

INVITATION TO BID

Sealed bids will be received by the County of Cherry, Nebraska, hereinafter referred to as OWNER, at the County Commissioners' Meeting Room in the Cherry County Courthouse, Valentine, Nebraska, until 11:00 A.M., Local Time, May 30, 2023, for 2023 Armor Coat Project, Cherry County, Nebraska.

The contract provides for approximately:

Alternate 1: Cody North Road 28,364 SY 12,156' (feet) x 21' (foot) wide

Alternate 2: Kilgore North Road 95,878 SY 32,440' (feet) x 26.6' (foot) average width

Conditional or qualified bids will not be accepted. Bids will be received and evaluated on a per square yard price basis. No bids may be withdrawn within a period of sixty (60) days after the date fixed for opening bids.

Copies of the bidding documents may be obtained from Niobrara Valley Consultants, 108 West 4th Street - PO Box 50 – Valentine, Nebraska 69201, upon payment of \$75.00 to cover printing costs, none of which will be refunded.

The Bidding Documents may be examined at the offices of Niobrara Valley Consultants and Cherry County Clerk.

Bid security in the amount of five (5) percent of the total bid price must accompany each Bid in the form specified in the Information for Bidders. Bid security may be in the form of a Bid Bond or Certified Check.

The successful Bidder will be required to furnish a performance bond and a labor and material payment bond guaranteeing faithful performance and the payment of all bids and obligations arising from the performance of the contract.

The Owner reserves the right to waive informalities and irregularities and to make awards on bids that furnish the materials and construction that will, in its opinion, serve the best interests of Cherry County, Nebraska. The Owner also reserves the right to reject any or all bids.

It is the Owner's desire to have this work completed in Construction Season 2023.

Brittney Longcor
Cherry County Clerk

Published: Midland News – Valentine Nebraska

Resolution #2023-4

Forest Reserve Funds Distribution 2023

WHEREAS, the forest reserve funds, annually paid into the state treasury by the United States Government under an act of Congress approved June 30, 1906, shall be distributed among the counties of the state entitled to such funds for the benefit of the public schools and public roads of such counties based upon information provided by the United States Department of the Interior, and;

WHEREAS, the Commissioner of Education shall, on or before August 5, make apportionment of such funds to such counties according to the number of acres of forest reserve in each county and certify the apportionment of each county to the county treasurer of the proper county and to the Director of Administrative Services. The director shall make payments to the various counties for the amount specified by the commissioner. Nebraska Revised Statute 79-1044, and;

WHEREAS, Cherry County, Nebraska received a Forest Reserve Funds distribution in the amount of \$77,769.32 in May of 2023, and in accordance with Nebraska Revised Statute 79-1045, and;

WHEREAS, Cherry County does not have any pupils residing in part of a school district which is within a forest reserve, and;

WHEREAS, one-fifth of the apportionment shall be to the public road fund of the county, and;

WHEREAS, the County Treasurer shall, with the approval of the county board, have authority to retain the money to be allocated under this subdivision to Class III school districts of the county to be used for the establishment and support of a county circulating library for Class III school districts, and;

NOW, THEREFORE, be it hereby resolved by the Cherry County Board of Commissioners that the Cherry County Treasurer shall distribute the funds as follows: one-fifth to the Cherry County Road Fund (0200) in the amount of \$15,553.86 and the balance to the Bookmobile Fund (2050) in the amount of \$62,215.46 for the support of a county circulating library.

MOTION BY: _____

SECONDED BY: _____

RESOLVED this 30th day of May 2023.

Cherry County Board of Commissioners

BY: _____
Martin K. DeNaeyer, Chairman of the Board

ATTEST: _____
Brittany N. Longcor, Cherry County Clerk

Cherry County Treasurer

From: NDE SFOS <nde.sfos@nebraska.gov>
Sent: Wednesday, May 17, 2023 2:21 PM
To: treasurer@blainecountyne.com; Cherry County Treasurer;
treasurer@dawescounty.ne.gov; treasurer@siouxcountyne.org;
treasurer@thomascountyne.gov
Cc: gaclark5100@hotmail.com; eric@ericscottlaw.com; lawoffice@harrissonne.com;
kurtarganbright@gmail.com; Janssen, Charlie; Murante, John; Sudbeck, Kelly; Bush, Gary;
Bergquist, Tom
Subject: NDE: Distribution of Forest Reserve Funds
Attachments: DISTRIBUTION OF FOREST CONTROL FUNDS_NDE.pdf; 2122AFR_PPC.pdf

TO: County Treasurer

FR: Michelle Cartwright, School Finance & Organization Services

RE: Distribution of Forest Reserve Funds

On May 22nd, 2023, funds will be electronically transferred to your county (see attachment for distribution totals and per pupil cost printout). This payment represents your county's share of the Forest Reserve Fund. The attached 2021/22 per pupil cost printout should be used to distribute the Forest Reserve funds.

Section 79-1045, R.R.S. provides for the distribution of such funds (located on the Nebraska Legislature webpage: <http://nebraskalegislature.gov/>). According to State Statute, "The county treasurer shall, within twenty days after receiving the apportionment under section 79-1044, apportion the amount as follows: (1) To each school district lying wholly or partly within any such forest reserve, an amount equal to the actual per pupil cost for each pupil actually residing in that part of the district which is within such forest reserve, but this apportionment per pupil shall not exceed the average annual cost per pupil, based on average daily attendance within that county; and (2) of the remaining amount, one-fifth to the public road fund of the county, one-fifth equally to the several school districts in the county, and the remaining three-fifths to the several school districts in the county pro rata according to the enumeration of scholars last returned by the districts. The county treasurer shall, with the approval of the county board, have authority to retain the money to be allocated under this subdivision to Class III school districts of the county to be used for the establishment and support of a county circulating library for Class III school districts. A school district which has failed to sustain a school taught by a legally qualified teacher for the length of time required by law shall not be entitled to receive any portion of the Forest Reserve Fund."

Please note: There appears to be no statutory definition of "scholars" as used in this section. Please consult with your County Attorney to determine the legal distribution of these funds.

Based on a copy of a portion of the United State Department of the Interior Regulations and Amendments provided to the Nebraska Department of Education, within 120 days after the date that payments are received, the county involved shall submit a certification which describes the appropriate distribution of funds. The certification must be submitted to the Nebraska Department of Education, School Finance & Organization Services, by September 15th, 2023. Please forward certification to the email below.

If you have any questions, please contact me at Michelle Cartwright at (402) 450-0867 or michelle.cartwright@nebraska.gov.

NEBRASKA DEPARTMENT OF EDUCATION
SCHOOL FINANCE & ORGANIZATION SERVICES

**COST PER PUPIL BY AVERAGE DAILY ATTENDANCE (ADA) AND BY AVERAGE DAILY MEMBERSHIP (ADM)
FROM THE 2021/22 ANNUAL FINANCIAL REPORT**

Note: Per Requirements in the Every Student Succeeds Act, Federal Expenditures are now included in the Per Pupil Cost beginning in year 2018/19. (Prior years do not include Federal Expenditures)

COUNTY/ DISTRICT NUMBER	DISTRICT NAME	COST PER PUPIL BY ADA	COST PER PUPIL BY ADM
CASS			
13-0001-000	PLATTSMOUTH COMMUNITY SCHOOLS	15,847.00	14,885.00
13-0022-000	WEeping WATER PUBLIC SCHOOLS	23,993.00	22,591.00
13-0032-000	LOUISVILLE PUBLIC SCHOOLS	16,188.00	15,209.00
13-0056-000	CONESTOGA PUBLIC SCHOOLS	17,943.00	16,957.00
13-0097-000	ELMWOOD-MURDOCK PUBLIC SCHOOLS	16,728.00	15,942.00
CEDAR			
14-0008-000	HARTINGTON NEWCASTLE PUBLIC SCHOOLS	21,715.00	21,022.00
14-0045-000	RANDOLPH PUBLIC SCHOOLS	22,217.00	21,196.00
14-0054-000	LAUREL-CONCORD-COLERIDGE SCHOOL	24,102.00	22,745.00
14-0101-000	WYNOT PUBLIC SCHOOLS	25,870.00	24,570.00
CHASE			
15-0010-000	CHASE COUNTY SCHOOLS	18,208.00	17,080.00
15-0536-000	WAUNETA-PALISADE PUBLIC SCHS	26,248.00	24,123.00
CHERRY			
16-0006-000	VALENTINE COMMUNITY SCHOOLS	21,989.00	20,840.00
16-0030-000	CODY-KILGORE PUBLIC SCHS	27,128.00	25,212.00
CHEYENNE			
17-0001-000	SIDNEY PUBLIC SCHOOLS	16,533.00	15,138.00
17-0003-000	LEYTON PUBLIC SCHOOLS	34,235.00	31,672.00
17-0009-000	POTTER-DIX PUBLIC SCHOOLS	29,211.00	27,177.00
CLAY			
18-0002-000	SUTTON PUBLIC SCHOOLS	17,904.00	16,714.00
18-0011-000	HARVARD PUBLIC SCHOOLS	28,311.00	25,587.00
COLFAX			
19-0039-000	LEIGH COMMUNITY SCHOOLS	21,066.00	20,037.00
19-0058-000	CLARKSON PUBLIC SCHOOLS	21,348.00	20,268.00
19-0070-000	HOWELLS-DODGE CONSOLIDATED SCHOOLS	21,302.00	20,258.00
19-0123-000	SCHUYLER COMMUNITY SCHOOLS	14,581.00	13,756.00
CUMING			
20-0001-000	WEST POINT PUBLIC SCHOOLS	20,064.00	19,045.00
20-0020-000	BANCROFT-ROSALIE COMM SCHOOLS	18,765.00	17,470.00
20-0030-000	WISNER-PILGER PUBLIC SCHOOLS	23,842.00	22,513.00
CUSTER			
21-0015-000	ANSELMO-MERNA PUBLIC SCHOOLS	22,185.00	20,704.00
21-0025-000	BROKEN BOW PUBLIC SCHOOLS	15,264.00	14,287.00
21-0044-000	ANSLEY PUBLIC SCHOOLS	23,810.00	22,520.00
21-0084-000	SARGENT PUBLIC SCHOOLS	30,766.00	28,643.00
21-0089-000	ARNOLD PUBLIC SCHOOLS	24,014.00	22,382.00
21-0180-000	CALLAWAY PUBLIC SCHOOLS	28,089.00	25,935.00
DAKOTA			
22-0011-000	SO SIOUX CITY COMMUNITY SCHS	16,361.00	15,135.00
22-0031-000	HOMER COMMUNITY SCHOOLS	19,346.00	17,939.00

**NEBRASKA DEPARTMENT OF EDUCATION
SCHOOL FINANCE & ORGANIZATION SERVICES**

2023

DISTRIBUTION OF FOREST CONTROL FUNDS

County	Total for Distribution
Blaine	\$5,650.06
Cherry	\$77,769.32
Dawes	\$38,317.51
Sioux	\$3,770.37
Thomas	\$44,713.67

Cherry County Treasurer

From: NDE SFOS <nde.sfos@nebraska.gov>
Sent: Wednesday, May 17, 2023 2:21 PM
To: treasurer@blainecountyne.com; treasurer@browncountyne.gov; Cherry County Treasurer; treasurer@dawescounty.ne.gov; treas@holtcountyne.gov; crystal.wiens@hookercountyne.gov; treasurer@mcphersoncounty.ne.gov; treasurer@rockcountyne.gov; treasurer@siouxcountyne.org
Cc: Janssen, Charlie; Murante, John; Sudbeck, Kelly; Bush, Gary; Bergquist, Tom
Subject: NDE: Distribution of Public Grazing Funds
Attachments: DISTRIBUTION OF GRAZING CONTROL FUNDS_NDE.pdf

TO: County Treasurer

FR: Michelle Cartwright, School Finance & Organization Services

RE: Distribution of Public Grazing Funds

On May 22nd, 2023, funds will be electronically transferred to your county (see attachment for distribution totals). This payment represents your county's share of the Public Grazing Fund allocated under provisions of the Taylor Act.

Section 79-1048, R.R.S. stipulates "the county treasurer shall, within twenty days after receiving the apportionment under section 79-1047, distribute the funds to the school districts in the county from which the public grazing funds were derived in proportion to the respective acreage of grazing lands in each district within the county."

A copy of the statute is located on the Nebraska Legislature webpage: <http://nebraskalegislature.gov/>.

Based on a copy of a portion of the United States Department of the Interior Regulations and Amendments provided to the Nebraska Department of Education, within 120 days after the date that payments are received, the county involved shall submit a certification that appropriate distribution of funds has been made. The certification must be submitted to the Nebraska Department of Education, School Finance & Organization Services, by September 15th, 2023. Please forward certification to the email below.

If you have any questions, please contact me at Michelle Cartwright at (402) 450-0867 or michelle.cartwright@nebraska.gov.

**NEBRASKA DEPARTMENT OF EDUCATION
SCHOOL FINANCE & ORGANIZATION SERVICES**

2023

DISTRIBUTION OF GRAZING CONTROL FUNDS

County	Total for Distribution
Blaine	\$6.37
Brown	\$895.11
Cherry	\$8.92
Dawes	\$99.30
Holt	\$20.38
Hooker	\$20.38
McPherson	\$41.10
Rock	\$68.15
Sioux	\$31.85

Resolution #2023-5

Public Grazing Funds Distribution 2023

WHEREAS, the public grazing funds under the federal Taylor Grazing Act, 43 U.S.C. 315j, as such act existed on May 8, 2001, shall be distributed among the counties of the state entitled to such funds for the benefit of the school districts of such counties based upon information provided by the United States Department of the Interior, and;

WHEREAS, the Commissioner of Education shall, on or before August 5, make apportionment of such funds to such counties according to the number of acres of grazing land in each county and certify the apportionment of each county to the county treasurer of the proper county and to the Director of Administrative Services. The director shall make payments to the various counties for the amount so specified by the Commissioner of Education, and;

WHEREAS, the county treasurer shall, within twenty days after receiving the apportionment, distribute the funds to the school districts in the county from which the public grazing funds were derived in proportion to the respective acreage of grazing lands in each district within the county, and;

WHEREAS, Cherry County, Nebraska received a Public Grazing Fund distribution in the amount of \$8.92 in May of 2023, in accordance with Nebraska Revised Statute 79-1047, and;

NOW, THEREFORE, be it hereby resolved by the Cherry County Board of Commissioners that the Cherry County Treasurer shall distribute the funds in the amount of \$8.92 to the Bookmobile Fund (2050).

MOTION BY: _____

SECONDED BY: _____

RESOLVED this 30th day of May 2023.

Cherry County Board of Commissioners

BY: _____
Martin K. DeNaeyer, Chairman of the Board

ATTEST: _____
Brittany N. Longcor, Cherry County Clerk



Employee Health Benefits Plan



A PARTNERSHIP FOR YOU

The Nebraska Association of County Officials (NACO) and Blue Cross and Blue Shield of Nebraska (BCBSNE) are names that have been serving Nebraska residents for over a century.

Our two organizations have joined forces to provide group health plans, care programs and engagement strategies that are tailored to meet the unique needs of county governments and their employees.

While the desire for high quality service and stable premium cost is universal to all of our NACO members, the size and financial resources of our members vary. As a result, NACO now offers a choice through our partnership with BCBSNE where our larger member groups can now provide their coverage through a self-funded option. This strategy allows more of our members to benefit from the best-in-class service options and network discounts provided by BCBSNE while maintaining their preferred financing arrangement.

We're excited to help show you how this program works and benefits of using NACO and BCBSNE to protect your employees and their families health. Thank you for this opportunity.



INSIDE

Access and Coverage

Optimizing benefit plan design and network options for your population

Integrated Care Strategies

Curbing rising medical and pharmacy costs and improving health outcomes

Support and Engagement

Educating and serving members, and maximizing value for your business

ACCESS AND COVERAGE

Network and plan designs ensure access to the care your employees need, while helping manage your bottom line.

NATIONAL AT A GLANCE

1/3

Americans covered by Blue

↑ 1.7M \$24

providers are in-network¹

5 - 9%

Lower national total cost of care²

97%

Claims paid in-network³



Better Insights = Better Care

We work with you to design the plan and network options to manage your company's benefit expenses and your employees' total cost of care.

By assessing claims data and pulling the right combination of levers to make the greatest impact, our goal is to deliver optimal value for your employees and your business, now and in the future. Recommendations are informed by medical and pharmacy benefit utilization, trends across our book of business and predictive analytics.

Thirty-six independent Blue Cross and Blue Shield (BCBS or "Blue") Plans cover more than 108¹ million Americans. Our relationships with providers across the country enable us to negotiate competitive health care discounts, ensure in-network usage and support coordinated Total Care – resulting in lower costs, improved patient experiences and better outcomes.

Nationally, Blue Plans have a leading discount position in most markets, with an average in-network savings of 56%² across the Blue system. This translates into an average \$24 per member per month (PMPM) savings advantage – 5-9% lower total cost of care compared to the competitive average.³

¹ BCBS Association quarterly core member count as of September 30, 2021.

² Based on CY2019 ValueQuest Nationwide Reporting

³ National Consulting Firm CY2018 Benchmark, weighted by national census.

Networks

Your employees expect health benefits that cover the care they need from providers they trust, wherever they are.

BCBSNE provides access to Nebraska's strongest network of health care providers. Statewide and regional network options enable you to balance savings and employee choice. And a Blue ID card gives BCBSNE members access to a broad network of providers across the country and around the world.

 LOCAL OPTIONS		
NETWORK BLUE NEBRASKA-WIDE <hr/> <ul style="list-style-type: none"> • Available to groups across the state of Nebraska • 96% of Nebraska's doctors • 99% of Nebraska's non-governmental acute care hospitals <hr/> Broadest options	PREMIER SELECT BLUECHOICE REGIONAL <hr/> <ul style="list-style-type: none"> • Anchored by Nebraska Medicine, Children's Hospital & Medical Center, Nebraska Methodist Health System, Bryan Health and Boys Town National Research Hospital • Available to members living in Omaha, Lincoln and surrounding communities <hr/> Designed to save up to 6%	BLUEPRINT HEALTH REGIONAL <hr/> <ul style="list-style-type: none"> • Anchored by CHI Health; includes Children's Hospital & Medical Center and Boys Town National Research Hospital • Available to members living in Omaha, Lincoln, Grand Island, Kearney and surrounding communities <hr/> Designed to save up to 6%

 NATIONWIDE ACCESS	BLUECARD[®] PROGRAM	1.7M PROVIDERS	\$24 PMPM SAVINGS ADVANTAGE
 GLOBAL SOLUTIONS	BCBS GLOBAL[®] CORE	2,400+ CONTRACTED FACILITIES	7,000 ENGLISH-SPEAKING DOCTORS



Local Options

Our Network BLUE PPO network includes 96% of all physicians and 99% of all non-governmental acute care hospitals in Nebraska.¹ BCBSNE's negotiating power with Nebraska providers results in competitive discounts that we pass directly on to our customers.

In-network usage is a key factor in maximizing cost savings. The more claims paid in-network at a discounted rate, the greater the total savings for employers and employees.



Global Coverage

Internationally, BCBSNE members can obtain medical and provider referrals for inpatient, outpatient and professional services, including domestic 24/7 customer service, while traveling in over 170 countries around the world through the Blue Cross Blue Shield Global® Core program, at no additional cost.

Additional GeoBlue® Travel Medical Insurance options are also available.



Nationwide Access

For members who live or travel outside Nebraska, the BlueCard® program ensures access to the nation's largest and most preferred PPO network: More than 1.7 million providers in all 50 states, the U.S. Virgin Islands and Puerto Rico,² and more than 67,000 pharmacies through our pharmacy benefits manager, Prime Therapeutics.³

When members access benefits with a BlueCard PPO network provider outside Nebraska, the provider will file the member's claim with their local Blue Plan. This makes things seamless for members, since they only need to provide their BCBSNE ID card to the provider and let us handle the filing process behind the scenes.

Blue Plans' in-network usage averages 97% compared to competitors' average of 94%.⁴



Dental Network

Your employees will appreciate a full dental PPO network with broad access in Nebraska and nationwide.

Our national network – made up of dentists across all participating Blue companies' local service areas – is available to all BCBSNE members enrolled in any type of dental policy. Members seamlessly benefit from the competitive discounts and claim filing agreements Blues have negotiated with local providers wherever they live, work or travel in the U.S.



When dental and medical plans are integrated, members just need one ID card and can easily see any out-of-pocket costs in one place.

¹ BCBSNE statistics, Jan. 24, 2022.

² BCBSA statistics, April 15, 2021.

³ Prime Therapeutics LLC is an independent company providing pharmacy benefit management services for BCBSNE.

⁴ Leading Consulting Firm CY2019 Discount Benchmarking Report

Integrated Pharmacy Benefits

Drug costs can be one of the most daunting health care expenses for companies and individuals alike, but when managed as part of the continuum of care, they don't have to be.

With Pharmacy benefit management (PBM) from Prime Therapeutics (Prime), BCBSNE is able to use integrated medical and pharmacy data and streamlined supply chains to deliver more cost-effective and high-quality care to members.

Prime is co-owned by 18 Blue Plans and, unlike other PBMs, is able to partner on lowering health care costs rather than focusing on drug costs alone. Prime works hand-in-hand with BCBSNE clients to design effective drug Plans and benefits tailored to your employee population's needs.

Prime processes claims and delivers medications to over 30 million members nationwide – fulfilling over 351 million claims, from over 67,000 pharmacies, in excess of \$29 billion per year. The Blues enables economies of scale when it comes to cost savings and competitive rebate structure, while allowing us to diligently attend to our local members' drug management as part of their clinical care.

Together, BCBSNE and Prime have driven savings in the face of dramatic market-wide drug price increases and would expect to do so for your employees in coming years.

ADVANTAGES OF INTEGRATION

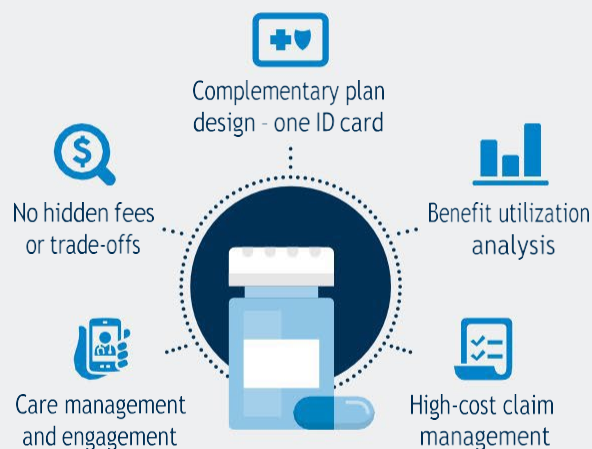
MEDICAL MANAGEMENT

Provider network and plan design
Payment integrity
Claims management
Care management
Total Care, including preventive care



PHARMACY MANAGEMENT

Pharmacy network and Preferred Drug List (PDL) design
Drug utilization and pipeline monitoring
Medication adherence and care-gap closure
Value-based contracts
Manufacturer rebates



A well-integrated pharmacy benefit management program uses many levers to lower health care costs and improve outcomes, and offers choice in two key areas: pharmacy networks (where you get medications) and prescription drug lists (what medications are covered).

Pharmacy Networks

We offer a choice of four pharmacy networks to balance the health care needs of your employee population and maximize cost savings. Our competitive agreements with most retail pharmacies, including Walgreens, ensure your employees can easily fill and save more on their prescriptions.

All our pharmacy plan and network options include:

Extended Supply Network (ESN) for members to get medications in greater than one-month supplies via select ESN pharmacies, including home delivery options.

Home Delivery for members to get medications in greater than one-month supplies delivered by mail.

Prime Specialty Network for convenient and cost-effective delivery of certain self-administered injectable drugs, infused drugs or oral medications used to treat serious, chronic conditions.

Pharmacy Vaccination Program, allowing members to easily get covered vaccinations at select in-network pharmacies without an appointment, simply by showing their BCBSNE member ID card.

Prescription Drug Lists

We offer a choice of prescription drug lists (PDLs) and aggressively manage different options to combat rising drug costs by:

- Driving utilization of preferred brand-name drugs
- Removing non-essential drugs
- Capitalizing on availability of over-the-counter options
- Closely monitoring high cost brands
- Maximizing cost-effective therapies
- Educating providers and members about any suggestions or changes therein

Pharmacy Benefit Funding

BCBSNE and Prime offer flexible pharmacy benefit pricing options with low administrative fees to meet the needs of our self-funded clients – all of which eliminate the incentive to promote high-cost brand-name drug use. In other words, we work together to lower net costs without compromising the impact of drug therapies on members' quality of care.

Pharmacy Benefit Management

Drug costs can be one of the most daunting health care expenses for companies and individuals alike, but when managed as part of the continuum of care, they don't have to be.

Though closely integrated with Prime Therapeutics, LLC (Prime), we also work with other pharmacy benefit managers (PBMs) upon request. Our goal is always to be there for our members and provide the best possible experience. We have successfully integrated with multiple PBMs on behalf of our clients – from shared eligibility files to consolidated member ID cards – and will be happy to discuss options to meet your needs.



THE BOTTOM LINE

Many employers are integrating with a single insurance carrier, considering things like cost-effectiveness, an ideal benefits package and better employee experiences

15%
lower hospital
visits

7%
lower ER
visits

\$148
lower medical
costs PMPY

A photograph of two white ceramic mugs filled with coffee, sitting on a dark wooden table. The lighting is soft and warm, creating a cozy atmosphere. A diagonal white line cuts across the image from the top left to the bottom right, separating the title area from the main content area.

SELF- FUNDING ALTERNATIVE

ROBUST OPTIONS

It is important that you find the right balance of financial risk and flexibility for your group, which is why NACO and BCBSNE have partnered to offer this new self-funded program.

Self-Funding Program

NACO Group Purchasing Power

The central goal of NACO has always been to serve our members. One of the best ways for us to help our members is to facilitate the group purchase of critical material and services for our members. NACO has a long, successful track record of providing discounts on critical services by leveraging the buying power of all of our members.

Health insurance has been a significant budgetary challenge for our members and a significant focus for NACO. The NACO Insurance Pool has proven to be a successful solution for many of our counties for over 25 years. While this program is successful, it was not a perfect fit for all of our larger groups, so we have expanded our program to offer self-funded groups the same group purchasing discounts our smaller members have enjoyed.

Self-Funded Plan Consultation

Choosing to self-fund your employee benefit program is a complex decision for any county. At its core, the county becomes the insurance provider for each member and has the responsibility to provide both financial protection and quality service within the regulatory requirements outlined by the State.

NACO's package of self-funded services includes the all the documents you need to assure full compliance with all state and federal regulations, including the unique rules that apply to governmental sub-groups. These services are included in our rates and coordinated with the administration service and reinsurance coverage.

Self-Funded Administration with BCBSNE

Self-funded plans help maximize cash flow and reduce administrative expenses for larger companies that are comfortable incurring some financial risk.

BCBSNE offers custom administrative services only (ASO) plans for larger counties who wish to customize medical and pharmacy benefits, as well as ASO Block Pricing for NACO member employees who want to lower administrative costs by selecting a standard plan design.

For the NACO ASO option, BCBSNE makes initial claim payments to providers and subsequently bills the county, based on the established billing frequency for net paid claims (minus adjustments and prescription drug rebates). A monthly summary report details payments, including net paid claim funding requests, administrative fees, BlueCard fees and unpaid balances from previous invoices.

NACO and BCBSNE has engaged Highmark Insurance Group (HMIG), BCS Financial and International Specialty Underwriters, Inc. (ISU) – to be our exclusive stop-loss provider for this program. By leveraging the volume of NACO, we have been able to obtain preferred pricing, policy terms and renewal underwriting for our members, which not only assures the best net price for the coverage but also provides the piece of mind that the coverage provided is consistent with the coverage outlined in your Plan Document and administered at BCBSNE.

INTEGRATED CARE STRATEGIES

A well-integrated approach
to curb rising medical
and pharmacy costs and
improve health outcomes.

NEBRASKA AT A GLANCE¹

3.5k 200+ 300k \$75.5M 81%

Total Care
physicians

Clinics

Total Care
members²

savings per year for average 200K
BCBSNE attributed members

live within 5 miles of
a Total Care provider

Seamless integration of medical and pharmacy benefits, care and data, enables more efficient and cost-effective treatment



Effectively lowering health expenses demands a comprehensive approach to patient care across the continuum – from preventive screenings and wellness programs, to unexpected one-time health events or lifelong management of chronic conditions.

BCBSNE works with providers to set quality measures, help gather and analyze patient medical and pharmacy data, reduce unnecessary services, create mutual accountability for positive health outcomes, and ensure their financial compensation is tied to those outcomes. Meanwhile, we work with you to understand and address key factors for your employee population, and directly engage your members to ensure they're getting the treatment, education and support they expect.

Clinical strategies encompass many levers to support total patient care:

- Focus on establishing a primary care provider as the quarterback for employees' care
- Clinical care management, including dedicated support and targeted offerings to help manage employees' chronic and high-cost conditions
- Wellness programs, promoting a whole-person approach to physical and mental health
- Provider distinction programs to steer employees to the highest-quality and lowest-cost care options

By strategically tending to all factors that impact members' experience, we're able to improve their quality of life and lower immediate and long-term costs.

Total Care

Blues' approach to value-based care

Employees connected (or “attributed”) to a Total Care physician at an Accountable Care Organization (ACO) or Patient-Centered Medical Home (PCMH) are more likely to be engaged with their doctors, avoid inpatient hospital stays or emergency room visits, prevent life-changing or -threatening illness and effectively manage chronic conditions.

Knowing that health care is most effective when the primary care provider is a member’s home base, we’ve pioneered this model and established mutual accountability with Nebraska providers to:

- Strengthen coordination and the quality of care
- Measurably improve immediate and long-term health outcomes
- Reduce waste and lower costs

Total Care providers are incentivized by BCBSNE for the quality of care they deliver, in coordination with specialized providers, rather than the volume of services they provide.

We’re proactively driving the shift from volume to value and raise the bar across the continuum of care, with efforts like:

- Find-a-Doctor tools now prioritize Total Care options
- Data sharing and opportunity analysis is a cornerstone of our Total Care program with providers
- Risk-based agreements with ACOs ensure providers have skin in the game
- Value-based agreements with pharmacies ensure drug utilization is addressed just like any other medical care
- Communications to encourage preventive care
- Education programs steer members to appropriate sites of care

And because our fellow Blue Plans have done the same, we are able to bring the strongest Total Care providers to your employees wherever they are.



OUR NEBRASKA ACOs

Bryan Health Connect

CHI Health Partners

Great Plains Health Innovation Network

Midwest Independent Physician’s Practice Association

Nebraska Health Network (Nebraska Medicine and Methodist)

OneHealth Nebraska

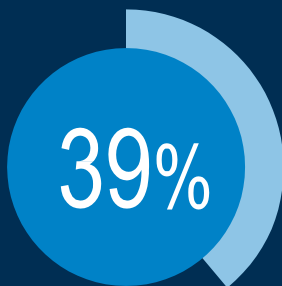
South East Rural Physicians Network

Think Whole Person Healthcare

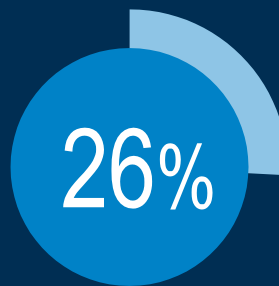
Blueprint Health

Total Care is driving a 30% decrease in nationwide cost trend¹

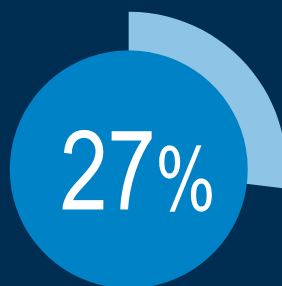
Locally, Nebraska Total Care results include the following...



**BETTER BLOOD GLUCOSE
LEVEL MANAGEMENT**



**BETTER COLORECTAL
CANCER SCREENING RATE**



**BETTER ANNUAL PCP
VISIT RATE AMONG 3 TO
21 YEAR OLDS**

LOCAL FINANCIAL IMPLICATIONS

Annual health care costs for BCBSNE Total Care members attributed to an ACO or PCMH were \$636 lower on average (\$53 per month) in 2020-21.

Nebraska ACOs and BCBSNE employer groups saved \$75.5M in 2020-21 with Total Care.²

¹ Compared to non-Total Care providers. BCBSA BDTC Evaluation 3.0 - National Aggregate Results, Jan. 2018.

BCBSNE Total Care data based on total members in Nebraska, 2019-20 program year.

² BCBSNE data. Total Care 2020-21 program year.



MEMBER TESTIMONIAL

I appreciate the phone calls from Roxanne. If I had any concerns or questions she was able to answer them and encouraged me to keep doing my best. I think this is an excellent service.

WELLNESS SPECTRUM

01

WELLNESS
PROGRAMS

Healthy

02

DISCHARGE
FOLLOW-UP

Stable

03

CARE
COORDINATION

At Risk

04

HEALTH COACHING
& ADVOCACY

Chronic

05

CASE
MANAGEMENT

Critical

Care Management and Health Advocacy

Care Management Team

BCBSNE has five medical directors and 65 nurses on staff who work closely with members and their physicians, pharmacists and other service providers to ensure high-quality care and frequent engagement by:

- Advocating for patients, as a liaison with their providers
- Reinforcing treatment plans and medication adherence
- Educating patients and families about their care options and benefits
- Preauthorizing care, if needed
- Coordinating overall care and claims for major illness, including transitions home from a hospital stay, transfers to a skilled nursing facility, inpatient rehabilitation, home health visits or hospice care

Predictive Analytics

Data modeling helps us identify members who are a good fit for our clinical management programs or may simply need a little extra support navigating their care. Predictive analytics take into account demographics, social determinants of health, critical risk scores, medical history, pharmaceutical treatment and more. And our commitment to concierge-level service ensures that our customer service team can connect your employees with a nurse care manager as soon as we see the need – or as soon as they ask for help.

By keeping a close eye on high-cost claims, we are able to identify direct care opportunities and seize opportunities for broader cost savings – on an individual basis and group-wide.

5

medical
directors

65

nurses
on staff





Care transitions and health coaching programs saved BCBSNE customers \$3.4M in 2021.

HEALTH COACHING

For high-risk members who need support to take charge of their own behaviors (weight management, smoking cessation and stress management) and understand all factors impacting their well-being, including social determinants, medical care, prescriptions and more

Interactive Coaching Tools

For all of these programs, our mobile app, powered by Wellframe, allows members to connect with their care team privately and conveniently – when, where and how they choose. Through the interactive, cloud-based platform, your

employees can chat with a nurse, receive appointment and medication reminders, track medications, access libraries of articles and checklists, and more.

Members are also able to engage with care managers and health coaches over the phone, if they prefer.

Full-spectrum diabetes management solutions



Health Coaching for Type 1, Type 2 and Prediabetes Management

\$0 Cost Share for Preferred Insulin

Type 2 Diabetes Reversal Program, provided by Virta

CARE TRANSITIONS

For members discharging from acute care in a hospital setting

DIABETES MANAGEMENT

Performed by in-house nurses certified in diabetes education and offering \$0 cost shares for preferred insulin; available to all members with a diabetes or prediabetes diagnosis who may be at risk for more serious conditions.

In addition to in-house diabetes management, we also offer Virta, a nutrition and wellness program to reverse type 2 diabetes using a ketogenic

nutrition method. Members will use Virta-designed tools, equipment and personnel for clinical engagement.

ONSITE VISITS

For members in Omaha and Lincoln in a hospital setting

SPINE PAIN MANAGEMENT

For outpatient interventional pain management and inpatient or outpatient cervical and lumbar spine surgeries, in collaboration with NIA Magellan

RADIOLOGY PRE-SERVICE REVIEW

To ensure the necessity and appropriateness of Computed Tomography (CT/CTA), Magnetic Resonance Imaging (MRI/MRA), Nuclear Cardiology or Positron Emission Tomography (PET) scans

COMPLEX CASE MANAGEMENT

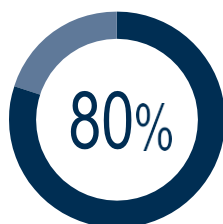
For complex medical conditions or comorbidities that require more individualized attention

PREGNANCY CARE

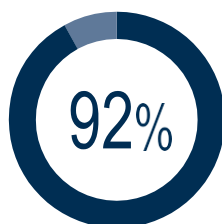
For all expectant mothers, provides education, encouragement and support

SPECIALTY PHARMACY

For members with conditions like multiple sclerosis, hepatitis and rheumatoid arthritis, whose treatments can be extremely high in cost, to help leverage deeper discounts, promote medication adherence and support well-rounded treatment



of care management members engage in their care plan weekly



feel more in control of their health plan after completing a program

MEASURABLE IMPACT

Members enrolled in care management programs are significantly less likely to need follow-up visits or hospital readmission and more likely to adhere to their medications.

Provider Distinctions



BCBSNE helps tackle cost and quality head on by prioritizing access to quality, integrated care via designated local and national Total Care providers, local and national Blue Distinction Centers and Nebraska-based Preferred Centers.

We hold physicians and their facilities accountable to mutually established quality guidelines, award them for proven success and use those hard-earned, prestigious designations to help members locate the ideal doctors and facilities for the care they need.



Preferred Centers for Total Knee and Hip Replacement and Spine Surgeries

Preferred Centers are surgical facilities recognized for high-quality care, including high patient satisfaction, low readmission rates, low infection rates and lower costs. BCBSNE will waive deductible and coinsurance amounts* for the inpatient and outpatient facility fees for members of participating plans who have total knee or hip replacement or spine surgeries done at one of these hospitals:

Facilities for Total Knee and Hip Replacement and Spine Surgeries

- Lincoln Surgical Hospital
- Kearney Regional Medical Center
- OrthoNebraska Hospital
- Midwest Surgical Hospital

Facilities for Total Knee and Hip Replacements

- Columbus Community Hospital

Facilities for Spine Surgeries

- Nebraska Spine Hospital

Blue Distinction Centers

Our Blue Distinction Specialty Program has awarded more than 5,370 designations to nearly 2,500 facilities and providers in 11 specialties in Nebraska and across the country – with the goal to provide valuable information to employers and members when determining where to go for specialty care.

Blue Distinction Center+ facilities meet quality criteria and also demonstrate exemplary cost efficiencies.

Patients treated by these Blue Distinction providers have better results and lower hospital readmission rates than those treated by non-designated providers. Blue Distinction+ providers are also more cost efficient, averaging more than 20% savings per episode compared to non-designated providers.

*Qualified high-deductible health plans will have only coinsurance waived.

The Preferred Centers program is not available to Medicare Supplement, Medicare Advantage or FEP members.



Members can easily find more than 20 designated Blue Distinction facilities in Nebraska at [NebraskaBlue.com/Find-a-Doctor](https://www.NebraskaBlue.com/Find-a-Doctor)

BLUE DISTINCTION PROVEN RESULTS

	HIGHER QUALITY (BDC / BDC+ COMBINED)	LOWER COSTS (BDC+ ONLY)
Bariatric Surgery	10% lower ER visits 21% lower readmissions 29% lower surgical site infection rate	23% overall savings
Cardiac Care	17% lower in-hospital mortality rate 12% lower inappropriate procedure rate 12% lower bleeding complication rate	21% overall savings
Knee, Hip Replacement	9% lower complication rate	21% overall savings
Maternity Care	75% lower early elective deliveries 49% lower episiotomy rate 24% lower cesarean delivery rates	20% overall savings
Spine Surgery	48% lower reoperation rate (90-day lumbar) 26% lower readmission rate (30-day lumbar unplanned) 55% lower reoperation rate (90-day cervical)	27% overall savings
Substance Use Treatment and Recovery	27% lower readmission rate (90 days post) 14% better prescribing patterns of MAT 9% better continuation of care (90 days post using MAT)	67% overall savings
Transplants	14%+ better one-year graft survival rate for adult solid organ transplants 12%+ better one-year patient survival rate for adult and pediatric bone marrow/stem cell transplants	34% overall savings

Additional Blue Distinction specialty care facilities outside Nebraska are available for Cancer Care, Cellular Immunotherapy (CAR-T), Fertility Treatment and Gene Therapy.

Wellness Solutions

Health care doesn't just happen in a hospital setting, and it doesn't stop when employees enter the workplace. People work their best when they feel their best.

There are huge payoffs to integrating wellness services and incentives with your health plan. First, employees invest energy in their own well-being, improving their overall health and lowering costs of care – to you, themselves and society. As a result, they're more productive and engaged in the workplace, and have a greater appreciation for the value your company adds to their lives.

Our workplace wellness solutions help you analyze the health of your workforce and tailor results-oriented programs to its unique needs. Whether you are new to helping employees get healthier or have a long-running wellness approach, our consultants help you gain and maintain momentum that can have a meaningful impact on employees' quality of life and your bottom line.

Expert Consultation and Tailored Programs

We offer two levels of workplace wellness programs, depending on the size and needs of your employees:

Plus solution – affordable programming, reporting and consultation for groups of any size

Premium solution – behavioral-change programs and tech platform for groups of 50+ employees

Wellness Strategic Plan

Both solutions start by administering a comprehensive personal health assessment to collect critical information about enrollees' biometrics, risk factors, health interests, activity and nutrition, knowledge and perceptions, and readiness to change. The assessments, developed by behavioral science, clinical medicine, nutrition and exercise science experts, concentrates on health behaviors and biometrics to predict risks for disease and summarize lifestyle changes that can lower them.

The personal health assessment is:

- Easy – intuitive and done in only 15 minutes
- Convenient – available on any device, English or Spanish
- Immediate – provides a personal health score and actionable risk reports
- Insightful – shows personal trends and opportunities from one assessment to the next

Following the assessment, BCBSNE's on-staff wellness experts work closely with you to develop a wellness strategic plan, including initiatives tailored to your company culture and evidence-based promotional tactics to ensure engagement. Aggregate reporting enables us to uncover organizational health trends and introduce appropriate interventions out of the gate and down the road.



We are committed to helping all members understand their health status and identify opportunities for personal improvement. Turnkey wellness resources available to you at no cost include:



Structured wellness programs can result in:

Better health
Greater workplace engagement
Increased productivity

Decreased absenteeism
Reduced stress
Lower health care costs

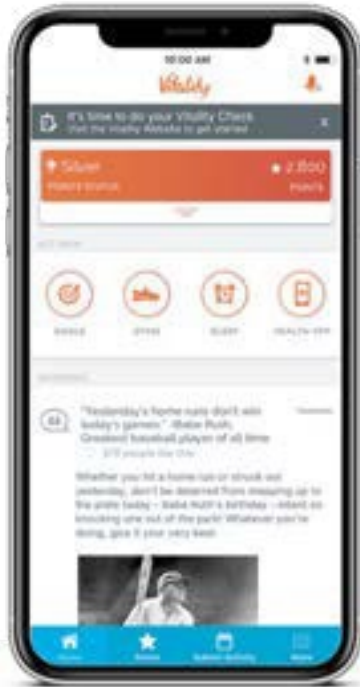
Premium Wellness Option

The Premium solution, powered by Health Fitness experts and the Vitality Health platform, also integrates biometric screening, health education and one-to-one wellness coaching – online, over the phone or in person – to support employees in the lifestyle changes that will improve their lifelong health and lower costs of care.

The robust Vitality Health Review™ gathers information about 14 modifiable health risk factors and provides a Vitality Age that translates everyday lifestyle behaviors into a personalized health “age,” where, for example, a 40-year-old member who smokes and has high cholesterol may, based on the relative mortality risk factors, have a Vitality Age of 49.

Vitality Wellness Platform

As part of your Premium wellness program, members have access to a web-based platform (also available through a Vitality Today® mobile app) that can be linked to hundreds of smart fitness devices. Here, they can access their personal health assessment results, health profile, program status and rewards, lifestyle coach, and a broad selection of employer- and individual-tailored resources and activities.



PLATFORM FEATURES

- Targeted newsfeed and alerts based on one's health profile, activity and employer-sponsored programs
- Ability to track physical activity by hooking in smartphone apps or hundreds of fitness devices
- A Points Planner to track activities, earn Vitality Points and advance status tiers
- Dynamic interaction with fellow employees through quarterly challenges and friendly competition

Premium programs and services are delivered through the professional staff of our wellness vendors, Health Fitness and Vitality Health, who ensure participants' information is held in strict confidence and protected by law. This includes data from the health screenings, health assessments, health advisor and coaching calls, and other company-sponsored wellness program activities. Only aggregate data is provided for program analysis. Fees for the Premium wellness program are customized for each employer.

SUPPORT AND ENGAGEMENT

Helping employees make the best use of their benefits, supporting your team and providing insights to continually optimize your plan.

AT A GLANCE¹

105

customer reps
in Nebraska

375k

customer calls
serviced annually

99.4%

claims processed
within 30 days



Member Services: Here for Your Employees

The phrase that can most commonly be heard throughout BCBSNE is “One Team. In It for Our Members.” It’s our rally cry and the primary filter through which we make decisions – from what products to offer to how to help a member through an emergency appendectomy.

We employ evidence-based tools, communication tactics and service models to make sure members are aware of their benefits, understand how to use them, have a sense of ownership of their own health and feel comfortable getting as much support from us as they need, in sickness and wellness.

When it comes down to it, BCBSNE members will always be able to speak to a live representative who is based right here in Nebraska. Our service team walks side-by-side with our members, advocating on their behalf – from contacting a provider to find out what services are being done to ensuring they’re billed correctly.



ALL MEMBERS CAN EXPECT:

- Toll-free 800 number to reach service representatives 7:30 a.m. to 6 p.m. CT, Monday through Friday
- Health advocacy and help connecting with their providers to clarify benefits, resolve issues, etc.
- Guidance on how to find doctors, use self-service tools, understand costs and best use their benefits
- A concierge level of care, connecting them to nurse care managers for assistance with chronic conditions
- Ability to easily order ID cards online or by phone

Supporting members throughout their health care journeys

GETTING STARTED

- Open Enrollment support
- Welcome Kits to help employees know and understand their plan benefits, services, tools and programs
- Outreach to engage members with their online account and tools
- Onboarding tips for first-time users of myBlue or when calling customer service



ENGAGING IN TOTAL CARE

- Proactive health education and communication about making the most of benefits
- High-touch Member Services, including personalized support, program referrals, provider liaisons and cost savings advocacy
- Health Assessment to understand current health, goals and optional programs
- myBlue account to find doctors and estimate costs
- Steerage to the right care at the right time, whether online or on the phone

MANAGING CONDITIONS

- Proactive outreach to employees who are or may soon need Care Management services, including diabetes, maternity and more





myNebraskaBlue MEMBER PORTAL

Self-Service Resources

Especially in this always-on, digital age, it's important to foster employees' personal agency in navigating their health care and benefits through available resources.

Through our online member portal, members can:

- Compare in-network providers
- Find in-network pharmacies and covered medications
- Estimate costs
- Sign up for email notifications
- Access your mobile ID card or order printed cards
- Track health care spending and claims activity
- Contact Member Services

To register, members simply visit **myNebraskaBlue.com** and complete four simple steps.

Employees may also access resources on **NebraskaBlue.com** without logging into the member

portal.



CARE MANAGEMENT

Employees taking advantage of our care management programs are able to connect with their care managers and health coaches privately via our Wellframe® platform.

The mobile app, accessible on their smartphone, tablet or computer, provides daily checklists and allows secure, two-way conversations. Those who prefer not to use a mobile app are also able to connect with their care manager or health coach by phone.

26% increase in utilization of preventive services



WELLNESS AND PREVENTIVE CARE

Anyone can access free health and wellness tools at **NebraskaBlue.com/Wellness**.

Resources include:

- An individual health risk assessment
- Body Mass Index (BMI) calculator, waist-to-hip ratio calculator, target heart rate calculator and calorie counter
- Smoking cessation, weight loss and mental health programs
- Timely personal health challenges and tip sheets
- And more



TELEHEALTH VIRTUAL DOCTOR VISITS

Members have on-demand access to U.S. board-certified physicians to help with over 1,200 common acute medical diagnoses or mental health concerns through Amwell®, our telehealth vendor. Amwell's secure platform enables patients to easily connect with a doctor by computer, tablet or phone.

Telehealth has been shown to reduce medical costs, save time, improve productivity and reduce absenteeism, enhance access to care and increase employee satisfaction.



BLUE CROSS BLUE SHIELD GLOBAL® CORE

With the BCBS Global Core mobile app, world travelers have convenient access to doctors

and hospitals around the world. Members have 24/7/365

telehealth access to multilingual, licensed physicians that can prescribe medicines for local pickup through Teledoc Health

The platform provides medical translations of common health care terms, including bidirectional audio and pronunciation assistance.

Travelers experience seamless coordination of transportation logistics and transfer to receiving facility.

\$244 average savings per Amwell visit, compared to in-person doctor's visit



LIVE AND LOCAL EVENTS

Member Steerage, Education & Advocacy

It's no secret that health care and health insurance can seem

complicated. As much as some may want to manage everything themselves, your employees need help understanding their benefits, navigating the health care system and knowing that someone is advocating on their behalf. We're here to help.

During open enrollment or any time of the year, we offer face-to-face (on site in Omaha and

Lincoln, or virtually) education about your plan, tips to maximize

benefits or specific health topics of your choosing. This includes hosting or participating in your existing health and benefits fairs, if you choose.



COMMUNICATION CAMPAIGNS

We provide complete employer toolkits, including topic calendars, how-to guides, marketing collateral and more to help you support members' health journeys via your existing communication channels.



MEMBER OUTREACH

Our quality, care management and customer service teams are trained to identify –

through claims data, health assessment trends or simple

customer service conversations – members who are good candidates for health and wellness programs or need a little extra support. We proactively follow up with them to connect them with no-cost resources to improve their well-being as part of our care management programs.



KNOW WHERE TO GO

Where employees get care and prescriptions makes a big difference in the cost and their overall experience. We offer education programs and tools to make it easier to decide:

- When to go to the ER or urgent care facility
- When to set up an office visit or use telehealth
- When to seek a freestanding facility for lab work or radiology
- When to explore lower-cost drug alternatives
- Why and how to find a Total Care provider or Blue Distinction Center



BLUE365® PERKS

Helping employees live a healthy life includes making positive health choices easier and more

affordable for them.

Blue365, available to all Blue

members, offers exclusive savings on select programs and services to improve and maintain everyday health, including fitness memberships to more than 10,000 gyms, athletic footwear, activity trackers, healthy food delivery services, vision and hearing devices and more.

All members need to do is join the Blue365 email list to receive deals every week. Learn more at **Blue365Deals.com/BCBSNE**.



NACO Account Services: Here for You

NACO has been your strategic partner on critical issues impacting county government for over 100 years. We are not only invested in our members, but also in the health and well-being of their employees. The partnership between Blue Cross Blue Shield of Nebraska and NACO allows us to leverage two great organizations to better serve you and your employees.

NACO Benefit Services was formed to assist our members in designing benefit structures, networks and services packages that fit the needs of Nebraska county employees. We continually monitor claim trends and service feedback to identify opportunities for cost savings and service enhancements. Our field representatives have years of experience working with Nebraska county benefit employee benefit plans and use this background to offer consultation that improves the immediate and long-term health of your employees, and lowers the cost of care to you, them and the county.

We also strive to help you make things easier on your benefits management team – with direct access to an experienced benefits ally right here in Nebraska who may not immediately have every insight and answer your need, but knows right where to find it.

From annual enrollment to high-cost claim management to Total Care quality and cost data analysis, we are on your side.

Employer Online Access

With our Employer Online Access self-service tool, your team can easily help your employees find the answers they need. You can log in to:

- View reports
- Order member ID cards
- Help an employee find a doctor
- And more



Implementation and Onboarding

Speed to determine eligibility, confirm benefits and get an ID card in hand are of the utmost importance to you and your employees. We also want to make sure employees are educated about the benefits you offer and equipped to make the best decisions for themselves and their families.

As part of your dedicated account management team, your implementation specialist will oversee the entire implementation and onboarding process.

We are also available to help you onboard employees throughout the year and assist members with plan transitions, claims management, benefits education, care management and any other customer service needs.

Employee Enrollment

We offer several secure options for electronic benefits enrollment to free up your HR team's time.

Employer-only option – allowing you to enter employees' benefit election information into BCBSNE's system, during open enrollment and throughout the year

Data exchange – an alternative option for employers with 100+ members to easily transmit HIPAA-compliant membership data from other benefits enrollment systems on a weekly basis

With any option, you have complete control of the open enrollment process and are able to easily view, change or approve employee elections

Premier Service

With our Premier service solution available to select self-funded groups, your employees receive extra support to get the most out of your coverage and make life easier on your benefits team. In addition to the service described above, you'll have:

A dedicated 800 number and the ability to customize messages for your employees



In-person support (live or virtual) for employees at open enrollment meetings



Welcome calls to new members at enrollment and throughout the year



A tailored communication calendar to help educate and engage your employees



Culture immersion training to analyze your company culture and needs

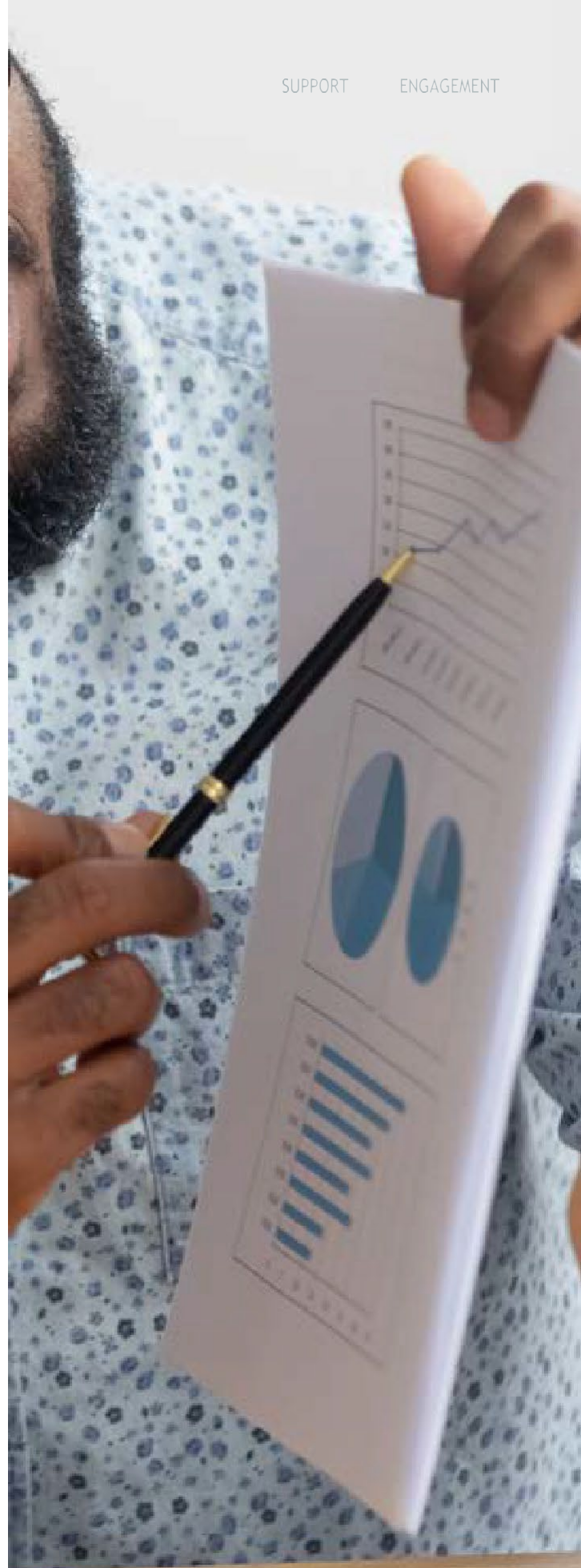


An annual review of account activity and key opportunities



In addition to other standardized reports, our Premier service model includes a quarterly customer service snapshot including:

- Number of member calls received
- Top reasons for calls
- Survey comments
- Welcome calls and care management connections made
- Top opportunities for improvement





Reporting and Analytics

Ongoing analysis is a touchstone of our strategic partnership. Because we see consultation as an investment in our relationship with you and your employee population, we don't charge for these value-added services.

For all self-funded accounts, as well as for fully-insured accounts over 500 enrolled contracts, a client data consultant on your account team will coordinate all reporting functions, monitor trends and proactively provide detailed opportunity analysis. Together, we'll use data-driven insights to maximize plan efficiency, employee engagement and quality of care, and overall cost management.

Available Reports

Depending upon the funding method, you will have access to a variety of common client reports accessible online, as well as customized reporting created by your client consultant based on specific needs.

Claim Management

We proactively manage high-cost claimants with a combination of data analysis and clinical care management. Using advanced predictive modeling, we address member (and caregiver) engagement and medical and pharmacy benefit utilization to support high-cost members throughout their health journeys. Specific interventions may include preauthorization, clinical review, advance care planning, steerage to the highest quality providers and facilities, onsite hospital and discharge transition support, complex case management, and thorough clinical and financial review of high-cost claims.

Payment Integrity

You need an experienced, full-service benefits administrator that provides quick claims processing, but also makes sure you're not paying for what you shouldn't.

Coordination of benefits, claim investigation and overpayment protection are critical components of our account service model. We also have three teams dedicated to the diligent monitoring and prevention of health care fraud, waste and abuse.

Our Special Investigations Unit is focused on identification, investigation and recovery of funds expended due to fraud, waste or abuse.

Nurses in our Provider Audit unit conduct pre- and post-payment facility claim reviews to uncover potential billing and coding errors.

Our Plan Performance Audit department reviews claims processing transactions to ensure compliance with applicable guidelines.

This combination of due diligence results in significant cost control and peace of mind for your company and your employees in the short and long term.

Perpetual Innovation

While the programs and services included in this proposal are available to you today, we are always looking to the future to vet and implement new solutions that add meaningful value for your employees. Teaming up with BCBSNE is like adding a health benefits research and development crew to your staff.

We certainly seek insights into your company's utilization data to optimize your integrated plan design, clinical support and engagement strategies as part of our commitment to analytics and consultation. We also look at data across our provider network and full member base to analyze trends and proactively pivot products or programs based on predictive modeling. Beyond our book of business, we collaborate with fellow Blue plans across the U.S. to understand broader American health, benefits, engagement and employer trends and identify opportunities therein. We also have an ever-evolving digital technology roadmap to underpin engagement strategies and make it ever-easier for you, your employees and providers to engage with us and one another.



Proposal Spreadsheet



Group: Cherry County

Effective Date: 7.1.23

Census:	Single:	19	EE & Sp:	0	EE & Ch:	0	Family:	35
		Current		Renewal		Option 1		Option 2
Carrier:		HM Life		HM Life		HM Life		HM Life
Administrator:		BCBSNE		BCBSNE		BCBSNE		BCBSNE
Fixed Costs:								
Specific Deductible		\$35,000		\$35,000		\$45,000		\$50,000
Specific Contract		12/15		12/15		12/15		12/15
Single		\$181.48		\$313.76		\$266.69		\$256.11
EE & Sp (+1)		\$403.54		\$733.29		\$631.42		\$609.47
EE & Ch		\$403.54		\$733.29		\$631.42		\$609.47
Family		\$403.54		\$733.29		\$631.42		\$609.47
Sub-Total		\$210,864.24		\$379,519.08		\$326,001.72		\$314,370.48
Aggregate Premium		24/12		24/12		24/12		24/12
Aggregate		\$19.16		\$23.23		\$25.57		\$26.62
Sub-Total		\$12,415.68		\$15,053.04		\$16,569.36		\$17,249.76
Administration Fees								
Medical Admin.-Single		\$35.00		\$35.00		\$35.00		\$35.00
Medical Admin.-Family		\$35.00		\$35.00		\$35.00		\$35.00
PPACA Admin.		\$0.00		\$0.00		\$0.00		\$0.00
UR Fee		\$0.00		\$0.00		\$0.00		\$0.00
PPO Access		\$0.00		\$0.00		\$0.00		\$0.00
Sub-Total		\$45,360.00		\$45,360.00		\$45,360.00		\$45,360.00
Fixed Costs Total		\$268,639.92		\$439,932.12		\$387,931.08		\$376,980.24
Claims Costs:								
Aggregate Factors:								
Single		\$663.96		\$811.17		\$859.34		\$878.50
EE & Spouse		\$1,593.50		\$1,946.81		\$2,063.62		\$2,108.40
EE & Child		\$1,593.50		\$1,946.81		\$2,063.62		\$2,108.40
Family		\$1,593.50		\$1,946.81		\$2,063.62		\$2,108.40
Sub-Total Expected		\$513,744.96		\$627,651.26		\$665,142.53		\$679,748.16
Sub-Total Maximum		\$642,181.20		\$784,564.08		\$831,428.16		\$849,685.20
Contingencies								
Aggregating Specific		\$75,000.00		\$75,000.00		\$75,000.00		\$75,000.00
Lazer Liability		\$0.00		\$0.00		\$0.00		\$0.00
Contingencies Sub-Total		\$75,000.00		\$75,000.00		\$75,000.00		\$75,000.00
Claim Costs Total		\$717,181.20		\$859,564.08		\$906,428.16		\$924,685.20
Total Plan Costs:								
Total Expected Plan Costs:		\$857,384.88		\$1,142,583.38		\$1,128,073.61		\$1,131,728.40
Total Maximum Plan Costs:		\$985,821.12		\$1,299,496.20		\$1,294,359.24		\$1,301,665.44

NOTES:

See Attached Contingencies:

Section 1

Section 2

Section 3

Section 4

Proposal Notes:

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include: age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and
- This proposal includes Aggregate Accommodation.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed
- The above specific stop loss rates include the HM Stop Loss Bridge Renewal Option.
- At renewal We will not apply any new Special Risk Limitations including, but not limited to, an Alternate Specific Deductible or Excluded

Assumptions

- Aggregate coverage is only available when purchased with Specific coverage.
- This proposal is subject to revision if there is a change in Proposed Effective or Renewal Dates or a change in the Covered Underlying
- This proposal is based on the utilization of the Provider Network(s) and the Utilization Review Vendor(s) listed in this proposal.
- This proposal assumes a minimum participation level of 50%.
- This proposal assumes the Covered Underlying Plan includes a pre-certification, utilization review and large case management
- This proposal is based on a description of the employee benefit plan(s) provided and approved by HM; employee and dependent census data; submission of any requested claim information; and any other information relevant to the underwriting risk. If any of the
- Surcharges (including the bad debt and charity surcharge portion of the New York Reform Act applicable to services are rendered in New York State), pool charges, and/or covered lives assessments may be covered under the Stop Loss Policy if such charges are considered a claim cost. HM is not responsible for the filing and/or payment of any assessment for which HM is not directly liable including,
- All standard policy provisions apply. The laws of the state where the policy is issued will apply. Certain exclusions and limitations may
- This proposal will expire on the Proposed Effective Date.
- The dollar value of the minimum deductible shown above is representative. The actual value of the minimum deductible will be
- Unless otherwise limited or excluded by the Stop Loss Policy or under the Individual Special Requirements, Eligible Claim expenses under the Stop Loss Policy will follow the Covered Underlying Plan, up to the proposed Maximum Specific Benefit.
- The initial rates are guaranteed for the proposed Policy Term unless otherwise noted.
- There are no more than 15% COBRA participants.

Qualifications

- Any Stop Loss insurance requested and the Proposed Effective Date of that coverage must be approved by HM under Our current rules
- Both the premium rates and the Aggregate factors are subject to change should the number of Covered Units change by 10% or more,
- If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, an updated Summary Plan Document or other acceptable plan description is required within 60 days of the Effective Date, and the premium rates and Aggregate
- This quote assumes the Covered Underlying Plan will include standard industry provisions and definitions including, but not limited to, eligibility, HIPAA, termination, leave of absence or disability, FMLA, subrogation, transplants and COB; and exclusions for job-related injuries, treatments that are experimental and/or investigational, cosmetic, not medically necessary, war, felonies, charges in excess of usual and customary, and foreign medical care when traveling outside of the U.S. solely for the purpose of receiving medical care. In the
 - HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of "Health Care Operations." HM will use this information solely for the purpose of evaluating and accepting the risk and will not disclose any PHI collected except to perform this risk evaluation.

Proposal Spreadsheet



Group: Cherry County

Effective Date: 7.1.23

Census:	Single:	19	EE & Sp:	0	EE & Ch:	0	Family:	35
		Current		Renewal		Option 1		Option 2
Carrier:		HM Life		HM Life		HM Life		HM Life
Administrator:		BCBSNE		BCBSNE		BCBSNE		BCBSNE
Fixed Costs:								
Specific Deductible		\$35,000		\$35,000		\$45,000		\$50,000
Specific Contract		12/15		12/15		12/15		12/15
Single		\$181.48		\$313.76		\$266.69		\$256.11
EE & Sp (+1)		\$403.54		\$733.29		\$631.42		\$609.47
EE & Ch		\$403.54		\$733.29		\$631.42		\$609.47
Family		\$403.54		\$733.29		\$631.42		\$609.47
Sub-Total		\$210,864.24		\$379,519.08		\$326,001.72		\$314,370.48
Aggregate Premium		24/12		24/12		24/12		24/12
Aggregate		\$19.16		\$23.23		\$25.57		\$26.62
Sub-Total		\$12,415.68		\$15,053.04		\$16,569.36		\$17,249.76
Administration Fees								
Medical Admin.-Single		\$35.00		\$10.00		\$10.00		\$10.00
Medical Admin.-Family		\$35.00		\$10.00		\$10.00		\$10.00
PPACA Admin.		\$0.00		\$0.00		\$0.00		\$0.00
UR Fee		\$0.00		\$0.00		\$0.00		\$0.00
PPO Access		\$0.00		\$0.00		\$0.00		\$0.00
Sub-Total		\$45,360.00		\$12,960.00		\$12,960.00		\$12,960.00
Fixed Costs Total		\$268,639.92		\$407,532.12		\$355,531.08		\$344,580.24
Claims Costs:								
Aggregate Factors:								
Single		\$663.96		\$811.17		\$859.34		\$878.50
EE & Spouse		\$1,593.50		\$1,946.81		\$2,063.62		\$2,108.40
EE & Child		\$1,593.50		\$1,946.81		\$2,063.62		\$2,108.40
Family		\$1,593.50		\$1,946.81		\$2,063.62		\$2,108.40
Sub-Total Expected		\$513,744.96		\$627,651.26		\$665,142.53		\$679,748.16
Sub-Total Maximum		\$642,181.20		\$784,564.08		\$831,428.16		\$849,685.20
Contingencies								
Aggregating Specific		\$75,000.00		\$75,000.00		\$75,000.00		\$75,000.00
Lazer Liability		\$0.00		\$0.00		\$0.00		\$0.00
Contingencies Sub-Total		\$75,000.00		\$75,000.00		\$75,000.00		\$75,000.00
Claim Costs Total		\$717,181.20		\$859,564.08		\$906,428.16		\$924,685.20
Total Plan Costs:								
Total Expected Plan Costs:		\$857,384.88		\$1,110,183.38		\$1,095,673.61		\$1,099,328.40
Total Maximum Plan Costs:		\$985,821.12		\$1,267,096.20		\$1,261,959.24		\$1,269,265.44

NOTES:

See Attached Contingencies:

Section 1

Section 2

Section 3

Section 4

Proposal Notes:

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include: age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and
- This proposal includes Aggregate Accommodation.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed
- The above specific stop loss rates include the HM Stop Loss Bridge Renewal Option.
- At renewal We will not apply any new Special Risk Limitations including, but not limited to, an Alternate Specific Deductible or Excluded

Assumptions

- Aggregate coverage is only available when purchased with Specific coverage.
- This proposal is subject to revision if there is a change in Proposed Effective or Renewal Dates or a change in the Covered Underlying
- This proposal is based on the utilization of the Provider Network(s) and the Utilization Review Vendor(s) listed in this proposal.
- This proposal assumes a minimum participation level of 50%.
- This proposal assumes the Covered Underlying Plan includes a pre-certification, utilization review and large case management
- This proposal is based on a description of the employee benefit plan(s) provided and approved by HM; employee and dependent census data; submission of any requested claim information; and any other information relevant to the underwriting risk. If any of the
- Surcharges (including the bad debt and charity surcharge portion of the New York Reform Act applicable to services are rendered in New York State), pool charges, and/or covered lives assessments may be covered under the Stop Loss Policy if such charges are considered a claim cost. HM is not responsible for the filing and/or payment of any assessment for which HM is not directly liable including,
- All standard policy provisions apply. The laws of the state where the policy is issued will apply. Certain exclusions and limitations may
- This proposal will expire on the Proposed Effective Date.
- The dollar value of the minimum deductible shown above is representative. The actual value of the minimum deductible will be
- Unless otherwise limited or excluded by the Stop Loss Policy or under the Individual Special Requirements, Eligible Claim expenses under the Stop Loss Policy will follow the Covered Underlying Plan, up to the proposed Maximum Specific Benefit.
- The initial rates are guaranteed for the proposed Policy Term unless otherwise noted.
- There are no more than 15% COBRA participants.

Qualifications

- Any Stop Loss insurance requested and the Proposed Effective Date of that coverage must be approved by HM under Our current rules
- Both the premium rates and the Aggregate factors are subject to change should the number of Covered Units change by 10% or more,
- If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, an updated Summary Plan Document or other acceptable plan description is required within 60 days of the Effective Date, and the premium rates and Aggregate
- This quote assumes the Covered Underlying Plan will include standard industry provisions and definitions including, but not limited to, eligibility, HIPAA, termination, leave of absence or disability, FMLA, subrogation, transplants and COB; and exclusions for job-related injuries, treatments that are experimental and/or investigational, cosmetic, not medically necessary, war, felonies, charges in excess of usual and customary, and foreign medical care when traveling outside of the U.S. solely for the purpose of receiving medical care. In the
 - HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of "Health Care Operations." HM will use this information solely for the purpose of evaluating and accepting the risk and will not disclose any PHI collected except to perform this risk evaluation.

Coverage Administered by Blue Cross and Blue Shield of Nebraska

Sales Representative: Erik Stjernberg
Broker: MCINNES GROUP INC
Claims Administrator: Blue Cross Blue Shield of Nebraska
Provider Network(s): Blue Cross Blue Shield of Nebraska
Utilization Review Vendor(s): Blue Cross Blue Shield of Nebraska
Retirees: Not Included

Proposed Effective Date: 07/01/2023
Through Date: 06/30/2024
RFP Situs State: NE

Specific (Check one option)	Lives	Current	<input type="checkbox"/> Renewal	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2
Specific Deductible (per Covered Participant)		\$35,000	\$35,000	\$45,000	\$50,000
Policy Year Maximum Specific Benefit		Inforce	Unlimited	Unlimited	Unlimited
Lifetime Maximum Specific Benefit		Inforce	Unlimited	Unlimited	Unlimited
Eligible Claims Expenses		Med, Rx Card	Med, Rx Card	Med, Rx Card	Med, Rx Card
Specific Premium					
Single Rate	19	\$181.48	\$313.76	\$266.69	\$256.11
Family Rate	35	\$403.54	\$733.29	\$631.42	\$609.47
Total Lives	54				
Estimated Policy Term Specific Premium		\$210,864	\$379,519	\$326,002	\$314,370
Policy Term Aggregating Specific Loss Fund		\$75,000	\$75,000	\$75,000	\$75,000
Specific Covered Claims Basis		12/15	12/15	12/15	12/15
Commission		5.00%	5.00%	5.00%	5.00%

Specific Coverage Features/Options
 Bridge Renewal

Aggregate (Agg) (Include? <input type="checkbox"/> Yes <input type="checkbox"/> No)					
Eligible Claims Expenses		Med, Rx Card	Med, Rx Card	Med, Rx Card	Med, Rx Card
Policy Year Maximum		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
Aggregate Factors					
Single Medical,Rx Factor	19	\$663.96	\$811.17	\$859.84	\$878.50
Family Medical,Rx Factor	35	\$1,593.50	\$1,946.81	\$2,063.62	\$2,108.40
Estimated Policy Term Agg Deductible	54	\$820,653	\$1,002,607	\$1,062,764	\$1,085,826
Estimated Policy Term Minimum Agg Deductible (100%)		\$820,653	\$1,002,607	\$1,062,764	\$1,085,826
Aggregate Corridor		125%	125%	125%	125%
Aggregate Covered Claims Basis		24/12	36/12	36/12	36/12
Aggregate Premium					
Composite Rate	54	\$19.16	\$23.23	\$25.57	\$26.62
Aggregate Accommodation Fee*			\$1.18	\$1.18	\$1.18
Estimated Policy Term Agg Premium	54	\$12,416	\$15,053	\$16,569	\$17,250
Commission		5.00%	5.00%	5.00%	5.00%

Aggregate Coverage Features/Options
 Aggregate Accommodation
Total Combined Estimated Policy Term Premium **\$223,280** **\$394,572** **\$342,571** **\$331,620**

* Included in Aggregate rate(s).

Note: This proposal is not complete unless accompanied by the proposal notes and the basis of offer noted on the following pages.

Individual Special Requirements:

Coverage Administered by Blue Cross and Blue Shield of Nebraska

PROPOSAL NOTES

- The rates and factors in this proposal are firm. Please provide a signed proposal.
- Large claim data must be submitted for any claims that are at or have the likelihood to exceed 50% of the group specific deductible. Large claim data must include: age, sex, diagnosis, prognosis, treatment plan, case management notes (if applicable), Pre-Cert and paid/pending claims.
- This proposal includes Aggregate Accommodation.
- The Specific rates in this proposal are based on an Aggregating Specific arrangement. Maximum Specific Liability includes estimated Policy Term Specific premium and the Aggregating Specific fund.
- Human Organ Transplant benefits are payable in accordance with the Covered Underlying Plan and are subject to the proposed Lifetime Maximum Specific Benefit offered within this proposal.
- The above specific stop loss rates include the HM Stop Loss Bridge Renewal Option.
- At renewal We will not apply any new Special Risk Limitations including, but not limited to, an Alternate Specific Deductible or Excluded Claim Expense unless requested.

PROPOSAL ACCEPTANCE

Please acknowledge acceptance of the terms in this proposal by signing it and returning it by 06/07/2023 (no signed proposal will be accepted after the Proposed Effective Date). Please also indicate which option is chosen and whether Aggregate is to be included, by checking the appropriate boxes on the previous page. Failure to remit the signed agreement within the same period will result in a request for an updated large claim Disclosure (and claims) being required for Our review. All payments after the effective date of this policy, found on the previous page, must use the rates selected. Any deviation from the rates specified could result in an underpayment leading to a possible policy cancellation.

Signature: _____ Title: _____

Accepted on the _____ day of _____, 20_____

Coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, in all states except New York under policy form series HMP-SL (11/16), HMP-SL (08/19) or HMP-SL (06/20) or similar. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP-SL (11/16) or HMP-SL (06/20) or similar. The coverage requested may not be available in all states and is subject to individual state approval. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

Coverage Administered by Blue Cross and Blue Shield of Nebraska

initials: _____ date: _____

BASIS OF OFFER**Assumptions**

- Aggregate coverage is only available when purchased with Specific coverage.
- This proposal is subject to revision if there is a change in Proposed Effective or Renewal Dates or a change in the Covered Underlying Plan.
- This proposal is based on the utilization of the Provider Network(s) and the Utilization Review Vendor(s) listed in this proposal.
- This proposal assumes a minimum participation level of 50%.
- This proposal assumes the Covered Underlying Plan includes a pre-certification, utilization review and large case management program.
- This proposal is based on a description of the employee benefit plan(s) provided and approved by HM; employee and dependent census data; submission of any requested claim information; and any other information relevant to the underwriting risk. If any of the information was incorrect or changes the risk involved, the rates and factors will be modified, and the Specific and Aggregate claims will be adjusted accordingly.
- Surcharges (including the bad debt and charity surcharge portion of the New York Reform Act applicable to services are rendered in New York State), pool charges, and/or covered lives assessments may be covered under the Stop Loss Policy if such charges are considered a claim cost. HM is not responsible for the filing and/or payment of any assessment for which HM is not directly liable including, but not limited to, the New Hampshire Vaccine Assessment as modified by NH HB 664.
- All standard policy provisions apply. The laws of the state where the policy is issued will apply. Certain exclusions and limitations may apply.
- This proposal will expire on the Proposed Effective Date.
- The dollar value of the minimum deductible shown above is representative. The actual value of the minimum deductible will be calculated according to the terms of the Stop Loss Policy.
- Unless otherwise limited or excluded by the Stop Loss Policy or under the Individual Special Requirements, Eligible Claim expenses under the Stop Loss Policy will follow the Covered Underlying Plan, up to the proposed Maximum Specific Benefit.
- The Agent is properly licensed and appointed by HM.
- The initial rates are guaranteed for the proposed Policy Term unless otherwise noted.
- There are no more than 15% COBRA participants.

Qualifications

- Any Stop Loss insurance requested and the Proposed Effective Date of that coverage must be approved by HM under Our current rules and practices.
- Both the premium rates and the Aggregate factors are subject to change should the number of Covered Units change by 10% or more, either in total and/or by single/family mix.
- If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, an updated Summary Plan Document or other acceptable plan description is required within 60 days of the Effective Date, and the premium rates and Aggregate factors may be subject to re-rating, retro-active to the Effective Date.
- This quote assumes the Covered Underlying Plan will include standard industry provisions and definitions including, but not limited to, eligibility, HIPAA, termination, leave of absence or disability, FMLA, subrogation, transplants and COB; and exclusions for job-related injuries, treatments that are experimental and/or investigational, cosmetic, not medically necessary, war, felonies, charges in excess of usual and customary, and foreign medical care when traveling outside of the U.S. solely for the purpose of receiving medical care. In the event that a Summary Plan Document is not available within 60 days from the Proposed Effective Date, We reserve the right to issue the policy assuming standard exclusions will apply.
- HIPAA Privacy rules permit the release of Protected Health Information (PHI) for the purpose of evaluating and accepting risk associated with the Plan Sponsor as part of "Health Care Operations." HM will use this information solely for the purpose of evaluating and accepting the risk and will not disclose any PHI collected except to perform this risk evaluation.

Coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, in all states except New York under policy form series HMP-SL (11/16), HMP-SL (08/19) or HMP-SL (06/20) or similar. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP-SL (11/16) or HMP-SL (06/20) or similar. The coverage requested may not be available in all states and is subject to individual state approval. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

Coverage Administered by Blue Cross and Blue Shield of Nebraska

- The rates and factors in this proposal are based on the Disclosure of all individuals considered a special enrollee due to having previously satisfied the plan's lifetime maximum. Written acceptance by HM must be acknowledged before terms of coverage for such individuals are included under HM's Stop Loss Policy.
- Any Stop Loss Policy issued by HM may be rescinded or re-underwritten if any information requested in connection with this proposal was intentionally concealed or misrepresented by or on behalf of the Policyholder and/or the Policyholder's Agent, or if the Policyholder and/or the Policyholder's Agent commits fraud.
- As used above: An "Agent" is the prospective Policyholder's representative including, but not limited to, the agent, producer or broker of record, or Claims Administrator. A "Claims Administrator" is a third party administrator (TPA) designated by the Policyholder and approved by Us. Disclosure or Disclosed means to provide Claim Information and any other documentation or data requested by Us including, but not limited to, Census and Demographic Information and the estimated number of Covered Units prior to the beginning of the Policy Term.

Coverage is underwritten by HM Life Insurance Company, Pittsburgh, PA, in all states except New York under policy form series HMP-SL (11/16), HMP-SL (08/19) or HMP-SL (06/20) or similar. In New York, coverage is underwritten by HM Life Insurance Company of New York, New York, NY, under policy form series HMP-SL (11/16) or HMP-SL (06/20) or similar. The coverage requested may not be available in all states and is subject to individual state approval. Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association.

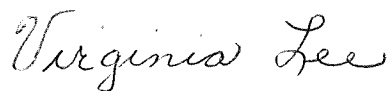
39359 Lee Drive
Valentine, NE 69201

May 20, 2023

Cherry County Commissioners:

This is my official notification that June 27, 2023, will be my last official meeting as a member of the Cherry County Hospital Board of Trustees.

Sincerely,

A handwritten signature in cursive script that reads "Virginia Lee". The ink is dark and the signature is fluid.

Virginia "Ginny" Lee

TO DECLARE SURPLUS AT THE 05/30/2023 MEETING

CANNABALIZED	FORD	TUG	2005	F350	1FDWF36P55EB48813	\$ 2,000.00
		GOOSENECK TRLR		8'6"X40'	NO VIN	\$ 8,000.00

Memorandum

To: Cherry County Commissioners

From: Jay Jenkins, Engagement Zone Coordinator
Michelle Garwood, Educator, 4-H Youth Educator

CC: Brittney Petersen, Cherry County Clerk

Date: May 11, 2023

Re: Cherry County Extension Board Positions

This is the list of people from which the Extension Board would like to make its recommendation for filling the current District 3 Extension Board vacancy. Clint Burney has served the maximum number of consecutive terms representing that district.

Kristina Blackford

If acceptable, the Extension Board will recommend this individual to you for filling the vacant position.

Cherry County Hospital and Clinic



March 2023 Financial Report (Prelim without Audit Entries)

Balance Sheet

- Cash & Estimated third-party payor settlements
- Current Liabilities-Accounts Payable-Trade
 - Decreased from \$322,134.60 (February) to \$58,875.18 (March)
- Current Liabilities-Accounts Payable-Capital Assets
 - Audit Entries allowed for recognition of Provider Relief Funds

Statements of Revenue and Expenses

- Net Revenue is up \$4,952,658
- Total Other Revenue is up \$216,290
 - Related mainly to increase in 340B
- Other Professional Services are up \$1,697,018
 - Locum staff
- Total Expenses are up \$1,714,454
 - Increased number of travelers/locums
 - Meditech Implementation
- Income from Operations is up \$1,714,454
- Investment Income
 - Provider Relief Funds

Notes to Financial Statements

- Total Patient Revenue has increased \$3,196,733
 - Fiscal Year CDM Increase on hold
- Contractual Adjustments are down \$2,195,163
 - Reserve Model –Non Governmental Payors (still being reviewed by Eide Bailly
 - Partially implemented
 - For Self Pay
- 340B increased \$217,620
- Cafeteria Sales are down \$1,000
- Finance Charges are up \$7,434
 - Pay & Save Promo ending March 31st (April 14th for Team Members)
- Memorials & Contrib are down
 - Provider Relief Funds (PRF)

Statements of Patient Service Revenue

Departments with Revenue decreases of 10% or more:

- Cardiology
- Respiratory Therapy
- Materials Mgmt
- IV
- Physical Therapy
- Nuclear Medicine
- Dialysis

Departments with Revenue increases of 10% or more:

- Surgeon
- Operating Room
- Recovery Room
- Ambulance
- EKG
- Anesthesiology
- Home Health
- Specialty Clinic
- Cherry County Clinic

Statements of Dept Expenses

Departments with Expense decreases of 10% or more:

- Risk Management
- Materials Management
- EKG
- Electromyography
- IV
- Physical Therapy
- Nuclear Medicine
- Dialysis
- Environmental Services

Departments with Expense increases of 10% or more:

- Nursery
- ICU
- Human Resources
- Cardiology
- Labor & Delivery
- Operating Room
- Recovery Room
- Anesthesiology
- Home Health
- Specialty Clinic
- Cherry County Clinic
- Laundry & Linen
- Administration

Statistics

- Newborn Discharges decreased
 - 4 additional newborns compared to last month
- Acute Patient Census Days decreased
 - 27 additional days than last month
- Observation increased
 - 12 additional days than last month
- Swing Bed increased
 - 7 less days compared to last month
- Surgical Cases increased
 - 3 fewer Inpatient cases
 - 5 fewer Outpatient cases
- Outpatient Visits increased
 - 82 additional outpatient visits
- ER Visits decreased
 - 24 additional ER visits
- Home Health Visits increased
 - 13 fewer Home Health visits

Period End Accounts Receivable Ins Group Summary

- Proposed Report for Reserve Model – Non-Governmental Payors still in review
 - Partial Implementation was done for Self Pay
- Total AR is up \$1,364,637.84
- New AR to GL Reconciliation
 - Report total \$8,126,816.477 but GL total \$7,550,880.00
 - Long Standing Variance (before April 2014)
- Net AR Days increased to 58 (9 day change)
- Gross AR Days decreased to 64 (7 day change)

Bad Debt, Recoveries, & Financial Assistance

- Recovery Payments totaled \$232,810.92
- Charge-offs totaled \$865,015.60
- Financial Assistance totaled \$88,074.02

Current Cash Position

- Total Cash is down \$522,316.40 compared to last month
- Compared to last March, Total Cash is down \$1,373,954.98

Asset List

- Additions to the Asset List this month (\$313,028.69):
 - Tegria (3,712.50)
 - Heartland Business Solutions (\$16,645.42)
 - Healthcare Triangle (\$2,315.00)
 - Meditech (\$196,253.00)
 - Access e-Forms (\$65,125.00)
 - North Star Electric (\$9,273.64)
 - Convergent Technologies (\$23,957.13)
- Total Assets for FY2023 = \$1,608,254.87

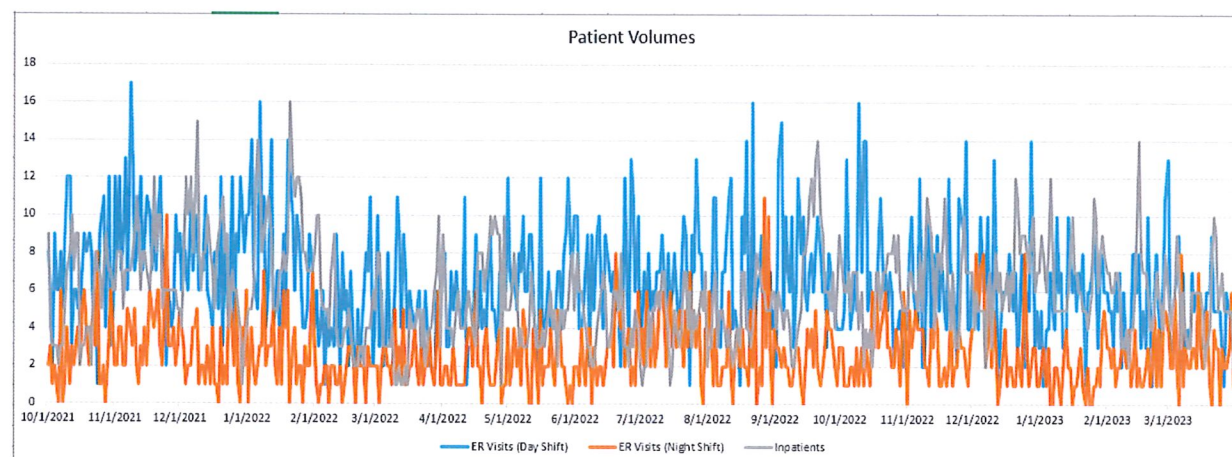
Overtime Tracker

- Overtime Hours increased 232.0 hours
- Overtime Dollars increased \$10,770.13
- Area(s) that increased:
 - Nursing (51.5 hours)
 - Cardiology (0.25 hours)
 - Respiratory Therapy (7.0 hours)
 - Operating Room (2.5 hours)
 - Materials Management (0.25 hours)
 - Lab (4.75 hours)
 - Home Health (0.25 hours)
 - Specialty Clinic (5.25 hours)
 - CC Clinic (50.5 hours)
 - Plant Ops (30.75 hours)
 - EVS (14.5 hours)
 - Administration (43.25 hours)

Key Performance Indicator (KPI) Graphs

- Inpatient Charges per Patient Day increased from \$4,833 to \$6,159
- FTE's per Adjusted Occupied Bed increased from 2.41 to 4.94
 - Not just Nursing FTE's but all FTE's
- Days Cash on Hand decreased from 52.9 to 42.58
- Decrease in DNFB decreased from 18.67 to 5.72

Daily Patient Volumes (through January 31, 2023)



Cherry County Hospital
A Component Unit of Cherry County, Nebraska
Balance Sheets
03/31/23

	MARCH 2023	MARCH 2022	\$ VARIANCE
ASSETS			
Current assets:			
Cash	\$ 3,544,952.53	\$ 4,386,707.96	\$ (841,755.43)
Short term investments	723,556.42	722,806.53	749.89
Receivables -			
Patients, net of estimated uncollectibles	2,595,982.95	2,351,287.73	244,695.22
Employee	117,000.00	117,000.00	0.00
Other	97,451.04	47,451.00	50,000.04
Inventories	1,298,998.56	1,298,998.56	0.00
Prepaid expenses	511,053.32	248,902.41	262,150.91
Estimated third-party payor settlements	(576,486.44)	(852,580.10)	276,093.66
	<hr/>	<hr/>	<hr/>
Total current assets	8,312,508.38	8,320,574.09	(8,065.71)
Assets limited as to use	12,524,270.09	13,134,537.30	(610,267.21)
Capital assets, net	22,221,696.32	22,071,618.65	150,077.67
	<hr/>	<hr/>	<hr/>
Total assets	\$ 43,058,474.79	\$ 43,526,730.04	\$ (468,255.25)
	=====	=====	=====
LIABILITIES			
Current liabilities:			
Accounts Payable-			
Trade	\$ 58,875.18	\$ 702,918.19	\$ 644,043.01
Capital assets	(846,732.48)	119,295.42	966,027.90
Salaries, wages, paid leave time and other accrued expenses payable	695,746.17	893,601.36	197,855.19
	<hr/>	<hr/>	<hr/>
Total current liabilities	(92,111.13)	1,715,814.97	1,807,926.10
	<hr/>	<hr/>	<hr/>
NET POSITION:			
Net Invested in capital assets	23,068,428.80	21,952,323.23	1,116,105.57
Unrestricted	20,082,157.12	19,858,591.84	(223,565.28)
	<hr/>	<hr/>	<hr/>
Total net position	43,150,585.92	41,810,915.07	(1,339,670.85)
	<hr/>	<hr/>	<hr/>
Total liabilities and net position	43,058,474.79	43,526,730.04	468,255.25
	=====	=====	=====

See notes to financial statements

CHERRY COUNTY HOSPITAL
STATEMENTS OF REVENUE AND EXPENSES
03/31/23

	CURRENT PER	THIS YEAR	LAST YEAR	INCR/ (DECR)	%				
-----YEAR TO DATE-----									
REVENUE:									
NET PATIENT SERVICE REVENUE (Note 1)	\$	3,030,664	\$	31,347,561	\$	26,394,903	\$	4,952,658	18.76
OTHER REVENUE (Note 2)	\$	84,939	\$	625,951	\$	409,661	\$	216,290	52.80
TOTAL REVENUE		3,115,603		31,973,512		26,804,564		5,168,949	19.28
EXPENSES:									
DEPARTMENTAL:									
NURSING SERVICES		288,023		2,673,118		2,705,070		(31,953)	(1.18)
OTHER PROFESSIONAL SERVICES		1,661,037		18,641,789		16,944,771		1,697,018	10.02
GENERAL SERVICES		78,551		1,111,682		1,117,133		(5,451)	(0.49)
ADMINISTRATIVE SERVICES		218,905		1,926,429		1,532,659		393,771	25.69
NON-DEPARTMENTAL:									
EMPLOYEE BENEFITS		114,438		1,474,742		1,388,908		85,834	6.18
MEDICAL MALPRACTICE COSTS		0		0		32,108		(32,108)	(100.00)
DEPRECIATION & AMORTIZATION (Note 3)		204,929		2,411,197		2,361,283		49,914	2.11
INSURANCE		0		170,066		42,596		127,469	299.25
INTEREST - NOTES		0		0		0		0	0.00
INTEREST - LEASES		0		0		0		0	0.00
PROVISION FOR BAD DEBTS		220,000		1,795,000		625,000		1,170,000	187.20
TOTAL EXPENSES		2,785,883		30,204,022		26,749,527		3,454,495	12.91
INCOME FROM OPERATIONS		329,720		1,769,490		55,037		1,714,454	3,115.12
NONOPERATING GAINS (LOSSES)									
UNRESTRICTED CONTRIBUTIONS		223,279		(2,619,485)		5,259,348		(7,878,833)	(149.81)
INVESTMENT INCOME (Note 4)		223,279		(2,619,485)		5,259,348		(7,878,833)	(149.81)
NONOPERATING GAINS (LOSSES)									
REVENUE AND GAINS IN EXCESS OF EXPENSES AND LOSSES	\$	552,999	\$	(849,995)	\$	5,314,384	\$	(6,164,379)	(115.99)

CHERRY COUNTY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
03/31/23

CURRENT PER THIS YEAR LAST YEAR YEAR TO DATE INCR./DECR %

(NOTE 1) PATIENT SERVICE REVENUE

TOTAL PATIENT REVENUE

LESS CONTRACTUAL ALLOWANCES

INPT MEDICARE	101,016	429,956	956,128	(526,172)	(55.03)
INPT MEDICAID NE	5,558	113,741	40,057	73,685	183.95
INPT MEDICAID SD	35,612	242,090	174,944	67,146	38.38
INPT MEDICAID OTHER	0	0	(1,681)	1,681	(100.00)
INPT BLUE CROSS	3,255	36,319	48,886	(12,567)	(25.71)
INPT COMMERCIAL	653	17,140	89,737	(72,597)	(80.90)
INPT IHS	11,164	59,060	9,235	49,825	539.50
INPT VA-CHAMPUS	0	77,080	42,026	35,054	83.41
INPT PRIVATE PAY	14,071	18,335	18,637	(302)	(1.62)
SWB MEDICARE	(63,004)	(486,737)	(275,516)	(211,222)	76.66
SWB MEDICAID NE	3,000	3,389	41,345	(37,956)	(91.80)
SWB MEDICAID OTHER	1,400	6,780	11,872	(5,093)	(42.90)
SWB COMMERCIAL	0	0	953	(953)	(100.00)
SWB VA-CHAMPUS	0	0	599	(599)	(100.00)
OUTPT MEDICARE	774,920	7,888,964	10,188,313	(2,299,349)	(22.57)
OUTPT MEDICAID ADV	2,721	70,216	18,829	51,387	272.91
OUTPT MEDICAID NE	99,285	926,626	1,267,382	(340,756)	(26.89)
OUTPT MEDICAID SD	162,933	1,099,408	825,395	274,013	33.20
OUTPT MEDICAID OTHER	0	18,989	(55,654)	74,643	(134.12)
OUTPT BLUE CROSS	95,984	899,540	836,233	63,307	7.57
OUTPT COMMERCIAL	38,300	521,900	587,671	(65,771)	(11.19)
OUTPT IHS	3,511	439,411	535,343	(95,933)	(17.92)
OUTPT VA-CHAMPUS	105,021	878,555	673,742	204,813	30.40
MCARE PR YR CA CONV	83,485	154,936	133,168	21,768	16.35
PROF FEE MEDICARE	0	114,000	(46,536)	160,536	(344.97)
PROF FEE MEDICAID NE	2,579	48,293	62,645	(14,353)	(22.91)
PROF FEE MEDICAID SD	947	8,168	9,064	(896)	(9.88)
PROF FEE MEDICAID OTH	1,247	10,586	11,114	(528)	(4.75)
PROF FEE BLUE CROSS	0	74	73	1	1.18
PROF FEE COMMERCIAL	212	3,614	9,851	(6,236)	(63.31)
PROF FEE IHS	0	1,464	5,391	(3,926)	(72.84)
PROF FEE VA-CHAMPUS	0	3,400	1,212	2,188	180.57
PROF FEE PRIVATE PAY	0	3,406	3,169	236	7.45
CCC MEDICARE	216	187	321	(134)	(41.74)
CCC MEDICAID ADV	21,798	306,498	113,915	192,582	169.06
CCC MEDICAID NE	1,086	2,684	(96)	2,780	(2,903.22)
CCC MEDICAID SD	16,735	93,264	91,577	1,687	1.84
CCC MEDICAID OTHER	1,755	97,265	86,226	11,039	12.80
CCC BLUE CROSS	0	663	3,616	(2,953)	(81.66)
CCC COMMERCIAL	55,826	293,144	144,453	148,692	102.93
CCC HIS	1,806	90,213	58,816	31,397	53.38
CCC VA-CHAMPUS	270	4,222	2,607	1,614	61.90
CCC PRIVATE PAY	6,096	47,610	29,814	17,796	59.69
CHERRY COUNTY CLINIC	9,435	18,898	3,354	15,545	463.50
SURGEON DISCOUNTS	258	860	1,144	(284)	(24.82)
HOSPITAL PROFESSIONAL DISCOUNTS	0	0	0	0	0.00
TOTAL CONTRACTUAL ADJUSTMENTS	1,599,150	14,564,212	16,759,375	(2,195,163)	(13.10)

CHERRY COUNTY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
03/31/23

CURRENT PER YEAR TO DATE
THIS YEAR LAST YEAR INCR./DECR %

LESS OTHER DEDUCTIONS

SMALL BALANCES	(3,568)	(2,446)	112	(2,558)	(2,278.09)
ADMINISTRATIVE	6,355	43,319	48,730	(5,411)	(11.10)
CHARITY	69,301	712,480	260,880	451,601	173.11
CASH DISCOUNTS	(103)	(2,269)	(1)	(2,268)	226,773.00
EMPLOYEE DISCOUNTS	1,436	7,804	9,931	(2,127)	(21.42)
AR LONG/SHORT ADJ	0	0	0	0	0.00

TOTAL OTHER DEDUCTIONS

NET PATIENT SERVICE REVENUE

	73,419	758,889	319,651	439,237	137.41
	\$ 3,030,664	\$ 31,347,561	\$ 26,394,903	\$ 4,952,658	18.76

(NOTE 2) OTHER REVENUE

MED/RECORDS SALES	0	0	3,051	(3,051)	(100.00)
CCC MED REC FEES	0	0	252	(252)	(100.00)
PROF FEES BILLING REV	0	0	0	0	0.00
CONTRACT LABOR	947	9,119	12,772	(3,652)	(28.60)
OP DIETETIC TEACHING	0	0	0	0	0.00
CLINIC DICTATION	0	0	0	0	0.00
340 B	70,171	472,917	255,297	217,620	85.24
CAFETERIA SALES	2,670	22,193	23,193	(1,000)	(4.31)
VENDING MACHINES	0	0	0	0	0.00
FINANCE CHARGE	11,151	121,722	114,288	7,434	6.50
MISCELLANEOUS	0	0	479	(479)	(100.00)
PHYSICIAN INCENTIVE	0	0	330	(330)	(100.00)

TOTAL OTHER REVENUE

	\$ 84,939	\$ 625,951	\$ 409,661	\$ 216,290	52.80
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(NOTE 3) DEPRECIATION

HOSPITAL BLDG. DEPR	126,997	1,524,476	1,545,554	(21,079)	(1.36)
HOSPITAL EQUIP. DEPR	75,984	866,023	798,198	67,825	8.50
CLINIC BUILDING DEPR	576	3,353	0	3,353	(185)
CLINIC EQUIPMENT DEPR	1,372	17,345	17,531	(185)	(1.06)

TOTAL DEPRECIATION

	\$ 204,929	\$ 2,411,197	\$ 2,361,283	\$ 49,914	2.11
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(NOTE 4) INVESTMENT INCOME

MEMORIALS & CONTRIB	0	(3,020,012)	5,211,615	(8,231,627)	(157.95)
GRANT INCOME	206,787	268,455	(19,208)	287,663	(1,497.62)
INVESTMENT INCOME	0	0	0	0	0.00
INTEREST INCOME	12,183	81,464	16,643	64,821	389.48
INTEREST CLINIC CHG	142	608	297	310	104.33
TAX RECEIPTS	4,167	50,000	50,000	0	0.00
GAIN/LOSS ON EQ SALE	0	0	0	0	0.00

TOTAL INVESTMENT INCOME

	\$ 223,279	\$ (2,619,485)	\$ 5,259,348	\$ (7,878,833)	(149.81)
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CHERRY COUNTY HOSPITAL
STATEMENTS OF PATIENT SERVICE REVENUE
03/31/23

	-----YEAR TO DATE-----				
	CURRENT PER	THIS YEAR	LAST YEAR	INCR/(DECR)	%
NURSING SERVICES					
CCH NURSING REV	209,513	2,580,621	2,688,558	(107,937)	(4.01)
CCH NURSERY REV	13,445	117,939	111,341	6,598	5.93
CCH ICU REVENUE	0	0	3,328	(3,328)	(100.00)
TOTAL NURSING SERVICES	222,958	2,698,560	2,803,227	(104,667)	(3.73)
OTHER ANCILLARY & PROFESSIONAL FEE SERVICES					
CCH CARDIOLOGY REV	27,918	261,759	300,951	(39,191)	(13.02)
CCH RESP. THERAPY REV	63,752	426,034	596,837	(170,803)	(28.62)
CCH LABOR & DELIVERY REV	55,798	352,660	373,973	(21,312)	(5.70)
CCH SURGEON REV	34,928	395,148	303,812	91,336	30.06
CCH OPERATING ROOM REV	540,595	5,434,967	4,664,931	770,036	16.51
CCH RECOVERY REV	10,917	168,006	108,977	59,028	54.17
CCH EMERGENCY ROOM REV	183,559	2,145,148	2,231,270	(86,122)	(3.86)
CCH AMBULANCE REV	351,315	2,923,686	2,594,887	328,798	12.67
CCH MATERIALS MGMT REV	25,174	276,469	419,919	(143,450)	(34.16)
CCH LABORATORY REV	439,792	4,109,065	3,990,006	119,059	2.98
CCH BLOOD REVENUE	16,572	165,870	176,901	(11,032)	(6.24)
CCH EKG REVENUE	30,283	283,472	255,726	27,746	10.85
CCH EEG REVENUE	0	0	0	0	0.00
CCH ELECTROMYOGRAPHY REV	0	0	0	0	0.00
CCH IV REV	45,817	458,026	518,208	(60,181)	(11.61)
CCH PHARMACY REV	513,131	5,582,379	5,380,821	201,558	3.75
CCH ANESTHESIOLOGY REV	108,008	1,037,336	865,207	172,129	19.89
CCH PHYSICAL THERAPY REV	113,489	966,315	1,192,533	(226,218)	(18.97)
CCH SPEECH THERAPY REV	0	1,361	0	1,361	1.361
CCH OCCUPAT THERAPY REV	13,049	231,039	226,158	4,881	2.16
CCH HOME HLTH AGENCY REV	5,328	49,931	42,885	7,046	16.43
CCH RADIOLOGY REV	106,285	1,172,610	1,154,691	17,919	1.55
CCH NUCLEAR MEDICINE REV	48,631	521,674	582,863	(61,189)	(10.50)
CCH CT REVENUE	512,772	4,943,775	4,714,232	229,542	4.87
CCH MRI REVENUE	194,954	2,096,398	2,040,270	56,128	2.75
CCH ULTRASOUND REV	166,209	1,904,313	1,844,670	59,644	3.23
CCH PET/CT REV	0	0	0	0	0.00
CCH OUTPATIENT CLINCS REV	79,455	910,044	842,794	67,250	7.98
CCH CONTRACT BILLING REV	92,867	1,006,526	950,737	55,789	5.87
CCH DIALYSIS REV	36,252	452,446	841,960	(389,514)	(46.26)
CCH SPECIALTY CL-PRO REV	191,772	2,057,255	1,612,925	444,331	27.55
CCH CCC REV	364,991	2,780,082	1,418,625	1,361,457	95.97
CCH CCC LAB REV	67,844	562,854	286,414	276,440	96.52
CCH CCC X-RAY REV	4,288	40,608	27,946	12,663	45.31
CCH CCC OTHER REV	34,531	254,848	108,576	146,272	134.72
TOTAL OTHER PROF SERVICES	4,480,276	43,972,102	40,670,703	3,301,399	8.12
TOTAL PATIENT SERVICE REVENUE	\$ 4,703,233	\$ 46,670,662	\$ 43,473,929	\$ 3,196,733	7.35
BREKDOWN BY CATEGORY					
Inpatients	695,572	7,257,781	9,200,487	(1,942,706)	(21.12)
Outpatients	4,007,662	39,412,881	34,273,442	5,139,439	15.00
TOTAL BREKDOWN BY CATEGORY	\$ 4,703,233	\$ 46,670,662	\$ 43,473,929	\$ 3,196,733	7.35

CHERRY COUNTY HOSPITAL
STATEMENTS OF DEPT EXPENSES - TOTALS
03/31/23

	CURRENT PER	THIS YEAR	LAST YEAR	YEAR TO DATE	INCR/(DECR)	%
NURSING SERVICES						
CCH NURSING EXP	249,786	2,299,283	2,432,250	(132,967)	(5.47)	
CCH RISK MANAGEMENT EXP	8,745	65,927	77,961	(12,034)	(15.44)	
CCH NURSERY EXP	2,362	28,465	25,689	2,776	10.80	
CCH ICU EXPENSE	7,399	77,516	40,995	36,520	89.08	
CCH HUMAN RESOURCES EXP	19,732	201,928	128,175	73,753	57.54	
TOTAL NURSING SERVICES	288,023	2,673,118	2,705,070	(31,953)	(1.18)	
OTHER PROFESSIONAL SERVICES						
CCH CARDIOLOGY EXP	13,206	208,306	71,283	137,023	192.22	
CCH RESP. THERAPY EXP	12,181	148,186	156,913	(8,727)	(5.56)	
CCH LABOR & DELIVERY EXP	7,028	104,446	81,958	22,488	27.44	
CCH SURGEON EXP	38,726	454,997	450,631	4,366	0.97	
CCH OPERATING ROOM EXP	142,170	1,880,147	1,686,483	193,664	11.48	
CCH RECOVERY EXP	3,592	25,985	20,595	5,390	26.17	
CCH EMERGENCY ROOM EXP	78,894	1,550,496	1,604,125	(53,629)	(3.34)	
CCH AMBULANCE EXP	141,245	876,488	915,749	(39,261)	(4.29)	
CCH MATERIALS MGMT EXP	3,531	50,058	106,218	(56,160)	(52.87)	
CCH LABORATORY EXP	156,904	1,685,943	1,588,719	97,224	6.12	
CCH EKG EXPENSE	0	(7,819)	10,280	(18,099)	(176.06)	
CCH EEG EXPENSE	0	0	0	0	0.00	
CCH ELECTROMYOGRAPHY EXP	0	68	184	(116)	(63.05)	
CCH IV EXP	2,466	57,968	72,104	(14,136)	(19.60)	
CCH PHARMACY EXP	257,973	2,948,965	2,683,945	265,020	9.87	
CCH ANESTHESIOLOGY EXP	71,062	873,508	694,700	178,808	25.74	
CCH PHYSICAL THERAPY EXP	60,711	496,494	892,335	(395,841)	(44.36)	
CCH SPEECH THERAPY EXP	0	647	0	647		
CCH OCCUPAT THERAPY EXP	13,338	148,933	148,491	442	0.30	
CCH HOME HLTH AGENCY EXP	10,249	102,358	86,369	15,989	18.51	
CCH MEDICAL RECORDS EXP	34,226	463,068	431,060	32,008	7.43	
CCH RADIOLOGY EXP	56,809	980,475	942,763	37,713	4.00	
CCH NUCLEAR MEDICINE EXP	6,289	132,896	229,988	(97,093)	(42.22)	
CCH OUTPATIENT CLINCS EXP	37,833	626,581	1,446,469	(819,887)	(56.68)	
CCH CONTRACT BILLING EXP	0	0	350	(350)	(100.00)	
CCH DIALYSIS EXP	37,067	384,836	486,030	(101,194)	(100.00)	
CCH SPECIALTY CL-PRO EXP	80,393	1,140,670	204,387	936,283	458.09	
CCH CC CLINIC EXP	395,147	3,307,091	1,932,644	1,374,447	71.12	
TOTAL OTHER PROFESSIONAL SERVICES	1,661,037	18,641,789	16,944,771	1,697,018	10.02	
GENERAL SERVICES						
CCH DIETARY EXP	19,533	245,323	232,871	12,452	5.35	
CCH PLANT OPERATIONS EXP	36,629	640,810	640,219	591	0.09	
CCH ENVIRONMENTAL SVCS EXP	13,539	170,115	198,554	(28,439)	(14.32)	
CCH LAUNDRY & LINEN EXP	8,851	55,434	45,489	9,945	21.86	
TOTAL GENERAL SERVICES	78,551	1,111,682	1,117,133	(5,451)	(0.49)	

CHERRY COUNTY HOSPITAL
 STATEMENTS OF DEPT EXPENSES - TOTALS
 03/31/23

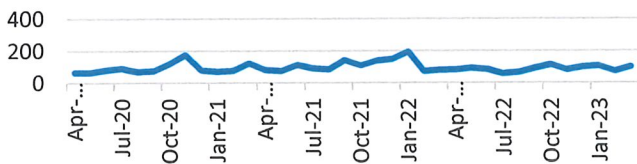
	-----YEAR TO DATE-----				
	CURRENT PER	THIS YEAR	LAST YEAR	INCR/ (DECR)	%
ADMINISTRATION					
CCH ADMINISTRATION EXP	218,905	1,926,429	1,532,659	393,771	25.69
TOTAL ADMINISTRATION	\$ 218,905	\$ 1,926,429	\$ 1,532,659	\$ 393,771	25.69
FINNL TOTALS	\$ 2,246,516	\$ 24,353,018	\$ 22,299,632	\$ 2,053,385	9.21

CHERRY COUNTY HOSPITAL STATISTICS

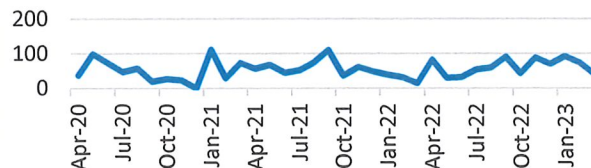
	Current Year 2022-2023 Apr-March	Prior Year 2022-2023 Apr-March	Variance
Patient Discharges (Newborn and Swingbed Not Included)			
Cherry County	195	253	(58)
Brown County	17	27	(10)
Rock County	4	6	(2)
Keya Paha County	7	6	1
All Other	93	87	6
Total	316	379	(63)
Acute Discharges			
Medicare Only	145	178	(33)
Medicare Advantage	0	0	0
Medicaid Only-NE & SD	80	78	2
Other	91	123	(32)
Total	316	379	(63)
Newborn Discharges	82	87	(5)
Acute Patient Census Days			
Medicare	532	687	(155)
Medicare Advantage	0	0	0
Medicaid- NE & SD	211	204	7
All Other	299	425	(126)
Total	1042	1316	(274)
Acute Patient Discharge Days			
Medicare	532	687	(155)
Medicare Advantage	0	0	0
Medicaid- NE & SD	211	203	8
All Other	289	421	(132)
Total	1032	1311	(279)
Custodial Care Patient	0	0	0
Custodial Care Days	0	0	0
Outpatient Observation	135	131	4
Swingbed Admissions			
Medicare Swingbed	56	55	1
Medicare Advantage Swingbed	0	0	0
NE&SDW Medicaid Swingbed	0	0	0
Private Swingbed	1	2	(1)
Total	57	57	0

Swingbed Census Days	756	637	119
Swingbed Discharges			
Medicare Swingbed Days	746	618	128
Medicare Advantage Swingbed Days	0	0	0
NE&SDW Medicaid Swingbed Days	0	0	0
Private Swingbed Days	10	19	(9)
Total	756	637	119
Surgical Cases			
Inpatient	65	73	(8)
Outpatient	326	261	65
Total	391	334	57
Outpatient Visits	16392	15384	1008
Emergency Visits	3267	3436	(169)
PT HH Visits	187	192	(5)
SN HH Visits	267	249	18
Aide HH Visits	0	0	0
OT HH Visits	170	159	11
Speech Therapy Visits	0	0	0
Total	504	448	24
Full-time equivalent personnel	Hospital		
	Clinic		
	96.04	90.93	5.11
	21.16	12.22	8.94

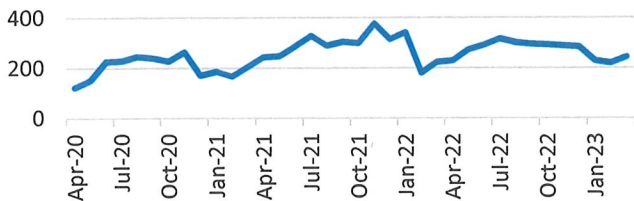
Acute Patient Census Days



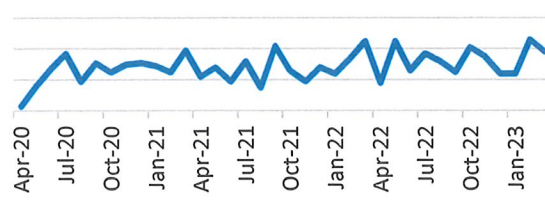
Swingbed Census Days



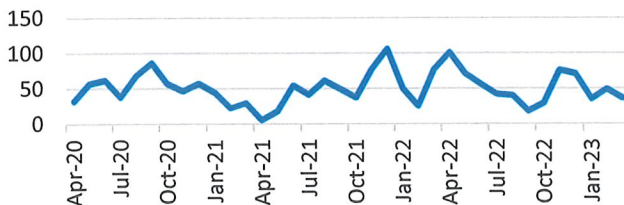
Emergency Visits



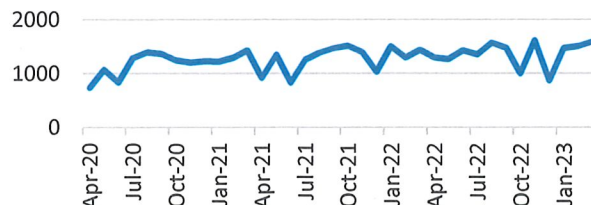
Surgical Cases



Total Home Health Visits



Outpatient Visits



DATE: 04/07/23 @ 1600
USER: ADAVIDSON

Cherry County Hospital BAR *Live*
PERIOD END ACCOUNTS RECEIVABLE INS GROUP SUMMARY

MARCH 2023

AGING

	NET				INS				BAD DEBT				CLIENT				CLOSE						
	OPEN	BILLED	RCPYS	ADJS	KEPS	XPERS	XPERS	XPERS	XPERS	XPERS	XPERS	XPERS	XPERS	XPERS	XPERS	XPERS		0-30	31-60	61-90	91-150	151-365	366+
BC TOTAL	690618.39	943658.28	-511932.97	-155276.68	0.00	-109236.02	0.00	0.00	857831.00	703	513742.37	174038.97	35182.89	82257.43	50137.19	2472.15							
	723										345	164	46	42	90	16							
CO TOTAL	798920.46	647779.47	-427470.90	-67914.30	0.00	163944.08	0.00	0.00	1115258.81	1258	168266.88	480384.26	62997.30	61782.69	261591.36	80236.32							
	1070										221	369	153	138	330	58							
IHS/PHS TOTAL	483713.13	152083.35	-80962.39	-54721.51		-39853.82	2805.67		463064.43	172	102391.30	115860.22	69518.74	74184.42	89995.18	11114.57							
	202										26	31	27	31	48	9							
LGL L TOTAL	0.00								0.00														
MA TOTAL	51888.28	21505.23	-11351.03	-15494.90		-1705.04	0.00		44842.54	33	1155.40	12277.53	9859.87	1898.20	2888.79	16762.75							
	30										3	7	5	5	12	2							
MCR TOTAL	1977014.99	3364860.93	-850422.55	-1152923.41		-384724.76	0.00		2953805.20	2238	1618843.80	779333.33	110276.61	140152.01	272954.78	32244.67							
	1503										1046	586	216	122	248	28							
NEMCD TOTAL	131008.58	5223398.16	-210589.45	-346255.44		59422.08	1368.00		157351.93	788	-40210.64	74377.03	67907.66	111794.90	113243.25	-169760.27							
	888										182	104	89	86	168	162							
OMCD TOTAL	29056.63	0.00	-267.39	-1397.91		-1308.04	-20742.60		5340.69	11		331.60		2703.76	1398.43	906.90							
	16											1		4	5	1							
SDW TOTAL	125940.93	472406.92	-121444.95	-154980.53		51571.75	0.00		373494.12	319	199940.75	24923.73	23363.06	82440.28	42789.87	36.43							
	202										91	74	22	59	72	1							
SP TOTAL	2017938.13	238926.36	-319757.51	-191531.97	0.00	241227.06	-133872.78		1852929.29	3482	50112.55	216351.98	235430.27	177779.54	583481.69	589783.26							
	3780										202	493	373	449	1118	864							
TRI TOTAL	133930.83	243399.95	-100324.29	-111519.29		19883.87	0.00		185371.07	241	101697.10	30560.47	6625.50	8039.30	24503.03	13945.67							
	217										61	69	21	12	52	26							
WC TOTAL	86843.65	44381.18	-12284.21	-2192.07		778.84	0.00		117527.39	141	5748.73	29990.70	1052.90	18800.46	23553.48	38381.12							
	114										29	21	1	12	29	50							
GRAND TOTAL	6526874.00	6651399.83	-2646807.64	-2254208.01	0.00	0.00	-150441.71		8126816.47		2721688.24	1938429.82	622204.80	761832.99	1466537.05	616123.57							

DATE: 04/07/23 @ 1600
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Cherry County Hospital BAR *Live*
PERIOD END ACCOUNTS RECEIVABLE INS GROUP SUMMARY

MARCH 2023									
OPEN	NET BILLED	RCPTS	ADJS	REFS	INS XPERS	BAD DEBT XPERS	CLIENT XPERS	CLOSE	AGING
								0-30	31-60
								61-90	91-150
								151-365	366+
8745					9386	2206	1919	953	960
									2172
									1217

2022-2023
Billed \$ 6,679,211.83
Unbilled \$ 871,668.17
Total \$ 7,550,880.00

2021-2022
\$ 5,366,550.26
\$ 819,691.90
\$ 6,186,242.16

---AR DAYS---			
PERIOD	AR DAYS	AR DAYS (with DR)	
MARCH 2023	58	64	
FEBR 2023	49	71	
JAN 2023	56	69	
DEC 2022	42	67	
NOV 2022	44	64	
OCT 2022	44	66	
SEPT 2022	51	66	
AUG 2022	57	71	
JULY 2022	51	70	
JUNE 2022	54	72	
MAY 2022	55	71	
APRIL 2022	49	61	

Cherry County Hospital Bad Debt and Recoveries

Recoveries	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
April	\$ 54,166.43	\$ 61,559.98	\$ 26,031.26	\$ 13,989.89	\$ 27,176.36	\$ 17,007.44	\$ 12,420.55	\$ 22,717.40
May	\$ 22,204.62	\$ 21,120.81	\$ 13,693.80	\$ 65,734.73	\$ 20,448.64	\$ 19,502.53	\$ 24,839.86	\$ 26,900.71
June	\$ 4,836.54	\$ 25,152.70	\$ 4,996.25	\$ 48,308.31	\$ 16,824.21	\$ 9,930.30	\$ 12,290.33	\$ 25,282.56
July	\$ 22,436.76	\$ 5,147.59	\$ 29,395.74	\$ 14,428.09	\$ 13,528.41	\$ 22,601.63	\$ 28,635.05	\$ 13,559.45
August	\$ 3,925.33	\$ 16,696.71	\$ 10,788.75	\$ 14,390.03	\$ 12,539.42	\$ 12,612.95	\$ 18,076.29	\$ 15,553.08
September	\$ 31,742.10	\$ 23,282.76	\$ 16,004.55	\$ 10,233.94	\$ 13,602.54	\$ 12,917.19	\$ 10,149.18	\$ 10,842.30
October	\$ 24,887.23	\$ 11,618.57	\$ 9,418.92	\$ 16,837.34	\$ 55,454.64	\$ 15,130.10	\$ 19,414.04	\$ 35,307.56
November	\$ 1,000.94	\$ 11,330.60	\$ 19,933.10	\$ 5,787.71	\$ 18,050.98	\$ 19,112.80	\$ 12,011.00	\$ 2,753.80
December	\$ 15,780.56	\$ 39,564.92	\$ 8,641.53	\$ 31,434.02	\$ 19,621.65	\$ 21,438.54	\$ 38,658.66	\$ 17,801.54
January	\$ 12,944.94	\$ 14,077.23	\$ 14,462.47	\$ 47,796.25	\$ 13,566.86	\$ 14,005.34	\$ 38,144.56	\$ 19,514.75
February	\$ 3,388.39	\$ 20,903.48	\$ 3,171.26	\$ 12,573.02	\$ 53,476.17	\$ 10,545.85	\$ -	\$ 35,548.33
March	\$ 35,497.04	\$ 21,692.57	\$ 41,863.22	\$ 37,149.14	\$ 29,663.96	\$ 175,105.91	\$ 214,338.28	\$ 225,761.48
	\$ 232,810.92	\$ 272,147.92	\$ 198,400.85	\$ 318,662.47	\$ 293,953.84	\$ -	\$ -	\$ -
Charge-Offs	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
April	\$ 122,589.52	\$ 1,684.00	\$ 27,038.74	\$ 141,916.22	\$ 42,626.99	\$ 57,816.42	\$ 48,010.87	\$ 31,610.85
May	\$ 64,274.88	\$ 102,231.11	\$ 82,383.62	\$ 76,941.29	\$ 200.00	\$ 68,520.30	\$ 43,371.19	\$ 55,190.99
June	\$ 124,778.43	\$ 82,106.14	\$ -	\$ 91,998.36	\$ 150,032.66	\$ 75,990.33	\$ 45,791.82	\$ 47,249.46
July	\$ 63,084.98	\$ 8,049.59	\$ 112,468.34	\$ 148,915.37	\$ 113,965.03	\$ 95,162.87	\$ 108,156.34	\$ 6,385.42
August	\$ 3,925.33	\$ 161,965.17	\$ 49,865.42	\$ 145,669.06	\$ 121,448.87	\$ 23,705.54	\$ 88,350.44	\$ 216,926.71
September	\$ 55,752.96	\$ 118,716.84	\$ 70,926.36	\$ 76,750.44	\$ 67,479.20	\$ 111,408.59	\$ 120,776.04	\$ 70,657.91
October	\$ 48,673.04	\$ 1,441.26	\$ 67,961.77	\$ 50,429.28	\$ 199,769.62	\$ 30,802.49	\$ 36,210.11	\$ 54,039.92
November	\$ 54,722.50	\$ 2,536.25	\$ 66,402.89	\$ 87,651.09	\$ 105,846.65	\$ 114,847.32	\$ 76,767.60	\$ 37,951.33
December	\$ 98,625.18	\$ 247.17	\$ 87,651.09	\$ 5,654.94	\$ 66,747.54	\$ 188,386.84	\$ 81,429.28	\$ 54,077.25
January	\$ 32,851.36	\$ 179,159.18	\$ 5,654.94	\$ 93,308.34	\$ 40,675.37	\$ 73,283.30	\$ -	\$ 58,865.04
February	\$ 47,194.61	\$ 34,204.82	\$ 91,076.92	\$ 59,495.97	\$ 80,356.21	\$ 48,947.43	\$ 67,685.63	\$ 60,617.17
March	\$ 148,542.81	\$ 277,774.01	\$ 51,746.12	\$ 1,157,503.22	\$ 1,119,355.02	\$ 956,363.76	\$ 790,219.06	\$ 835,173.98
	\$ 865,015.60	\$ 970,115.54	\$ 713,176.21	\$ -	\$ -	\$ -	\$ -	\$ -
Charity Care	2022-2023	2021-2022	2020-2021	2019-2020	2018-2019	2017-2018	2016-2017	2015-2016
April	\$ -	\$ 45,785.24	\$ -	\$ 37,712.10	\$ 107,858.84	\$ 11,145.59	\$ -	\$ -
May	\$ -	\$ -	\$ 8,924.13	\$ 66,524.09	\$ 26,971.26	\$ 424.23	\$ -	\$ -
June	\$ -	\$ 20,737.84	\$ 39,463.63	\$ 30,227.81	\$ -	\$ 9,384.37	\$ 46,764.07	\$ 25,471.00
July	\$ -	\$ 278.93	\$ 77.21	\$ 31,845.11	\$ -	\$ 1,187.38	\$ 3,707.97	\$ 9,994.91
August	\$ -	\$ 2,376.69	\$ 19,564.28	\$ -	\$ 43,113.08	\$ 12,917.19	\$ 2,409.59	\$ -
September	\$ 10,680.83	\$ 22,519.25	\$ -	\$ 58,042.21	\$ 280.50	\$ -	\$ 6,984.03	\$ 21,778.72
October	\$ 54,358.00	\$ 21,363.87	\$ 357.38	\$ 95.00	\$ -	\$ 85,477.29	\$ 28,246.22	\$ 24,400.35
November	\$ -	\$ 13,795.41	\$ -	\$ 4,813.10	\$ -	\$ 7,698.22	\$ 580.13	\$ 23,482.33
December	\$ -	\$ 13,635.55	\$ -	\$ -	\$ 6,419.54	\$ 26,606.70	\$ -	\$ -
January	\$ 9,166.04	\$ -	\$ 1,019.97	\$ 26,019.20	\$ -	\$ 41,190.22	\$ 6,159.85	\$ 5,368.46
February	\$ 3,963.26	\$ 2,903.98	\$ -	\$ 12,323.09	\$ 1,282.00	\$ -	\$ -	\$ 9,451.91
March	\$ 9,905.89	\$ -	\$ -	\$ 1,467.23	\$ -	\$ -	\$ -	\$ -
	\$ 88,074.02	\$ 143,396.76	\$ 69,406.60	\$ 269,068.94	\$ 185,925.22	\$ 196,031.19	\$ 94,851.86	\$ 119,947.68

Cherry County Hospital

Current Cash Position

	March 2023	March 2022	February 2023
Cash Accounts			
Hospital Checking Security 1st	\$ 988,801.65	\$ 2,616,312.25	\$ 1,741,925.64
Hospital Payroll Wells Fargo	\$ 785,254.99	\$ 798,547.23	\$ 787,799.56
Clinic Checking FNB	\$ 1,110,986.94	\$ 225,422.08	\$ 880,966.09
Union Patient Loan Account	\$ 659,533.95	\$ 646,051.40	\$ 658,556.90
 Investments			
Wells Fargo Bank	\$ -	\$ -	\$ -
Bank of the West	\$ -	\$ -	\$ -
Security First	\$ 723,556.42	\$ 722,806.53	\$ 726,091.68
RBC Wealth	\$ -	\$ -	\$ -
CDARS - Union Bank	\$ -	\$ -	\$ -
Sandhills State Bank	\$ 3,660,796.10	\$ 4,293,745.54	\$ 3,655,906.58
Union	\$ -	\$ -	\$ -
Sandhills State Bank	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>
	\$ 7,928,930.05	\$ 9,302,885.03	\$ 8,451,246.45

DATE: 04/17/23 @ 0603
USER: ADAVIDSON

Cherry County Hospital FA *Live*
ASSET LIST

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FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: CCC

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
0000000353	CMBA ARCHITECTS - CCC REMODEL	ACTIVE	10/15/22	CLINIC BLDG	01.7750	09/01/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	34361.23		34361.23			

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FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: CCH

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
0000000340	EGGERT FLOORS - CCH BUS OFC CARPET	ACTIVE	06/20/22	HOS BLDG	01.8210	05/02/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	28082.53		28082.53			
0000000341	SANDHILLS TITLE CO - RAY ST PROPERTY	ACTIVE	06/20/22	HOS BLDG	01.8210	05/25/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	4500.00		4500.00			
0000000343	CDW - MICROSOFT WINDOWS SERVER DATACENTE	ACTIVE	06/20/22	HOS EQUIP	01.8210	04/25/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	8825.22		8825.22			
0000000344	JOHNSON CONTROLS HVAC/BOILER	ACTIVE	06/20/22	HOS BLDG	01.8060	05/03/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	10237.21		10237.21			
0000000345	SANDHILLS TITLE COMPANY	ACTIVE	08/22/22	HOS BLDG	01.8210	09/03/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	4000.00		4000.00			
0000000346	HOEFS APPRAISAL SVCS - RAY ST	ACTIVE	08/22/22	HOS BLDG	01.8210	06/16/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	675.00		675.00			
0000000347	CARDMEMBER SERVICES - HOME INSPECTION -	ACTIVE	08/22/22	HOS BLDG	01.8210	06/16/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	363.83		363.83			
0000000348	JOHNSON CONTROLS HVAC/BOILER (2ND PMT)	ACTIVE	08/22/22	HOS BLDG	01.8060	07/13/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	10237.21		10237.21			
0000000349	CROUSE - FURNITURE - RAY ST	ACTIVE	08/22/22	HOS EQUIP	01.8210	06/29/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	5000.00		5000.00			
0000000350	GE HEALTHCARE PANDA WARMER	ACTIVE	08/22/22	HOS EQUIP	01.6090	06/28/22	

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Cherry County Hospital FA *Live*
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FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: CCH

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	4964.40		4964.40

0000000351	HELMER - BLOOD/PLASMA FREEZER	ACTIVE	08/22/22	HOS EQUIP	01.7010	07/11/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	5930.64		5930.64

0000000355	JOHNSON CONTROLS HVAC/BOILER (3RD PMT)	ACTIVE	12/21/22	HOS BLDG	01.8060	10/24/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	10237.21		10237.21

0000000356	JOHNSON CONTROLS HVAC/BOILER (4TH PMT)	ACTIVE	12/21/22	HOS BLDG	01.8060	11/09/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	10237.21		10237.21

0000000360	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	12/21/22	HOS EQUIP	01.6210	11/09/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	42090.60		42090.60

0000000361	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	12/21/22	HOS EQUIP	01.6210	11/09/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	14279.00		14279.00

0000000362	CCH USA - HEALTHCARE TRIANGLE	ACTIVE	12/21/22	HOS EHR	01.8210	11/08/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	800.00		800.00

0000000363	CCH USA - HEALTHCARE TRIANGLE	ACTIVE	12/21/22	HOS EHR	01.8210	11/08/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	7701.74		7701.74

0000000364	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/16/22
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VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	24944.76		24944.76

0000000365	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/16/22
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FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: CCH

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	20000.00		20000.00			
0000000366	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/21/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	20936.10		20936.10			
0000000367	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/29/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	15863.52		15863.52			
0000000368	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/29/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	8640.00		8640.00			
0000000369	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/06/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	1890.00		1890.00			
0000000370	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/02/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	1417.50		1417.50			
0000000371	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/06/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	1100.00		1100.00			
0000000372	MEDICAL INFO TECH - EXPANSE DEPOSIT	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/23/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	111471.70		111471.70			
0000000373	SIEMENS MED SOL - RADIOLOGY ROOM	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/07/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	88442.00		88442.00			
0000000374	SIEMENS MED SOL - RADIOLOGY ROOM	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/07/22	

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FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: CCH

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	353769.00		353769.00			
0000000375	MINDRAY - TELEMETRY	ACTIVE	01/21/23	HOS EQUIP	01.8210	12/30/22	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	38702.00		38702.00			
0000000377	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	02/19/23	HOS EQUIP	01.8210	01/04/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	55563.52		55563.52			
0000000378	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	02/19/23	HOS EQUIP	01.8210	01/04/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	99035.00		99035.00			
0000000379	CLINICAL COMPUTER SYSTEMS	ACTIVE	02/19/23	HOS EQUIP	01.8210	01/04/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	75572.00		75572.00			
0000000380	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	02/19/23	HOS EQUIP	01.8210	01/18/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	67548.00		67548.00			
0000000381	GE HEALTHCARE SYSTEMS INFO TECH	ACTIVE	02/19/23	HOS EHR	01.7200	01/02/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	52873.85		52873.85			
0000000382	FORWARD ADVANTAGE	ACTIVE	02/19/23	HOS EQUIP	01.8210	01/13/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	18671.00		18671.00			
0000000384	JOHNSON CONTROLS HVAC/BOILER	ACTIVE	03/19/23	HOS BLDG	01.8060	02/06/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	7050.70		7050.70			
0000000385	TEGRIA - RE: EXPANSE	ACTIVE	03/19/23	HOS EQUIP	01.8210	02/06/23	

DATE: 04/17/23 @ 0603
USER: ADAVIDSON

Cherry County Hospital FA *Live*
ASSET LIST

PAGE 6

CREATED BY USER: ADAVIDSON
FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

FACILITY: CCH

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	3712.50		3712.50			
0000000386	FIRST DATABANK INC	ACTIVE	03/19/23	HOS EQUIP	01.8210	02/15/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	25500.00		25500.00			
0000000387	TEGRIA - RE: EXPANSE	ACTIVE	04/16/23	HOS EQUIP	01.8210	03/01/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	3712.50		3712.50			
0000000388	HEARTLAND BUSINESS SOLUTIONS	ACTIVE	04/16/23	HOS EQUIP	01.8210	03/02/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	16645.42		16645.42			
0000000389	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	04/16/23	HOS EQUIP	01.8210	03/03/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	1797.50		1797.50			
0000000390	SEACOAST BUSINESS - HEALTHCARE TRIANGE	ACTIVE	04/16/23	HOS EQUIP	01.8210	03/03/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	517.50		517.50			
0000000391	MEDICAL INFO TECH - EXPANSE	ACTIVE	04/16/23	HOS EQUIP	01.8210	03/27/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	196253.00		196253.00			
0000000392	ACCESS EFORMS LP	ACTIVE	04/16/23	HOS EQUIP	01.8210	03/07/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	65125.00		65125.00			
0000000393	NORTH STAR ELECTRIC	ACTIVE	04/16/23	CLINIC BLDG	01.7750	03/02/23	
	VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT			
	COST	5020.64		5020.64			
0000000394	NORTH STAR ELECTRIC	ACTIVE	04/16/23	CLINIC BLDG	01.7750	03/30/23	

DATE: 04/17/23 @ 0603
USER: ADAVIDSON

Cherry County Hospital FA *Live*
ASSET LIST

PAGE 7

CREATED BY USER: ADAVIDSON
FROM FACILITY: BEGINNING THRU FACILITY: END
FROM ASSET NUMBER: BEGINNING THRU ASSET NUMBER: END
FROM STATUS DATE: 04/01/22 THRU STATUS DATE: 04/30/23
FROM ACQUIRED DATE: 04/01/22 THRU ACQUIRED DATE: 03/31/23
FROM RETIRED DATE: BEGINNING THRU RETIRED DATE: END

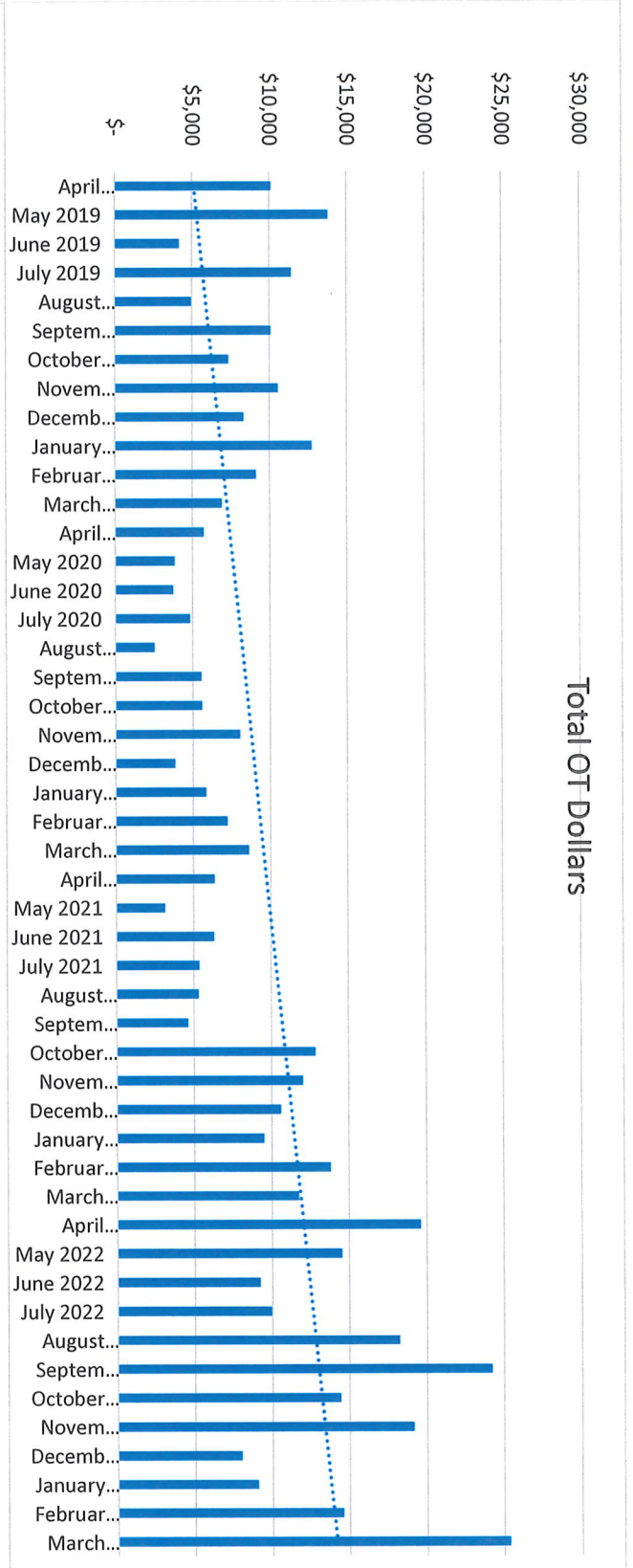
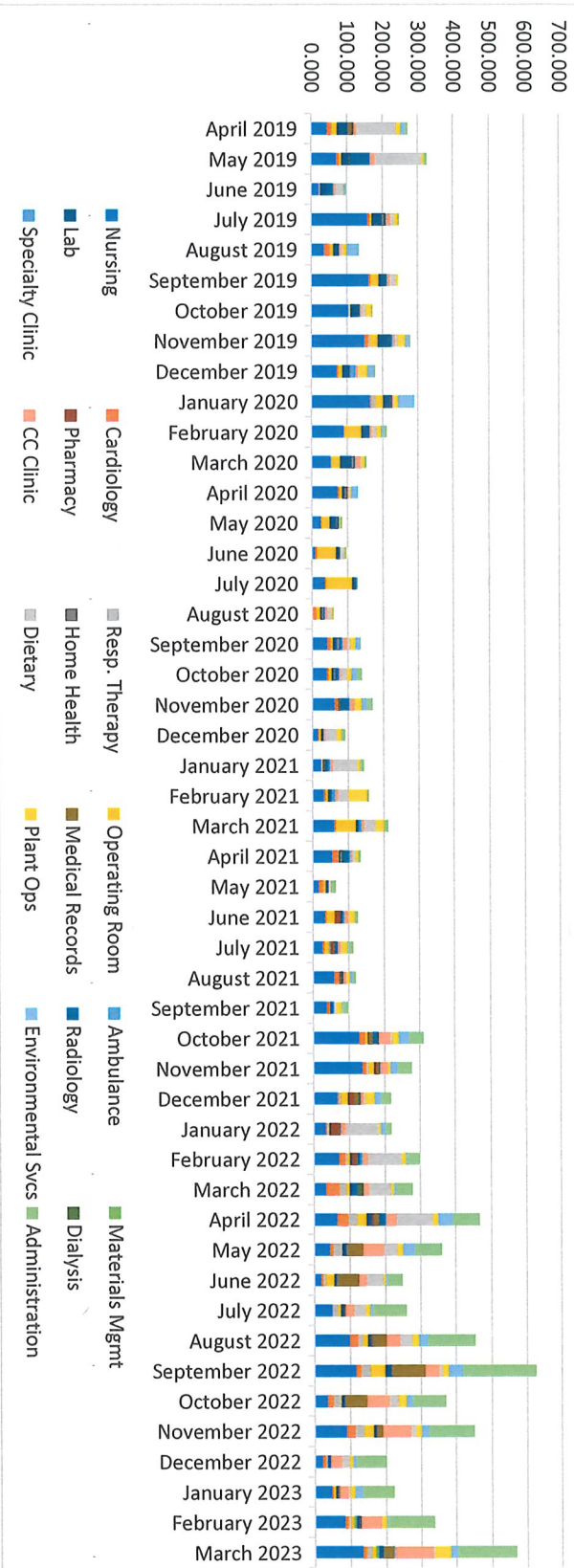
FACILITY: CCH

NUMBER	DESCRIPTION	STATUS	STAT DATE	CLASS	DEPARTMENT	ACQ DATE	RET DATE
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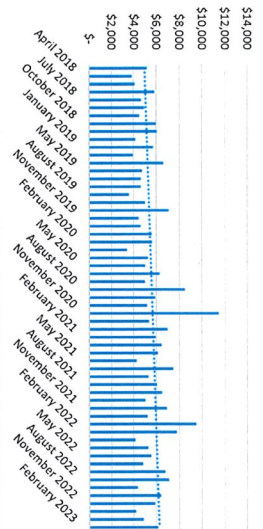
VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	4253.00		4253.00

0000000395	CONVERGINT TECHNOLOGIES LLC	ACTIVE	04/16/23	CLINIC BLDG	01.7750	03/23/23
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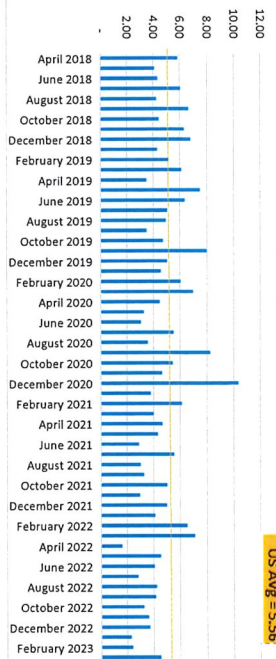
VALUE	CURRENT AMOUNT	AMOUNT TO ADD	NEW AMOUNT
COST	23957.13		23957.13



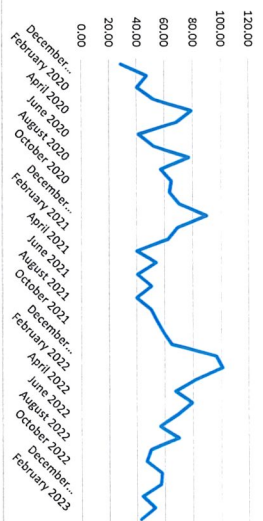
Inpatient Charges per Patient Day



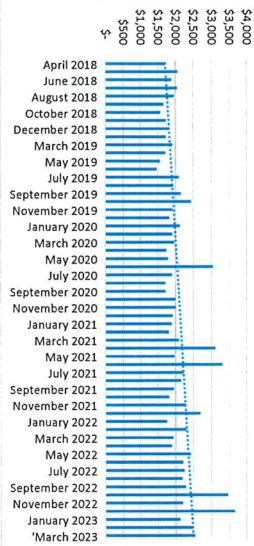
FTE's per Adjusted Occupied Bed



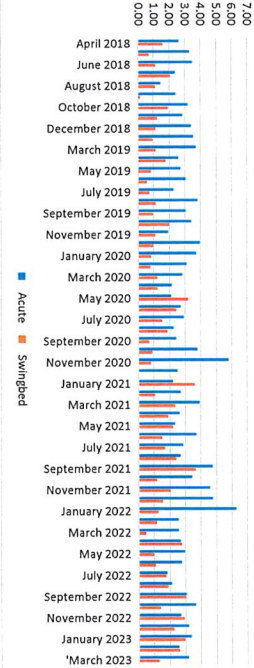
Days Cash on Hand



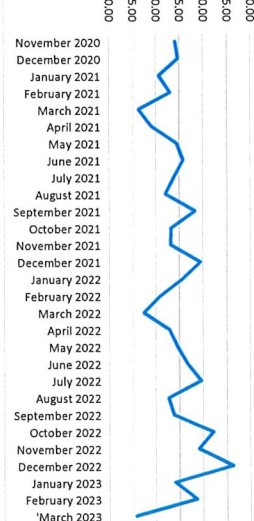
Outpatient Charges per Visit



Average Daily Census



DNFB



Comm:

Since new board I feel good about attending and better.

You have the power over CCH trustees since you appoint them. You can remove any trustee you want.

Trustees need to have a copy of the Codes approve by you the Commissioner.

This way on purchases and other money cost to CCH for your approval or de. Not hiding cost from tax payers.

No matter what some think it's still a County Hospital. Trustees need to be told this. Operated under the state legal law.

As you're elected official of Cherry County to be responsibility for CCH.

Trustees hired an Admin, not a CEO as being signed on CCH businesses. That's all illegal: You need to check with County ATT ERIC SCOTT to have this corrected as Code states

Other wise possibility of suit
against you, trustees, & CCH.

I had to be a problem on
this.

I've talked to a lot of the tax
payors in town and out. They all
agree salary and rehiring Ad is
you know what.

When in N Central & S. Central
S. D is worth that kind of salary.
Please do something.

P. S.

Sorry about my
spelling & writing.
Arm hurt.

Thanking You
Sincerely

Jim B. O'Neil
Bill

**BEFORE THE NEBRASKA TAX EQUALIZATION AND REVIEW
COMMISSION**

IN THE MATTER OF
EQUALIZATION OF VALUE
OF REAL PROPERTY WITHIN
CHERRY COUNTY FOR TAX
YEAR 2023

COUNTY NUMBER 16:
CHERRY

FINDINGS AND ORDER
(No Show Cause Hearing)

The Tax Equalization and Review Commission, as part of its statewide equalization proceedings, finds that the levels of value for real property in Cherry County for tax year 2023 meet the requirements of law.

I. APPLICABLE LAW

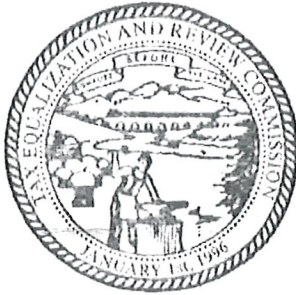
1. The Commission is required to meet annually to equalize the assessed values and special values of all real property based on the abstracts submitted by the county assessors. The Commission must also equalize the values of real property valued by the state.¹
2. To achieve equalization, the Commission is authorized to increase or decrease the value of a class or subclass of real property in any county or taxing authority or of real property valued by the state so that all classes or subclasses of real property in all counties fall within an acceptable range.²
3. An acceptable range is the percentage of variation from a standard for valuation as measured by an established indicator of central tendency of assessment. Acceptable ranges are: (a) For agricultural land and horticultural land, 69% to 75% of actual value, except that for school district taxes levied to pay the principal and interest on

¹ Neb. Rev. Stat. § 77-5022 (Reissue 2018).

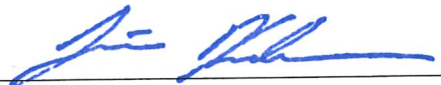
² Neb. Rev. Stat. § 77-5023(1) (2021 Supp.).

3. This order is effective the date it is signed and sealed.

Signed and Sealed: May 12, 2023




Steven A. Keetle, Commissioner


James D. Kuhn, Commissioner


Robert W. Hotz, Commissioner

* Attach as many schedules as necessary to your Nebraska Personal Property Return.
* Retain a copy for your records.

DLL FINANCIAL SOLUTIONS (160665385)

2022 (04/18/2022)

1 ☐ Commercial and Industrial Property

2 ☒ Agricultural Machinery and Equipment

[illegible]

Enter the total of all pages on line 1 or line 2, as appropriate, on the Personal Property Return . . .

\$	115,180
----	---------

CHERRY

Authorized by Neb. Rev. Stat. § 77-1229

Personal Property Schedule – Nebraska Net Book Value

* Attach as many schedules as necessary to your Nebraska Personal Property Return.

* Retain a copy for your records.

Name on Personal Property Return

For Tax Year

DLL FINANCIAL SOLUTIONS (160665832)

2022

Type of Property
(Check only one box.)

1 ☐ Commercial and Industrial Property

2 ☒ Agricultural Machinery and Equipment

You may include more than one item on a line ONLY when items were placed in service in the same calendar year and have the same recovery period.

[illegible]

TOTAL this page (if more than one schedule is used, total each page separately).

Enter the total of all pages on line 1 or line 2, as appropriate, on the Personal Property Return . . .

115,180

Tax List Correction

CHERRY County, Nebraska

Property ID: 160665832 - PP (160665832)

Date: 03-29-2023

No: 8

Name and Address:

DLL FINANCIAL SOLUTIONS

Description of Property:

Tax Year: 2022

400 School: 46-0001

District: DISTRICT 993

8001 BIRCHWOOD COURT PO BOX 2000

JOHNSTON, IA 50131

Stmnt No: 268

	Actual Valuation	Tax Rate	Consolidated Tax	Farmer Credit	Exemption Value	Exemption Credit	Penalty Tax	1st Half	2nd Half	Total Tax
Original Amount	115,180	0.86768200	999.40	0.00	0	0.00	0.00	499.70	499.70	999.40
Corrected Amount	0	0.86768200	0.00	0.00	0	0.00	0.00	0.00	0.00	0.00
Additional Amount										
Deducted Amount	115,180		999.40					499.70	499.70	999.40

Reason for Correction:

CLERICAL ERROR - DATA ENTRY DUPLICATION OF SCHEDULE # 160665385

I hereby direct the County Treasurer of CHERRY County to accept this Official Correction made for the above named party and description and to issue his receipt in payment of the corrected tax as shown above.

ALL CORRECTIONS MADE ON THE TAX ROLL MUST BE SHOWN IN RED.

Approved by action of the County Board

this _____ day of _____,

Chairman

County Assessor - County Clerk



160665832

By

Jacqueline M. McDonald

Deputy