	0	2	1	5

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		<b>GENITOUR</b>					
		DISEASES OF MALE GENITAL ORGANS	21	30	18	0	69
		OTHER MALE GENITAL DISORDERS	13	14	14	0	41
		INFLAMMATORY CONDITIONS OF MALE GENITAL ORGANS	6	16	4	0	26
		HYPERPLASIA OF PROSTATE	2	0	0	0	2
		DISEASES OF FEMALE GENITAL ORGANS	5	2	1	2	10
		OVARIAN CYST	2	1	0	2	5
		OTHER FEMALE GENITAL DISORDERS	2	0	0	0	2
		NONMALIGNANT BREAST CONDITIONS	1	0	1	0	2
		INFLAMMATORY DISEASES OF FEMALE PELVIC ORGANS	0	1	0	0	1
		<b>RESPIRATORY</b>	85	97	98	15	295
		<b>RESPIRATORY INFECTIONS</b>	26	39	35	5	105
		PNEUMONIA (EXCEPT THAT CAUSED BY TUBERCULOSIS OR SEXUALLY	21	16	13	3	53
		INFLUENZA	0	11	9	0	20
		OTHER UPPER RESPIRATORY INFECTIONS	3	7	7	0	17
		ACUTE BRONCHITIS	1	3	4	0	8
		ACUTE AND CHRONIC TONSILLITIS	1	2	2	2	7
		OTHER LOWER RESPIRATORY DISEASE [133.]	19	16	26	3	64
		OTHER LOWER RESPIRATORY DISEASE	19	16	26	3	64
		RESPIRATORY FAILURE; INSUFFICIENCY; ARREST (ADULT) [131.]	9	12	15	0	36
		RESPIRATORY FAILURE; INSUFFICIENCY; ARREST (ADULT)	9	12	15	0	36
		CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND BRONCHIECTASIS [127.]	7	14	11	4	36
		CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND BRONCHIECTASIS	7	14	11	4	36
		PLEURISY; PNEUMOTHORAX; PULMONARY COLLAPSE [130.]	11	8	6	0	25
		PLEURISY; PNEUMOTHORAX; PULMONARY COLLAPSE	11	8	6	0	25
		OTHER UPPER RESPIRATORY DISEASE [134.]	7	7	4	2	20
		OTHER UPPER RESPIRATORY DISEASE	7	7	4	2	20
		ASTHMA [128.]	5	1	1	0	7
		ASTHMA	5	1	1	0	7
		ASPIRATION PNEUMONITIS; FOOD/VOMITUS [129.]	1	0	0	1	2
		ASPIRATION PNEUMONITIS; FOOD/VOMITUS	1	0	0	1	2
		<b>MENTAL</b>	93	56	83	10	242
		SUICIDE AND INTENTIONAL SELF-INFLICTED INJURY [662]	70	41	56	7	174

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
MENTAL	SUICIDE AND INTENTIONAL SELF-INFLICTED INJURY		70	41	56	7	174
	MISCELLANEOUS MENTAL DISORDERS [670]		5	2	8	1	16
	MISCELLANEOUS DISORDERS		5	2	8	1	16
	SUBSTANCE-RELATED DISORDERS [661]		5	5	4	0	14
	SUBSTANCE-RELATED DISORDERS		5	5	4	0	14
	ALCOHOL-RELATED DISORDERS [660]		7	3	1	0	11
	ALCOHOL-RELATED DISORDERS		7	3	1	0	11
	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS [659]		2	1	6	1	10
	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS		2	1	6	1	10
	ANXIETY DISORDERS [651]		2	3	4	0	9
	ANXIETY DISORDERS		2	3	4	0	9
	DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS [653]		0	1	1	0	2
	DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISO		0	1	1	0	2
	SCREENING AND HISTORY OF MENTAL HEALTH AND SUBSTANCE ABUSE CODES		0	0	1	1	2
	SCREENING AND HISTORY OF MENTAL HEALTH AND SUBSTANCE ABU		0	0	1	1	2
	MOOD DISORDERS [657]		1	0	1	0	2
	MOOD DISORDERS		1	0	1	0	2
	PERSONALITY DISORDERS [658]		0	0	1	0	1
	PERSONALITY DISORDERS		0	0	1	0	1
	ATTENTION DEFICIT, CONDUCT, AND DISRUPTIVE BEHAVIOR DISORDERS [652]		1	0	0	0	1
	ATTENTION-DEFICIT, CONDUCT, AND DISRUPTIVE BEHAVIOR DISORDI		1	0	0	0	1
<b>SKIN/SUBCUTANEOUS</b>			<b>69</b>	<b>77</b>	<b>88</b>	<b>4</b>	<b>238</b>
	SKIN AND SUBCUTANEOUS TISSUE INFECTIONS [197.]		62	64	81	3	210
	SKIN AND SUBCUTANEOUS TISSUE INFECTIONS		62	64	81	3	210
	OTHER SKIN DISORDERS [200.]		6	8	5	1	20
	OTHER SKIN DISORDERS		6	8	5	1	20
	CHRONIC ULCER OF SKIN [199.]		1	2	2	0	5
	CHRONIC ULCER OF SKIN		1	2	2	0	5
	OTHER INFLAMMATORY CONDITION OF SKIN [198.]		0	3	0	0	3
	OTHER INFLAMMATORY CONDITION OF SKIN		0	3	0	0	3
<b>INFECTIOUS/PARASITIC</b>			<b>45</b>	<b>56</b>	<b>43</b>	<b>0</b>	<b>144</b>
	VIRAL INFECTION		36	29	21	0	86

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		INFECTIOUS VIRAL INFECTION	35	28	21	0	84
		HEPATITIS	1	1	0	0	2
		BACTERIAL INFECTION	9	25	20	0	54
		SEPTICEMIA (EXCEPT IN LABOR)	8	25	17	0	50
		SEXUALLY TRANSMITTED INFECTIONS (NOT HIV OR HEPATITIS)	1	0	1	0	2
		BACTERIAL INFECTION; UNSPECIFIED SITE	0	0	2	0	2
		IMMUNIZATIONS AND SCREENING FOR INFECTIOUS DISEASE [10.]	0	1	2	0	3
		IMMUNIZATIONS AND SCREENING FOR INFECTIOUS DISEASE	0	1	2	0	3
		OTHER INFECTIONS; INCLUDING PARASITIC [8.]	0	1	0	0	1
		OTHER INFECTIONS; INCLUDING PARASITIC	0	1	0	0	1
		<b>ENDOCRINE/METABOLIC</b>	<b>43</b>	<b>47</b>	<b>47</b>	<b>2</b>	<b>139</b>
		FLUID AND ELECTROLYTE DISORDERS [55.]	19	23	21	1	64
		FLUID AND ELECTROLYTE DISORDERS	19	23	21	1	64
		DIABETES MELLITUS WITH COMPLICATIONS [50.]	17	19	19	1	56
		DIABETES MELLITUS WITH COMPLICATIONS	17	19	19	1	56
		DIABETES MELLITUS WITHOUT COMPLICATION [49.]	1	2	4	0	7
		DIABETES MELLITUS WITHOUT COMPLICATION	1	2	4	0	7
		OTHER NUTRITIONAL; ENDOCRINE; AND METABOLIC DISORDERS [58.]	2	2	1	0	5
		OTHER NUTRITIONAL; ENDOCRINE; AND METABOLIC DISORDERS	2	2	1	0	5
		OTHER ENDOCRINE DISORDERS [51.]	2	0	0	0	2
		OTHER ENDOCRINE DISORDERS	2	0	0	0	2
		THYROID DISORDERS [48.]	1	0	1	0	2
		THYROID DISORDERS	1	0	1	0	2
		NUTRITIONAL DEFICIENCIES [52.]	1	0	1	0	2
		NUTRITIONAL DEFICIENCIES	1	0	1	0	2
		GOUT AND OTHER CRYSTAL ARTHROPATHIES [54.]	0	1	0	0	1
		GOUT AND OTHER CRYSTAL ARTHROPATHIES	0	1	0	0	1
		<b>BLOOD</b>	<b>30</b>	<b>34</b>	<b>40</b>	<b>2</b>	<b>106</b>
		ANEMIA	25	27	34	2	88
		DEFICIENCY AND OTHER ANEMIA	24	22	24	1	71
		SICKLE CELL ANEMIA	1	4	9	1	15
		ACUTE POSTHEMORRHAGIC ANEMIA	0	1	1	0	2

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
BLOOD		DISEASES OF WHITE BLOOD CELLS [63.]	1	4	4	0	9
		DISEASES OF WHITE BLOOD CELLS	1	4	4	0	9
		COAGULATION AND HEMORRHAGIC DISORDERS [62.]	4	3	2	0	9
		COAGULATION AND HEMORRHAGIC DISORDERS	4	3	2	0	9
<b>UNCLASSIFIED/E-CODES</b>			<b>20</b>	<b>35</b>	<b>33</b>	<b>2</b>	<b>90</b>
	0		20	35	33	2	90
		RESIDUAL CODES; UNCLASSIFIED	20	33	33	2	88
		E CODES: ADVERSE EFFECTS OF MEDICAL DRUGS	0	2	0	0	2
<b>NEOPLASMS</b>			<b>18</b>	<b>33</b>	<b>10</b>	<b>1</b>	<b>62</b>
		CANCER OF LYMPHATIC AND HEMATOPOIETIC TISSUE	8	14	3	0	25
		LEUKEMIAS	7	12	3	0	22
		NON-HODGKIN'S LYMPHOMA	1	2	0	0	3
		NEOPLASMS OF UNSPECIFIED NATURE OR UNCERTAIN BEHAVIOR [44.]	3	8	2	0	13
		NEOPLASMS OF UNSPECIFIED NATURE OR UNCERTAIN BEHAVIOR	3	8	2	0	13
		CANCER; OTHER PRIMARY	2	2	1	1	6
		CANCER OF HEAD AND NECK	1	1	0	1	3
		CANCER OF BRAIN AND NERVOUS SYSTEM	0	1	1	0	2
		CANCER; OTHER RESPIRATORY AND INTRATHORACIC	1	0	0	0	1
		CANCER OF BRONCHUS; LUNG [19.]	1	2	1	0	4
		CANCER OF BRONCHUS; LUNG	1	2	1	0	4
		SECONDARY MALIGNANCIES [42.]	1	3	0	0	4
		SECONDARY MALIGNANCIES	1	3	0	0	4
		BENIGN NEOPLASMS	0	2	1	0	3
		OTHER AND UNSPECIFIED BENIGN NEOPLASM	0	2	1	0	3
		OTHER GASTROINTESTINAL CANCER	1	1	0	0	2
		CANCER OF PANCREAS	0	1	0	0	1
		CANCER OF LIVER AND INTRAHEPATIC BILE DUCT	1	0	0	0	1
		CANCER OF SKIN	0	0	2	0	2
		OTHER NON-EPITHELIAL CANCER OF SKIN	0	0	2	0	2
		COLORECTAL CANCER	1	0	0	0	1
		CANCER OF COLON	1	0	0	0	1
		CANCER OF MALE GENITAL ORGANS	1	0	0	0	1

**Nebraska Department of Correctional Services**  
**Emergency Encounters by Fiscal Year by Clinical Classification [CC]**  
**Claims Paid Through 2024-08-31 [Excludes IBNR]**

CC 1	CC 2	CC Category	FY22	FY23	FY24	FYTD25	TOTAL ALL FY
		NEOPLASIA					
		CANCER O CANCER OF PROSTATE	1	0	0	0	1
		CANCER OF URINARY ORGANS	0	1	0	0	1
		CANCER OF BLADDER	0	1	0	0	1
		NOT CATEGORIZED	6	18	36	1	61
		NOT CATEGORIZED	6	18	36	1	61
		NOT CATEGORIZED	6	18	36	1	61
		PREGNANCY & DELIVERY	4	1	1	0	6
		COMPLICATIONS MAINLY RELATED TO PREGNANCY	3	0	1	0	4
		OTHER COMPLICATIONS OF PREGNANCY	3	0	1	0	4
		INDICATIONS FOR CARE IN PREGNANCY; LABOR; AND DELIVERY	1	0	0	0	1
		MALPOSITION; MALPRESENTATION	1	0	0	0	1
		ABORTION-RELATED DISORDERS	0	1	0	0	1
		INDUCED ABORTION	0	1	0	0	1
		CONGENITAL ANOMALIES	1	0	1	0	2
		CARDIAC AND CIRCULATORY CONGENITAL ANOMALIES [213.]	1	0	1	0	2
		CARDIAC AND CIRCULATORY CONGENITAL ANOMALIES	1	0	1	0	2
<b>Grand Total</b>			<b>1,916</b>	<b>2,048</b>	<b>2,052</b>	<b>198</b>	<b>6,214</b>

Nebraska Department of Correctional Services  
 [Air] Ambulance Transports: Summary by Paid Month and Facility  
 Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Claims	Amount Paid	Paid Per Claim
<b>202408</b>		<b>1</b>	<b>89,558.00</b>	<b>89,558.00</b>
	EASTERN OREGON	1	89,558.00	89,558.00
<b>202407</b>		<b>1</b>	<b>81,018.00</b>	<b>81,018.00</b>
	TWO RIVERS	1	81,018.00	81,018.00
<b>202401</b>		<b>2</b>	<b>104,410.00</b>	<b>52,205.00</b>
	POWDER RIVER	1	58,467.00	58,467.00
	SNAKE RIVER	1	45,943.00	45,943.00
<b>202312</b>		<b>1</b>	<b>88,948.00</b>	<b>88,948.00</b>
	EASTERN OREGON	1	88,948.00	88,948.00
<b>202311</b>		<b>3</b>	<b>251,415.00</b>	<b>83,805.00</b>
	TWO RIVERS	3	251,415.00	83,805.00
<b>202310</b>		<b>1</b>	<b>81,591.00</b>	<b>81,591.00</b>
	TWO RIVERS	1	81,591.00	81,591.00
<b>202309</b>		<b>5</b>	<b>285,163.74</b>	<b>57,032.75</b>
	DEER RIDGE	1	70,850.74	70,850.74
	EASTERN OREGON	1	76,179.00	76,179.00
	SNAKE RIVER	3	138,134.00	46,044.67
<b>Grand Total</b>		<b>14</b>	<b>982,103.74</b>	<b>70,150.27</b>

# Nebraska Department of Correctional Services

## [Land] Ambulance Transports: Summary by Paid Month and Facility

Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Claims	Amount Paid	Paid Per Claim
<b>202408</b>		<b>246</b>	<b>510,019.59</b>	<b>2,073.25</b>
	COFFEE CREEK	33	61,280.55	1,856.99
	COLUMBIA RIVER	11	21,875.54	1,988.69
	DEER RIDGE	3	7,051.33	2,350.44
	EASTERN OREGON	22	35,829.80	1,628.63
	OREGON STATE CORRECTIONAL	34	78,231.53	2,300.93
	OREGON STATE PENITENTIARY	47	96,376.61	2,050.57
	SANTIAM	1	2,662.80	2,662.80
	SNAKE RIVER	50	82,844.22	1,656.88
	TWO RIVERS	44	122,466.21	2,783.32
	WARNER CREEK	1	1,401.00	1,401.00
<b>202407</b>		<b>60</b>	<b>121,069.35</b>	<b>2,017.82</b>
	COFFEE CREEK	3	3,961.97	1,320.66
	COLUMBIA RIVER	2	4,689.83	2,344.92
	DEER RIDGE	1	2,595.50	2,595.50
	EASTERN OREGON	6	8,921.40	1,486.90
	OREGON STATE CORRECTIONAL	6	12,011.43	2,001.91
	OREGON STATE PENITENTIARY	10	20,087.32	2,008.73
	SNAKE RIVER	19	28,934.40	1,522.86
	TWO RIVERS	13	39,867.50	3,066.73
<b>202406</b>		<b>135</b>	<b>276,042.96</b>	<b>2,044.76</b>
	COFFEE CREEK	14	23,532.20	1,680.87
	COLUMBIA RIVER	3	5,055.18	1,685.06
	EASTERN OREGON	9	15,149.40	1,683.27
	OREGON STATE CORRECTIONAL	18	39,073.96	2,170.78
	OREGON STATE PENITENTIARY	29	57,849.24	1,994.80
	SANTIAM	2	4,265.62	2,132.81
	SNAKE RIVER	30	49,062.36	1,635.41
	TWO RIVERS	30	82,055.00	2,735.17
<b>202405</b>		<b>15</b>	<b>20,566.10</b>	<b>1,371.07</b>
	EASTERN OREGON	15	20,566.10	1,371.07
<b>202403</b>		<b>1</b>	<b>2,553.06</b>	<b>2,553.06</b>
	SNAKE RIVER	1	2,553.06	2,553.06
<b>202402</b>		<b>53</b>	<b>102,039.27</b>	<b>1,925.27</b>
	COFFEE CREEK	5	8,542.34	1,708.47
	COLUMBIA RIVER	2	4,397.33	2,198.67
	DEER RIDGE	1	2,331.00	2,331.00
	EASTERN OREGON	5	7,481.60	1,496.32
	OREGON STATE CORRECTIONAL	4	8,446.43	2,111.61
	OREGON STATE PENITENTIARY	16	32,978.46	2,061.15
	POWDER RIVER	1	1,521.00	1,521.00
	SNAKE RIVER	15	25,581.11	1,705.41
	TWO RIVERS	4	10,760.00	2,690.00

# Nebraska Department of Correctional Services

## [Land] Ambulance Transports: Summary by Paid Month and Facility

Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Claims	Amount Paid	Paid Per Claim
<b>202401</b>		<b>85</b>	<b>168,371.77</b>	<b>1,980.84</b>
	COFFEE CREEK	7	12,535.71	1,790.82
	COLUMBIA RIVER	4	7,921.24	1,980.31
	OREGON STATE CORRECTIONAL	6	12,796.86	2,132.81
	OREGON STATE PENITENTIARY	20	39,310.54	1,965.53
	POWDER RIVER	2	6,518.00	3,259.00
	SANTIAM	2	4,265.62	2,132.81
	SNAKE RIVER	31	50,016.30	1,613.43
	TWO RIVERS	13	35,007.50	2,692.88
<b>202312</b>		<b>78</b>	<b>151,293.90</b>	<b>1,939.67</b>
	COFFEE CREEK	7	10,411.51	1,487.36
	COLUMBIA RIVER	1	252.82	252.82
	DEER RIDGE	4	8,509.45	2,127.36
	EASTERN OREGON	5	7,523.60	1,504.72
	IBRO	1	1,811.53	1,811.53
	OREGON STATE CORRECTIONAL	8	17,087.46	2,135.93
	OREGON STATE PENITENTIARY	13	25,746.84	1,980.53
	POWDER RIVER	1	1,521.00	1,521.00
	SANTIAM	2	4,265.62	2,132.81
	SNAKE RIVER	22	34,554.57	1,570.66
	TWO RIVERS	14	39,609.50	2,829.25
<b>202311</b>		<b>83</b>	<b>171,046.88</b>	<b>2,060.81</b>
	COFFEE CREEK	10	16,842.07	1,684.21
	DEER RIDGE	1	1,977.30	1,977.30
	EASTERN OREGON	8	11,692.90	1,461.61
	OREGON STATE CORRECTIONAL	2	4,278.11	2,139.06
	OREGON STATE PENITENTIARY	17	33,832.95	1,990.17
	POWDER RIVER	1	1,605.00	1,605.00
	SANTIAM	2	4,244.81	2,122.41
	SNAKE RIVER	22	33,903.74	1,541.08
	TWO RIVERS	20	62,670.00	3,133.50
<b>202310</b>		<b>89</b>	<b>195,606.96</b>	<b>2,197.83</b>
	COFFEE CREEK	7	12,812.06	1,830.29
	COLUMBIA RIVER	4	7,520.97	1,880.24
	EASTERN OREGON	3	4,487.70	1,495.90
	OREGON STATE CORRECTIONAL	10	20,782.27	2,078.23
	OREGON STATE PENITENTIARY	15	29,928.22	1,995.21
	POWDER RIVER	1	1,521.00	1,521.00
	SANTIAM	2	4,265.62	2,132.81
	SNAKE RIVER	23	40,482.12	1,760.09
	TWO RIVERS	24	73,807.00	3,075.29
<b>202309</b>		<b>62</b>	<b>144,296.76</b>	<b>2,327.37</b>
	COFFEE CREEK	4	6,864.32	1,716.08

Nebraska Department of Correctional Services  
 [Land] Ambulance Transports: Summary by Paid Month and Facility  
 Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Claims	Amount Paid	Paid Per Claim
	EASTERN OREGON	3	7,702.90	2,567.63
	OREGON STATE CORRECTIONAL	5	12,522.54	2,504.51
	OREGON STATE PENITENTIARY	10	19,949.84	1,994.98
	SANTIAM	1	2,132.81	2,132.81
	SNAKE RIVER	15	23,721.85	1,581.46
	TWO RIVERS	24	71,402.50	2,975.10
<b>Grand Total</b>		<b>907</b>	<b>1,862,906.60</b>	<b>2,053.92</b>

# Nebraska Department of Correctional Services

## Emergency Encounters: Summary by Paid Month and Facility

### Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Encounters	Amount Paid	Paid Per Encounter
<b>202408</b>		<b>760</b>	<b>1,821,502.09</b>	<b>2,396.71</b>
	COFFEE CREEK	139	264,373.62	1,901.97
	COLUMBIA RIVER	21	47,077.43	2,241.78
	DEER RIDGE	31	94,180.94	3,038.09
	EASTERN OREGON	71	236,805.77	3,335.29
	IBRO	1	1,849.25	1,849.25
	OREGON STATE CORRECTIONAL	126	184,652.01	1,465.49
	OREGON STATE PENITENTIARY	142	172,546.78	1,215.12
	POWDER RIVER	1	1,322.83	1,322.83
	SANTIAM	11	19,328.42	1,757.13
	SNAKE RIVER	155	511,459.35	3,299.74
	SOUTH FORK FOREST CAMP	2	1,586.49	793.25
	TWO RIVERS	45	236,458.80	5,254.64
	WARNER CREEK	15	49,860.40	3,324.03
<b>202407</b>		<b>600</b>	<b>2,069,272.99</b>	<b>3,448.79</b>
	COFFEE CREEK	107	329,130.13	3,075.98
	COLUMBIA RIVER	22	65,769.19	2,989.51
	DEER RIDGE	36	120,065.46	3,335.15
	EASTERN OREGON	51	192,742.85	3,779.27
	OREGON STATE CORRECTIONAL	81	246,416.10	3,042.17
	OREGON STATE PENITENTIARY	104	313,956.03	3,018.81
	POWDER RIVER	4	4,596.10	1,149.03
	SANTIAM	14	28,711.08	2,050.79
	SNAKE RIVER	112	402,871.54	3,597.07
	SOUTH FORK FOREST CAMP	1	1,499.30	1,499.30
	TWO RIVERS	61	324,826.29	5,325.02
	WARNER CREEK	7	38,688.92	5,526.99
<b>202406</b>		<b>341</b>	<b>164,451.92</b>	<b>482.26</b>
	COFFEE CREEK	65	24,148.17	371.51
	COLUMBIA RIVER	14	5,692.59	406.61
	DEER RIDGE	48	8,095.21	168.65
	EASTERN OREGON	22	18,532.53	842.39
	LANE COUNTY JAIL	1	37.80	37.80
	OREGON STATE CORRECTIONAL	49	18,396.89	375.45
	OREGON STATE PENITENTIARY	76	35,178.45	462.87
	POWDER RIVER	2	240.85	120.43
	SANTIAM	6	1,795.77	299.30
	SNAKE RIVER	55	49,885.66	907.01
	TWO RIVERS	3	2,448.00	816.00
<b>202404</b>		<b>1</b>	<b>1,006.39</b>	<b>1,006.39</b>
	COFFEE CREEK	1	1,006.39	1,006.39
<b>202403</b>		<b>3</b>	<b>11,323.71</b>	<b>3,774.57</b>
	COFFEE CREEK	1	84.49	84.49

# Nebraska Department of Correctional Services

## Emergency Encounters: Summary by Paid Month and Facility

### Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Encounters	Amount Paid	Paid Per Encounter
	OREGON STATE CORRECTIONAL	1	268.92	268.92
	OREGON STATE PENITENTIARY	1	10,970.30	10,970.30
<b>202402</b>		<b>402</b>	<b>766,573.29</b>	<b>1,906.90</b>
	COFFEE CREEK	66	88,406.92	1,339.50
	COLUMBIA RIVER	13	9,439.22	726.09
	DEER RIDGE	27	64,243.22	2,379.38
	EASTERN OREGON	39	146,073.91	3,745.48
	LANE COUNTY JAIL	1	3,962.70	3,962.70
	OREGON STATE CORRECTIONAL	55	62,030.17	1,127.82
	OREGON STATE PENITENTIARY	82	102,901.81	1,254.90
	SANTIAM	19	15,005.99	789.79
	SNAKE RIVER	75	166,941.06	2,225.88
	TWO RIVERS	20	107,568.29	5,378.41
	WARNER CREEK	5	0.00	0.00
<b>202401</b>		<b>283</b>	<b>668,255.23</b>	<b>2,361.33</b>
	COFFEE CREEK	46	92,871.92	2,018.95
	COLUMBIA RIVER	8	12,943.67	1,617.96
	DEER RIDGE	15	56,261.01	3,750.73
	EASTERN OREGON	20	57,063.76	2,853.19
	OREGON STATE CORRECTIONAL	41	79,702.78	1,943.97
	OREGON STATE PENITENTIARY	55	88,703.34	1,612.79
	POWDER RIVER	4	2,358.78	589.70
	SANTIAM	11	8,846.82	804.26
	SNAKE RIVER	60	183,194.31	3,053.24
	TWO RIVERS	23	86,308.84	3,752.56
<b>202312</b>		<b>330</b>	<b>708,045.90</b>	<b>2,145.59</b>
	COFFEE CREEK	56	99,868.10	1,783.36
	COLUMBIA RIVER	12	12,816.39	1,068.03
	DEER RIDGE	15	49,114.41	3,274.29
	EASTERN OREGON	20	106,819.11	5,340.96
	OREGON STATE CORRECTIONAL	47	65,157.59	1,386.33
	OREGON STATE PENITENTIARY	63	98,876.29	1,569.46
	POWDER RIVER	4	4,939.38	1,234.85
	SANTIAM	11	13,662.40	1,242.04
	SNAKE RIVER	51	126,115.98	2,472.86
	SOUTH FORK FOREST CAMP	1	290.14	290.14
	TWO RIVERS	49	124,550.26	2,541.84
	WARNER CREEK	1	5,835.85	5,835.85
<b>202311</b>		<b>361</b>	<b>802,412.41</b>	<b>2,222.75</b>
	COFFEE CREEK	65	153,816.84	2,366.41
	COLUMBIA RIVER	10	24,165.36	2,416.54
	DEER RIDGE	19	37,452.91	1,971.21
	EASTERN OREGON	18	38,088.83	2,116.05

# Nebraska Department of Correctional Services

## Emergency Encounters: Summary by Paid Month and Facility

### Rolling-12 Month [2023-09 Through 2024-08]

Paid Month	Prison	Encounters	Amount Paid	Paid Per Encounter
	OREGON STATE CORRECTIONAL	55	94,280.59	1,714.19
	OREGON STATE PENITENTIARY	102	132,193.34	1,296.01
	POWDER RIVER	2	2,750.65	1,375.33
	SANTIAM	19	26,597.95	1,399.89
	SNAKE RIVER	52	168,533.50	3,241.03
	SOUTH FORK FOREST CAMP	1	1,927.00	1,927.00
	TWO RIVERS	15	117,187.59	7,812.51
	WARNER CREEK	3	5,417.85	1,805.95
<b>202310</b>		<b>279</b>	<b>508,616.17</b>	<b>1,823.00</b>
	COFFEE CREEK	24	32,991.04	1,374.63
	COLUMBIA RIVER	4	7,156.87	1,789.22
	DEER RIDGE	21	29,883.69	1,423.03
	EASTERN OREGON	22	72,037.19	3,274.42
	OREGON STATE CORRECTIONAL	37	49,098.17	1,326.98
	OREGON STATE PENITENTIARY	82	84,228.49	1,027.18
	POWDER RIVER	4	12,906.17	3,226.54
	SANTIAM	11	5,526.34	502.39
	SNAKE RIVER	53	117,954.93	2,225.56
	TWO RIVERS	21	96,833.28	4,611.11
<b>202309</b>		<b>292</b>	<b>559,427.73</b>	<b>1,915.85</b>
	COFFEE CREEK	46	92,409.49	2,008.90
	COLUMBIA RIVER	5	10,289.28	2,057.86
	DEER RIDGE	12	12,904.00	1,075.33
	EASTERN OREGON	59	70,158.63	1,189.13
	OREGON STATE CORRECTIONAL	29	40,997.01	1,413.69
	OREGON STATE PENITENTIARY	56	73,912.54	1,319.87
	POWDER RIVER	4	10,669.46	2,667.37
	SANTIAM	8	6,294.60	786.83
	SNAKE RIVER	58	175,154.27	3,019.90
	SOUTH FORK FOREST CAMP	2	1,646.00	823.00
	TWO RIVERS	13	64,992.45	4,999.42
<b>Grand Total</b>		<b>2,367</b>	<b>8,080,887.83</b>	<b>3,413.98</b>

Nebraska Department of Correctional Services  
 Emergency Frequent Flyers [2+ ER Encounters] Summary  
 Incurred: 2023-09 to 2024-08 [Paid Through 2024-08-31] [No IBNR]

Prison	Offender Name	Offender ID	Encounter	Amount Paid	Cost Per Encounter
COFFEE CREEK			146	480,586	3,292
	AIC-9002860	9002860	9	24,945	2,772
	AIC-9002004	9002004	9	39,972	4,441
	AIC-9000672	9000672	6	9,878	1,646
	AIC-9003410	9003410	4	11,746	2,937
	AIC-9002364	9002364	4	24,076	6,019
	AIC-9002225	9002225	4	44,043	11,011
	AIC-9002264	9002264	4	18,405	4,601
	AIC-9002708	9002708	3	8,994	2,998
	AIC-9003338	9003338	3	11,472	3,824
	AIC-9002940	9002940	3	11,854	3,951
	AIC-9001279	9001279	3	8,746	2,915
	AIC-9002693	9002693	3	9,254	3,085
	AIC-9001377	9001377	3	8,701	2,900
	AIC-9001643	9001643	3	6,827	2,276
	AIC-9002306	9002306	3	5,662	1,887
	AIC-9003301	9003301	3	8,454	2,818
	AIC-9002337	9002337	3	15,306	5,102
	AIC-9000421	9000421	3	7,789	2,596
	AIC-9001540	9001540	3	5,844	1,948
	AIC-9001888	9001888	3	1,900	633
	AIC-9002707	9002707	2	3,354	1,677
	AIC-9003143	9003143	2	3,249	1,624
	AIC-9002859	9002859	2	7,457	3,729
	AIC-9001628	9001628	2	3,976	1,988
	AIC-9003350	9003350	2	5,889	2,945
	AIC-9000652	9000652	2	3,351	1,675

Nebraska Department of Correctional Services  
 Emergency Frequent Flyers [2+ ER Encounters] Detail  
 Incurred: 2023-09 to 2024-08 [Paid Through 2024-08-31] [No IBNR]

Name	Offender ID	Originating Prison Location	Date of Service	Treating Provider	Diagnosis Code	Diagnosis	Encounters	Amount Paid
AIC-9003342							23	71,633
	9003342	COLUMBIA RIVER	2/27/2024	PROV000079	N20.1	CALCULUS OF URETER	1	5,267
	9003342	COLUMBIA RIVER	3/7/2024	PROV000079	R07.9	CHEST PAIN UNSPECIFIED	1	7,394
	9003342	DEER RIDGE	1/28/2024	PROV000102	R07.9	CHEST PAIN UNSPECIFIED	1	2,287
	9003342	DEER RIDGE	2/2/2024	PROV000102	R10.11	RIGHT UPPER QUADRANT PAIN	1	5,006
	9003342	DEER RIDGE	2/7/2024	PROV000102	R10.9	UNSPECIFIED ABDOMINAL PAIN	1	4,544
	9003342	DEER RIDGE	2/12/2024	PROV000102	R30.0	DYSURIA	1	2,924
	9003342	DEER RIDGE	2/23/2024	PROV000074	S09.93XA	UNSPECIFIED INJURY OF FACE INITIAL ENCOUNTER	1	501
	9003342	OREGON STATE CORRECTIONAL	9/14/2023	PROV000097	R20.2	PARESTHESIA OF SKIN	1	7,236
	9003342	OREGON STATE CORRECTIONAL	6/3/2024	PROV000113	R56.9	UNSPECIFIED CONVULSIONS	1	480
	9003342	OREGON STATE CORRECTIONAL	6/6/2024	PROV000113	G40.909	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICU	1	594
	9003342	OREGON STATE CORRECTIONAL	6/16/2024	PROV000097	R10.9	UNSPECIFIED ABDOMINAL PAIN	1	3,565
	9003342	OREGON STATE CORRECTIONAL	6/19/2024	PROV000110	R10.31	RIGHT LOWER QUADRANT PAIN	1	868
	9003342	OREGON STATE CORRECTIONAL	6/21/2024	PROV000113	N39.0	URINARY TRACT INFECTION SITE NOT SPECIFIED	1	269
	9003342	OREGON STATE CORRECTIONAL	6/27/2024	PROV000097	S40.012A	CONTUSION OF LEFT SHOULDER INITIAL ENCOUNTER	1	2,577
	9003342	OREGON STATE CORRECTIONAL	7/2/2024	PROV000097	G40.909	EPILEPSY UNS NOT INTRACT W/O STATUS EPILEPTICU	1	6,641
	9003342	OREGON STATE CORRECTIONAL	7/18/2024	PROV000097	N39.0	URINARY TRACT INFECTION SITE NOT SPECIFIED	1	3,433
	9003342	OREGON STATE CORRECTIONAL	7/20/2024	PROV000097	R10.31	RIGHT LOWER QUADRANT PAIN	1	3,668
	9003342	OREGON STATE CORRECTIONAL	7/29/2024	PROV000110	R10.31	RIGHT LOWER QUADRANT PAIN	1	232
	9003342	OREGON STATE PENITENTIARY	3/16/2024	PROV000097	R56.9	UNSPECIFIED CONVULSIONS	1	3,562
	9003342	OREGON STATE PENITENTIARY	4/2/2024	PROV000113	K59.00	CONSTIPATION UNSPECIFIED	1	686
	9003342	OREGON STATE PENITENTIARY	5/14/2024	PROV000097	R10.9	UNSPECIFIED ABDOMINAL PAIN	1	5,223
	9003342	OREGON STATE PENITENTIARY	5/29/2024	PROV000097	R10.13	EPIGASTRIC PAIN	1	4,089
	9003342	SANTIAM	11/13/2023	PROV000113	R07.81	PLEURODYDYNIA	1	585
AIC-9001943							19	76,119
	9001943	OREGON STATE PENITENTIARY	9/23/2023	PROV000113	D64.9	ANEMIA UNSPECIFIED	1	544
	9001943	OREGON STATE PENITENTIARY	10/30/2023	PROV000097	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	3,263
	9001943	OREGON STATE PENITENTIARY	11/1/2023	PROV000097	N48.30	PRIAPISM UNSPECIFIED	1	2,889
	9001943	OREGON STATE PENITENTIARY	11/4/2023	PROV000097	D57.00	HB-SS DISEASE WITH CRISIS UNSPECIFIED	1	10,730
	9001943	OREGON STATE PENITENTIARY	11/29/2023	PROV000097	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	6,321
	9001943	OREGON STATE PENITENTIARY	12/21/2023	PROV000097	D57.09	HB-SS DISEASE CRISIS OTH SPECIFIED COMPLICATION	1	3,762
	9001943	OREGON STATE PENITENTIARY	12/23/2023	PROV000097	D57.09	HB-SS DISEASE CRISIS OTH SPECIFIED COMPLICATION	1	5,077
	9001943	OREGON STATE PENITENTIARY	12/31/2023	PROV000097	N48.32	PRIAPISM DUE TO DISEASE CLASSIFIED ELSEWHERE	1	4,338
	9001943	OREGON STATE PENITENTIARY	1/3/2024	PROV000097	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	3,531
	9001943	OREGON STATE PENITENTIARY	1/5/2024	PROV000113	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	743
	9001943	OREGON STATE PENITENTIARY	1/8/2024	PROV000097	N48.30	PRIAPISM UNSPECIFIED	1	3,893
	9001943	OREGON STATE PENITENTIARY	1/22/2024	PROV000097	N48.30	PRIAPISM UNSPECIFIED	1	3,774
	9001943	OREGON STATE PENITENTIARY	1/25/2024	PROV000097	N48.30	PRIAPISM UNSPECIFIED	1	3,411
	9001943	OREGON STATE PENITENTIARY	1/29/2024	PROV000097	D57.00	HB-SS DISEASE WITH CRISIS UNSPECIFIED	1	5,653
	9001943	OREGON STATE PENITENTIARY	2/4/2024	PROV000097	N48.30	PRIAPISM UNSPECIFIED	1	4,473
	9001943	OREGON STATE PENITENTIARY	4/9/2024	PROV000097	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	3,077
	9001943	OREGON STATE PENITENTIARY	5/7/2024	PROV000097	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	5,051
	9001943	OREGON STATE PENITENTIARY	6/8/2024	PROV000110	R06.02	SHORTNESS OF BREATH	1	32
	9001943	OREGON STATE PENITENTIARY	7/20/2024	PROV000097	D57.1	SICKLE-CELL DISEASE WITHOUT CRISIS	1	5,558

Nebraska Department of Correctional Services

Current Claims Liability

Incurred But Not Reported [IBNR] Claims

Paid Through: 2024-08



Fiscal Year 2024

Month of Service	Inmates	Paid to Date [1]	Estimated IBNR	Estimated Incurred	PIPM	Estimated Completion
Jul-23	12,244	\$ 2,810,183	\$ -	\$ 2,810,183	\$ 229.52	100.00%
Aug-23	12,221	\$ 2,542,213	\$ -	\$ 2,542,213	\$ 208.02	100.00%
Sep-23	12,197	\$ 2,370,080	\$ -	\$ 2,370,080	\$ 194.32	100.00%
Oct-23	12,203	\$ 2,448,851	\$ -	\$ 2,448,851	\$ 200.68	100.00%
Nov-23	12,220	\$ 2,127,817	\$ 1,038	\$ 2,128,855	\$ 174.21	99.95%
Dec-23	12,164	\$ 2,386,343	\$ 18,846	\$ 2,405,189	\$ 197.73	99.22%
Jan-24	12,064	\$ 2,662,860	\$ 38,776	\$ 2,701,636	\$ 223.94	98.56%
Feb-24	12,069	\$ 2,760,695	\$ 95,882	\$ 2,856,578	\$ 236.69	96.64%
Mar-24	12,107	\$ 2,624,341	\$ 136,451	\$ 2,760,793	\$ 228.03	95.06%
Apr-24	12,143	\$ 2,604,875	\$ 250,499	\$ 2,855,375	\$ 235.15	91.23%
May-24	12,143	\$ 2,903,353	\$ 376,787	\$ 3,280,140	\$ 270.13	88.51%
Jun-24	12,126	\$ 1,879,796	\$ 629,797	\$ 2,509,594	\$ 206.96	74.90%
<b>Total</b>	<b>145,901</b>	<b>\$ 30,121,410</b>	<b>\$ 1,548,077</b>	<b>\$ 31,669,486</b>	<b>\$ 217.06</b>	<b>95.11%</b>

Fiscal Year 2025

Month of Service	Inmates	Paid to Date [1]	Estimated IBNR	Estimated Incurred	PIPM	Estimated Completion
Jul-24	12,075	\$ 1,913,546	\$ 819,564	\$ 2,733,110	\$ 226.34	70.01%
Aug-24	12,048	\$ 579,325	\$ 2,233,596	\$ 2,812,921	\$ 233.48	20.60%
Sep-24	-	\$ -	\$ -	\$ -	\$ -	0.00%
Oct-24	-	\$ -	\$ -	\$ -	\$ -	0.00%
Nov-24	-	\$ -	\$ -	\$ -	\$ -	0.00%
Dec-24	-	\$ -	\$ -	\$ -	\$ -	0.00%
Jan-25	-	\$ -	\$ -	\$ -	\$ -	0.00%
Feb-25	-	\$ -	\$ -	\$ -	\$ -	0.00%
Mar-25	-	\$ -	\$ -	\$ -	\$ -	0.00%
Apr-25	-	\$ -	\$ -	\$ -	\$ -	0.00%
May-25	-	\$ -	\$ -	\$ -	\$ -	0.00%
Jun-25	-	\$ -	\$ -	\$ -	\$ -	0.00%
<b>Total</b>	<b>24,123</b>	<b>\$ 2,492,871</b>	<b>\$ 3,053,160</b>	<b>\$ 5,546,031</b>	<b>\$ 229.91</b>	<b>44.95%</b>

Estimated IBNR \$ 4,601,237  
 10% Margin \$ 460,124  
 Recommended IBNR \$ 5,061,360

[1] Paid to Date amounts DO NOT include capitation and manual adjustments

Nebraska Department of Correctional Services  
**Fiscal Year Forecast Claims Liability**  
 Incurred But Not Reported [IBNR] Claims  
 Paid Through: 2024-08



Fiscal Year 2024

Month of Service	Inmates	Paid to Date [1]	Estimated IBNR	Estimated Incurred	PIPM	Estimated Completion
Jul-23	12,244	\$ 2,810,183	\$ -	\$ 2,810,183	\$ 229.52	100.00%
Aug-23	12,221	\$ 2,542,213	\$ -	\$ 2,542,213	\$ 208.02	100.00%
Sep-23	12,197	\$ 2,370,080	\$ -	\$ 2,370,080	\$ 194.32	100.00%
Oct-23	12,203	\$ 2,448,851	\$ -	\$ 2,448,851	\$ 200.68	100.00%
Nov-23	12,220	\$ 2,127,817	\$ 1,038	\$ 2,128,855	\$ 174.21	99.95%
Dec-23	12,164	\$ 2,386,343	\$ 18,846	\$ 2,405,189	\$ 197.73	99.22%
Jan-24	12,064	\$ 2,662,860	\$ 38,776	\$ 2,701,636	\$ 223.94	98.56%
Feb-24	12,069	\$ 2,760,695	\$ 95,882	\$ 2,856,578	\$ 236.69	96.64%
Mar-24	12,107	\$ 2,624,341	\$ 136,451	\$ 2,760,793	\$ 228.03	95.06%
Apr-24	12,143	\$ 2,604,875	\$ 250,499	\$ 2,855,375	\$ 235.15	91.23%
May-24	12,143	\$ 2,903,353	\$ 376,787	\$ 3,280,140	\$ 270.13	88.51%
Jun-24	12,126	\$ 1,879,796	\$ 629,797	\$ 2,509,594	\$ 206.96	74.90%
<b>Total</b>	<b>145,901</b>	<b>\$ 30,121,410</b>	<b>\$ 1,548,077</b>	<b>\$ 31,669,486</b>	<b>\$ 217.06</b>	<b>95.11%</b>

Fiscal Year 2025

Month of Service	Inmates	Paid to Date [1]	Estimated IBNR	Estimated Incurred	PIPM	Estimated Completion
Jul-24	12,075	\$ 1,913,546	\$ 819,564	\$ 2,733,110	\$ 226.34	70.01%
Aug-24	12,048	\$ 579,325	\$ 2,233,596	\$ 2,812,921	\$ 233.48	20.60%
Sep-24	12,100	\$ -	\$ 2,717,132	\$ 2,717,132	\$ 224.56	0.00%
Oct-24	12,100	\$ -	\$ 2,723,237	\$ 2,723,237	\$ 225.06	0.00%
Nov-24	12,100	\$ -	\$ 2,729,356	\$ 2,729,356	\$ 225.57	0.00%
Dec-24	12,100	\$ -	\$ 2,735,491	\$ 2,735,491	\$ 226.07	0.00%
Jan-25	12,100	\$ -	\$ 2,741,640	\$ 2,741,640	\$ 226.58	0.00%
Feb-25	12,100	\$ -	\$ 2,747,805	\$ 2,747,805	\$ 227.09	0.00%
Mar-25	12,100	\$ -	\$ 2,753,985	\$ 2,753,985	\$ 227.60	0.00%
Apr-25	12,100	\$ -	\$ 2,760,180	\$ 2,760,180	\$ 228.11	0.00%
May-25	12,100	\$ -	\$ 2,766,391	\$ 2,766,391	\$ 228.63	0.00%
Jun-25	12,100	\$ -	\$ 2,772,617	\$ 2,772,617	\$ 229.14	0.00%
<b>Total</b>	<b>145,123</b>	<b>\$ 2,492,871</b>	<b>\$ 30,500,994</b>	<b>\$ 32,993,865</b>	<b>\$ 227.35</b>	<b>7.56%</b>

Estimated IBNR \$ 32,049,070  
 10% Margin \$ 3,204,907  
 Recommended IBNR \$ 35,253,977

[1] Paid to Date amounts DO NOT include capitation and manual adjustments

**Nebraska Department of Correctional Services**  
**Claim Summary - Amount Paid by Paid Month**  
**Paid Between 2023-07 and 2025-06 [Paid Through 2024-08-31]**



Paid Month	CCCF	CRCI	DRCI	EOCI	IBRO	MCCF	OSCI	OSP	PRCF	RJAC	RLAN	RMAR	SCCI	SCI	SFFC	SRCI	TRCI	Travel Invoices	WCCF	Grand Total
202307	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202308	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202309	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202310	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202311	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202312	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202401	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202402	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202403	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202404	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202405	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202406	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202407	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202408	204,500	84,300	126,600	217,300	200	-	171,200	398,600	24,900	-	300	-	-	36,200	2,500	635,700	377,900	-	18,900	2,299,100
202409	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202410	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202411	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202412	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202501	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202502	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202503	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202504	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202505	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202506	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Grand Total</b>	<b>2,863,000</b>	<b>1,180,200</b>	<b>1,772,400</b>	<b>3,042,200</b>	<b>2,800</b>	<b>-</b>	<b>2,396,800</b>	<b>5,580,400</b>	<b>348,600</b>	<b>-</b>	<b>4,200</b>	<b>-</b>	<b>-</b>	<b>506,800</b>	<b>35,000</b>	<b>8,899,800</b>	<b>5,290,600</b>	<b>-</b>	<b>264,600</b>	<b>32,187,400</b>
<b>FY 2024</b>	<b>2,454,000</b>	<b>1,011,600</b>	<b>1,519,200</b>	<b>2,607,600</b>	<b>2,400</b>	<b>-</b>	<b>2,054,400</b>	<b>4,783,200</b>	<b>298,800</b>	<b>-</b>	<b>3,600</b>	<b>-</b>	<b>-</b>	<b>434,400</b>	<b>30,000</b>	<b>7,628,400</b>	<b>4,534,800</b>	<b>-</b>	<b>226,800</b>	<b>27,589,200</b>
<b>FY 2025</b>	<b>409,000</b>	<b>168,600</b>	<b>253,200</b>	<b>434,600</b>	<b>400</b>	<b>-</b>	<b>342,400</b>	<b>797,200</b>	<b>49,800</b>	<b>-</b>	<b>600</b>	<b>-</b>	<b>-</b>	<b>72,400</b>	<b>5,000</b>	<b>1,271,400</b>	<b>755,800</b>	<b>-</b>	<b>37,800</b>	<b>4,598,200</b>

Nebraska Department of Correctional Services  
 Claim Lag Report - External Medical Claims  
 Incurred: 202109 to 202408 [Paid Through 2024-08-31]



Incurred Month	All Prior Months	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total Incurred
Prior	-	-	-	-	-	-	-	-	-	-	-	-	21	21
202109	2,405,972	-	-	-	-	-	-	-	-	-	-	-	-	2,405,972
202110	1,684,086	-	-	-	-	-	-	-	-	-	-	-	-	1,684,086
202111	2,139,870	-	-	-	-	-	-	-	-	-	-	-	-	2,139,870
202112	2,240,088	23,817	-	-	-	-	-	-	-	-	-	-	-	2,263,905
202201	2,250,546	-	-	-	-	-	104	-	-	-	-	-	-	2,250,649
202202	2,613,642	-	-	397	-	-	-	269	-	-	-	-	-	2,614,308
202203	2,697,405	713	813	414	-	-	-	-	-	-	-	-	-	2,699,345
202204	2,422,582	945	9,173	-	-	-	-	-	-	-	-	-	-	2,432,701
202205	2,361,947	-	391	7,135	-	-	-	-	9,402	-	-	-	-	2,378,874
202206	2,083,557	-	2,129	-	-	-	-	3,763	-	-	-	-	-	2,089,449
202207	2,936,967	-	-	2,950	-	-	3,685	5,806	-	-	-	-	-	2,949,408
202208	2,713,886	1,131	14,566	-	6,858	-	-	-	-	-	-	-	-	2,736,441
202209	3,133,544	34,221	26,179	224	-	-	-	-	-	-	-	-	-	3,194,168
202210	2,761,348	128,171	12,049	41,904	-	-	-	1,391	-	2,125	-	-	11,626	2,958,612
202211	3,235,334	50,988	3,105	6,988	1,521	-	-	-	9,405	-	-	-	3,768	3,311,110
202212	3,074,059	90,285	1,331	5,479	3,383	1,226	-	-	-	-	-	-	193	3,175,956
202301	2,848,877	159,772	9,020	59,521	3,248	1,991	11,484	-	-	-	-	-	53	3,093,966
202302	2,793,411	617,403	14,228	52,609	12,698	4,716	9,907	-	-	-	-	818	7,606	3,513,396
202303	3,389,858	470,966	210,141	25,098	41,507	50,412	48,438	-	-	1,400	2,557	1,913	-	4,242,290
202304	2,122,613	529,182	34,137	46,441	83,280	239	2,807	-	1,006	1,496	1,259	-	-	2,822,460
202305	2,435,913	433,994	26,260	287,694	27,485	8,508	12,798	27,019	-	18,957	3,422	-	33,189	3,315,238
202306	1,776,177	324,194	173,732	177,819	95,667	151,019	8,029	-	-	-	14,494	2,041	5,652	2,728,823
202307	1,669,812	241,175	372,305	208,063	268,026	30,184	15,073	938	-	-	1,032	425	3,150	2,810,183
202308	391,080	1,130,923	383,057	324,491	60,054	103,111	8,685	84	75,802	-	2,613	48,309	14,005	2,542,213
202309	-	296,062	900,650	768,634	121,278	47,303	58,344	160,210	222	-	1,774	3,726	11,878	2,370,080
202310	-	-	221,791	1,125,790	664,704	210,585	113,551	22,846	-	-	6,259	70,530	12,796	2,448,851
202311	-	-	-	386,299	1,251,977	264,806	109,548	18,942	-	-	18,144	61,142	16,959	2,127,817
202312	-	-	-	-	297,954	1,459,081	346,480	27,121	9,000	685	109,963	90,991	45,069	2,386,343
202401	-	-	-	-	-	329,317	1,269,097	84,156	47,654	685	111,620	680,280	140,051	2,662,860
202402	-	-	-	-	-	-	400,440	41,857	257	685	644,233	1,521,295	151,927	2,760,695
202403	-	-	-	-	-	-	-	4,818	9,765	6,322	533,845	1,760,901	308,690	2,624,341
202404	-	-	-	-	-	-	-	-	-	13,268	265,804	1,590,875	734,930	2,604,875
202405	-	-	-	-	-	-	-	-	-	2,841	253,321	1,159,729	1,487,462	2,903,353
202406	-	-	-	-	-	-	-	-	-	-	38,458	113,696	1,727,642	1,879,796
202407	-	-	-	-	-	-	-	-	-	-	-	62,484	1,851,062	1,913,546
202408	-	-	-	-	-	-	-	-	-	-	-	-	579,325	579,325
<b>Total Paid</b>	<b>58,182,575</b>	<b>4,533,940</b>	<b>2,415,057</b>	<b>3,527,951</b>	<b>2,939,639</b>	<b>2,662,498</b>	<b>2,418,468</b>	<b>399,218</b>	<b>162,514</b>	<b>48,463</b>	<b>2,008,799</b>	<b>7,169,207</b>	<b>7,147,002</b>	<b>93,615,331</b>

Nebraska Department of Correctional Services  
 [Covid-19] Claim Lag Report - External Medical Claims  
 Incurred: 202109 to 202408 [Paid Through 2024-08-31]

Incurred Month	All Prior Months	202309	202310	202311	202312	202401	202402	202403	202404	202405	202406	202407	202408	Total Incurred
Prior	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202109	25,000	-	-	-	-	-	-	-	-	-	-	-	-	25,000
202110	25,000	-	-	-	-	-	-	-	-	-	-	-	-	25,000
202111	5,000	-	-	-	-	-	-	-	-	-	-	-	-	5,000
202112	15,000	-	-	-	-	-	-	-	-	-	-	-	-	15,000
202201	99,000	-	-	-	-	-	-	-	-	-	-	-	-	99,000
202202	54,000	-	-	-	-	-	-	-	-	-	-	-	-	54,000
202203	1,000	-	-	-	-	-	-	-	-	-	-	-	-	1,000
202204	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202205	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202206	20,000	-	-	-	-	-	-	-	-	-	-	-	-	20,000
202207	35,000	-	-	-	-	-	-	-	-	-	-	-	-	35,000
202208	25,000	100	2,000	-	-	-	-	-	-	-	-	-	-	27,100
202209	95,000	-	-	-	-	-	-	-	-	-	-	-	-	95,000
202210	33,000	-	-	-	-	-	-	-	-	-	-	-	-	33,000
202211	1,000	-	-	-	-	-	-	-	-	-	-	-	-	1,000
202212	30,000	-	-	-	-	-	-	-	-	-	-	-	-	30,000
202301	1,000	-	-	-	-	-	-	-	-	-	-	-	-	1,000
202302	5,000	-	-	-	-	-	-	-	-	-	-	-	-	5,000
202303	250,000	-	-	-	-	-	-	-	-	-	-	-	-	250,000
202304	10,000	500	-	-	-	-	-	-	-	-	-	-	-	10,500
202305	-	-	100	-	-	-	-	-	-	-	-	-	-	100
202306	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202307	500	-	500	-	-	-	-	-	-	-	-	-	-	1,000
202308	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202309	-	-	-	1,500	100	-	-	-	-	-	-	-	-	1,600
202310	-	-	-	1,500	-	500	-	-	-	-	-	-	-	2,000
202311	-	-	-	-	1,500	-	500	-	-	-	-	-	-	2,000
202312	-	-	-	-	-	7,500	1,500	-	-	500	-	-	-	9,500
202401	-	-	-	-	-	-	7,500	-	-	-	-	5,000	-	12,500
202402	-	-	-	-	-	-	-	-	-	-	-	7,500	-	7,500
202403	-	-	-	-	-	-	-	-	-	-	-	7,500	-	7,500
202404	-	-	-	-	-	-	-	-	-	-	-	5,000	500	5,500
202405	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202406	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202407	-	-	-	-	-	-	-	-	-	-	-	-	-	-
202408	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total Paid</b>	<b>729,500</b>	<b>600</b>	<b>2,600</b>	<b>3,000</b>	<b>1,600</b>	<b>8,000</b>	<b>9,500</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>500</b>	<b>25,000</b>	<b>500</b>	<b>780,800</b>

Nebraska Department of Correctional Services  
 Claim Detail Report: Current Paid Month  
 Paid Between: 2024-08-01 and 2024-08-31



Offender Name	DOC ID	Date of Service	Place of Service	Prison	Treating Provider	Diagnosis Code	Diagnosis Description	Procedure Code	Procedure Description	Units	Billed	Amount Paid
AIC-9000003										3	2,070.00	1,214.91
AIC-9000003	9000003	6/5/2024	AMBULATORY SURGIC	SRCI	P-HCFA-900000046	H26.492	OTHER SECONDARY CATARACT LEFT	66821	DISCISSION SEC MEMB CATARACT; L	1	1,000.00	763.67
AIC-9000003	9000003	6/5/2024	AMBULATORY SURGIC	SRCI	P-HCFA-900000081	H26.492	OTHER SECONDARY CATARACT LEFT	66821	DISCISSION SEC MEMB CATARACT; L	1	900.00	331.20
AIC-9000003	9000003	6/5/2024	OFFICE	SRCI	P-HCFA-900000046	H26.492	OTHER SECONDARY CATARACT LEFT	99213	OFC/OUTPT VISIT E&M EST LOW-MC	1	170.00	120.04
AIC-9000119										15	7,328.06	5,443.04
AIC-9000119	9000119	6/24/2024	OUTPATIENT HOSPITA	OSP	P-UB-900000442	Z08	ENCOUNTER F/U EXAM AFTER CMPL	R0510	CLINIC	1	605.00	363.00
AIC-9000119	9000119	7/8/2024	AMBULANCE (LAND)	OSP	P-HCFA-900000006	R07.9	CHEST PAIN UNSPECIFIED	A0425	GROUND MILEAGE P/STATUTE MILE	2	94.00	94.00
AIC-9000119	9000119	7/8/2024	AMBULANCE (LAND)	OSP	P-HCFA-900000006	R07.9	CHEST PAIN UNSPECIFIED	A0427	AMB SRV ADV LIFE SUP ER TRANS L1	1	2,409.00	2,409.00
AIC-9000119	9000119	7/8/2024	EMERGENCY ROOM	OSP	P-UB-900000442	R07.9	CHEST PAIN UNSPECIFIED	R0301	LABORATORY	3	588.00	352.80
AIC-9000119	9000119	7/8/2024	EMERGENCY ROOM	OSP	P-UB-900000442	R07.9	CHEST PAIN UNSPECIFIED	R0305	LABORATORY	1	88.00	52.80
AIC-9000119	9000119	7/8/2024	EMERGENCY ROOM	OSP	P-UB-900000442	R07.9	CHEST PAIN UNSPECIFIED	R0320	RADIOLOGY - DIAGNOSTIC	1	482.00	289.20
AIC-9000119	9000119	7/8/2024	EMERGENCY ROOM	OSP	P-UB-900000442	R07.9	CHEST PAIN UNSPECIFIED	R0450	EMERGENCY ROOM	3	2,596.00	1,557.60
AIC-9000119	9000119	7/8/2024	EMERGENCY ROOM	OSP	P-UB-900000442	R07.9	CHEST PAIN UNSPECIFIED	R0636	PHARMACY - EXTENSION OF 025X	1	29.06	17.44
AIC-9000119	9000119	7/8/2024	EMERGENCY ROOM	OSP	P-UB-900000442	R07.9	CHEST PAIN UNSPECIFIED	R0730	EKG/ECG	1	287.00	172.20
AIC-9000119	9000119	6/27/2024	OFFICE	OSP	P-HCFA-900000059	E11.9	TYPE 2 DIABETES MELLITUS WITHOU	92014	OPHTH SERV: MED EXAM & EVAL; C	1	150.00	135.00
AIC-9000139										5	2,123.00	863.74
AIC-9000139	9000139	3/7/2024	OFFICE	SRCI	P-HCFA-900000105	M48.061	SPINAL STEN LUMB REG W/O NEURC	72148	MR IMAG SP CANAL&CONTENTS LUM	1	1,147.00	295.93
AIC-9000139	9000139	4/11/2024	OUTPATIENT HOSPITA	SRCI	P-HCFA-900000131	C61	MALIGNANT NEOPLASM OF PROSTA	71260	CAT THORAX; WITH CONTRAST MAT	1	212.00	114.66
AIC-9000139	9000139	4/11/2024	OUTPATIENT HOSPITA	SRCI	P-HCFA-900000131	C61	MALIGNANT NEOPLASM OF PROSTA	74177	COMPUTED TOMOGRAPHY ABDOME	1	310.00	167.87
AIC-9000139	9000139	8/2/2024	OFFICE	SRCI	P-HCFA-900000105	Z03.89	ENCOUNTER OBSERV OTH SUSPECT D	73630	RADIOLOGIC EXAM FOOT; COMPLET	1	124.00	11.40
AIC-9000139	9000139	8/14/2024	OFFICE	SRCI	P-HCFA-900000024	M48.062	SPINAL STEN LUMB REG NEUROG	99204	OFC/OUTPT VISIT E&M NEW MOD-H	1	330.00	273.88
AIC-9000162										75	4,020.20	2,421.71
AIC-9000162	9000162	4/11/2024	AMBULATORY SURGIC	OSP	P-HCFA-900000109	H26.492	OTHER SECONDARY CATARACT LEFT	66821	DISCISSION SEC MEMB CATARACT; L	1	1,240.00	549.54
AIC-9000162	9000162	3/26/2024	OUTPATIENT HOSPITA	OSP	P-HCFA-900000074	D50.9	IRON DEFICIENCY ANEMIA UNSPECIF	43239	UGI ENDO; W/BX 1/MX	1	466.90	323.19
AIC-9000162	9000162	3/26/2024	OUTPATIENT HOSPITA	OSP	P-HCFA-900000074	D50.9	IRON DEFICIENCY ANEMIA UNSPECIF	45378	COLONOSCOPY FLEX-PROX SPLEN FLI	1	1,037.30	408.24
AIC-9000162	9000162	5/7/2024	OFFICE	OSP	P-HCFA-900000082	H26.492	OTHER SECONDARY CATARACT LEFT	92015	DETERMINATION OF REFRACTIVE ST,	1	49.00	41.52
AIC-9000162	9000162	5/29/2024	OFFICE	OSP	P-HCFA-900000031	D13.6	BENIGN NEOPLASM OF PANCREAS	A9585	INJECTION GADOBUTROL 0.1 ML	70	42.00	33.60
AIC-9000162	9000162	5/29/2024	OFFICE	OSP	P-HCFA-900000031	D13.6	BENIGN NEOPLASM OF PANCREAS	74183	MRI ABD W/O & W/CONTRAST & FU	1	1,185.00	1,065.62
AIC-9000195										2	1,382.00	762.67
AIC-9000195	9000195	2/9/2024	OFFICE	TRCI	P-HCFA-900000039	Q54.1	HYPOSPADIAS PENILE	99203	OFC/OUTPT VISIT E&M NEW MODER	1	293.00	143.63
AIC-9000195	9000195	5/17/2024	OFFICE	TRCI	P-HCFA-900000039	N35.911	UNSPECIFIED URETHRAL STRICTURE	53450	URETHROMEATOPLASTY WITH MUC	1	1,089.00	619.04
AIC-9000404										2	2,543.00	2,162.08
AIC-9000404	9000404	6/20/2024	OUTPATIENT HOSPITA	SRCI	P-HCFA-900000010	R55	SYNCOPE AND COLLAPSE	93306	ECHOCARDIOGRAPHY TRANSTHORA	1	164.00	139.93
AIC-9000404	9000404	6/20/2024	OUTPATIENT HOSPITA	SRCI	P-UB-900000451	R55	SYNCOPE AND COLLAPSE	R0483	CARDIOLOGY	1	2,379.00	2,022.15
AIC-9000611										1	40.00	31.73
AIC-9000611	9000611	7/26/2024	OFFICE	DRCI	P-HCFA-900000055	K59.00	CONSTIPATION UNSPECIFIED	74021	RADIOLOGIC EXAMINATION ABDOM	1	40.00	31.73
AIC-9000634										8	5,853.00	2,074.43
AIC-9000634	9000634	6/13/2024	OUTPATIENT HOSPITA	DRCI	P-HCFA-900000047	K21.9	GASTRO-ESOPH REFLUX DISEASE WI	43239	UGI ENDO; W/BX 1/MX	1	1,484.00	384.75
AIC-9000634	9000634	6/13/2024	OUTPATIENT HOSPITA	DRCI	P-HCFA-900000047	K62.5	HEMORRHAGE OF ANUS AND RECTU	45385	COLONOSCOPY FLEX; W/REMV TUM	1	1,922.00	689.25
AIC-9000634	9000634	6/13/2024	OUTPATIENT HOSPITA	DRCI	P-HCFA-900000047	K62.5	HEMORRHAGE OF ANUS AND RECTU	45380	COLONOSCPY FLXIBLE PROX SPLENIC F	1	1,702.00	581.25
AIC-9000634	9000634	7/10/2024	OFFICE	DRCI	P-HCFA-900000055	M25.512	PAIN IN LEFT SHOULDER	73030	RADIOLOGIC EXAM SHLDR; COMPLET	1	29.00	22.55
AIC-9000634	9000634	7/10/2024	OFFICE	DRCI	P-HCFA-900000055	M25.571	PAIN IN RIGHT ANKLE	73610	RADIOLOGIC EXAM ANK; COMPLETE	1	27.00	20.88
AIC-9000634	9000634	7/10/2024	OFFICE	DRCI	P-HCFA-900000055	M54.50	LOW BACK PAIN, UNSPECIFIED	72100	RADIOLOGIC EXAM SPINE LUMBOSA	1	34.00	26.72
AIC-9000634	9000634	8/13/2024	OFFICE	DRCI	P-HCFA-900000055	R91.1	SOLITARY PULMONARY NODULE	71250	CAT THORAX; WITHOUT CONTRAST I	1	159.00	126.92
AIC-9000634	9000634	8/13/2024	OFFICE	DRCI	P-HCFA-900000103	R91.1	SOLITARY PULMONARY NODULE	71250	CAT THORAX; WITHOUT CONTRAST I	1	496.00	222.11
AIC-9000644										24	8,348.00	4,793.63
AIC-9000644	9000644	5/15/2024	AMBULATORY SURGIC	SRCI	P-HCFA-900000046	H26.491	OTHER SECONDARY CATARACT RIGH	66821	DISCISSION SEC MEMB CATARACT; L	1	1,000.00	763.67
AIC-9000644	9000644	5/15/2024	AMBULATORY SURGIC	SRCI	P-HCFA-900000081	H26.491	OTHER SECONDARY CATARACT RIGH	66821	DISCISSION SEC MEMB CATARACT; L	1	900.00	331.20
AIC-9000644	9000644	5/15/2024	OFFICE	SRCI	P-HCFA-900000046	H25.12	AGE-RELATED NUCLEAR CATARACT	99215	OFC/OUTPT VISIT E&M ESTAB MOD-	1	340.00	239.54
AIC-9000644	9000644	5/15/2024	OFFICE	SRCI	P-HCFA-900000046	H25.12	AGE-RELATED NUCLEAR CATARACT	92136	OPHTH BIOMETRY PART COHERENCE	1	165.00	52.23
AIC-9000644	9000644	7/11/2024	AMBULATORY SURGIC	SRCI	P-HCFA-900000161	H25.12	AGE-RELATED NUCLEAR CATARACT	66984	EXTRACAPSULAR CATARACT REMV V	1	2,400.00	1,256.23
AIC-9000644	9000644	7/11/2024	AMBULATORY SURGIC	SRCI	P-HCFA-900000190	H25.12	AGE-RELATED NUCLEAR CATARACT	L00142	ANESTHESIA FOR PROCEDURES ON E	15	400.00	310.50

Nebraska Department of Correctional Services  
 Claim Detail Report: Claims with Covid-19 Diagnosis U07.1 (Primary or Otherwise)  
 Paid in AUGUST 2024

Offender Name	DOC ID	Date of Service	Place of Service	Prison	Treating Provider	Diagnosis Code	Diagnosis Description	Procedure Code	Procedure Description	Units	Billed	Amount Paid
Patient A										1	862.00	396.90
Patient A	100001	4/27/2024	EMERGENCY ROOM	IBRO	EMERGENCY ROOM PI	U07.1	COVID-19	99285	EMERG DEPT E&M-HIGH SEVERITY IN	1	862.00	396.90
Patient B										2	1,124.00	531.36
Patient B	1000002	4/30/2024	EMERGENCY ROOM	IBRO	EMERGENCY ROOM PI	A41.9	SEPSIS UNSPECIFIED ORGANISM	99291	CRITICAL CARE E&M-CRIT ILL/INJUR;	1	1,086.00	511.92
Patient B	1000002	4/30/2024	EMERGENCY ROOM	IBRO	EMERGENCY ROOM PI	U07.1	COVID-19	93010	ECG-ROUTINE W/12 LEADS; INTERPT	1	38.00	19.44
<b>Grand Total</b>										<b>3</b>	<b>1,986.00</b>	<b>928.26</b>

Nebraska Department of Correctional Services  
 Claim Detail Report: Claims with Covid-19 Diagnosis U07.1 (Primary or Otherwise)  
 Incurred 2021-07-01 to 2024-07-31 [Paid Through 2024-08-31]

Offender Name	DOC ID	Date of Service	Place of Service	Prison	Treating Provider	Diagnosis Code	Diagnosis Description	Procedure Code	Procedure Description	Units	Billed	Amount Paid
Patient A										2015	153,600.00	77,340.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CLINIC PC	J96.01	ACUTE RESPIRATORY FAILURE WITH I	99291	CRITICAL CARE E&M-CRIT ILL/INJUR;	1	900.00	720.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99231	SUBSQT HOSP CARE-DAY E&M STABL	1	100.00	50.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0111	ROOM & BOARD - PRIVATE	3	8,300.00	4,150.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0200	INTENSIVE CARE UNIT	4	25,500.00	12,750.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0206	INTENSIVE CARE UNIT	11	37,200.00	18,600.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0250	PHARMACY	406	12,700.00	6,350.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0258	PHARMACY	56	4,400.00	2,200.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0300	LABORATORY	20	1,100.00	550.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0301	LABORATORY	78	11,100.00	5,550.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0302	LABORATORY	12	2,500.00	1,250.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0305	LABORATORY	21	3,500.00	1,750.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0306	LABORATORY	4	900.00	450.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0320	RADIOLOGY - DIAGNOSTIC	7	1,900.00	950.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0410	RESPIRATORY SERVICES	18	13,000.00	6,500.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0420	PHYSICAL THERAPY	24	2,700.00	1,350.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0424	PHYSICAL THERAPY	1	300.00	150.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0430	OCCUPATIONAL THERAPY	8	900.00	450.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0431	OCCUPATIONAL THERAPY	8	900.00	450.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0434	OCCUPATIONAL THERAPY	1	300.00	150.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0636	PHARMACY - EXTENSION OF 025X	1311	21,200.00	10,600.00
Patient A	100001	12/19/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CAMPUS	U07.1	COVID-19	R0730	EKG/ECG	1	300.00	150.00
Patient A	100001	12/20/2020	INPATIENT HOSPITAL	IBRO	PROVIDER CLINIC PC	J96.01	ACUTE RESPIRATORY FAILURE WITH I	99291	CRITICAL CARE E&M-CRIT ILL/INJUR;	1	900.00	720.00
Patient A	100001	12/20/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99231	SUBSQT HOSP CARE-DAY E&M STABL	1	100.00	50.00
Patient A	100001	12/21/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99233	SUBSQT HOSP CARE-DAY E&M SIGNI	1	300.00	150.00
Patient A	100001	12/22/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99233	SUBSQT HOSP CARE-DAY E&M SIGNI	1	300.00	150.00
Patient A	100001	12/24/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	12/25/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	12/26/2020	INPATIENT HOSPITAL	IBRO	RADIOLOGY GROUP 1	U07.1	COVID-19	71045	RADIOLOGIC EXAMINATION CHEST; §	1	0.00	0.00
Patient A	100001	12/26/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	12/26/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99356	PROLONG PHYS SRVC INPT W/PT; 15'	1	300.00	150.00
Patient A	100001	12/27/2020	INPATIENT HOSPITAL	IBRO	RADIOLOGY GROUP 1	U07.1	COVID-19	71045	RADIOLOGIC EXAMINATION CHEST; §	1	0.00	0.00
Patient A	100001	12/27/2020	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	1/1/2021	INPATIENT HOSPITAL	IBRO	RADIOLOGY GROUP 1	U07.1	COVID-19	71045	RADIOLOGIC EXAMINATION CHEST; §	1	0.00	0.00
Patient A	100001	1/1/2021	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	U07.1	COVID-19	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	1/2/2021	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	R65.10	SYS INFLM RSPN SYND NON-INF ORIC	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	1/3/2021	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	R65.10	SYS INFLM RSPN SYND NON-INF ORIC	99231	SUBSQT HOSP CARE-DAY E&M STABL	1	100.00	50.00
Patient A	100001	1/4/2021	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	R65.10	SYS INFLM RSPN SYND NON-INF ORIC	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	1/5/2021	INPATIENT HOSPITAL	IBRO	RADIOLOGY GROUP 1	U07.1	COVID-19	71045	RADIOLOGIC EXAMINATION CHEST; §	1	0.00	0.00
Patient A	100001	1/5/2021	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	J96.01	ACUTE RESPIRATORY FAILURE WITH I	99232	SUBSQT HOSP CARE-DAY E&M MINO	1	200.00	100.00
Patient A	100001	1/6/2021	INPATIENT HOSPITAL	IBRO	HOSPITAL MEDICAL GI	J96.01	ACUTE RESPIRATORY FAILURE WITH I	99239	HOSPITAL DISCHARGE DAY MANAGE	1	300.00	150.00
<b>Grand Total</b>										<b>2015</b>	<b>153,600.00</b>	<b>77,340.00</b>

# NDCS Paid Amount [No IBNR] by Clinical Classification Level 1

## Fiscal Year Comparison [Includes 2 Month(s) of Claims Payment in the Current Fiscal Year]

Clinical Classification Level 1	FY 2024	FY 2025	FY 2024 POPM	FY 2025 POPM	POPM Variance	FYTD Trend	FY 2024 % Total	FY 2025 % Total
MUSCULOSKELETAL	\$ 3,151,787	\$ 377,654	\$ 21.60	\$ 15.66	\$ (5.95)	-27.5%	10.5%	15.1%
INJURY/POISONING	\$ 4,702,573	\$ 357,537	\$ 32.23	\$ 14.82	\$ (17.41)	-54.0%	15.6%	14.3%
DIGESTIVE	\$ 3,329,984	\$ 337,108	\$ 22.82	\$ 13.97	\$ (8.85)	-38.8%	11.1%	13.5%
CIRCULATORY	\$ 3,651,455	\$ 280,539	\$ 25.03	\$ 11.63	\$ (13.40)	-53.5%	12.1%	11.3%
NEOPLASMS	\$ 3,384,191	\$ 248,352	\$ 23.20	\$ 10.30	\$ (12.90)	-55.6%	11.2%	10.0%
SYMPTOMS/ILL-DEFINED	\$ 2,329,603	\$ 202,134	\$ 15.97	\$ 8.38	\$ (7.59)	-47.5%	7.7%	8.1%
GENITOURINARY	\$ 1,200,062	\$ 184,428	\$ 8.23	\$ 7.65	\$ (0.58)	-7.1%	4.0%	7.4%
NERVOUS	\$ 2,056,834	\$ 180,847	\$ 14.10	\$ 7.50	\$ (6.60)	-46.8%	6.8%	7.3%
RESPIRATORY	\$ 1,000,740	\$ 115,241	\$ 6.86	\$ 4.78	\$ (2.08)	-30.4%	3.3%	4.6%
SKIN/SUBCUTANEOUS	\$ 567,411	\$ 60,709	\$ 3.89	\$ 2.52	\$ (1.37)	-35.3%	1.9%	2.4%
MENTAL	\$ 633,183	\$ 53,835	\$ 4.34	\$ 2.23	\$ (2.11)	-48.6%	2.1%	2.2%
ENDOCRINE/METOBOLIC	\$ 526,915	\$ 33,451	\$ 3.61	\$ 1.39	\$ (2.22)	-61.6%	1.7%	1.3%
NOT CATEGORIZED	\$ 353,616	\$ 20,374	\$ 2.42	\$ 0.84	\$ (1.58)	-65.2%	1.2%	0.8%
UNCLASSIFIED/E-CODES	\$ 393,330	\$ 19,730	\$ 2.70	\$ 0.82	\$ (1.88)	-69.7%	1.3%	0.8%
BLOOD	\$ 2,248,076	\$ 12,795	\$ 15.41	\$ 0.53	\$ (14.88)	-96.6%	7.5%	0.5%
PREGNANCY & DELIVERY	\$ 21,530	\$ 3,232	\$ 0.15	\$ 0.13	\$ (0.01)	-9.2%	0.1%	0.1%
CONGENITAL ANOMALIES	\$ 31,740	\$ 2,660	\$ 0.22	\$ 0.11	\$ (0.11)	-49.3%	0.1%	0.1%
INFECTIOUS/PARASITIC	\$ 535,687	\$ 2,247	\$ 3.67	\$ 0.09	\$ (3.58)	-97.5%	1.8%	0.1%
<b>Grand Total</b>	<b>\$ 30,121,410</b>	<b>\$ 2,492,871</b>	<b>\$ 206.45</b>	<b>\$ 103.34</b>	<b>\$ (103.11)</b>	<b>-49.9%</b>	<b>100.0%</b>	<b>100.0%</b>

Clinical Classification is a method for classifying diagnoses or procedures from the *International Classification of Diseases, Clinical Modification* into clinically meaningful categories. These categories can be used for various types of aggregate statistical reporting. Clinical Classification was developed by the Healthcare Cost and Utilization Project (H-CUP) and is made possible by a Federal-State-Industry partnership sponsored by the Agency for Healthcare Research and Quality (AHRQ). Diagnosis codes were grouped into Clinical Classifications according to groupings based on the Health Cost and Utilization coding scheme. H-CUP developed a separate categorization to distribute diagnoses in to global chronic and non-chronic condition groups.

Symptoms/Signs/Ill-Defined, Unclassified and E-Codes, Not Categorized: Not all diagnosis codes are tied to a specific disease or condition. However some may be grouped according to similarity. Example, abdominal pain is non-specific to a disease state hence is a symptom or sign. Other diagnoses such as sleep apnea are unclassified. And in the rare case that a diagnosis code is not mapped then it will be labeled as not categorized.

## NDCS Paid Amount [No IBNR] by Clinical Classification Levels 1 and 2 Fiscal Year Comparison [Includes 2 Month(s) of Claims Payment in the Current Fiscal Year]

Clinical Class Level 1	Clinical Class Level 2	FY 2024	FY 2025	FY 2024 POPM	FY 2025 POPM	FY 2024 % Total	FY 2025 % Total
<b>MUSCULOSKELETAL</b>		<b>3,151,787</b>	<b>377,654</b>	<b>21.60</b>	<b>15.66</b>	<b>10.5%</b>	<b>15.1%</b>
	ACQUIRED DEFORMITIES	63,634	3,008	0.44	0.12	0.2%	0.1%
	INFECTIVE ARTHRITIS AND OSTEOMYELITIS (EXCEPT	53,930	17,973	0.37	0.75	0.2%	0.7%
	NON-TRAUMATIC JOINT DISORDERS	1,405,676	223,008	9.63	9.24	4.7%	8.9%
	OSTEOPOROSIS [206.]	6,296	319	0.04	0.01	0.0%	0.0%
	OTHER BONE DISEASE AND MUSCULOSKELETAL DEI	171,647	-	1.18	0.00	0.6%	0.0%
	OTHER CONNECTIVE TISSUE DISEASE [211.]	363,396	57,522	2.49	2.38	1.2%	2.3%
	PATHOLOGICAL FRACTURE [207.]	2,135	-	0.01	0.00	0.0%	0.0%
	SPONDYLOSIS; INTERVERTEBRAL DISC DISORDERS; (	1,064,018	75,823	7.29	3.14	3.5%	3.0%
	SYSTEMIC LUPUS ERYTHEMATOSUS AND CONNECT	21,055	-	0.14	0.00	0.1%	0.0%
<b>INJURY/POISONING</b>		<b>4,702,573</b>	<b>357,537</b>	<b>32.23</b>	<b>14.82</b>	<b>15.6%</b>	<b>14.3%</b>
	BURNS [240.]	2,430	-	0.02	0.00	0.0%	0.0%
	COMPLICATIONS	552,430	47,325	3.79	1.96	1.8%	1.9%
	CRUSHING INJURY OR INTERNAL INJURY [234.]	36,371	1,258	0.25	0.05	0.1%	0.1%
	FRACTURES	1,050,985	44,803	7.20	1.86	3.5%	1.8%
	INTRACRANIAL INJURY [233.]	192,747	13,040	1.32	0.54	0.6%	0.5%
	JOINT DISORDERS AND DISLOCATIONS; TRAUMA-RE	644,071	17,781	4.41	0.74	2.1%	0.7%
	OPEN WOUNDS	504,021	24,730	3.45	1.03	1.7%	1.0%
	OTHER INJURIES AND CONDITIONS DUE TO EXTERN	723,064	92,489	4.96	3.83	2.4%	3.7%
	POISONING	146,170	397	1.00	0.02	0.5%	0.0%
	SPINAL CORD INJURY [227.]	122	-	0.00	0.00	0.0%	0.0%
	SPRAINS AND STRAINS [232.]	671,302	98,289	4.60	4.07	2.2%	3.9%
	SUPERFICIAL INJURY; CONTUSION [239.]	178,861	17,426	1.23	0.72	0.6%	0.7%
<b>DIGESTIVE</b>		<b>3,329,984</b>	<b>337,108</b>	<b>22.82</b>	<b>13.97</b>	<b>11.1%</b>	<b>13.5%</b>
	ABDOMINAL HERNIA [143.]	941,307	67,580	6.45	2.80	3.1%	2.7%
	BILIARY TRACT DISEASE [149.]	432,809	101,363	2.97	4.20	1.4%	4.1%
	DISEASES OF MOUTH; EXCLUDING DENTAL [137.]	26,204	5,167	0.18	0.21	0.1%	0.2%
	DISORDERS OF TEETH AND JAW [136.]	278,115	27,302	1.91	1.13	0.9%	1.1%
	GASTROINTESTINAL HEMORRHAGE [153.]	334,066	11,240	2.29	0.47	1.1%	0.5%
	INTESTINAL INFECTION [135.]	56,762	308	0.39	0.01	0.2%	0.0%
	LIVER DISEASE	67,611	3,410	0.46	0.14	0.2%	0.1%
	LOWER GASTROINTESTINAL DISORDERS	485,747	26,343	3.33	1.09	1.6%	1.1%
	NONINFECTIOUS GASTROENTERITIS [154.]	65,475	21,808	0.45	0.90	0.2%	0.9%
	OTHER GASTROINTESTINAL DISORDERS [155.]	349,322	39,939	2.39	1.66	1.2%	1.6%
	PANCREATIC DISORDERS (NOT DIABETES) [152.]	54,419	5,995	0.37	0.25	0.2%	0.2%
	UPPER GASTROINTESTINAL DISORDERS	238,146	26,654	1.63	1.10	0.8%	1.1%
<b>CIRCULATORY</b>		<b>3,651,455</b>	<b>280,539</b>	<b>25.03</b>	<b>11.63</b>	<b>12.1%</b>	<b>11.3%</b>

## NDCS Paid Amount [No IBNR] by Clinical Classification Levels 1 and 2 Fiscal Year Comparison [Includes 2 Month(s) of Claims Payment in the Current Fiscal Year]

Clinical Class Level 1	Clinical Class Level 2	FY 2024	FY 2025	FY 2024 POPM	FY 2025 POPM	FY 2024 % Total	FY 2025 % Total
	CEREBROVASCULAR DISEASE	289,761	12,647	1.99	0.52	1.0%	0.5%
	DISEASES OF ARTERIES; ARTERIOLES; AND CAPILLAF	143,259	8,696	0.98	0.36	0.5%	0.3%
	DISEASES OF THE HEART	2,902,711	246,687	19.90	10.23	9.6%	9.9%
	DISEASES OF VEINS AND LYMPHATICS	162,951	1,598	1.12	0.07	0.5%	0.1%
	HYPERTENSION	152,773	10,911	1.05	0.45	0.5%	0.4%
<b>NEOPLASMS</b>		<b>3,384,191</b>	<b>248,352</b>	<b>23.20</b>	<b>10.30</b>	<b>11.2%</b>	<b>10.0%</b>
	BENIGN NEOPLASMS	213,825	16,366	1.47	0.68	0.7%	0.7%
	CANCER OF BREAST [24.]	239,542	1,804	1.64	0.07	0.8%	0.1%
	CANCER OF BRONCHUS; LUNG [19.]	119,465	8,334	0.82	0.35	0.4%	0.3%
	CANCER OF LYMPHATIC AND HEMATOPOIETIC TISS	158,229	19,599	1.08	0.81	0.5%	0.8%
	CANCER OF MALE GENITAL ORGANS	389,486	2,193	2.67	0.09	1.3%	0.1%
	CANCER OF SKIN	68,772	9,733	0.47	0.40	0.2%	0.4%
	CANCER OF URINARY ORGANS	42,408	-	0.29	0.00	0.1%	0.0%
	CANCER OF UTERUS AND CERVIX	17,920	470	0.12	0.02	0.1%	0.0%
	CANCER; OTHER PRIMARY	101,622	32,513	0.70	1.35	0.3%	1.3%
	COLORECTAL CANCER	246,673	11,317	1.69	0.47	0.8%	0.5%
	MAINTENANCE CHEMOTHERAPY; RADIOTHERAPY [	1,646,941	137,270	11.29	5.69	5.5%	5.5%
	MALIGNANT NEOPLASM WITHOUT SPECIFICATION	17,293	-	0.12	0.00	0.1%	0.0%
	NEOPLASMS OF UNSPECIFIED NATURE OR UNCERT.	56,075	8,518	0.38	0.35	0.2%	0.3%
	OTHER GASTROINTESTINAL CANCER	25,369	-	0.17	0.00	0.1%	0.0%
	SECONDARY MALIGNANCIES [42.]	40,569	234	0.28	0.01	0.1%	0.0%
<b>SYMPTOMS/ILL-DEFINED</b>		<b>2,329,603</b>	<b>202,134</b>	<b>15.97</b>	<b>8.38</b>	<b>7.7%</b>	<b>8.1%</b>
	FACTORS INFLUENCING HEALTH CARE	1,020,135	86,072	6.99	3.57	3.4%	3.5%
	SYMPTOMS; SIGNS; AND ILL-DEFINED CONDITIONS	1,309,468	116,061	8.98	4.81	4.3%	4.7%
<b>GENITOURINARY</b>		<b>1,200,062</b>	<b>184,428</b>	<b>8.23</b>	<b>7.65</b>	<b>4.0%</b>	<b>7.4%</b>
	DISEASES OF FEMALE GENITAL ORGANS	56,234	21,196	0.39	0.88	0.2%	0.9%
	DISEASES OF MALE GENITAL ORGANS	327,769	59,866	2.25	2.48	1.1%	2.4%
	DISEASES OF THE URINARY SYSTEM	816,060	103,365	5.59	4.28	2.7%	4.1%
<b>NERVOUS</b>		<b>2,056,834</b>	<b>180,847</b>	<b>14.10</b>	<b>7.50</b>	<b>6.8%</b>	<b>7.3%</b>
	CENTRAL NERVOUS SYSTEM INFECTION	9,436	-	0.06	0.00	0.0%	0.0%
	COMA; STUPOR; AND BRAIN DAMAGE [85.]	32,298	-	0.22	0.00	0.1%	0.0%
	EAR CONDITIONS	214,547	21,258	1.47	0.88	0.7%	0.9%
	EPILEPSY; CONVULSIONS [83.]	302,076	27,119	2.07	1.12	1.0%	1.1%
	EYE DISORDERS	561,375	57,778	3.85	2.40	1.9%	2.3%
	HEADACHE; INCLUDING MIGRAINE [84.]	222,042	14,703	1.52	0.61	0.7%	0.6%
	HEREDITARY AND DEGENERATIVE NERVOUS SYSTEM	44,997	17,650	0.31	0.73	0.1%	0.7%
	OTHER NERVOUS SYSTEM DISORDERS [95.]	652,131	36,090	4.47	1.50	2.2%	1.4%

## NDCS Paid Amount [No IBNR] by Clinical Classification Levels 1 and 2 Fiscal Year Comparison [Includes 2 Month(s) of Claims Payment in the Current Fiscal Year]

Clinical Class Level 1	Clinical Class Level 2	FY 2024	FY 2025	FY 2024 POPM	FY 2025 POPM	FY 2024 % Total	FY 2025 % Total
	PARALYSIS [82.]	17,933	6,249	0.12	0.26	0.1%	0.3%
<b>RESPIRATORY</b>		<b>1,000,740</b>	<b>115,241</b>	<b>6.86</b>	<b>4.78</b>	<b>3.3%</b>	<b>4.6%</b>
	ASPIRATION PNEUMONITIS; FOOD/VOMITUS [129.]	1,018	5,526	0.01	0.23	0.0%	0.2%
	ASTHMA [128.]	4,137	-	0.03	0.00	0.0%	0.0%
	CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND LUNG DISEASE DUE TO EXTERNAL AGENTS [132.]	79,152	18,438	0.54	0.76	0.3%	0.7%
	OTHER LOWER RESPIRATORY DISEASE [133.]	-	22	0.00	0.00	0.0%	0.0%
	OTHER UPPER RESPIRATORY DISEASE [134.]	367,048	21,523	2.52	0.89	1.2%	0.9%
	OTHER UPPER RESPIRATORY DISEASE [134.]	81,757	12,316	0.56	0.51	0.3%	0.5%
	PLEURISY; PNEUMOTHORAX; PULMONARY COLLAPSE	55,259	1,199	0.38	0.05	0.2%	0.0%
	RESPIRATORY FAILURE; INSUFFICIENCY; ARREST (ALL RESPIRATORY INFECTIONS)	173,592	1,744	1.19	0.07	0.6%	0.1%
	RESPIRATORY INFECTIONS	238,777	54,474	1.64	2.26	0.8%	2.2%
<b>SKIN/SUBCUTANEOUS</b>		<b>567,411</b>	<b>60,709</b>	<b>3.89</b>	<b>2.52</b>	<b>1.9%</b>	<b>2.4%</b>
	CHRONIC ULCER OF SKIN [199.]	49,922	7,013	0.34	0.29	0.2%	0.3%
	OTHER INFLAMMATORY CONDITION OF SKIN [198.]	2,777	-	0.02	0.00	0.0%	0.0%
	OTHER SKIN DISORDERS [200.]	135,735	9,767	0.93	0.40	0.5%	0.4%
	SKIN AND SUBCUTANEOUS TISSUE INFECTIONS [199.]	378,978	43,928	2.60	1.82	1.3%	1.8%
<b>MENTAL</b>		<b>633,183</b>	<b>53,835</b>	<b>4.34</b>	<b>2.23</b>	<b>2.1%</b>	<b>2.2%</b>
	ADJUSTMENT DISORDERS [650]	447	-	0.00	0.00	0.0%	0.0%
	ALCOHOL-RELATED DISORDERS [660]	9,107	-	0.06	0.00	0.0%	0.0%
	ANXIETY DISORDERS [651]	19,641	-	0.13	0.00	0.1%	0.0%
	ATTENTION DEFICIT, CONDUCT, AND DISRUPTIVE BEHAVIOR DISORDERS [652]	21,908	2,773	0.15	0.11	0.1%	0.1%
	DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER ORGANIC DISORDERS [653]	5,676	-	0.04	0.00	0.0%	0.0%
	MISCELLANEOUS MENTAL DISORDERS [670]	82,297	2,362	0.56	0.10	0.3%	0.1%
	MOOD DISORDERS [657]	67,027	2,216	0.46	0.09	0.2%	0.1%
	PERSONALITY DISORDERS [658]	3,036	-	0.02	0.00	0.0%	0.0%
	SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS [654]	26,929	1,636	0.18	0.07	0.1%	0.1%
	SCREENING AND HISTORY OF MENTAL HEALTH AND DISORDERS [656]	17,365	2,438	0.12	0.10	0.1%	0.1%
	SUBSTANCE-RELATED DISORDERS [661]	18,373	-	0.13	0.00	0.1%	0.0%
	SUICIDE AND INTENTIONAL SELF-INFLICTED INJURY	361,378	42,410	2.48	1.76	1.2%	1.7%
<b>ENDOCRINE/METABOLIC</b>		<b>526,915</b>	<b>33,451</b>	<b>3.61</b>	<b>1.39</b>	<b>1.7%</b>	<b>1.3%</b>
	DIABETES MELLITUS WITH COMPLICATIONS [50.]	375,956	18,894	2.58	0.78	1.2%	0.8%
	DIABETES MELLITUS WITHOUT COMPLICATION [49.]	26,643	6,376	0.18	0.26	0.1%	0.3%
	DISORDERS OF LIPID METABOLISM [53.]	1,915	-	0.01	0.00	0.0%	0.0%
	FLUID AND ELECTROLYTE DISORDERS [55.]	83,979	2,252	0.58	0.09	0.3%	0.1%
	GOUT AND OTHER CRYSTAL ARTHROPATHIES [54.]	11	-	0.00	0.00	0.0%	0.0%
	IMMUNITY DISORDERS [57.]	6,885	553	0.05	0.02	0.0%	0.0%
	NUTRITIONAL DEFICIENCIES [52.]	2,824	48	0.02	0.00	0.0%	0.0%

## NDCS Paid Amount [No IBNR] by Clinical Classification Levels 1 and 2 Fiscal Year Comparison [Includes 2 Month(s) of Claims Payment in the Current Fiscal Year]

Clinical Class Level 1	Clinical Class Level 2	FY 2024	FY 2025	FY 2024 POPM	FY 2025 POPM	FY 2024 % Total	FY 2025 % Total
	OTHER ENDOCRINE DISORDERS [51.]	10,291	274	0.07	0.01	0.0%	0.0%
	OTHER NUTRITIONAL; ENDOCRINE; AND METABOLI	5,905	76	0.04	0.00	0.0%	0.0%
	THYROID DISORDERS [48.]	12,506	4,978	0.09	0.21	0.0%	0.2%
<b>NOT CATEGORIZED</b>		<b>353,616</b>	<b>20,374</b>	<b>2.42</b>	<b>0.84</b>	<b>1.2%</b>	<b>0.8%</b>
	NOT CATEGORIZED	353,616	20,374	2.42	0.84	1.2%	0.8%
<b>UNCLASSIFIED/E-CODES</b>		<b>393,330</b>	<b>19,730</b>	<b>2.70</b>	<b>0.82</b>	<b>1.3%</b>	<b>0.8%</b>
		393,330	19,730	2.70	0.82	1.3%	0.8%
<b>BLOOD</b>		<b>2,248,076</b>	<b>12,795</b>	<b>15.41</b>	<b>0.53</b>	<b>7.5%</b>	<b>0.5%</b>
	ANEMIA	215,798	12,795	1.48	0.53	0.7%	0.5%
	COAGULATION AND HEMORRHAGIC DISORDERS [6.	2,010,740	-	13.78	0.00	6.7%	0.0%
	DISEASES OF WHITE BLOOD CELLS [63.]	12,702	-	0.09	0.00	0.0%	0.0%
	OTHER HEMATOLOGIC CONDITIONS [64.]	8,836	-	0.06	0.00	0.0%	0.0%
<b>PREGNANCY &amp; DELIVERY</b>		<b>21,530</b>	<b>3,232</b>	<b>0.15</b>	<b>0.13</b>	<b>0.1%</b>	<b>0.1%</b>
	COMPLICATIONS MAINLY RELATED TO PREGNANCY	18,189	3,232	0.12	0.13	0.1%	0.1%
	CONTRACEPTIVE AND PROCREATIVE MANAGEMEN	1,320	-	0.01	0.00	0.0%	0.0%
	INDICATIONS FOR CARE IN PREGNANCY; LABOR; AN	1,956	-	0.01	0.00	0.0%	0.0%
	NORMAL PREGNANCY AND/OR DELIVERY [196.]	65	-	0.00	0.00	0.0%	0.0%
<b>CONGENITAL ANOMALIES</b>		<b>31,740</b>	<b>2,660</b>	<b>0.22</b>	<b>0.11</b>	<b>0.1%</b>	<b>0.1%</b>
	CARDIAC AND CIRCULATORY CONGENITAL ANOMA	20,527	-	0.14	0.00	0.1%	0.0%
	DIGESTIVE CONGENITAL ANOMALIES [214.]	28	-	0.00	0.00	0.0%	0.0%
	GENITOURINARY CONGENITAL ANOMALIES [215.]	5,647	2,660	0.04	0.11	0.0%	0.1%
	OTHER CONGENITAL ANOMALIES [217.]	5,538	-	0.04	0.00	0.0%	0.0%
<b>INFECTIOUS/PARASITIC</b>		<b>535,687</b>	<b>2,247</b>	<b>3.67</b>	<b>0.09</b>	<b>1.8%</b>	<b>0.1%</b>
	BACTERIAL INFECTION	391,175	1,563	2.68	0.06	1.3%	0.1%
	IMMUNIZATIONS AND SCREENING FOR INFECTIOUS	9,229	180	0.06	0.01	0.0%	0.0%
	MYCOSES [4.]	37,425	-	0.26	0.00	0.1%	0.0%
	OTHER INFECTIONS; INCLUDING PARASITIC [8.]	790	-	0.01	0.00	0.0%	0.0%
	VIRAL INFECTION	97,069	504	0.67	0.02	0.3%	0.0%
<b>PERINATAL PERIOD</b>		<b>2,693</b>	<b>-</b>	<b>0.02</b>	<b>0.00</b>	<b>0.0%</b>	<b>0.0%</b>
	OTHER PERINATAL CONDITIONS [224.]	2,693	-	0.02	0.00	0.0%	0.0%
<b>Grand Total</b>		<b>30,121,410</b>	<b>2,492,871</b>	<b>206.45</b>	<b>103.34</b>	<b>100.0%</b>	<b>100.0%</b>

# Nebraska Department of Correctional Services

## High Dollar Claimant Listing [≥ \$50K]

Incurred: 2023-07-01 to 2024-06-30 [Paid through 2024-08-31]

**[+19] New HD Claimants Reached \$50K Threshold as of the Current Reporting Month**

Offender Name	DOC ID	Date of Service	POS	Facility	Provider Name	Diagnosis	Paid Amount
AIC-9009973							1,519,042.84
AIC-9009973	9009973	8/22/2023	HOME	OSP	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	152,981.49
AIC-9009973	9009973	7/24/2023	HOME	OSP	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	152,981.50
AIC-9009973	9009973	9/14/2023	HOME	OSP	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	152,981.50
AIC-9009973	9009973	10/30/2023	HOME	OSP	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	153,085.55
AIC-9009973	9009973	12/7/2023	HOME	OSP	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	159,816.53
AIC-9009973	9009973	1/3/2024	HOME	OSCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	159,816.53
AIC-9009973	9009973	3/20/2024	HOME	OSCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	144,050.36
AIC-9009973	9009973	4/11/2024	HOME	OSCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	144,784.75
AIC-9009973	9009973	2/29/2024	HOME	OSCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	145,519.26
AIC-9009973	9009973	4/16/2024	OFFICE	OSCI	P-HCFA-900000105	PRIMARY OSTEOARTHRITIS RIGHT SH	11.88
AIC-9009973	9009973	5/8/2024	HOME	OSCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	153,013.49
AIC-9011725							482,020.38
AIC-9011725	9011725	7/17/2023	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	65,184.57
AIC-9011725	9011725	8/16/2023	OUTPATIENT HOSPITAL	CRCI	P-HCFA-900000017	THYROTOXICOSIS UNS W/O THYROT	55.61
AIC-9011725	9011725	8/16/2023	OUTPATIENT HOSPITAL	CRCI	P-UB-900000462	THYROTOXICOSIS UNS W/O THYROT	934.80
AIC-9011725	9011725	8/24/2023	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	66,340.16
AIC-9011725	9011725	9/29/2023	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	65,418.78
AIC-9011725	9011725	10/31/2023	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	67,141.80
AIC-9011725	9011725	12/5/2023	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	64,341.24
AIC-9011725	9011725	1/10/2024	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	63,584.76
AIC-9011725	9011725	2/14/2024	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	63,584.76
AIC-9011725	9011725	3/26/2024	HOME	CRCI	P-HCFA-900000001	HEREDITARY FACTOR VIII DEFICIENCY	25,433.90
AIC-9008948							371,405.47
AIC-9008948	9008948	7/18/2023	AMBULANCE (LAND)	TRCI	P-HCFA-900000005	CELLULITIS UNSPECIFIED	2,467.50
AIC-9008948	9008948	8/7/2023	AMBULANCE (LAND)	TRCI	P-HCFA-900000005	SEPSIS UNSPECIFIED ORGANISM	2,462.50
AIC-9008948	9008948	8/2/2023	AMBULANCE (LAND)	TRCI	P-HCFA-900000005	SEPSIS UNSPECIFIED ORGANISM	2,462.50
AIC-9008948	9008948	8/2/2023	INPATIENT HOSPITAL	TRCI	P-UB-900000445	SEPSIS DUE TO STREPTOCOCCUS GR	52,664.69
AIC-9008948	9008948	8/21/2023	AMBULANCE (LAND)	TRCI	P-HCFA-900000005	FEVER UNSPECIFIED	2,467.50
AIC-9008948	9008948	8/21/2023	INPATIENT HOSPITAL	TRCI	P-UB-900000445	INF&INFLM REAC INDWLL URETH CT	21,410.00
AIC-9008948	9008948	7/15/2023	AMBULANCE (LAND)	TRCI	P-HCFA-900000005	ACUTE ABDOMEN	2,692.50
AIC-9008948	9008948	7/15/2023	INPATIENT HOSPITAL	TRCI	P-HCFA-900000039	SEPSIS UNSPECIFIED ORGANISM	279.31
AIC-9008948	9008948	7/15/2023	INPATIENT HOSPITAL	TRCI	P-UB-900000445	INF&INFLM REAC INDWLL URETH CT	24,375.21

# Nebraska Department of Correctional Services

## High Dollar Claimant Listing [≥ \$50K]

Incurred: 2024-07-01 to 2025-06-30 [Paid through 2024-08-31]

**[+4] New HD Claimants Reached \$50K Threshold as of the Current Reporting Month+**

Offender Name	DOC ID	Date of Service	POS	Facility	Provider Name	Diagnosis	Paid Amount
AIC-9003030							70,683.23
AIC-9003030	9003030	7/2/2024	OFFICE	CCCF	P-HCFA-900000034	ENCOUNTER FOR SCREENING FOR O:	100.64
AIC-9003030	9003030	7/2/2024	OFFICE	CCCF	P-HCFA-900000034	MAMMOGRAPHIC HETEROGENEOUS	728.80
AIC-9003030	9003030	7/5/2024	OFFICE	CCCF	P-HCFA-900000007	NAUSEA WITH VOMITING UNSPECIFI	199.19
AIC-9003030	9003030	7/5/2024	OFFICE	CCCF	P-HCFA-900000007	IRON DEFICIENCY	47.53
AIC-9003030	9003030	7/5/2024	OFFICE	CCCF	P-HCFA-900000007	ENCOUNTER FOR ANTINEOPLASTIC II	33,941.06
AIC-9003030	9003030	7/5/2024	OFFICE	CCCF	P-HCFA-900000007	MALIGNANT NEOPLASM OVERLAP SI	170.69
AIC-9003030	9003030	7/26/2024	OFFICE	CCCF	P-HCFA-900000007	PAIN IN LEFT HIP	269.01
AIC-9003030	9003030	7/26/2024	OFFICE	CCCF	P-HCFA-900000007	ENCOUNTER FOR ANTINEOPLASTIC II	33,941.06
AIC-9003030	9003030	7/26/2024	OFFICE	CCCF	P-HCFA-900000007	MALIGNANT NEOPLASM OVERLAP SI	36.39
AIC-9003030	9003030	7/15/2024	OUTPATIENT HOSPITAL	CCCF	P-UB-900000452	MALIGNANT NEOPLASM UNS SITE UI	1,108.25
AIC-9003030	9003030	7/15/2024	OUTPATIENT HOSPITAL	CCCF	P-HCFA-900000104	MALIGNANT NEOPLASM UNS SITE UI	85.20
AIC-9003030	9003030	8/16/2024	OFFICE	CCCF	P-HCFA-900000007	MALIGNANT NEOPLASM OVERLAP SI	55.41
AIC-9011440							64,263.14
AIC-9011440	9011440	7/8/2024	OFFICE	EOCI	P-HCFA-900000015	ENCOUNTER FOR ANTINEOPLASTIC C	629.40
AIC-9011440	9011440	7/8/2024	OUTPATIENT HOSPITAL	EOCI	P-UB-900000453	ANEMIA DUE TO ANTINEOPLASTIC CI	11.31
AIC-9011440	9011440	7/1/2024	OFFICE	EOCI	P-HCFA-900000015	MALIGNANT NEOPLASM UPPER LOBI	265.64
AIC-9011440	9011440	7/1/2024	OFFICE	EOCI	P-HCFA-900000015	ENCOUNTER FOR ANTINEOPLASTIC C	19,518.67
AIC-9011440	9011440	7/26/2024	OUTPATIENT HOSPITAL	EOCI	P-UB-900000453	MALIGNANT NEOPLASM UPPER LOBI	5,324.96
AIC-9011440	9011440	7/26/2024	OUTPATIENT HOSPITAL	EOCI	P-HCFA-900000057	ASHD NATIVE CORONARY ARTERY W	390.60
AIC-9011440	9011440	8/7/2024	EMERGENCY ROOM	EOCI	P-HCFA-900000057	HEMOPTYSIS	158.40
AIC-9011440	9011440	8/7/2024	EMERGENCY ROOM	EOCI	P-UB-900000449	PNEUMONIA UNSPECIFIED ORGANIS	13,452.77
AIC-9011440	9011440	7/15/2024	OFFICE	EOCI	P-HCFA-900000015	ENCOUNTER FOR ANTINEOPLASTIC C	629.40
AIC-9011440	9011440	8/5/2024	OFFICE	EOCI	P-HCFA-900000015	ENCOUNTER FOR ANTINEOPLASTIC C	1,893.35
AIC-9011440	9011440	7/29/2024	OFFICE	EOCI	P-HCFA-900000015	MALIGNANT NEOPLASM UPPER LOBI	369.00
AIC-9011440	9011440	7/29/2024	OFFICE	EOCI	P-HCFA-900000015	ENCOUNTER FOR ANTINEOPLASTIC C	16,246.00
AIC-9011440	9011440	7/6/2024	EMERGENCY ROOM	EOCI	P-UB-900000449	ANEMIA UNSPECIFIED	5,373.64
AIC-9001118							60,863.52
AIC-9001118	9001118	7/15/2024	OFFICE	TRCI	P-HCFA-900000105	ENCOUNTER FOR PREPROCEDURAL C	14.73
AIC-9001118	9001118	7/16/2024	OUTPATIENT HOSPITAL	TRCI	P-UB-900000465	PRIMARY OSTEOARTHRITIS RIGHT SH	56,527.79
AIC-9001118	9001118	7/16/2024	OUTPATIENT HOSPITAL	TRCI	P-HCFA-900000149	OTHER ACUTE POSTPROCEDURAL PA	917.00
AIC-9001118	9001118	7/16/2024	OUTPATIENT HOSPITAL	TRCI	P-HCFA-900000149	PRIMARY OSTEOARTHRITIS RIGHT SH	3,404.00

Nebraska Department of Correctional Services

High Dollar Claimant Listing [ $\geq$  \$50K]

Incurred: 2024-07-01 to 2025-06-30 [Paid through 2024-08-31]

**[+4] New HD Claimants Reached \$50K Threshold as of the Current Reporting Month+**

Offender Name	DOC ID	Date of Service	POS	Facility	Provider Name	Diagnosis	Paid Amount
AIC-9002087							56,430.52
AIC-9002087	9002087	8/8/2024	OFFICE	DRCI	P-HCFA-900000047	ENCOUNTER ADJUST&MGMT AUTO	198.75
AIC-9002087	9002087	7/26/2024	OUTPATIENT HOSPITAL	DRCI	P-HCFA-900000047	ISCHEMIC CARDIOMYOPATHY	3,496.50
AIC-9002087	9002087	7/26/2024	OUTPATIENT HOSPITAL	DRCI	P-UB-900000454	ISCHEMIC CARDIOMYOPATHY	52,735.27
<b>Grand Total</b>							<b>252,240.41</b>

Nebraska Department of Correctional Services  
New Non-Contracted Provider Listing  
Current Paid Month: AUGUST 2024

Provider Tax ID	Provider Name	Paid Amount	Notes
900000010	P-HCFA-900000010	2,724	
900000141	P-HCFA-900000141	1,338	





Nebraska Department of Correctional Services  
Possible Self-Injurious Diagnoses Costs  
Rolling 12-Months: Paid Through 2024-08-31



OFFENDER NAME	MONTH PAID	DIAGNOSIS	AMBULANCE	ERFAC	OPFAC	SPEC/ANC	Grand Total
<b>BROWN, STEPHEN</b>			-	<b>43,063</b>	<b>1,453</b>	<b>12</b>	<b>44,528</b>
	202402	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	13,124	484	-	13,609
	202408	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	25,250	968	12	26,231
	202408	SUICIDE AND INTENTIONAL SELF-INFLICTED INJUF	-	4,688	-	-	4,688
<b>CHAFFIN, ROBERT</b>			-	<b>10,832</b>	<b>1,353</b>	-	<b>12,185</b>
	202309	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	48	-	-	48
	202310	COMPLICATIONS OF SURGICAL PROCEDURES OR I	-	234	-	-	234
	202311	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	397	-	-	397
	202312	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	345	-	-	345
	202401	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	6,645	-	-	6,645
	202402	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	1,102	-	-	1,102
	202402	SUPERFICIAL INJURY; CONTUSION	-	345	-	-	345
	202406	COMPLICATIONS OF SURGICAL PROCEDURES OR I	-	232	-	-	232
	202406	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	1,486	1,353	-	2,839
<b>CROCKER, CLINTON</b>			-	<b>3,119</b>	-	-	<b>3,119</b>
	202407	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	3,119	-	-	3,119
<b>HAUSER, DAVID</b>			-	<b>1,211</b>	-	-	<b>1,211</b>
	202408	COMPLICATIONS OF SURGICAL PROCEDURES OR I	-	1,211	-	-	1,211
<b>MARQUETTE, RICHARD</b>			<b>2,133</b>	-	-	-	<b>2,133</b>
	202401	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	2,133	-	-	-	2,133
<b>PERKINS, ZACHARY</b>			<b>1,995</b>	<b>22,964</b>	<b>1,926</b>	<b>55</b>	<b>26,940</b>
	202401	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	-	-	18	18
	202402	OPEN WOUNDS OF EXTREMITIES	1,995	-	-	-	1,995
	202402	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	-	1,172	-	1,172
	202406	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	1,129	754	-	1,883
	202407	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	7,577	-	37	7,614
	202408	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	-	14,258	-	-	14,258
<b>TOURTILLOTT, ANGELA</b>			-	<b>3,720</b>	-	-	<b>3,720</b>
	202406	OPEN WOUNDS OF EXTREMITIES	-	612	-	-	612
	202407	OPEN WOUNDS OF EXTREMITIES	-	3,108	-	-	3,108
<b>MCKILLOP-SKEAHAN, PATRICK</b>			<b>1,994</b>	<b>34,603</b>	<b>20,770</b>	-	<b>57,366</b>
	202401	SUICIDE AND INTENTIONAL SELF-INFLICTED INJUF	-	-	20,770	-	20,770
	202406	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	1,994	354	-	-	2,347
	202407	SUICIDE AND INTENTIONAL SELF-INFLICTED INJUF	-	34,249	-	-	34,249
<b>WALKER, MICHAEL</b>			<b>1,995</b>	-	-	-	<b>1,995</b>
	202311	OTHER INJURIES AND CONDITIONS DUE TO EXTEF	1,995	-	-	-	1,995

# STATE OF NEBRASKA

United States of America,     } ss.  
State of Nebraska                }

Secretary of State  
State Capitol  
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the  
State of Nebraska, do hereby certify that

## **CORRECTIONAL HEALTH PARTNERS, LLC**

**a Colorado limited liability company is authorized to transact business in  
Nebraska;**

**all fees, taxes, and penalties due under the Nebraska Uniform Limited  
Liability Company Act or other law to the Secretary of State have been paid;**

**the Company's most recent biennial report required by section 21-125 has  
been filed by the Secretary of State;**

**the Secretary of State has not revoked the Company's Certificate of Authority  
and has not filed a notice of cancellation.**

*This certificate is not to be construed as an endorsement,  
recommendation, or notice of approval of the entity's financial  
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and  
affixed the Great Seal of the  
State of Nebraska on this date of

**January 3, 2025**

A handwritten signature in black ink that reads "Robert B. Evnen".

Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> IMA, Inc. - Colorado Division 1705 17th Street, Suite 100 Denver CO 80202	<b>CONTACT NAME:</b> IMA Denver Team <b>PHONE (A/C No. Ext):</b> 303-534-4567 <b>E-MAIL ADDRESS:</b> DenAccountTechs@imacorp.com	<b>FAX (A/C, No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Correctional Health Partners, LLC 1720 S. Bellaire Street, Suite 700 Denver CO 80222	<b>INSURER A:</b> Ironshore Specialty Insurance Company		25445
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1856955363

REVISION NUMBER:

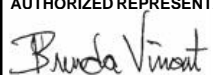
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$50K GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	HC7TAB2P76005	11/30/2024	11/30/2025	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ INCLUDED GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Claims Made Retro Date: 07/01/2016			HC7TAB2P76005	11/30/2024	11/30/2025	Per Claim Aggregate Deductible \$1,000,000 \$3,000,000 \$50,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

State of Nebraska is included as Additional Insured on the General Liability Policy, if required by written contract or agreement, subject to the policy terms and conditions. A Waiver of Subrogation is provided in favor of State of Nebraska on the General Liability Policy, if required by written contract or agreement, subject to the policy terms and conditions.

**CERTIFICATE HOLDER****CANCELLATION**

Nebraska Department of Correctional Services Attn: Julie Schiltz 801 W. Prospector Place, Bldg. #1 Lincoln NE 68522	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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NCCI #: WC000313  
Policy #: 4227836

Correctional Health Partners LLC  
1720 S Bellaire St  
Suite 700  
Denver, CO 80222

Hub International Insurance Service  
2000 S. Colorado Blvd.  
Tower 2, Suite 150  
Denver, CO 80222  
(888) 795-0300

**ENDORSEMENT: Waiver Of Subrogation**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**SCHEDULE**

Nebraska Department of Correctional Services  
RFP 120174 03 - Attn: Julie Schiltz  
801 W Prospector Pl, Bldg. #1  
Lincoln, NE 68522

Effective Date: January 20, 2025  
Pinnacol Assurance has issued this endorsement January 20, 2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/20/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> Pinnacol Assurance 7501 E. Lowry Blvd. Denver, CO 80230-7006	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Pinnacol Assurance</b>		<b>41190</b>
<b>INSURER B :</b> _____		
<b>INSURER C :</b> _____		
<b>INSURER D :</b> _____		
<b>INSURER E :</b> _____		
<b>INSURER F :</b> _____		

**INSURED**  
 Correctional Health Partners LLC  
 1720 S Bellaire St  
 Suite 700  
 Denver, CO 80222

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$	
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A	4227836	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Unless otherwise stated in the policy provisions, coverage in Colorado only. TPA Invoice Processing for NDCS

**CERTIFICATE HOLDER**

2455621  
 Nebraska Department of Correctional Services  
 RFP 120174 03 - Attn: Julie Schiltz  
 801 W Prospector Pl, Bldg. #1  
 Lincoln, NE 68522

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Hub International Insurance Service

## CERTIFICATE HOLDER COPY

Nebraska Department of Correctional Services  
RFP 120174 03 - Attn: Julie Schiltz  
801 W Prospector Pl, Bldg. #1  
Lincoln, NE 68522

### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT (CONT)

**Organization Name**

Home Health Medical Equipment, Inc.  
Brown County Hospital Home Health  
Brown County Hospital  
Wells Drug  
Wells Drug  
Boone County Health Center  
Boone County Health Center  
Boone County Health Center  
Good Samaritan Society Albion  
Petersen Drug  
Regional West Medical Center Hospice  
Box Butte General Hospital  
Highland Park Care Center  
Human Services Inc.  
WeCare HomeCare  
Harlan County Health System  
Good Samaritan Society Alma  
Southwest Nebraska Physical Therapy PC  
Good Samaritan Society Arapahoe  
West Holt Memorial Hospital Inc  
Atkinson Rural Fire Protection District 1  
Good Samaritan Society Atkinson  
Southeast District Health Department  
Good Samaritan Society Home Care of SE Nebraska  
Nemaha County Home Care  
Nemaha County Hospital  
Good Samaritan Society Nemaha County  
Memorial Hospital  
GO Physical Therapy, LLC  
Rock County Hospital  
Jacobsen Therapy Services LLC  
Deines Pharmacy, Inc  
Beltone Audiology and Hearing Center  
Beatrice Community Hospital Home Health Care  
Beatrice Community Hospital and Health Center Inc  
City of Beatrice dba Beatrice Fire and Rescue  
EyeCare Specialties  
Optical Gallery-Lincoln  
Husker Rehabilitation and Wellness Center, P.C.  
Beatrice Health and Rehabilitation  
Good Samaritan Society Beatrice  
Heartland Cataract and Laser Surgery Center  
CHI Health Partners Clinic  
CHI Health Partners Clinic  
DME United, Inc  
OrthoSource, Inc.

See the Trainer-Bellevue  
Hillcrest Home Care  
Hillcrest Hospice Care  
Nebraska Medicine-Bellevue  
CHI Health Partners Clinic  
CHI Health Bellevue Clinic Physical Therapy & Rehab Clin  
Fyzical Therapy and Balance Centers  
Achieve P.C.  
Athletico Excel Nebraska LLC  
Bellevue Physical Therapy Associates  
Bellevue Physical Therapy Associates  
Hillcrest Physical Therapy  
Hillcrest Physical Therapy  
Makovicka/Harms Group, P.C.  
Hillcrest Health & Rehab  
Total Sleep Center LLC  
Urgent Care Network Bellevue  
Dundy County Hospital  
Memorial Community Hospital  
Horizon Spine Rehabilitation  
Nannen Physical Therapy  
Good Shepherd Lutheran Home  
Bloomfield Pharmacy  
Good Samaritan Society Bloomfield  
Mary Lanning Memorial Hospital Home Health Services  
Boys Town NRH  
Boys Town NRH  
Boys Town NRH  
Boys Town NRH  
Morrill County Community Hospital Home Health Agency  
Morrill County Community Hospital  
Skyview Care & Rehab at Bridgeport  
Jennie M Melham Memorial Medical Center  
Pearson Physical Therapy  
TEAM Physical Therapy, P.C.  
Brookestone View  
CHI Health St Francis  
TEAM Physical Therapy, P.C.  
Butte Healthcare Center  
Callaway District Hospital  
TEAM Physical Therapy, P.C.  
Callaway Good Life Center, Inc.  
Mark's Pharmacy  
Tri Valley DME  
Tri Valley Health System  
Cribelli Physical Therapy  
Merrick Medical Center

Petersen Drug  
Chadron Community Home Health  
Chadron Community Hospice  
Chadron Community Hospital  
Clarkson Community Care Center  
Clarkson Community Care Center  
Mary Lanning Memorial Hospital Home Health Services  
Columbus Surgery Center LLC  
Columbus Surgery Center, L.L.C.  
Dialysis Center of Columbus  
CHI Health Partners Clinic  
Hy-Vee Pharmacy  
ProMedCare, Inc  
See the Trainer-Columbus  
Tooley Drug and Home Care  
Tooley Drug and Home Care  
Audio-Logic, P.C.  
Beltone Audiology and Hearing Center  
Home Health of CCH  
Hospice of CCH  
Columbus Community Hospital Inc.  
Midwest Medical Transport Company LLC  
Columbus Community Hospital Physical Therapy  
Columbus Community Hospital Physical Therapy  
Columbus Physical Therapy, P.C.  
Dynamic Life Therapy and Wellness, PC  
Brookestone Acres  
Columbus Urgent Care, L.L.C.  
Frontier Home Medical Inc  
Central Plains HHA  
Central Plains Hospice  
Cozad Community Hospital  
Avera Creighton Hospital  
Overland Rehab Services  
Crete Area Medical Center  
Crete Physical Therapy  
Butler County Health Care Center  
David Place  
Methodist Women's Hospital  
Legacy Eyecare, L.L.C.  
Athletico Excel Nebraska LLC  
Nebraska Orthopaedic Physical Therapy, P.C.  
Sigmund Physical Therapy  
Brookestone Meadows Rehabilitation & Care Center  
Elwood Care Center  
Heritage of Emerson  
Blue Valley Community Action

Jefferson Family Home Care  
Jefferson Community Health Center  
Johnson Family Vision Care, P.C.  
Husker Rehabilitation and Wellness Center, P.C.  
Heritage Care Center-Fairbury  
Kex RX Pharmacy and Home Care  
Personal Care Inc  
Community Medical Center, Inc.  
Falls City Nursing and Rehabilitation Center  
Franklin County Memorial Hospital  
Franklin Rural Fire Protection District  
Arbor Care Center-Franklin  
R Choice Surgical Center, LLC  
Surgery Center of Fremont LLC  
Hy-Vee Pharmacy  
Kubat Pharmacy Inc.  
Midwest Respiratory Care  
Nebraska Medical Mart II  
OrthoSource, Inc.  
ProMedCare, Inc  
Beltone Audiology and Hearing Center  
Professional Hearing Center  
Elite Professionals Home Care LLC-Fremont  
Nye Home Health Care  
Methodist Fremont Health  
Methodist Fremont Health  
Methodist Fremont Health  
Methodist Fremont Health  
Nye Square Wellness Center  
Athletico Excel Nebraska LLC  
CP Physical Therapy, P.C.  
Nebraska Orthopaedic Physical Therapy, P.C.  
Nye Legacy Health and Rehab  
Nye Pointe Health Rehab Center  
Nye Pointe Health Rehab Center  
CHI Health Creighton Clinic Quick Care  
Warren Memorial Hospital  
Arbor Care Center-Fullerton  
Fillmore County Hospital  
Heritage Crossings  
Genoa Community Hospital, L.T.C.  
Community Action Partnership of Western Nebraska  
Elite Physical Therapy & Wellness, LLC  
Heritage Estates  
Gothenburg Memorial Hospital  
TEAM Physical Therapy, P.C.  
Hilltop Estates

Grand Island Surgery Center  
Central District Health Department  
RCG Grand Island Dialysis  
Frontier Home Medical Inc  
Hanger Prosthetics & Orthotics East Inc  
Hy-Vee Pharmacy  
Innovative Prosthetics & Orthotics of Grand Island  
Midwest Respiratory Care  
New Horizons Orthotics and Prosthetics  
U-Save Pharmacy South  
The Hearing Clinic Inc  
Craig HomeCare-Grand Island  
Good Samaritan Society - Village Home Health  
Greater Nebraska Home Infusion  
AseraCare Hospice  
CHI Health at Home  
CHI Health St Francis  
Grand Island Regional Medical Center  
GO Physical Therapy, LLC  
GO Physical Therapy, LLC  
GO Physical Therapy, LLC  
GO Physical Therapy, LLC  
Grand Island Imaging Center LLC  
Athletico Excel Nebraska LLC  
Live Well Physical Therapy  
Live Well Physical Therapy  
Live Well Physical Therapy  
Rathjen Physical Therapy LLC  
CHI Health St Francis  
CHI Health St Francis  
Good Samaritan Society Grand Island Village  
Tiffany Square Center  
Twin Rivers Health Care LLC  
CHI Health Creighton Clinic Quick Care  
Perkins County Health Services  
Perkins County Ambulance  
Community Pharmacy Services Inc.  
Dynamic Physical Therapy  
Family Physical Therapy and Sports Center, P.C.  
Physicians Clinic  
Arbor Care Center-Hartington  
Hastings Laser and Eye Surgery Center LLC  
Hastings Surgical Center LLC  
AHP-MHR Home Care  
Croiser Park Pharmacy  
Hastings Orthopaedics Sports Medicine Specialists P.C.  
Innovative Prosthetics and Orthotics, Inc

Good Samaritan Society - Village Home Health  
Mary Lanning Memorial Hospital Home Health Services  
Redline Pharmacy Vital Care  
Mary Lanning Hospice  
Mary Lanning Memorial Hospital  
Mary Lanning Memorial Hospital  
GO Physical Therapy, LLC  
Hastings Physical Therapy  
Live Well Physical Therapy  
Physical Therapy and Sports Rehab of Hastings  
Good Samaritan Society Hastings  
Hastings Convenient Care, P.C.  
Twin Rivers Health Care LLC  
CHI Health Mercy Corning  
Thayer County Health Services  
Henderson Health Care Services, Inc.  
Coddington Physical Therapy  
Coddington Physical Therapy  
Fulmer U-Save Pharmacy  
Brookeston Home Health & Hospice  
ruralMED Home Care Resources  
Phelps Memorial Health Center  
Hooper Care Center  
Colonial Acres  
Humphrey Physical Therapy  
Chase County Community Hospital  
Heartland Surgery Center  
Kearney Eye Surgical Center, Inc  
Kearney Pain Treatment Center  
Seventh Avenue Surgery Center  
RCG Overland Trails  
RCG Overland Trails  
Family Orthotics and Prosthetics Inc.  
Frontier Home Medical Inc  
Hanger Prosthetics & Orthotics East Inc  
Limbcrafters LLC  
Madison County Medical Equipment Inc.  
Mid Nebraska Mobility Inc.  
New Horizons Orthotics and Prosthetics  
Ortho Medics  
Women's Orthotics & Prosthetics Healthcare Services  
Good Samaritan Society Home Care of Central NE  
AseraCare Hospice  
CHI Health Good Samaritan  
Kearney Regional Medical Center  
CHI Health Richard Young  
GO Physical Therapy, LLC

GO Physical Therapy, LLC  
Alpha Rehabilitation, P.C.  
Family Physical Therapy and Sports Center, P.C.  
Family Physical Therapy and Sports Center, P.C.  
Good Samaritan Rehabilitation  
New West Orthopaedic & Sports Rehabilitation, LLC  
TEAM Physical Therapy, P.C.  
Brookestone Gardens  
CHI Health St Francis  
Good Samaritan Society St. John's  
Good Samaritan Society St. Luke's  
First Care Medical, P.C.  
Kimball Health Services  
CHI Health Partners Clinic  
OrthoSource, Inc.  
Optum Infusion Services 302 LLC  
MinuteClinic Diagnostic of Nebraska LLC  
Brookeston Home Health & Hospice  
ruralMED Home Care Resources  
Lexington Regional Health Center  
Family Physical Therapy and Sports Center, P.C.  
Advanced Medical Imaging Surgery Center  
Doctors Outpatient Surgery Center  
Lincoln Digestive Health Center, L.L.C.  
Lincoln Endoscopy Center  
Lincoln Surgery Endoscopy Services, LLC  
Nebraska Surgery Center LLC  
NOC Surgery Center, L.L.C.  
Omaha Surgical Center  
Omega Surgery Centers, L.L.C.  
Physicians Surgical Center  
Prairie Orthopaedic and Plastic Surgery, PC  
Southwest Lincoln Surgery Center  
The Nebraska Ambulatory Surgical Center LLC  
Urology Surgical Center LLC  
CHI Health Clinic Specialty LLC  
Physician Management Services of Nebraska LLC  
Dialysis Center of Lincoln, Inc.  
Dialysis Center of Lincoln, Inc.  
Dialysis Center of Lincoln, Inc.  
Home Dialysis of Lincoln, L.L.C.  
ABLE II Prosthetics and Orthotics  
ACS Medical, LLC  
AHP-MHR Home Care  
Capital Medical  
Energize Home Medical  
Focus Respiratory Inc

Frontier Home Medical Inc  
Hanger Prosthetics & Orthotics East Inc  
Hanger Prosthetics & Orthotics East Inc  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Jim's Home Health Supplies  
Kohl's RX  
Limb Lab  
Lincoln Mobility  
Midwest Respiratory Care  
MilkWorks  
Northwest Respiratory Services, LLC  
Orthotics Professionals, LLC  
Premier Orthotics & Prosthetics  
See the Trainer  
Somnos Medical Equipment  
St. Elizabeth Home Medical Equipment  
Total Respiratory and Rehab  
Triumph Home Health Supplies  
Women's Orthotics & Prosthetics Healthcare Services  
Beltone Audiology and Hearing Center  
Elite Professionals Home Care LLC  
FirstCare Home Health of Eastern NE  
Interim HealthCare of Lincoln, L.L.C.  
Personal Health Care Services LLC  
Tabitha Home Health Care  
AseraCare Hospice  
CHI Health at Home  
HoriSun Hospice Inc.  
Hospice Community Care of Nebraska  
Tabitha Hospice  
Bryan Medical Center  
Bryan Medical Center  
CHI Health Nebraska Heart Hospital  
CHI Health St Elizabeth  
Lincoln Surgical Hospital  
Physicians Laboratory Services, Inc.  
Physicians Laboratory Services, Inc.  
Physicians Laboratory, P.C.  
Behaven Kids - Lincoln  
Behaven Kids - Lincoln  
Behaven Kids - Omaha  
Mental Health Crisis Center of Lancaster County  
EyeCare Specialties



Lincoln Physical Therapy and Sports Rehab, LLC  
Lincoln Physical Therapy and Sports Rehab, LLC  
Madonna Rehabilitation Hospital  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
New West Orthopaedic & Sports Rehabilitation, LLC  
Peak Physical Therapy & Sports Performance, L.L.C.  
Peak Physical Therapy & Sports Performance, L.L.C.  
Physical Therapy Solutions PC  
Physical Therapy Solutions PC  
Proformance Physical Therapy and Sports Rehab PC  
Select Specialty Hospital-Lincoln  
Snyder Physical Therapy, P.C.  
St. Elizabeth Wound Care Center  
Sue Jeffrey Physical Therapy PC  
Thygesen Physical Therapy, P.C.  
Tom Kruse Physical Therapy PC  
Emerald Nursing & Rehab Lancaster LLC  
Gateway Senior Living  
Hillcrest Firethorn  
Holmes Lake Rehabilitation Care Center  
Old Cheney Rehabilitation  
Southlake Village Rehab & Care Center  
St Jane de Chantal  
Sumner Place  
Tabitha at the Landing  
Tabitha Health Care Services  
The Ambassador Lincoln Inc.  
Somnos Sleep Disorders Center  
Houses of Hope of Nebraska Inc  
Bryan Urgent Care  
Bryan Urgent Care  
Bryan Urgent Care  
Express Care Clinic  
Express Care Clinic  
Heartland Urgent Care, LP  
MedExpress Urgent Care  
MedExpress Urgent Care  
MedExpress Urgent Care  
MinuteClinic Diagnostic of Nebraska LLC  
MinuteClinic Diagnostic of Nebraska LLC  
MinuteClinic Diagnostic of Nebraska LLC  
Urgent Care Clinic of Lincoln P.C.  
CHI Health Creighton Clinic Quick Care  
CHI Health Creighton Clinic Quick Care  
CHI Health Partners Clinic

NextCare Nebraska Providers LLC  
NextCare Nebraska Providers LLC  
NextCare Nebraska Providers LLC  
Witte Physical Therapy  
Loup City Rx Shoppe  
Rose Lane Home  
Niobrara Valley Hospital  
Carl T. Curtis Health Education Center  
Countryside Physical Therapy  
Arbor Care Centers-Countryside  
U-Save Pharmacy & Medical Supply  
Red Willow County Health Department  
Southwest Nebraska Public Health Department  
Farrell's Pharmacy Inc  
Frontier Home Medical Inc  
Community Health Care and Hospice  
Community Hospital  
Quality Urgent Care PC  
Milford Physical Therapy  
Urgent Care of York  
LT Pedley Drug  
Kearney County Health Services  
Family Physical Therapy and Sports Center, P.C.  
Western Trails Physical Therapy, LLC  
Mitchell Care Center  
Sandhills Physical Therapy & Sports Rehab, P.C.  
Moser's U-Save Pharmacy  
Ambassador Health at Home Inc.  
Husker Rehabilitation and Wellness Center, P.C.  
Nebraska City Physical Therapy  
Prestige Care Center of Nebraska City  
The Ambassador Nebraska City  
Wanek Pharmacy  
Antelope Memorial Hospital Home Health Care  
Antelope Memorial Hospital  
Arbor Care Center-Neligh  
Mid-Nebraska Lutheran Home  
Faith Regional Surgery Center  
Fountain Point Surgery Center  
Omaha Surgical Center  
Elkhorn Logan Valley Public Health Department  
AHP-MHR Home Care  
Home Health Medical Equipment, Inc.  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Ortho Medics  
The Pill Box

Faith Regional Home Health Services  
Vital Care Pharmacy of Norfolk, Inc.  
AseraCare Hospice  
Faith Regional Health Services Hospice  
Faith Regional Health Services  
Faith Regional Health Services  
Fountain Point Laboratory LLC  
Behavioral Health Specialists, Inc.  
Community MRI Services LLC  
Fountain Point Imaging Center LLC  
Northeast Nebraska Imaging Center, L.L.C.  
Hausmann Physical Therapy - Norfolk  
Hausmann Physical Therapy - Norfolk  
Jacobsen Therapy Services LLC  
Jacobsen Therapy Services LLC  
Norfolk Physical Therapy  
Spier Physical Therapy  
Taylor Creek Physical Therapy  
Heritage of Bel Air  
Saint Joseph's Rehabilitation and Care Center  
MedExpress Urgent Care  
North Platte Surgery Center LLC  
West Central District Health Department  
West Central District Health Department  
RCG North Platte LLC  
Family Orthotics and Prosthetics Inc.  
Frontier Home Medical Inc  
Great Plains Homecare Equipment  
New Horizons O&P North Platte LLC  
See the Trainer-North Platte  
Westfield Pharmacy, Inc  
Great Plains Home Health and Hospice  
Great Plains Health  
Priority Medical Transport LLC  
Rocky Mountain Holdings LLC  
Platte Valley Physical Therapy LLC  
Sandhills Physical Therapy & Sports Rehab, P.C.  
Linden Court  
Wolken Therapy and Wellness LLC  
Sandhills Physical Therapy & Sports Rehab, P.C.  
Advanced Surgery Center  
Bergan Mercy Surgery Center  
Children's Nebraska  
Heartland Center for Reproductive Medicine  
Lakeside Ambulatory Surgical Center, LLC  
Lakeside Endoscopy Center, L.L.C.  
Methodist Endoscopy Center, LLC



CHI Health Partners Clinic  
CHI Health Renewed Hope Boutique  
Corr Medical Solutions  
Diabetes Supply Center of the Midlands  
Elmwood Pharmacy  
Focus Respiratory Inc  
Frontier Home Medical Inc  
Hanger Prosthetics & Orthotics East Inc  
Hanger Prosthetics & Orthotics East Inc  
Hanger Prosthetics & Orthotics East Inc  
Health Restoration Services LLC  
Helget Home Care  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Hy-Vee Pharmacy  
Innovative Prosthetics & Othotics of Omaha, Inc  
Kohl's RX  
Kohl's RX  
Kohl's RX  
Kubat Pharmacy Inc.  
Kubat Pharmacy Inc.  
Lifestyles, Inc.  
Madison County Medical Equipment Inc.  
Midwest Respiratory Care  
MilkWorks  
New Image  
Northwest Respiratory Services, LLC  
Ortho Medics-Omaha  
OrthoSource, Inc.  
OrthoSource, Inc.  
See the Trainer  
The Promptcare Companies, Inc  
Torrison Eye Care, Inc.  
Total Respiratory and Rehab  
Beltone Audiology and Hearing Center  
Beltone Audiology and Hearing Center  
Amakes Quality Home Care, Inc.  
Arial Home Health  
Brookestone Home Health Care



Physicians Laboratory, P.C.  
Siouxland Diagnostic Lab Services LLC  
Medics at Home Inc.  
Rocky Mountain Holdings LLC  
Rocky Mountain Holdings LLC  
Behave'N Day Center, Inc.  
CHI Health Partners Clinic  
CHI Health Partners Clinic  
CHI Health Partners Clinic  
CHI Health Partners Clinic  
CHI Health Partners Clinic  
CHI Health Partners Clinic  
Children's Eating Disorders Program  
Daybreak-W Center Rd  
Douglas County Community Mental Health Center  
Bruce H. Brumm, M.D., P.C.  
Legacy Eyecare, L.L.C.  
Midwest Eye Care, P.C.  
Millard Family Eyecare  
Pearle Vision-Omaha  
Schaffer Family Eye Care  
Amber Pharmacy  
Hy-Vee Pharmacy Solutions  
Midlands Diabetes Center  
NMH Diabetes Institute  
CHI Health Lakeside  
CHI Health Partners Central Billing Office  
CHI Health Partners Central Billing Office  
CHI Health Partners Central Billing Office  
CHI Health Partners Central Billing Office  
CHI Health Rehabilitation Care West Maple  
Fyzical Therapy and Balance Centers  
Fyzical Therapy and Balance Centers  
Fyzical Therapy and Balance Centers  
Fyzical Therapy and Balance Centers  
Fyzical Therapy and Balance Centers  
Fyzical Therapy and Balance Centers  
Omaha Orthopedic Clinic & Sports Medicine, P.C.  
Nebraska Health Imaging  
Professional Portable Radiological Services, INC  
Touchstone Imaging of Omaha  
Active Spine Physical Therapy, LLC  
Active Spine Physical Therapy, LLC  
Athletes Training Center Physical Therapy  
Athletico Excel Nebraska LLC  
Athletico Excel Nebraska LLC  
Athletico Excel Nebraska LLC

Athletico Excel Nebraska LLC  
Athletico Excel Nebraska LLC  
Athletico Excel Nebraska LLC  
Athletico Excel Nebraska LLC  
BodyWise Therapy, PC  
Bussey Physical Therapy, L.L.C.  
C.O.R.E. Physical Therapy & Sports Performance, PC  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
CHI Health Clinic  
East and West Physical Therapy LLC  
Flex Physical Therapy LLC  
Go Physical Therapy, P.C.  
Healing Motion PT  
Horizon Spine Rehabilitation  
Horizon Spine Rehabilitation  
Key Physical Therapy  
Madonna Rehabilitation Hospital  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
Makovicka/Harms Group, P.C.  
McGuigan Physical Therapy Specialists LLC  
Methodist Physical Therapy  
Midwest Physical Therapy Services  
Natural Therapy, LLC  
Noll Spine Rehabilitation & Orthopedic P.T. Inc.  
Omaha Physical Therapy Institute, P.C.  
Peterson Physical Therapy, PC  
Physical Therapy Works, Inc.  
Premier Therapy Associates PC  
Premier Therapy Associates PC  
Progress Physical Therapy, L.L.C.  
Progressive Rehabilitation Inc.  
Restore Physical Therapy, LLC  
Snyder Charleson Therapy Services, P.C.  
Specialized Physical Therapy  
Specialized Physical Therapy  
The Hand Therapy Center of Omaha, Inc.  
The Rehab Guru



CHI Health Creighton Clinic Quick Care  
CHI Health Creighton University Medical Center-Bergan Mercy  
CHI Health West Omaha Imaging  
Home Health Medical Equipment, Inc.  
Avera at Home-Home Health Care  
St. Anthony's Home Health Agency  
AseraCare Hospice  
Avera St. Anthony Hospital  
Arbor Care Center-O'Neill  
Valley Hope Association  
Anderson Pharmacy  
Valley County Hospital Home Health  
Valley County Hospital Hospice  
Valley County Hospital  
Riverside Physical Therapy  
Annie Jeffrey Memorial County Health Center  
Good Samaritan Society Osceola  
Osmond General Hospital  
Southwest Nebraska Physical Therapy PC  
CHI Health Ambulatory Surgery Center at Midlands  
Omaha Surgical Center  
Papillion Eye Surgical Center Inc  
CHI Health Diabetes Education  
CHI Health Partners Clinic  
CHI Health Pharmacy - Midlands  
Hy-Vee Pharmacy  
CHI Health Partners Clinic  
CHI Health Midlands Laboratory  
Visionworks  
Fyzical Therapy and Balance Centers  
Athletico Excel Nebraska LLC  
Edge Physical Therapy  
Gina V Physical Therapy  
Makovicka/Harms Group, P.C.  
Hillcrest Country Estates- Cottages  
Papillion Manor  
CHI Health Sleep Center  
Midlands Family Urgent Care  
Urgent Care of Papillion  
Urgent Care of Papillion South  
CHI Health Creighton Clinic Quick Care  
Beatrice Community Hospital Home Health Care  
Pawnee County Memorial Hospital  
Northeast Nebraska Community Action Partnership, Inc.  
Pender Community Hospital  
Pierce Rescue Service  
Hausmann Physical Therapy - Pierce

CHI Health Partners Clinic  
Hy-Vee Pharmacy  
OrthoSource, Inc.  
Witte Physical Therapy  
Prestige Care Center of Plattsmouth  
Absolute Healthcare Urgent Care  
Colonial Manor of Randolph  
Family Physical Therapy and Sports Center, P.C.  
Good Samaritan Society Ravenna  
Webster County Community Hospital  
Heritage of Red Cloud  
Cloverlodge Care Center  
Howard County Medical Center  
Brookefield Park  
CHI Health Schuyler  
CHI Health Partners Clinic  
Oregon Trail Eye Surgery Center  
Certified Prosthetics & Orthotics, L.L.C.  
High Plains Orthotics & Prosthetics, Inc.  
MES Team, Inc  
Orthotic Prosthetic Solutions, L.L.C.  
Petersen Drug  
Western CPAP Supply LLC  
Regional West Medical Center Homecare  
Regional West Medical Center Hospice  
Regional West Medical Center  
Bluffs Vision Care PC  
Elite Physical Therapy & Wellness, LLC  
Monument Rehabilitation and Care Center  
Western Sleep Medicine, L.L.C.  
Quick Care Medical Services  
Memorial Hospital-Seward NE  
Ridgewood Rehab & Care Center  
Sidney Regional Medical Center Home Health  
Sidney Regional Medical Center Hospice  
Sidney Regional Medical Center  
Sidney Rehabilitation & Wellness Clinic  
Sidney Regional Medical Center  
Riverview Surgical Center, L.L.C.  
Hy-Vee Pharmacy  
UnityPoint At Home SC Homecare  
Hospice of Siouxland  
Integration Physical Therapy  
Sioux City Physical Therapy PC  
Continental Springs LLC  
Family Health Care of Siouxland  
Summit Health Physical Therapy, P.C.

Stanton Health Center  
Midwest Covenant Home  
Brodstone Memorial Hospital  
Superior Physical Therapy  
Good Samaritan Society Superior  
Clay County Physical Therapy  
Sutton Community Home, Inc.  
Syracuse Area Health  
Good Samaritan Society Syracuse  
Southeast Medical Supply  
Johnson County Hospital Home Health Services  
Johnson County Hospital  
Belle Terrace  
Nannen Physical Therapy  
Arbor Care Center-Tekamah  
Norfolk Physical Therapy  
Cherry County Hospital  
Good Samaritan Society Valentine  
Arbor Care Center-Valhavan  
Overland Rehab Services  
Alpine Village  
Hospice and Home Healthcare of Saunders County  
Hospice and Home Healthcare of Saunders County  
Saunders Medical Center  
Makovicka/Harms Group, P.C.  
South Haven Living Center  
Wauneta Care and Therapy Center  
Makovicka/Harms Group, P.C.  
Waverly Health Care Urgent Care  
Providence Community Pharmacy  
U-Save Pharmacy  
Providence Medical Center  
Wayne Countryview Care and Rehab  
Hy-Vee Pharmacy  
St. Francis Home Health Care and Hospice  
St. Francis Hospice  
St. Francis Memorial Hospital  
Wilber Physical Therapy, LLC  
Wilber Care Center  
Elkhorn Logan Valley Public Health Department  
Family Physical Therapy and Sports Center, P.C.  
York General Hospital Home Health Agency  
AseraCare Hospice  
York General Hospital  
York Physical Therapy Inc  
Urgent Care of York

<b>Specialty Code 1 Description</b>	<b>Practice Address</b>	<b>Practice City</b>
Durable Medical Equipment Supplier	349 N Main St	Ainsworth
Home Health	945 E Zero St	Ainsworth
Hospital	945 E Zero St	Ainsworth
Durable Medical Equipment Supplier	113 S 4th St	Albion
Durable Medical Equipment Supplier	245 S 4th St	Albion
Home Health	632 W Fairview Rm 4	Albion
Hospital	723 W Fairview St	Albion
Hospital	1019 S 8th St	Albion
Skilled Nursing Facility	1222 S 7th St	Albion
Durable Medical Equipment Supplier	104 E 6th St	Alliance
Hospice	1118 Flack Ave	Alliance
Hospital	2101 Box Butte Ave	Alliance
Skilled Nursing Facility	1633 Sweetwater Ave	Alliance
Substance Abuse Rehabilitation Facility	419 W 25th St	Alliance
Durable Medical Equipment Supplier	101 John St	Alma
Hospital	717 Brown St	Alma
Skilled Nursing Facility	719 Brown St	Alma
Rehabilitation Facility	211 Nebraska Ave	Arapahoe
Skilled Nursing Facility	601 Main St	Arapahoe
Hospital	406 W Neely St	Atkinson
Medical Transportation Services	512 E Pearl St	Atkinson
Skilled Nursing Facility	409 E Neely St	Atkinson
County Health Clinic	2511 Schneider Ave	Auburn
Home Health	918 26th St Ste C	Auburn
Home Health	2022 13th St	Auburn
Hospital	2022 13th St	Auburn
Skilled Nursing Facility	1322 U St	Auburn
Hospital	1423 7th St	Aurora
Physical Rehabilitation Facility	1115 M St	Aurora
Hospital	102 E South St	Bassett
Rehabilitation Facility	901 S 4th St	Battle Creek
Durable Medical Equipment Supplier	910 Court St	Beatrice
Hearing Aid Dispensary	722 Court St Ste 201	Beatrice
Home Health	1110 Jackson St	Beatrice
Hospital	4800 Hospital Pkwy	Beatrice
Medical Transportation Services	400 Ella St	Beatrice
Optical Hardware Center	2005 Court St	Beatrice
Optical Hardware Center	566 Sargent St	Beatrice
Rehabilitation Facility	2320 N 6th St	Beatrice
Skilled Nursing Facility	1800 Irving St	Beatrice
Skilled Nursing Facility	401 S 22nd St	Beatrice
Ambulatory Surgical Center	1103 Galvin Rd S Ste J	Bellevue
Durable Medical Equipment Supplier	3308 Samson Way Ste 203	Bellevue
Durable Medical Equipment Supplier	3308 Samson Way Ste 106	Bellevue
Durable Medical Equipment Supplier	2221 Main St	Bellevue
Durable Medical Equipment Supplier	1103 Galvin Rd South Area A	Bellevue

Durable Medical Equipment Supplier	4102 Twin Creek Dr Ste 110	Bellevue
Home Health	1820 Hillcrest Dr Ste A	Bellevue
Hospice	1820 Hillcrest Dr Ste B	Bellevue
Hospital	2500 Bellevue Medical Center Dr	Bellevue
Mental Health Center	3308 Samson Way Ste 203	Bellevue
Physical Rehabilitation Facility	3308 Samson Way Ste 202	Bellevue
Physical Rehabilitation Facility	3909 Twin Creek Dr Ste 102	Bellevue
Rehabilitation Facility	11511 S 42nd St Ste 106	Bellevue
Rehabilitation Facility	2206 Longo Dr Ste 211	Bellevue
Rehabilitation Facility	12717 S 28th Ave	Bellevue
Rehabilitation Facility	701 Galvin Rd S Ste 112	Bellevue
Rehabilitation Facility	1702 Hillcrest Dr	Bellevue
Rehabilitation Facility	1804 Hillcrest Dr	Bellevue
Rehabilitation Facility	555 Cornhusker Rd Ste 207	Bellevue
Skilled Nursing Facility	1702 Hillcrest Dr	Bellevue
Sleep Disorder Center/Lab	2510 Bellevue Medical Center Dr Ste 170	Bellevue
Urgent Care Clinic	1307 Harlan Dr	Bellevue
Hospital	1313 N Cheyenne St	Benkelman
Hospital	810 N 22nd St	Blair
Rehabilitation Facility	1255 South St	Blair
Rehabilitation Facility	636 N 20th Ave	Blair
Skilled Nursing Facility	2242 Wright St	Blair
Durable Medical Equipment Supplier	105 S Broadway St Ste 1	Bloomfield
Skilled Nursing Facility	300 N 2nd St	Bloomfield
Home Health	102 N Pine St	Blue Hill
Hospital	14040 Boys Town Hospital Rd	Boys Town
Hospital	14000 Boys Town Hospital Rd	Boys Town
Hospital	14080 Boys Town Hospital Rd	Boys Town
Mental Health Center	14092 Boys Town Hospital Rd	Boys Town
Home Health	1313 S St	Bridgeport
Hospital	1313 S St	Bridgeport
Skilled Nursing Facility	505 O St	Bridgeport
Hospital	145 Memorial Dr	Broken Bow
Rehabilitation Facility	2021 S E St Ste 1	Broken Bow
Rehabilitation Facility	325 S 1st Ave	Broken Bow
Skilled Nursing Facility	850 Laurel Pkwy	Broken Bow
Skilled Nursing Facility	1015 S D St	Broken Bow
Rehabilitation Facility	280 N 8th Ave	Burwell
Rehabilitation Facility	210 Broadway St	Butte
Hospital	211 E Kimball St	Callaway
Rehabilitation Facility	207 S Grand Ave	Callaway
Skilled Nursing Facility	600 W Kimball St	Callaway
Durable Medical Equipment Supplier	624 Patterson St	Cambridge
Durable Medical Equipment Supplier	1305 Hwy 6 & 34	Cambridge
Hospital	1305 Hwy 6 & 34	Cambridge
Rehabilitation Facility	706 Patterson St	Cambridge
Hospital	1715 26th St	Central City

Durable Medical Equipment Supplier	302 Main St	Chadron
Home Health	825 Centennial Dr	Chadron
Hospice	825 Centennial Dr	Chadron
Hospital	825 Centennial Dr	Chadron
Skilled Nursing Facility	212 Sunrise Dr	Clarkson
Skilled Nursing Facility	212 Sunrise Dr	Clarkson
Home Health	209 W Fairfield St	Clay Center
Ambulatory Surgical Center	3772 43rd Ave Ste B	Columbus
Ambulatory Surgical Center	3772 43rd Ave Ste B	Columbus
Dialysis	2452 39th Ave	Columbus
Durable Medical Equipment Supplier	4508 38th St Ste 157	Columbus
Durable Medical Equipment Supplier	3010 23rd St	Columbus
Durable Medical Equipment Supplier	3100 23rd St Ste 4	Columbus
Durable Medical Equipment Supplier	4508 38th St Ste 128	Columbus
Durable Medical Equipment Supplier	4306 38th St	Columbus
Durable Medical Equipment Supplier	2615 13th St	Columbus
Hearing Aid Dispensary	3763 39th Ave Ste 300	Columbus
Hearing Aid Dispensary	1551 23rd Ave	Columbus
Home Health	3005 19th St Ste 600	Columbus
Hospice	3005 19th St Ste 600	Columbus
Hospital	4600 38th St	Columbus
Medical Transportation Services	2155 33rd Ave	Columbus
Rehabilitation Facility	3100 23rd St Ste 15	Columbus
Rehabilitation Facility	4600 38th St	Columbus
Rehabilitation Facility	3211 25th St	Columbus
Rehabilitation Facility	3763 39th Ave Ste 100	Columbus
Skilled Nursing Facility	4715 38th St	Columbus
Urgent Care Clinic	3100 23rd St Ste T	Columbus
Durable Medical Equipment Supplier	304 W 8th St	Cozad
Home Health	835 Meridian Ave	Cozad
Hospice	835 Meridian Ave	Cozad
Hospital	300 E 12th St	Cozad
Hospital	1503 Main St	Creighton
Rehabilitation Facility	708 Millard Ave	Creighton
Hospital	2910 Betten Dr	Crete
Rehabilitation Facility	830 E 1st St	Crete
Hospital	372 S 9th St	David City
Skilled Nursing Facility	260 S 10th St	David City
Hospital	707 N 190th Plz	Elkhorn
Optical Hardware Center	18924 Evans St Ste 104	Elkhorn
Rehabilitation Facility	1303 S 204th St	Elkhorn
Rehabilitation Facility	1515 S 204th St Ste 105	Elkhorn
Rehabilitation Facility	19111 Mason Plz	Elkhorn
Skilled Nursing Facility	600 Brookstone Meadows Plz	Elkhorn
Skilled Nursing Facility	607 Smith Ave	Elwood
Skilled Nursing Facility	607 Nebraska St	Emerson
County Health Clinic	620 5th St	Fairbury

Home Health	2200 H St	Fairbury
Hospital	2200 H St	Fairbury
Optical Hardware Center	523 E St	Fairbury
Rehabilitation Facility	504 E St	Fairbury
Skilled Nursing Facility	909 17th St	Fairbury
Durable Medical Equipment Supplier	120 E 18th St	Falls City
Durable Medical Equipment Supplier	3003 Old Hwy 73	Falls City
Hospital	3307 Barada St	Falls City
Skilled Nursing Facility	1720 Burton Dr	Falls City
Hospital	1406 Q St	Franklin
Medical Transportation Services	618 14th Ave	Franklin
Skilled Nursing Facility	1006 M St	Franklin
Ambulatory Surgical Center	2900 E Elk Ln	Fremont
Ambulatory Surgical Center	2727 N Clarkson St	Fremont
Durable Medical Equipment Supplier	840 E 23rd St	Fremont
Durable Medical Equipment Supplier	424 W 23rd St Ste A	Fremont
Durable Medical Equipment Supplier	1215 E 17th St	Fremont
Durable Medical Equipment Supplier	1451 N Bell St	Fremont
Durable Medical Equipment Supplier	410 E 22nd St	Fremont
Durable Medical Equipment Supplier	1900 E Military Ave Ste 226	Fremont
Hearing Aid Dispensary	301 E 6th St	Fremont
Hearing Aid Dispensary	415 E 23rd St Ste A	Fremont
Home Health	218 E 4th St Ste 5	Fremont
Home Health	655 W 23rd St Ste Hh	Fremont
Hospice	2400 N Lincoln Ave Ste B	Fremont
Hospice	450 E 23rd St	Fremont
Hospice	450 E 23rd St	Fremont
Hospital	450 E 23rd St	Fremont
Physical Rehabilitation Facility	655 W 23rd St	Fremont
Rehabilitation Facility	3301 E Elkhorn Dr Ste 200	Fremont
Rehabilitation Facility	1439 E 23rd St	Fremont
Rehabilitation Facility	2123 E 23rd Ave S	Fremont
Skilled Nursing Facility	3210 N Clarkson St	Fremont
Skilled Nursing Facility	2700 Laverna St	Fremont
Skilled Nursing Facility	3210 N Clarkson St	Fremont
Urgent Care Facility	840 E 23rd St	Fremont
Hospital	905 2nd St	Friend
Skilled Nursing Facility	202 N Esther St	Fullerton
Hospital	1900 F St	Geneva
Skilled Nursing Facility	501 N 13th St	Geneva
Hospital	706 Ewing St	Genoa
County Health Clinic	975 Crescent Dr	Gering
Rehabilitation Facility	1270 10th St Ste 101	Gering
Skilled Nursing Facility	2325 Lodge Dr	Gering
Hospital	910 20th St	Gothenburg
Rehabilitation Facility	523 10th St	Gothenburg
Skilled Nursing Facility	2520 Avenue M	Gothenburg

Ambulatory Surgical Center	3610 Richmond Cir	Grand Island
County Health Clinic	1137 S Locust St	Grand Island
Dialysis	3516 Richmond Cir	Grand Island
Durable Medical Equipment Supplier	225 N Webb Rd Ste 2	Grand Island
Durable Medical Equipment Supplier	722 N Diers Ave	Grand Island
Durable Medical Equipment Supplier	115 Wilmar Ave	Grand Island
Durable Medical Equipment Supplier	1213 Allen Dr	Grand Island
Durable Medical Equipment Supplier	1805 Holland Dr	Grand Island
Durable Medical Equipment Supplier	1504 S Locust St	Grand Island
Durable Medical Equipment Supplier	2105 S Locust St	Grand Island
Hearing Aid Dispensary	2421 W Faidley Ave	Grand Island
Home Health	1811 E 2nd St Ste 285	Grand Island
Home Health	3415 State St Ste B	Grand Island
Home Infusion	2604 Saint Patrick Ave Ste 2	Grand Island
Hospice	912 Concord Ave	Grand Island
Hospice	2116 W Faidley Ave	Grand Island
Hospital	2620 W Faidley Ave	Grand Island
Hospital	3533 Prairieview St	Grand Island
Physical Rehabilitation Facility	3004 W Faidley Ave	Grand Island
Physical Rehabilitation Facility	905 N Custer Ave	Grand Island
Physical Rehabilitation Facility	620 N Diers Ave Ste 300	Grand Island
Physical Rehabilitation Facility	620 N Diers Ave Ste 300	Grand Island
Radiology Facility	3610 Richmond Cir Ste 110	Grand Island
Rehabilitation Facility	603 N Diers Ave Ste 1	Grand Island
Rehabilitation Facility	929 S Locust St	Grand Island
Rehabilitation Facility	403 Lexington Cir	Grand Island
Rehabilitation Facility	3537 W 13th St Ste 104	Grand Island
Rehabilitation Facility	3213 W North Front St	Grand Island
Skilled Nursing Facility	2116 W Faidley Ave	Grand Island
Skilled Nursing Facility	2116 W Faidley Ave	Grand Island
Skilled Nursing Facility	4075 Timberline St	Grand Island
Skilled Nursing Facility	3119 W Faidley Ave	Grand Island
Urgent Care Clinic	720 N Webb Rd	Grand Island
Urgent Care Facility	115 Wilmar Ave	Grand Island
Hospital	900 Lincoln Ave	Grant
Medical Transportation Services	342 Central Ave	Grant
Durable Medical Equipment Supplier	21689 Northstar Dr	Gretna
Rehabilitation Facility	11757 S Highway 6 Ste 1	Gretna
Rehabilitation Facility	913 Village Sq	Gretna
Urgent Care Clinic	11946 Standing Stone Dr	Gretna
Skilled Nursing Facility	401 W Darlene St	Hartington
Ambulatory Surgical Center	715 N Kansas Ave Ste 303	Hastings
Ambulatory Surgical Center	5803 Osborne Dr W	Hastings
Durable Medical Equipment Supplier	235 S Burlington Ave Ste H	Hastings
Durable Medical Equipment Supplier	405 E 14th St	Hastings
Durable Medical Equipment Supplier	2207 Osborne Dr W Ste 100	Hastings
Durable Medical Equipment Supplier	3211 W 12th St	Hastings

Home Health	601 S 1st Ave	Hastings
Home Health	715 N Saint Joseph Ave	Hastings
Home Infusion	2415 Osborne Dr E Ste 100	Hastings
Hospice	715 N Saint Joseph Ave	Hastings
Hospital	715 N Saint Joseph Ave	Hastings
Independent Laboratory	715 N Saint Joseph Ave	Hastings
Physical Rehabilitation Facility	3601 Cimarron Plz Ste 105	Hastings
Rehabilitation Facility	2307 Osborne Dr W	Hastings
Rehabilitation Facility	2307 Osborne Dr W	Hastings
Rehabilitation Facility	207 S Burlington Ave	Hastings
Skilled Nursing Facility	926 E E St	Hastings
Urgent Care Clinic	208 S Burlington Ave Ste 108	Hastings
Urgent Care Clinic	3203 Osborne Dr W Ste 101	Hastings
Hospital	120 Park Ave	Hebron
Hospital	120 Park Ave	Hebron
Hospital	1621 Front St	Henderson
Rehabilitation Facility	18780 S 68th St Ste A	Hickman
Rehabilitation Facility	18780 S 68th St Ste A	Hickman
Durable Medical Equipment Supplier	1317 Hill St	Holdrege
Home Health	507 West Ave	Holdrege
Hospice	507 West Ave	Holdrege
Hospital	1215 Tibbals St	Holdrege
Skilled Nursing Facility	400 E Birchwood Dr	Hooper
Skilled Nursing Facility	1043 10th St	Humboldt
Rehabilitation Facility	207 Main St	Humphrey
Hospital	600 W 12th St	Imperial
Ambulatory Surgical Center	3515 30th Ave	Kearney
Ambulatory Surgical Center	411 W 39th St Ste 2	Kearney
Ambulatory Surgical Center	920 E 56th St Ste D	Kearney
Ambulatory Surgical Center	4107 7th Ave	Kearney
Dialysis	10 E 31st St	Kearney
Dialysis	5210 Parklane Dr	Kearney
Durable Medical Equipment Supplier	4005 7th Ave	Kearney
Durable Medical Equipment Supplier	3813 2nd Ave	Kearney
Durable Medical Equipment Supplier	207 W 29th St Ste A	Kearney
Durable Medical Equipment Supplier	306 E 6th St	Kearney
Durable Medical Equipment Supplier	516 W 11th St Ste 108	Kearney
Durable Medical Equipment Supplier	2215 Central Ave	Kearney
Durable Medical Equipment Supplier	5609 1st Ave Ste A-2	Kearney
Durable Medical Equipment Supplier	3710 Central Ave Ste 10	Kearney
Durable Medical Equipment Supplier	3811 29th Ave Ste 4	Kearney
Home Health	2209 E 32nd St	Kearney
Hospice	6415 2nd Ave Ste 3	Kearney
Hospital	10 E 31st St	Kearney
Hospital	804 22nd Ave	Kearney
Mental Health Center	1755 Prairie View Pl	Kearney
Physical Rehabilitation Facility	3219 Central Ave Ste 105	Kearney

Physical Rehabilitation Facility	2707 2nd Ave Ste B	Kearney
Rehabilitation Facility	920 E 56th St Bldg A	Kearney
Rehabilitation Facility	211 W 33rd St Ste A	Kearney
Rehabilitation Facility	620 E 25th St Ste 7	Kearney
Rehabilitation Facility	10 E 31st St	Kearney
Rehabilitation Facility	2810 W 35th St Ste 2	Kearney
Rehabilitation Facility	3811 Central Ave Ste F	Kearney
Skilled Nursing Facility	2615 W 11th St	Kearney
Skilled Nursing Facility	1755 Prairie View Pl	Kearney
Skilled Nursing Facility	3410 Central Ave	Kearney
Skilled Nursing Facility	2201 E 32nd St	Kearney
Urgent Care Clinic	2605 2nd Ave	Kearney
Hospital	505 S Burg St	Kimball
Durable Medical Equipment Supplier	8248 S 96th St	La Vista
Durable Medical Equipment Supplier	8002 S 84th St Ste 1	La Vista
Home Infusion	8720 S 114th St Ste 106	La Vista
Urgent Care Clinic	6901 S 84th St	La Vista
Home Health	1600 W 13th St	Lexington
Hospice	1600 W 13th St Ste A	Lexington
Hospital	1201 N Erie St	Lexington
Rehabilitation Facility	110 W 5th St	Lexington
Ambulatory Surgical Center	7555 Pioneers Blvd	Lincoln
Ambulatory Surgical Center	5055 A St Ste 100	Lincoln
Ambulatory Surgical Center	2300 S 16th St Ste 512	Lincoln
Ambulatory Surgical Center	4545 R St	Lincoln
Ambulatory Surgical Center	1730 S 70th St Ste 120	Lincoln
Ambulatory Surgical Center	625 S 70th St	Lincoln
Ambulatory Surgical Center	6900 A St Ste 200	Lincoln
Ambulatory Surgical Center	555 S 70th St	Lincoln
Ambulatory Surgical Center	755 Fallbrook Blvd Ste 204	Lincoln
Ambulatory Surgical Center	1500 S 48th St Ste 201	Lincoln
Ambulatory Surgical Center	4130 Pioneer Woods Dr Ste 1	Lincoln
Ambulatory Surgical Center	2222 S 16th St Ste 315	Lincoln
Ambulatory Surgical Center	5620 S 27th St Ste 200	Lincoln
Ambulatory Surgical Center	5500 Pine Lake Rd	Lincoln
Birth Center	8020 O St	Lincoln
County Health Clinic	2222 S 16th St Ste 435	Lincoln
Dialysis	3211 Salt Creek Cir	Lincoln
Dialysis	7910 O St	Lincoln
Dialysis	5355 S 16th St	Lincoln
Dialysis	5355 S 16th St	Lincoln
Durable Medical Equipment Supplier	2222 S 16th St Ste 220	Lincoln
Durable Medical Equipment Supplier	233 N 48th St Ste F	Lincoln
Durable Medical Equipment Supplier	1801 Cushman Dr Ste 1	Lincoln
Durable Medical Equipment Supplier	145 S 66th St	Lincoln
Durable Medical Equipment Supplier	1400 N 48th St	Lincoln
Durable Medical Equipment Supplier	3201 N 23rd St Ste 2	Lincoln

Durable Medical Equipment Supplier	4550 O St	Lincoln
Durable Medical Equipment Supplier	1001 S 70th St Ste 110	Lincoln
Durable Medical Equipment Supplier	5401 South St Ste E	Lincoln
Durable Medical Equipment Supplier	5020 N 27th St	Lincoln
Durable Medical Equipment Supplier	5010 O St	Lincoln
Durable Medical Equipment Supplier	6001 Village Dr	Lincoln
Durable Medical Equipment Supplier	7151 Stacy Ln	Lincoln
Durable Medical Equipment Supplier	1601 N 84th St	Lincoln
Durable Medical Equipment Supplier	3201 N 23rd St Ste 2	Lincoln
Durable Medical Equipment Supplier	808 N 27th St	Lincoln
Durable Medical Equipment Supplier	110 S Canopy St	Lincoln
Durable Medical Equipment Supplier	2655 S 70th St Ste A	Lincoln
Durable Medical Equipment Supplier	3201 N 23rd St Ste 2	Lincoln
Durable Medical Equipment Supplier	5930 S 58th St Ste W	Lincoln
Durable Medical Equipment Supplier	3700 S 6th St Ste B-2	Lincoln
Durable Medical Equipment Supplier	7030 Helen Witt Dr Ste C	Lincoln
Durable Medical Equipment Supplier	3705 South St Ste 100	Lincoln
Durable Medical Equipment Supplier	2845 S 70th St Ste 2	Lincoln
Durable Medical Equipment Supplier	1101 S 70th St Ste 102	Lincoln
Durable Medical Equipment Supplier	555 S 70th St	Lincoln
Durable Medical Equipment Supplier	6800 S 32nd St Ste B	Lincoln
Durable Medical Equipment Supplier	3838 N 63rd St	Lincoln
Durable Medical Equipment Supplier	120 S 42nd St	Lincoln
Hearing Aid Dispensary	3031 O St Ste 104	Lincoln
Home Health	3901 Faulkner Dr	Lincoln
Home Health	3901 Normal Blvd Ste 102	Lincoln
Home Health	6040 S 58th St Ste A	Lincoln
Home Health	4741 N 26th St Ste D	Lincoln
Home Health	4720 Randolph St	Lincoln
Hospice	5715 S 34th St Ste 100	Lincoln
Hospice	245 S 84th St Ste 300	Lincoln
Hospice	2200 S 40th St Ste 101	Lincoln
Hospice	300 S 68th Street Pl Ste 205	Lincoln
Hospice	4720 Randolph St	Lincoln
Hospital	2300 S 16th St	Lincoln
Hospital	1600 S 48th St	Lincoln
Hospital	7500 S 91st St	Lincoln
Hospital	555 S 70th St	Lincoln
Hospital	1710 S 70th St	Lincoln
Independent Laboratory	4600 Valley Rd Ste 200	Lincoln
Independent Laboratory	7441 O St	Lincoln
Independent Laboratory	7441 O St Ste 100	Lincoln
Mental Health Center	1145 High St	Lincoln
Mental Health Center	1232 High St	Lincoln
Mental Health Center	2320 S 48th St Ste 101	Lincoln
Mental Health Center	825 J St	Lincoln
Optical Hardware Center	7930 O St	Lincoln

Optical Hardware Center	2943 Pine Lake Rd	Lincoln
Optical Hardware Center	2500 Northview Rd	Lincoln
Optical Hardware Center	1550 S Coddington Ave Ste V	Lincoln
Optical Hardware Center	3923 S 48th St	Lincoln
Optical Hardware Center	6404 O St	Lincoln
Physical Rehabilitation Facility	4001 O St	Lincoln
Physical Rehabilitation Facility	1601 N 86th St Ste 300	Lincoln
Physical Rehabilitation Facility	1230 Aries Dr Ste D	Lincoln
Physical Rehabilitation Facility	5000 N 26th St Ste 500	Lincoln
Physical Rehabilitation Facility	2510 S 40th St Ste 200	Lincoln
Physical Rehabilitation Facility	7111 Stephanie Ln	Lincoln
Physical Rehabilitation Facility	5401 South St	Lincoln
Physical Rehabilitation Facility	5633 NW 1st St	Lincoln
Physical Rehabilitation Facility	5633 NW 1st St	Lincoln
Radiology Facility	7601 Pioneers Blvd	Lincoln
Radiology Facility	3901 Pine Lake Rd Ste 100	Lincoln
Radiology Facility	575 S 70th St Ste 315	Lincoln
Rehabilitation Facility	5640 S 84th St Ste 100	Lincoln
Rehabilitation Facility	200 N 66th St Ste 20	Lincoln
Rehabilitation Facility	5633 S 16th St Ste 600	Lincoln
Rehabilitation Facility	7501 S 27th St	Lincoln
Rehabilitation Facility	2300 S 16th St Fl 4	Lincoln
Rehabilitation Facility	1500 S 48th St	Lincoln
Rehabilitation Facility	6825 S 27th St Ste 103	Lincoln
Rehabilitation Facility	755 Fallbrook Blvd Ste 200	Lincoln
Rehabilitation Facility	1550 S Coddington Ave Ste C	Lincoln
Rehabilitation Facility	1550 S 70th St Ste 200	Lincoln
Rehabilitation Facility	4220 Pioneer Woods Dr	Lincoln
Rehabilitation Facility	6101 S 56th St Ste 1	Lincoln
Rehabilitation Facility	3818 Normal Blvd	Lincoln
Rehabilitation Facility	6319 Havelock Ave	Lincoln
Rehabilitation Facility	1651 N 86th St Ste 200	Lincoln
Rehabilitation Facility	755 Fallbrook Blvd Ste 204	Lincoln
Rehabilitation Facility	5930 S 57th St	Lincoln
Rehabilitation Facility	3801 Union Dr Ste 100	Lincoln
Rehabilitation Facility	1919 S 40th St Ste 335	Lincoln
Rehabilitation Facility	755 Fallbrook Blvd Ste 100	Lincoln
Rehabilitation Facility	5241 R St	Lincoln
Rehabilitation Facility	4445 S 86th St Ste 100	Lincoln
Rehabilitation Facility	4911 N 26th St Ste 100	Lincoln
Rehabilitation Facility	345 Speedway Cir Ste 3	Lincoln
Rehabilitation Facility	6101 Village Dr Ste 100	Lincoln
Rehabilitation Facility	4920 N 26th St Ste 100	Lincoln
Rehabilitation Facility	1651 N 86th St Ste 100	Lincoln
Rehabilitation Facility	2801 Pine Lake Rd Ste K	Lincoln
Rehabilitation Facility	6900 A St Ste 102	Lincoln
Rehabilitation Facility	2550 Superior St	Lincoln

Rehabilitation Facility	1501 Pine Lake Rd Ste 20	Lincoln
Rehabilitation Facility	6940 Van Dorn St Ste 103	Lincoln
Rehabilitation Facility	5401 South St	Lincoln
Rehabilitation Facility	333 S 70th St Ste 102	Lincoln
Rehabilitation Facility	2436 N 48th St Ste 101	Lincoln
Rehabilitation Facility	7030 Helen Witt Dr Ste A	Lincoln
Rehabilitation Facility	2845 S 70th St	Lincoln
Rehabilitation Facility	8901 Andermatt Dr Ste 105	Lincoln
Rehabilitation Facility	5790 N 33rd St	Lincoln
Rehabilitation Facility	3201 Pioneers Blvd Ste 107	Lincoln
Rehabilitation Facility	2130 S 17th St Ste 200	Lincoln
Rehabilitation Facility	4220 Lucile Dr Ste 3	Lincoln
Rehabilitation Facility	2300 S 16th St Fl 7	Lincoln
Rehabilitation Facility	2845 S 70th St	Lincoln
Rehabilitation Facility	7441 O St Ste 200	Lincoln
Rehabilitation Facility	770 N Cotner Blvd Ste 125	Lincoln
Rehabilitation Facility	5955 S 56th St Ste 1	Lincoln
Rehabilitation Facility	8055 O St Ste S103	Lincoln
Skilled Nursing Facility	1001 South St	Lincoln
Skilled Nursing Facility	225 N 56th St	Lincoln
Skilled Nursing Facility	8601 Firethorn Ln	Lincoln
Skilled Nursing Facility	6101 Normal Blvd	Lincoln
Skilled Nursing Facility	5431 S 16th St	Lincoln
Skilled Nursing Facility	9401 Andermatt Dr	Lincoln
Skilled Nursing Facility	2200 S 52nd St	Lincoln
Skilled Nursing Facility	1750 S 20th St	Lincoln
Skilled Nursing Facility	6120 S 34th St	Lincoln
Skilled Nursing Facility	4720 Randolph St	Lincoln
Skilled Nursing Facility	4405 Normal Blvd	Lincoln
Sleep Disorder Center/Lab	8040 O St	Lincoln
Substance Abuse Rehabilitation Facility	2633 P St	Lincoln
Urgent Care Clinic	4333 S 86th St Ste 101	Lincoln
Urgent Care Clinic	5901 N 27th St Ste 101	Lincoln
Urgent Care Clinic	7501 S 27th St	Lincoln
Urgent Care Clinic	201 Capitol Beach Blvd Ste 1A	Lincoln
Urgent Care Clinic	3740 N 27th St Ste 1	Lincoln
Urgent Care Clinic	965 S 27th St Ste D	Lincoln
Urgent Care Clinic	110 N 66th St	Lincoln
Urgent Care Clinic	5000 N 26th St Ste 300	Lincoln
Urgent Care Clinic	3910 Village Dr	Lincoln
Urgent Care Clinic	7002 O St	Lincoln
Urgent Care Clinic	5566 S 56th St	Lincoln
Urgent Care Clinic	1411 Superior St	Lincoln
Urgent Care Clinic	4210 Pioneer Woods Dr Ste A	Lincoln
Urgent Care Facility	1601 N 84th St	Lincoln
Urgent Care Facility	5010 O St	Lincoln
Urgent Care Facility	5000 N 26th St Ste 200	Lincoln

Urgent Care Facility	5000 N 26th St Ste 300	Lincoln
Urgent Care Facility	110 N 66th St	Lincoln
Urgent Care Facility	3910 Village Dr	Lincoln
Rehabilitation Facility	1268 E Henry St Ste 1	Louisville
Durable Medical Equipment Supplier	133 S 7th St	Loup City
Skilled Nursing Facility	1005 N 8th St	Loup City
Hospital	401 S Fifth St	Lynch
Radiology Facility	100 Indian Hills Dr	Macy
Rehabilitation Facility	703 N Main St	Madison
Skilled Nursing Facility	703 N Main St	Madison
Durable Medical Equipment Supplier	902 N Highway 83	Mc Cook
County Health Clinic	1400 W 5th St	McCook
County Health Clinic	404 W 10th St	McCook
Durable Medical Equipment Supplier	120 W B St	McCook
Durable Medical Equipment Supplier	708 E B St	McCook
Hospice	711 E 11th St Ste A	McCook
Hospital	1301 E H St	McCook
Urgent Care Clinic	3 Bison Holiday Dr	McCook
Rehabilitation Facility	511 1st St	Milford
Urgent Care Clinic	519 Main St	Milligan
Durable Medical Equipment Supplier	419 N Colorado Ave	Minden
Hospital	727 E 1st St	Minden
Rehabilitation Facility	244 N Minden Ave	Minden
Rehabilitation Facility	1463 17th Ave	Mitchell
Skilled Nursing Facility	1723 23rd St	Mitchell
Rehabilitation Facility	106 NW 1st St	Mullen
Durable Medical Equipment Supplier	1821 S 11th St	Nebraska City
Home Health	1240 N 19th St	Nebraska City
Rehabilitation Facility	115 S 8th St	Nebraska City
Rehabilitation Facility	1104 Grundman Blvd	Nebraska City
Skilled Nursing Facility	1420 N 10th St	Nebraska City
Skilled Nursing Facility	1800 14th Ave	Nebraska City
Durable Medical Equipment Supplier	410 M St	Neligh
Home Health	102 W 9th St	Neligh
Hospital	102 W 9th St	Neligh
Skilled Nursing Facility	1100 T St	Neligh
Skilled Nursing Facility	109 N 2nd St	Newman Grove
Ambulatory Surgical Center	2701 W Norfolk Ave Ste 101	Norfolk
Ambulatory Surgical Center	3901 W Norfolk Ave Ste L	Norfolk
Ambulatory Surgical Center	2700 W Norfolk Ave	Norfolk
County Health Clinic	302 W Phillip Ave	Norfolk
Durable Medical Equipment Supplier	2108 Taylor Ave Ste 500	Norfolk
Durable Medical Equipment Supplier	2614 W Norfolk Ave Ste 100	Norfolk
Durable Medical Equipment Supplier	120 E Norfolk Ave	Norfolk
Durable Medical Equipment Supplier	2107 Taylor Ave	Norfolk
Durable Medical Equipment Supplier	110 N 37th St Ste 403	Norfolk
Durable Medical Equipment Supplier	2700 W Norfolk Ave	Norfolk

Home Health	1500 Koenigstein Ave	Norfolk
Home Infusion	120 N 27th St Ste 200	Norfolk
Hospice	120 N 27th St	Norfolk
Hospice	1500 Koenigstein Ave	Norfolk
Hospital	2700 W Norfolk Ave	Norfolk
Hospital	1500 Koenigstein Ave	Norfolk
Independent Laboratory	3901 W Norfolk Ave Ste E	Norfolk
Mental Health Center	900 W Norfolk Ave Ste 200	Norfolk
Radiology Facility	110 N 37th St Ste 302	Norfolk
Radiology Facility	3901 W Norfolk Ave Ste R	Norfolk
Radiology Facility	301 N 27th St Ste 15	Norfolk
Rehabilitation Facility	700 W Benjamin Ave	Norfolk
Rehabilitation Facility	1900 Vicki Ln	Norfolk
Rehabilitation Facility	2108 Taylor Ave Ste 1100	Norfolk
Rehabilitation Facility	500 S 18th St	Norfolk
Rehabilitation Facility	1220 W Benjamin Ave Ste 4	Norfolk
Rehabilitation Facility	3200 Raasch Dr	Norfolk
Rehabilitation Facility	2404 Taylor Ave Ste 300	Norfolk
Skilled Nursing Facility	1203 N 13th St	Norfolk
Skilled Nursing Facility	401 N 18th St	Norfolk
Urgent Care Clinic	1130 S 13th St Ste 100	Norfolk
Ambulatory Surgical Center	621 W Francis St	North Platte
County Health Clinic	111 N Dewey St	North Platte
County Health Clinic	111 N Dewey St Ste A	North Platte
Dialysis	785 E Francis St	North Platte
Durable Medical Equipment Supplier	601 W Leota St	North Platte
Durable Medical Equipment Supplier	1320 S Cottonwood St Ste 2	North Platte
Durable Medical Equipment Supplier	600 E Francis St Ste 6	North Platte
Durable Medical Equipment Supplier	2509 Halligan Dr Ste F	North Platte
Durable Medical Equipment Supplier	801 S Dewey St	North Platte
Durable Medical Equipment Supplier	1845 W A St	North Platte
Home Health	601 W Leota St	North Platte
Hospital	601 W Leota St	North Platte
Medical Transportation Services	2600 W Front St	North Platte
Medical Transportation Services	5570 E Lee Bird Dr	North Platte
Rehabilitation Facility	1001 S Cottonwood St	North Platte
Rehabilitation Facility	624 W Leota St	North Platte
Skilled Nursing Facility	4000 W Philip Ave	North Platte
Rehabilitation Facility	312 N Oakland Ave	Oakland
Rehabilitation Facility	700 E 1st St	Ogallala
Ambulatory Surgical Center	111 S 10th St Ste 100	Omaha
Ambulatory Surgical Center	7500 Mercy Rd Ste 4300	Omaha
Ambulatory Surgical Center	110 N 175th St Ste 1600	Omaha
Ambulatory Surgical Center	7308 S 142nd St	Omaha
Ambulatory Surgical Center	17030 Lakeside Hills Plz Ste 110	Omaha
Ambulatory Surgical Center	17001 Lakeside Hills Plz Ste 201	Omaha
Ambulatory Surgical Center	515 N 162nd Ave Ste 201	Omaha

Ambulatory Surgical Center	8901 Indian Hills Dr Ste 100	Omaha
Ambulatory Surgical Center	4353 Dodge St	Omaha
Ambulatory Surgical Center	10784 V St	Omaha
Ambulatory Surgical Center	11819 Miracle Hills Dr Ste 201	Omaha
Ambulatory Surgical Center	9850 Nicholas St Ste 100	Omaha
Ambulatory Surgical Center	825 N 90th St	Omaha
Ambulatory Surgical Center	7500 Mercy Rd Ste 1355	Omaha
Ambulatory Surgical Center	8051 W Center Rd	Omaha
Ambulatory Surgical Center	11606 Nicholas St Ste 100	Omaha
Ambulatory Surgical Center	11704 W Center Rd Ste 110	Omaha
Ambulatory Surgical Center	10707 Pacific St Ste 100	Omaha
Ambulatory Surgical Center	11919 Grant St Ste 100	Omaha
Ambulatory Surgical Center	111 S 90th St	Omaha
Ambulatory Surgical Center	17410 Burke St Ste 105	Omaha
Ambulatory Surgical Center	4909 S 118th St	Omaha
Birthing Center	6901 N 72nd St	Omaha
County Health Clinic	13308 Chandler Rd	Omaha
Dialysis	111 N 84th St	Omaha
Dialysis	15801 W Dodge Rd	Omaha
Dialysis	2916 S 84th St	Omaha
Dialysis	5084 Ames Ave	Omaha
Dialysis	4411 Center St Ste A	Omaha
Durable Medical Equipment Supplier	9109 Blondo St	Omaha
Durable Medical Equipment Supplier	5300 S 73rd St Bay 3	Omaha
Durable Medical Equipment Supplier	5329 Center St	Omaha
Durable Medical Equipment Supplier	6901 N 72nd St	Omaha
Durable Medical Equipment Supplier	7710 Mercy Rd Ste 421	Omaha
Durable Medical Equipment Supplier	7101 Newport Ave Ste 100	Omaha
Durable Medical Equipment Supplier	6901 N 72nd St	Omaha
Durable Medical Equipment Supplier	7101 Newport Ave	Omaha
Durable Medical Equipment Supplier	2001 S 75th St Ste 100	Omaha
Durable Medical Equipment Supplier	16101 Evans St	Omaha
Durable Medical Equipment Supplier	16101 Evans St Ste 101	Omaha
Durable Medical Equipment Supplier	7710 Mercy Rd Ste 102	Omaha
Durable Medical Equipment Supplier	13315 W Center Rd Ste 101	Omaha
Durable Medical Equipment Supplier	6901 N 72nd St	Omaha
Durable Medical Equipment Supplier	601 N 30th St Ste 5800	Omaha
Durable Medical Equipment Supplier	6829 N 72nd St Ste 4300	Omaha
Durable Medical Equipment Supplier	7101 Newport Ave Ste 301	Omaha
Durable Medical Equipment Supplier	8613 N 30th St	Omaha
Durable Medical Equipment Supplier	16909 Lakeside Hills Ct Ste 107	Omaha
Durable Medical Equipment Supplier	7710 Mercy Rd Ste 110	Omaha
Durable Medical Equipment Supplier	7101 Newport Ave Ste 203	Omaha
Durable Medical Equipment Supplier	7101 Newport Ave Ste 206	Omaha
Durable Medical Equipment Supplier	7101 Newport Ave Ste 305	Omaha
Durable Medical Equipment Supplier	16909 Lakeside Hills Ct Ste 400	Omaha
Durable Medical Equipment Supplier	4220 L St	Omaha

Durable Medical Equipment Supplier	3528 Dodge St	Omaha
Durable Medical Equipment Supplier	7710 Mercy Rd Ste 120	Omaha
Durable Medical Equipment Supplier	4940 S 114th St Ste 3	Omaha
Durable Medical Equipment Supplier	10304 Crown Point Ave	Omaha
Durable Medical Equipment Supplier	808 S 52nd St	Omaha
Durable Medical Equipment Supplier	11811 I St Ste 3	Omaha
Durable Medical Equipment Supplier	8425 F St	Omaha
Durable Medical Equipment Supplier	8111 Dodge St Ste 330	Omaha
Durable Medical Equipment Supplier	9109 Blondo St Ste 1	Omaha
Durable Medical Equipment Supplier	17500 Burke St Ste 100	Omaha
Durable Medical Equipment Supplier	13057 W Center Rd Ste 5	Omaha
Durable Medical Equipment Supplier	4211 S 102nd St	Omaha
Durable Medical Equipment Supplier	10808 Fort St	Omaha
Durable Medical Equipment Supplier	9707 Q St	Omaha
Durable Medical Equipment Supplier	3410 N 156th St	Omaha
Durable Medical Equipment Supplier	14591 Stoney Brook Blvd	Omaha
Durable Medical Equipment Supplier	1000 S 178th St	Omaha
Durable Medical Equipment Supplier	747 N 132nd St	Omaha
Durable Medical Equipment Supplier	7910 Cass St	Omaha
Durable Medical Equipment Supplier	8404 N 30th St	Omaha
Durable Medical Equipment Supplier	5150 Center St	Omaha
Durable Medical Equipment Supplier	8809 W Center Rd	Omaha
Durable Medical Equipment Supplier	17810 Welch Plz	Omaha
Durable Medical Equipment Supplier	9202 W Dodge Rd Ste 110	Omaha
Durable Medical Equipment Supplier	12741 Q St	Omaha
Durable Medical Equipment Supplier	2915 Leavenworth St	Omaha
Durable Medical Equipment Supplier	5002 Dodge St	Omaha
Durable Medical Equipment Supplier	2401 N St	Omaha
Durable Medical Equipment Supplier	4924 Center St	Omaha
Durable Medical Equipment Supplier	15418 W Center Rd	Omaha
Durable Medical Equipment Supplier	5420 F St	Omaha
Durable Medical Equipment Supplier	9931 S 136th St Ste 100	Omaha
Durable Medical Equipment Supplier	10818 Elm St	Omaha
Durable Medical Equipment Supplier	13057 W Center Rd Ste 25	Omaha
Durable Medical Equipment Supplier	2723 N 85th St	Omaha
Durable Medical Equipment Supplier	13217 F St	Omaha
Durable Medical Equipment Supplier	13839 Industrial Rd	Omaha
Durable Medical Equipment Supplier	2027 Dodge St	Omaha
Durable Medical Equipment Supplier	13106 W Dodge Rd	Omaha
Durable Medical Equipment Supplier	8815 F St	Omaha
Durable Medical Equipment Supplier	5654 N 103rd St	Omaha
Durable Medical Equipment Supplier	6414 S 118th St	Omaha
Hearing Aid Dispensary	8313 Cass St	Omaha
Hearing Aid Dispensary	5026 Grover St	Omaha
Home Health	11306 Davenport St	Omaha
Home Health	9290 W Dodge Rd Ste 201A	Omaha
Home Health	18460 Wright St Ste 1	Omaha

Home Health	3000 S 84th St	Omaha
Home Health	2010 N 88th St	Omaha
Home Health	220 N 89th St Ste 202	Omaha
Home Health	13306 A St	Omaha
Home Health	9314 Binney St	Omaha
Home Health	12875 Deauville Dr	Omaha
Home Health	7602 Park Dr	Omaha
Home Health	900 S 74th Plz Ste 111	Omaha
Home Health	11711 Arbor St Ste 210	Omaha
Home Health	11414 W Center Rd Ste 340	Omaha
Home Health	8212 F St	Omaha
Home Health	4905 S 107th Ave	Omaha
Home Health	11414 W Center Rd Ste 125	Omaha
Home Health	12565 W Center Rd Ste 100	Omaha
Home Health	3909 Cuming St Ste 203	Omaha
Home Infusion	3730 S 149th St Ste 102	Omaha
Home Infusion	8710 F St Ste 118	Omaha
Hospice	11128 John Galt Blvd Ste 100	Omaha
Hospice	5428 F St	Omaha
Hospice	810 N 96th St Ste 201	Omaha
Hospice	10909 Mill Valley Rd Ste 205	Omaha
Hospice	1065 N 115th St Ste 120	Omaha
Hospital	555 N 30th St	Omaha
Hospital	7500 Mercy Rd	Omaha
Hospital	6901 N 72nd St	Omaha
Hospital	16901 Lakeside Hills Ct	Omaha
Hospital	8200 Dodge St	Omaha
Hospital	17500 Burke St	Omaha
Hospital	8303 Dodge St	Omaha
Hospital	7915 Farnam Dr	Omaha
Hospital	Emile @ 42nd St	Omaha
Hospital	42nd @ Dewey St	Omaha
Hospital	2808 S 143rd Plz	Omaha
Hospital	6901 N 72nd St Ste 20300	Omaha
Hospital	1870 S 75th St	Omaha
Imaging Facility	17030 Lakeside Hills Plz Ste 107	Omaha
Independent Laboratory	6901 N 72nd St	Omaha
Independent Laboratory	16909 Lakeside Hills Ct Ste 108	Omaha
Independent Laboratory	651 N 27th St Criss 3 Rm 382	Omaha
Independent Laboratory	444 S 44th St	Omaha
Independent Laboratory	4805 S 25th St	Omaha
Independent Laboratory	16120 W Dodge Rd	Omaha
Independent Laboratory	515 N 162nd Ave	Omaha
Independent Laboratory	16120 W Dodge Rd	Omaha
Independent Laboratory	1120 N 103rd Plz Ste 101	Omaha
Independent Laboratory	16120 W Dodge Rd	Omaha
Independent Laboratory	4840 F St	Omaha

Independent Laboratory	4840 F St	Omaha
Independent Laboratory	825 N 90th St Ste 500	Omaha
Medical Transportation Services	5935 Henninger Dr	Omaha
Medical Transportation Services	981120 Nebraska Medical Ctr	Omaha
Medical Transportation Services	5935 S 132nd St	Omaha
Mental Health Center	8922 Cuming St	Omaha
Mental Health Center	6829 N 72nd St	Omaha
Mental Health Center	6901 N 72nd St	Omaha
Mental Health Center	16909 Lakeside Hills Ct Ste 400	Omaha
Mental Health Center	7101 Newport Ave Ste 305	Omaha
Mental Health Center	2001 S 75th St Ste 100	Omaha
Mental Health Center	7101 Newport Ave	Omaha
Mental Health Center	1000 N 90th St Ste 201	Omaha
Mental Health Center	9239 W Center Rd Ste 101	Omaha
Mental Health Center	4102 Woolworth Ave	Omaha
Optical Hardware Center	6751 N 72nd St Ste 105	Omaha
Optical Hardware Center	16949 Lakeside Hills Plz Ste 101	Omaha
Optical Hardware Center	4353 Dodge St	Omaha
Optical Hardware Center	12660 Q St	Omaha
Optical Hardware Center	7827 Dodge St	Omaha
Optical Hardware Center	16920 Wright Plz Ste 122	Omaha
Pharmacy	10004 S 152nd St Ste A	Omaha
Pharmacy	10004 S 152nd St Ste C	Omaha
Pharmacy	2910 S 84th St	Omaha
Pharmacy	8111 Dodge St Ste 332	Omaha
Physical Rehabilitation Facility	5405 S 153rd St Ste 102	Omaha
Physical Rehabilitation Facility	17030 Lakeside Hills Plz	Omaha
Physical Rehabilitation Facility	6901 N 72nd St	Omaha
Physical Rehabilitation Facility	8405 N 30th St Ste A	Omaha
Physical Rehabilitation Facility	6751 N 72nd St Ste 104	Omaha
Physical Rehabilitation Facility	3606 N 156th St Ste 102	Omaha
Physical Rehabilitation Facility	4614 S 132nd St	Omaha
Physical Rehabilitation Facility	4630 S 132nd St	Omaha
Physical Rehabilitation Facility	15664 W Maple Rd	Omaha
Physical Rehabilitation Facility	4626 S 132nd St	Omaha
Physical Rehabilitation Facility	17725 Welch Plz Ste A	Omaha
Physical Rehabilitation Facility	3876 Farnam St	Omaha
Physical Rehabilitation Facility	11704 W Center Rd Ste 200	Omaha
Radiology Facility	7819 Dodge St	Omaha
Radiology Facility	14301 Fnb Pkwy Ste 100	Omaha
Radiology Facility	302 N 168th Cir Ste 202	Omaha
Rehabilitation Facility	7919 Wakeley Plz	Omaha
Rehabilitation Facility	11810 Nicholas St Ste 103	Omaha
Rehabilitation Facility	13809 Industrial Rd	Omaha
Rehabilitation Facility	13110 Birch Dr Ste 164	Omaha
Rehabilitation Facility	12311 W Center Rd	Omaha
Rehabilitation Facility	9449 J St	Omaha

Rehabilitation Facility	7818 Dodge St	Omaha
Rehabilitation Facility	4620 S 50th St	Omaha
Rehabilitation Facility	3301 Dodge St 1st Floor Ho 1w-151	Omaha
Rehabilitation Facility	2953 S 168th St Ste 100	Omaha
Rehabilitation Facility	2504 S 119th St	Omaha
Rehabilitation Facility	10156 S 168th Ave Ste 3	Omaha
Rehabilitation Facility	17660 Wright St Ste 9 & 10	Omaha
Rehabilitation Facility	7710 Mercy Rd Ste 226	Omaha
Rehabilitation Facility	9509 Q St	Omaha
Rehabilitation Facility	17030 Lakeside Hills Plz Fl 2	Omaha
Rehabilitation Facility	7710 Mercy Rd	Omaha
Rehabilitation Facility	17030 Lakeside Hills Plz	Omaha
Rehabilitation Facility	7500 Mercy Rd	Omaha
Rehabilitation Facility	7710 Mercy Rd Ste 500	Omaha
Rehabilitation Facility	5020 L St	Omaha
Rehabilitation Facility	14440 F St Ste 103	Omaha
Rehabilitation Facility	3537 N 162nd Ct	Omaha
Rehabilitation Facility	18101 R Plz Ste 106	Omaha
Rehabilitation Facility	12565 W Center Rd Ste 130	Omaha
Rehabilitation Facility	825 N 90th St	Omaha
Rehabilitation Facility	8642 F St	Omaha
Rehabilitation Facility	7686 Walnut St	Omaha
Rehabilitation Facility	17500 Burke St	Omaha
Rehabilitation Facility	3830 N 167th Ct	Omaha
Rehabilitation Facility	4235 N 90th St	Omaha
Rehabilitation Facility	6307 Center St Ste 105	Omaha
Rehabilitation Facility	6909 S 157th St Ste E	Omaha
Rehabilitation Facility	3201 Farnam St Ste 6110	Omaha
Rehabilitation Facility	1021 S 178th St Ste 101	Omaha
Rehabilitation Facility	4006 N 144th St	Omaha
Rehabilitation Facility	8303 Dodge St	Omaha
Rehabilitation Facility	11640 Arbor St Ste 200	Omaha
Rehabilitation Facility	1219 Leavenworth St	Omaha
Rehabilitation Facility	11414 W Center Rd Ste 242	Omaha
Rehabilitation Facility	625 N 144th Ave Ste 102	Omaha
Rehabilitation Facility	2430 S 73rd St Ste 100	Omaha
Rehabilitation Facility	3407 S 84th St	Omaha
Rehabilitation Facility	1313 S Saddle Creek Rd	Omaha
Rehabilitation Facility	6073 Maple St	Omaha
Rehabilitation Facility	14436 W Center Rd	Omaha
Rehabilitation Facility	7919 Wakeley Plz	Omaha
Rehabilitation Facility	2607 S 159th Plz	Omaha
Rehabilitation Facility	8031 W Center Rd Ste 300	Omaha
Rehabilitation Facility	7611 Pacific St	Omaha
Rehabilitation Facility	2728 N 108th St Ste 103	Omaha
Rehabilitation Facility	7808 Davenport St	Omaha
Rehabilitation Facility	360 N 114th St	Omaha

Rehabilitation Facility	10858 W Dodge Rd	Omaha
Skilled Nursing Facility	2525 S 135th Ave	Omaha
Skilled Nursing Facility	4330 S 144th St	Omaha
Skilled Nursing Facility	7915 N 30th St	Omaha
Skilled Nursing Facility	12856 Deauville Dr	Omaha
Skilled Nursing Facility	13225 Westwood Ln	Omaha
Skilled Nursing Facility	6809 N 68th Plz	Omaha
Skilled Nursing Facility	2824 N 66th Ave	Omaha
Skilled Nursing Facility	1131 Papillion Pkwy	Omaha
Skilled Nursing Facility	4835 S 49th St	Omaha
Skilled Nursing Facility	6404 N 70th Plz	Omaha
Skilled Nursing Facility	3110 Scott Cir	Omaha
Skilled Nursing Facility	7410 Mercy Rd	Omaha
Skilled Nursing Facility	1540 N 72nd St	Omaha
Skilled Nursing Facility	17600 Arbor St	Omaha
Sleep Disorder Center/Lab	10110 Nicholas St Ste 103	Omaha
Sleep Disorder Center/Lab	415 S 25th Ave	Omaha
Sleep Disorder Center/Lab	6901 N 72nd St	Omaha
Sleep Disorder Center/Lab	16909 Lakeside Hills Ct Ste 110	Omaha
Sleep Disorder Center/Lab	8425 F St Ste B	Omaha
Sleep Disorder Center/Lab	11011 Q St Ste 101C	Omaha
Sleep Disorder Center/Lab	222 S 15th St Ste 247N	Omaha
Substance Abuse Rehabilitation Facility	3300 N 60th St	Omaha
Substance Abuse Rehabilitation Facility	6845 N 68th Plz	Omaha
Substance Abuse Rehabilitation Facility	8998 L St Ste 110	Omaha
Substance Abuse Rehabilitation Facility	2808 N 75th St Ste H	Omaha
Substance Abuse Rehabilitation Facility	415 S 25th Ave	Omaha
Substance Abuse Rehabilitation Facility	8502 Mormon Bridge Rd	Omaha
Substance Abuse Rehabilitation Facility	2723 Q St	Omaha
Substance Abuse Rehabilitation Facility	5217 S 28th St	Omaha
Substance Abuse Rehabilitation Facility	7703 Serum Ave	Omaha
Urgent Care Clinic	4004 N 132nd St Ste 101	Omaha
Urgent Care Clinic	2419 M St	Omaha
Urgent Care Clinic	14104 S St	Omaha
Urgent Care Clinic	8610 W Dodge Rd	Omaha
Urgent Care Clinic	14460 W Maple Rd	Omaha
Urgent Care Clinic	4840 Dodge St	Omaha
Urgent Care Clinic	10710 Fort St	Omaha
Urgent Care Clinic	5908 S 142nd St	Omaha
Urgent Care Clinic	3353 L St	Omaha
Urgent Care Clinic	2821 S 108th St	Omaha
Urgent Care Facility	747 N 132nd St	Omaha
Urgent Care Facility	10808 Fort St	Omaha
Urgent Care Facility	3410 N 156th St	Omaha
Urgent Care Facility	17810 Welch Plz	Omaha
Urgent Care Facility	14591 Stoney Brook Blvd	Omaha
Urgent Care Facility	1000 S 178th St	Omaha

Urgent Care Facility	9707 Q St	Omaha
Urgent Care Facility	2412 Cuming St Ste 100	Omaha
	17201 Wright St Ste 100	Omaha
Durable Medical Equipment Supplier	416 E Douglas St	Oneill
Home Health	209 E Benton St Ste 110	Oneill
Home Health	300 N 2nd St	Oneill
Hospice	209 W Douglas St	Oneill
Hospital	300 N 2nd St	Oneill
Skilled Nursing Facility	1102 N Harrison St	Oneill
Substance Abuse Rehabilitation Facility	1421 N 10th St	Oneill
Durable Medical Equipment Supplier	1429 M St	Ord
Home Health	400 S 23rd St	Ord
Hospice	400 S 23rd St	Ord
Hospital	2707 L St	Ord
Rehabilitation Facility	47581 815th Rd	Ord
Hospital	531 Beebe St	Osceola
Skilled Nursing Facility	600 Center Dr	Osceola
Hospital	402 N Maple St	Osmond
Rehabilitation Facility	811 Howell St	Oxford
Ambulatory Surgical Center	11111 S 84th St Ste 2200	Papillion
Ambulatory Surgical Center	11111 S 84th St	Papillion
Ambulatory Surgical Center	535 Fortune Dr Ste 200	Papillion
Durable Medical Equipment Supplier	11111 S 84th St	Papillion
Durable Medical Equipment Supplier	11109 S 84th St Ste 3841	Papillion
Durable Medical Equipment Supplier	11109 S 84th St Ste 1841	Papillion
Durable Medical Equipment Supplier	11650 S 73rd St	Papillion
Hospital	11111 S 84th St	Papillion
Independent Laboratory	11111 S 84th St	Papillion
Optical Hardware Center	7505 Towne Center Pkwy Ste 101	Papillion
Physical Rehabilitation Facility	545 Fortune Dr Ste 100	Papillion
Rehabilitation Facility	1226 N Washington St Ste 1	Papillion
Rehabilitation Facility	11336 S 96th St Ste 114	Papillion
Rehabilitation Facility	114 E 1st St Ste 105	Papillion
Rehabilitation Facility	8419 S 73rd Plz Ste 104	Papillion
Skilled Nursing Facility	6082 Grand Lodge Ave	Papillion
Skilled Nursing Facility	610 S Polk St	Papillion
Sleep Disorder Center/Lab	11111 S 84th St	Papillion
Urgent Care Clinic	312 Olson Dr Ste 101	Papillion
Urgent Care Clinic	8419 S 73rd Plz	Papillion
Urgent Care Clinic	1219 Applewood Dr Ste 105	Papillion
Urgent Care Facility	11650 S 73rd St	Papillion
Home Health	600 I St	Pawnee City
Hospital	600 I St	Pawnee City
County Health Clinic	603 Earl St	Pender
Hospital	100 Hospital Dr	Pender
Medical Transportation Services	106 S 1st St	Pierce
Rehabilitation Facility	105 E Main St	Pierce

Hospital	704 N 3rd St	Plainview
Durable Medical Equipment Supplier	16418 Westside Dr	Plattsmouth
Durable Medical Equipment Supplier	2380 8th Ave Ste 8	Plattsmouth
Rehabilitation Facility	16304 Westside Dr Ste 400	Plattsmouth
Skilled Nursing Facility	602 S 18th St	Plattsmouth
Urgent Care Clinic	2302 8th Ave Ste 4	Plattsmouth
Skilled Nursing Facility	811 S Main St	Randolph
Rehabilitation Facility	321 Grand Ave	Ravenna
Skilled Nursing Facility	411 W Genoa St	Ravenna
Hospital	621 N Franklin St	Red Cloud
Skilled Nursing Facility	636 N Locust St	Red Cloud
Skilled Nursing Facility	301 N 13th St	Saint Edward
Hospital	1113 Sherman St	Saint Paul
Skilled Nursing Facility	1405 Heritage Dr	Saint Paul
Hospital	104 W 17th St	Schuyler
Sleep Disorder Center/Lab	104 W 17th St	Schuyler
Ambulatory Surgical Center	329 W 40th St	Scottsbluff
Durable Medical Equipment Supplier	2621 5th Ave	Scottsbluff
Durable Medical Equipment Supplier	1930 E 20th Pl	Scottsbluff
Durable Medical Equipment Supplier	3802 Avenue B	Scottsbluff
Durable Medical Equipment Supplier	1012 W 36th St Ste 5	Scottsbluff
Durable Medical Equipment Supplier	502 W 27th St	Scottsbluff
Durable Medical Equipment Supplier	416 Valley View Dr Ste 307	Scottsbluff
Home Health	3701 Avenue D Ste 2105	Scottsbluff
Hospice	3701 Avenue D Ste 2204	Scottsbluff
Hospital	4021 Avenue B	Scottsbluff
Optical Hardware Center	416 Valley View Dr Ste 100	Scottsbluff
Rehabilitation Facility	214 W 27th St	Scottsbluff
Skilled Nursing Facility	111 W 36th St	Scottsbluff
Sleep Disorder Center/Lab	416 Valley View Dr Ste 400	Scottsbluff
Urgent Care Clinic	3210 Avenue B	Scottsbluff
Hospital	300 N Columbia Ave	Seward
Skilled Nursing Facility	624 Pinewood Ave	Seward
Home Health	1625 Dorwart Dr Ste A	Sidney
Hospice	1625 Dorwart Dr Ste A	Sidney
Hospital	1000 Pole Creek Xing	Sidney
Physical Rehabilitation Facility	927 23rd Ave	Sidney
Skilled Nursing Facility	549 Keller Dr	Sidney
Ambulatory Surgical Center	201 E 4th St	South Sioux City
Durable Medical Equipment Supplier	2501 Cornhusker Dr	South Sioux City
Home Health	729 E 7th St Ste 3	South Sioux City
Hospice	3220 Plaza Dr Ste D	South Sioux City
Rehabilitation Facility	110 E 39th St	South Sioux City
Rehabilitation Facility	3250 Plaza Dr	South Sioux City
Skilled Nursing Facility	3200 G St	South Sioux City
Urgent Care Clinic	3250 Plaza Dr	South Sioux City
Rehabilitation Facility	880 Park Dr	Springfield

Skilled Nursing Facility	301 17th St	Stanton
Skilled Nursing Facility	615 E 9th St	Stromsburg
Hospital	520 E 10th St	Superior
Rehabilitation Facility	308 N Central Ave	Superior
Skilled Nursing Facility	1710 Idaho St	Superior
Rehabilitation Facility	117 S Saunders Ave	Sutton
Skilled Nursing Facility	1106 N Saunders Ave	Sutton
Hospital	2731 Healthcare Dr	Syracuse
Skilled Nursing Facility	1622 Walnut St	Syracuse
Durable Medical Equipment Supplier	202 High St Ste 200	Tecumseh
Home Health	292 Broadway St	Tecumseh
Hospital	202 High St	Tecumseh
Skilled Nursing Facility	1133 N 3rd St	Tecumseh
Rehabilitation Facility	1124 S 13th St	Tekamah
Skilled Nursing Facility	823 M St	Tekamah
Rehabilitation Facility	109 E 2nd St	Tilden
Hospital	510 N Green St	Valentine
Skilled Nursing Facility	601 W 4th St	Valentine
Skilled Nursing Facility	300 W Meigs St	Valley
Rehabilitation Facility	405 James St	Verdigre
Skilled Nursing Facility	706 James St	Verdigre
Home Health	141 E 5th St	Wahoo
Hospice	141 E 5th St	Wahoo
Hospital	1760 County Road J	Wahoo
Rehabilitation Facility	559 W 15th St	Wahoo
Skilled Nursing Facility	1400 Mark Dr	Wahoo
Skilled Nursing Facility	427 W Legion	Wauneta
Rehabilitation Facility	13851 Guildford St	Waverly
Urgent Care Clinic	13220 Callum Dr Ste 4	Waverly
Durable Medical Equipment Supplier	803 Providence Rd Ste 101	Wayne
Durable Medical Equipment Supplier	216 E 7th St	Wayne
Hospital	1200 Providence Rd	Wayne
Skilled Nursing Facility	811 E 14th St	Wayne
Durable Medical Equipment Supplier	500 Plaza Dr	West Point
Home Health	435 N Monitor St	West Point
Hospice	435 N Monitor St	West Point
Hospital	430 N Monitor St	West Point
Rehabilitation Facility	209 W 3rd St	Wilber
Skilled Nursing Facility	611 N Main St	Wilber
County Health Clinic	2104 21st Cir	Wisner
Rehabilitation Facility	905 Main St	Wood River
Home Health	2319 N Lincoln Ave	York
Hospice	1719 N Lincoln Ave	York
Hospital	2222 N Lincoln Ave	York
Rehabilitation Facility	2835 N Nebraska Ave	York
Urgent Care Clinic	309 S Lincoln Ave	York

<b>Practice State</b>	<b>Practice Zip</b>
NE	69210-1305
NE	69210-1556
NE	69210-1556
NE	68620-1215
NE	68620-1217
NE	68620
NE	68620-1725
NE	68620-1760
NE	68620-1716
NE	69301-3412
NE	69301-2702
NE	69301-4445
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NE	68776-1853
NE	68776-3191
NE	68776-3602
NE	68776-3144
NE	68776-3339
NE	68776-3144
NE	68059-6845

NE	68779-2302
NE	68666-4053
NE	68978-1225
NE	68978-1715
NE	68978-9574
NE	68979-2051
NE	68979-2406
NE	68446-7880
NE	68446-7017
NE	68450-2443
NE	68450-2455
NE	68450-2443
NE	68450-2069
NE	68061-1816
NE	68061-1427
NE	68781
NE	69201-1932
NE	69201-1564
NE	68064-9758
NE	68783-6149
NE	68783-6022
NE	68066-1922
NE	68066-1922
NE	68066-4152
NE	68066-1280
NE	68066-4023
NE	69045-4549
NE	68462-1453
NE	68462-2562
NE	68787-1590
NE	68787-2213
NE	68787-1212
NE	68787-1216
NE	68788-2612
NE	68788-1554
NE	68788-1554
NE	68788-1555
NE	68465-3144
NE	68465-2500
NE	68791-2044
NE	68883-3108
NE	68467-1001
NE	68467-1443
NE	68467-1030
NE	68467-8096
NE	68467-4225

Cost Proposal  
RFP 120174 O3

Third-party administrator to process payments for claims/ invoices for an incarcerated individual(s) healthcare services.

Bidder Name: Correctional Health Partners, LLC

All expenses associated with these services must be bid as all-inclusive. No other costs shall be billed. This is an estimated usage contract based on historical data and will fluctuate based on the average daily population (ADP). The bidder may use the ADP of 5872 and may refer to the historical information provided in the RFP to help aid in developing cost. This contract shall have no minimum/maximum ADP requirements.

The bidder shall provide two (2) cost solutions for the Medical and Dental payment processing fees. One (1) cost solution will be for a flat monthly rate and one (1) cost solution at a rate per incarcerated individual. The State will determine if the award will be based on the monthly flat rate or award at the rate per incarcerated individual, whichever is deemed in the best interest of the State.

1. Bidder shall:

- a. Provide a monthly flat rate for both the Medical Payment Processing Fee and the Dental Payment Processing Fee.

Monthly flat rate	Unit of Measure	ADP	Initial contract term cost per month	Renewal 1 (Optional)	Renewal 2 (Optional)
Medical payment processing fee	Per month	5872	\$134,500	\$139,880	\$145,475
Dental payment processing fee	Per month	5872	\$3,025	\$3,146	\$3,271

2. Bidder shall:

- a. Provide a rate per incarcerated individual for the Medical Payment Processing Fee and the Dental Payment Processing Fee.
- i. For billing purposes, the formula used to calculate the processing fee shall be “fee per incarcerated individual multiplied by the average daily population”, the formula used shall be on every monthly invoice.
1. Example: “\$19.50 (fee) x 5872 (ADP) = \$114,504”.

Rate per incarcerated individual	Unit of Measure	ADP	Initial contract term cost per individual	Renewal 1 (Optional)	Renewal 2 (Optional)
Medical payment processing fee	Per person	5872	\$20.25	\$20.65	\$21.05
Dental payment processing fee	Per person	5872	\$0.45	\$0.48	\$0.51

Cost Proposal  
RFP 120174 O3

Third-party administrator to process payments for claims/ invoices for an incarcerated individual(s) healthcare services.

Bidder Name: Correctional Health Partners, LLC

3. OPTIONAL SERVICES, NOT REQUIRED.

- a. NDCS may consider awarding optional services as outlined in section V.K. at the time of award or after contract award, if deemed in the best interest of the State.
- b. If optional services are provided with the RFP response, the bidder must provide cost for optional services with the response.
- c. Bidder may add additional rows if needed.

Description of Optional Service	Unit of Measure	Initial contract term cost	Renewal 1 (Optional)	Renewal 2 (Optional)
Retrospective Review of claims for medical necessity (K.1 of Attachment A)	Per month	\$31,160		
Prior Authorization Services (K.3 of Attachment A - standalone)	Per month	\$29,415		
Concurrent Review Services – Facility Care Managers follow inpatient care (K.3 of Attachment A - standalone)	Per month	\$29,415		
Medical Records – Retrieval of medical records from outside provider / specialist encounters and send to NDCS (K.3 of Attachment A - standalone)	Per month	\$12,500		
Bundled: prior authorizations, concurrent review and medical record services (K.3 of Attachment A bundled)	Per month	\$57,765		