STUDENT HEALTH INSURANCE ADVISORY COMMITTEE
Information for May 2, 2012

Enrollment Count by Coverage Type

Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)			
Student	104	50	154
Student & Child		1	1
Client Totals:	104	51	155
FORT HAYS STATE UNIVERSITY (2011-2005)			
Student	177		177
Student & Child	1		1
Client Totals:	178		178
KANSAS STATE UNIVERSITY (2011-470)			
Student	948	739	1687
Student & Child	1	1	2
Student & Spouse	4	3	7
Client Totals:	953	743	1696
PITTSBURG STATE UNIVERSITY (2011-2009)			
Student	213	31	244
Student & Family	1		1
Student & Spouse	1		1
Client Totals:	215	31	246
UNIV. OF KANSAS (2011-471)			
Student	1758	909	2667
Student & Child	3	5	8
Student & Family	1	2	3
Student & Spouse	4	2	6
Client Totals:	1766	918	2684
UNIV. OF KANSAS - MEDICAL CENTER (2011-2070)			
Student	357	114	471
Student & Child	1		1
Student & Family	1	1	2
Student & Spouse	2		2
Client Totals:	361	115	476
WICHITA STATE UNIVERSITY (2011-180)			
Student	753	282	1035
Student & Child	5		5
Student & Spouse	1		1
Client Totals:	759	282	1041
Grand Totals:	4336	2140	6476

Effective as of Date: 1/1/2012

Enrollment Count by Coverage Type

Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)			
Student	104	50	154
Student & Child		1	1
Client Totals:	104	51	155
FORT HAYS STATE UNIVERSITY (2011-2005)			
Student	183		183
Student & Child	1		1
Client Totals:	184		184
KANSAS STATE UNIVERSITY (2011-470)			
Student	950	738	1688
Student & Child	1	1	2
Student & Spouse	4	3	7
Client Totals:	955	742	1697
PITTSBURG STATE UNIVERSITY (2011-2009)			
Student	213	31	244
Student & Family	1		1
Student & Spouse	1		1
Client Totals:	215	31	246
UNIV. OF KANSAS (2011-471)			
Student	1761	904	2665
Student & Child	3	5	8
Student & Family	1	2	3
Student & Spouse	5	2	7
Client Totals:	1770	913	2683
UNIV. OF KANSAS - MEDICAL CENTER (2011-2070)			
Student	358	114	472
Student & Child	1		1
Student & Family	1	1	2
Student & Spouse	2		2
Client Totals:	362	115	477
WICHITA STATE UNIVERSITY (2011-180)			
Student	754	282	1036
Student & Child	5		5
Student & Spouse	1		1
Client Totals:	760	282	1042
Grand Totals:	4350	2134	6484

Effective as of Date: 2/1/2012

Enrollment Count by Coverage Type

Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)			
Student	109	50	159
Student & Child		1	1
Client Totals:	109	51	160
FORT HAYS STATE UNIVERSITY (2011-2005)			
Student	193		193
Student & Child	1		1
Client Totals:	194		194
KANSAS STATE UNIVERSITY (2011-470)			
Student	960	742	1702
Student & Child	1	1	2
Student & Family	1		1
Student & Spouse	4	3	7
Client Totals:	966	746	1712
PITTSBURG STATE UNIVERSITY (2011-2009)			
Student	216	31	247
Student & Family	1		1
Student & Spouse	1		1
Client Totals:	218	31	249
UNIV. OF KANSAS (2011-471)			
Student	1799	903	2702
Student & Child	4	6	10
Student & Family	1	2	3
Student & Spouse	4	2	6
Client Totals:	1808	913	2721
UNIV. OF KANSAS - MEDICAL CENTER (2011-2070)			
Student	368	113	481
Student & Child	1		1
Student & Family	1	1	2
Student & Spouse	2		2
Client Totals:	372	114	486
WICHITA STATE UNIVERSITY (2011-180)			
Student	779	282	1061
Student & Child	5		5
Student & Spouse	1		1
Client Totals:	785	282	1067
Grand Totals:	4452	2137	6589

Effective as of Date: 3/1/2012

Enrollment Count by Coverage Type

Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)			
Student	112	50	162
Student & Child		1	1
Client Totals:	112	51	163
FORT HAYS STATE UNIVERSITY (2011-2005)			
Student	194		194
Student & Child	1		1
Client Totals:	195		195
KANSAS STATE UNIVERSITY (2011-470)			
Student	962	741	1703
Student & Child	1	1	2
Student & Family	1		1
Student & Spouse	4	3	7
Client Totals:	968	745	1713
PITTSBURG STATE UNIVERSITY (2011-2009)			
Student	219	31	250
Student & Family	1		1
Student & Spouse	1		1
Client Totals:	221	31	252
UNIV. OF KANSAS (2011-471)			
Student	1814	898	2712
Student & Child	4	6	10
Student & Family	1	2	3
Student & Spouse	5	2	7
Client Totals:	1824	908	2732
UNIV. OF KANSAS - MEDICAL CENTER (2011-2070)			
Student	372	113	485
Student & Child	1		1
Student & Family	1	1	2
Student & Spouse	2		2
Client Totals:	376	114	490
WICHITA STATE UNIVERSITY (2011-180)			
Student	772	282	1054
Student & Child	5		5
Student & Spouse	1		1
Client Totals:	778	282	1060
Grand Totals:	4474	2131	6605

Effective as of Date: 4/1/2012

Enrollment Comparison

School	Enrollment 8/09 - 4/10	% of total	Enrollment 8/010 - 4/11	% of total	Enrollment 8/011 - 4/12	% of total	Difference	Percent +/-
Emporia State	230	3%	184	3%	163	2%	(21)	-11%
Fort Hays	257	3%	171	2%	195	3%	24	14%
Kansas State	1,819	24%	1,711	25%	1,713	26%	2	0%
Univ. of Kansas	2,913	39%	2,902	42%	2,732	41%	(170)	-6%
Wichita State	1,266	17%	1,087	16%	1,060	16%	(27)	-2%
KU Med.	632	8%	552	8%	490	7%	(62)	-11%
Pitt State	335	4%	295	4%	252	4%	(43)	-15%
Total	**7452**		**6,902**		**6,605**		**(297)**	**-4%**

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Peoples Benefit Group

Premium Received

Client Name	Policy	4/4/2012				
		KANSAS STATE SYSTEM				Total
		CHI	SPO	STU	Total	
EMPORIA STATE UNIVERSITY	2011-197-1			119,058.00	119,058.00	119,058.00
	2011-197-3	3,154.00		44,844.00	47,998.00	47,998.00
	Policy totals:	3,154.00		163,902.00	**$167,056.00**	**$167,056.00**
FORT HAYS STATE UNIVERSITY	2011-2005-1	3,154.00		243,581.00	246,735.00	246,735.00
	Policy totals:	3,154.00		243,581.00	**$246,735.00**	**$246,735.00**
KANSAS STATE UNIVERSITY	2011-470-1	11,039.00	23,428.00	898,799.00	933,266.00	933,266.00
	2011-470-3	3,154.00	18,300.00	643,232.00	664,686.00	664,686.00
	Policy totals:	14,193.00	41,728.00	1,542,031.00	**$1,597,952.00**	**$1,597,952.00**
PITTSBURG STATE UNIVERSITY	2011-2009-1	3,786.00	6,224.00	237,164.00	247,174.00	247,174.00
	2011-2009-3			25,308.00	25,308.00	25,308.00
	Policy totals:	3,786.00	6,224.00	262,472.00	**$272,482.00**	**$272,482.00**
UNIV. OF KANSAS	2011-471-1	15,460.00	25,263.00	1,706,367.00	1,747,090.00	1,747,090.00
	2011-471-3	26,809.00	16,470.00	831,268.00	874,547.00	874,547.00
	Policy totals:	42,269.00	41,733.00	2,537,635.00	**$2,621,637.00**	**$2,621,637.00**
UNIV. OF KANSAS - MEDICAL CENTER	2011-2070-1	6,940.00	12,448.00	369,864.00	389,252.00	389,252.00
	2011-2070-3	3,154.00	3,660.00	101,692.00	108,506.00	108,506.00
	Policy totals:	10,094.00	16,108.00	471,556.00	**$497,758.00**	**$497,758.00**
WICHITA STATE UNIVERSITY	2011-180-1	17,034.00	5,490.00	721,591.00	744,115.00	744,115.00
	2011-180-3	0.00		148,439.00	148,439.00	148,439.00
	Policy totals:	17,034.00	5,490.00	870,030.00	**$892,554.00**	**$892,554.00**
	Consortium totals:	**$93,684.00**	**$111,283.00**	**$6,091,207.00**	$6,296,174.00	$6,296,174.00

Claims Comparison
8/1/10 - 4/8/11 vs. 8/1/11 - 4/8/12

School	8/1/10-4/8/11	% of total	8/1/11-4/8/12	% of total	Difference	Percent +/-
Emporia State	$ 113,629.37	5%	$ 62,422.32	3%	$ (51,207.05)	-45%
Fort Hays	$ 106,202.71	5%	$ 90,077.53	4%	$ (16,125.18)	-15%
Kansas State	$ 497,591.16	21%	$ 475,785.76	22%	$ (21,805.40)	-4%
Univ. of Kansas	$ 960,413.91	41%	$ 930,551.61	42%	$ (29,862.30)	-3%
Wichita State	$ 308,940.60	13%	$ 364,684.32	17%	$ 55,743.72	18%
KU Med.	$ 267,717.61	11%	$ 209,728.60	10%	$ (57,989.01)	-22%
Pitt State	$ 103,753.86	4%	$ 65,931.84	3%	$ (37,822.02)	-36%
Total	**$ 2,358,249.22**		**$ 2,199,181.98**		**$ (159,067.24)**	**-6.75%**

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Enrollment, Premiums & Claims Processed
2011 - 2012

School	Enrollment	% of total	Premiums	% of total	Paid Claims	% of total	Int'l Claims	% of total
Emporia State	155	2%	$167,056	3%	$ 62,422.32	3%	$ 146.70	0%
Fort Hays	178	3%	$246,735	4%	$ 90,077.53	4%	$ 32,162.47	36%
Kansas State	1,696	26%	$1,597,952	25%	$ 475,785.76	22%	$ 26,062.56	5%
Univ. of Kansas	2,684	41%	$2,621,637	42%	$ 930,551.61	42%	$ 88,810.60	10%
Wichita State	1,041	16%	$892,554	14%	$ 364,684.32	17%	$ 119,186.04	33%
KU Med.	476	7%	$497,758	8%	$ 209,728.60	10%	$ -	0%
Pitt State	246	4%	$272,482	4%	$ 65,931.84	3%	$ 4,565.85	7%
Total	**6,476**		**$ 6,296,174.00**		**$ 2,199,181.98**		**$ 270,934.22**	

Total enrollment and paid claims 8/1/2011 - 4/8/2012

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Premium Comparison
Three-year Comparison

School	Premium 8/09 - 4/2/10	% of total	Premium 8/10 - 4/4/11	% of total	Premium 8/11 - 4/4/12	% of total	Difference	Percent +/-
Emporia State	$203,069	3%	$181,833	3%	$167,056	3%	($14,777)	-7%
Fort Hays	$249,855	4%	$201,074	4%	$246,735	4%	$45,661	18%
Kansas State	$1,259,904	21%	$1,050,921	18%	$1,597,952	25%	$547,031	43%
Univ. of Kansas	$2,380,899	39%	$2,478,257	43%	$2,621,637	42%	$143,380	6%
Wichita State	$1,090,674	18%	$1,045,958	18%	$892,554	14%	($153,404)	-14%
KU Med.	$538,360	9%	$480,056	8%	$497,758	8%	$17,702	3%
Pitt State	$310,439	5%	$284,709	5%	$272,482	4%	($12,227)	-4%
Total	**$6,033,200**		**$5,722,808**		**$6,296,174**		**$573,366**	**10.02%**

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3-year Claims vs. Premium Comparison

	2009	2010	2011*
Premium	$ 6,764,158.00	$ 6,680,497.98	$ 6,296,174.00
Claims	$ 4,616,752.35	$ 4,514,413.58	$ 2,199,181.98
Difference	$ 2,147,405.65	$ 2,166,084.40	$ 4,096,992.02
Claims Percentage	68%	68%	35%

*Premium and Paid Claims through 4/08/2012

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Claims Over $3000

8/1/2011 thru 4/6/2012

School	Total Paid Claims	% of total	Claims over $3000	% of total
Emporia State	$ 62,422.32	3%	$ 27,476.06	3%
Fort Hays	$ 90,077.53	4%	$ 34,760.93	3%
Kansas State	$ 475,785.76	22%	$ 238,362.42	23%
Univ. of Kansas	$ 930,551.61	42%	$ 388,341.90	37%
Wichita State	$ 364,684.32	17%	$ 248,515.34	24%
KU Med.	$ 209,728.60	10%	$ 92,472.97	9%
Pitt State	$ 65,931.84	3%	$ 26,476.31	3%
Total	**$ 2,199,181.98**	Total YTD:	**$ 1,056,405.93**	

Total Paid Claims over $3000 as a % of Total Paid Claims: **48%**

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Claims Over $3000 Comparison
8/1/10-4/8/11 vs 8/1/11-4/6/12

School	8/1/10-4/8/11	% of total	8/1/11-4/6/12	% of total	Difference	Percent +/-
Emporia State	$ 76,050.37	7%	$ 27,476.06	3%	($48,574.31)	-64%
Fort Hays	$ 56,641.22	5%	$ 34,760.90	3%	($21,880.32)	-39%
Kansas State	$ 237,468.02	22%	$ 238,362.42	23%	$894.40	0%
Univ. of Kansas	$ 374,003.80	34%	$ 388,341.90	37%	$14,338.10	4%
Wichita State	$ 156,019.04	14%	$ 248,515.34	24%	$92,496.30	59%
KU Med.	$ 132,571.92	12%	$ 92,472.97	9%	($40,098.95)	-30%
Pitt State	$ 62,265.10	6%	$ 26,476.31	3%	($35,788.79)	-57%
Total	**$1,095,019.47**		**$1,056,405.90**		**($38,613.57)**	-4%

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Claims Over $3000 vs. Int'l Claims Over $3000

8/1/2011 thru 4/6/2012

School	Claims over $3000	% of total		Int'l Claims over $3000	% of total
Emporia State	$ 27,476.06	3%		$ -	0%
Fort Hays	$ 34,760.93	3%		$ 23,202.79	12%
Kansas State	$ 238,362.42	23%		$ 10,903.42	6%
Univ. of Kansas	$ 388,341.90	37%		$ 61,106.48	32%
Wichita State	$ 248,515.34	24%		$ 95,945.73	50%
KU Med.	$ 92,472.97	9%		$ -	0%
Pitt State	$ 26,476.31	3%		$ -	0%
Total	**$ 1,056,405.93**		Total YTD:	**$ 191,158.42**	

Int'l Paid Claims over $3000 as a % of Total Paid Claims over $3000: **18%**

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Peoples Benefit Group

Emporia St.

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	197	2011-197-1	Student	08/22/2011	BENIGN NEOPLASM OF OVAR	12,054.92
				11/07/2011	ABDOMINAL PAIN RIGHT UP	5,900.63
				09/18/2009	REGIONAL ENTERITIS OF U	6,124.49
		2011-197-3	Student	01/04/2012	GANGLION OF JOINT	3,396.02
Grand Totals						27,476.06

Fort Hays

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	2005	2011-2005-1	Student	10/04/2011	CALCULUS OF KIDNEY	7,455.08
				08/08/2011	PAIN IN JOINT, LOWER LE	4,103.06
				11/18/2011	ACUTE APPENDICITIS WITH	17,885.53
				01/20/2012	CONTUSION OF CHEST WALL	5,317.26
Grand Totals						34,760.93

KSU

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	470	2011-470-1	Dependent	02/11/2011	DECR FETAL MOVMNTS MGMT	4,809.10
			Student	12/09/2011	CHRONIC TONSILLITIS	4,340.79
				08/03/2011	SUPERVISION OF OTHER NO	6,837.52
				10/02/2011	DISPLCMT CERV INTERVERT	3,144.59
				12/13/2011	PAIN IN JOINT, LOWER LE	10,478.92
				10/08/2011	POISONING BY AMPHETAMIN	4,331.08
				12/02/2011	UNSPECIFIED DRUG-INDUCE	11,901.15
				10/11/2011	REGIONAL ENTERITIS OF L	4,783.22
				05/10/2011	SUPERVISION OF OTHER NO	6,120.20
		2011-470-3	Dependent	06/14/2011	SUPERVISION OF NORMAL F	5,096.59
				05/26/2011	UTERINE SIZE DATE DISCR	6,692.64
			Student	05/25/2011	SUPERVISION OF NORMAL F	6,112.01
				02/10/2012	ACUTE APPENDICITIS WITH	12,488.64
				07/11/2011	ASYMPTOMATIC BACTERIURI	6,143.21
				10/16/2011	APPENDICITIS, UNQUALIFI	12,712.61
				01/17/2011	FORCEPS/EXTRACTOR DEL W	5,629.69
				02/28/2011	EXCESS FETAL GROWTH AFF	5,788.78
				12/28/2011	DERANGEMENT POSTERIOR H	8,944.72
				10/10/2011	APPENDICITIS, UNQUALIFI	14,701.50
				09/06/2011	NEOPLASM UNCERTAIN BHV	11,679.64
				02/24/2012	OTHER AND UNSPECIFIED O	3,407.43
				09/30/2011	SECOND-DEGREE PERINEAL	5,919.63
				09/03/2011	CLOSED FRACTURE OF PATE	13,518.13
				11/26/2011	URINARY TRACT INFECTION	4,512.49
				02/09/2012	UNS GASTRITIS&GASTRODUO	3,653.64
				11/01/2011	ACUTE AND SUBACUTE NECR	6,094.17
				11/10/2011	THORACIC ROOT LESIONS N	6,039.35
				03/03/2011	ABNORMAL MATERNAL GLUCO	6,954.33
				08/03/2011	OTHER ANKLE SPRAIN AND	5,625.44
				02/04/2012	ABDOMINAL PAIN RIGHT LO	4,686.75
				01/21/2011	ABNORMAL MATERNAL GLUCO	5,618.27
				08/18/2011	CALCU GALLBLADD W/O MEN	14,867.93
				10/01/2011	OPEN WOUND JAW WITHOUT	4,728.26
Grand Totals						238,362.42

KU

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	471	2011-471-1	Student	08/08/2011	TEAR MEDIAL CARTILAGE O	7,812.91
				10/06/2011	SUPERVISION OF OTHER NO	4,548.60
				09/13/2011	OTHER DISORDER OF COCCY	3,768.30
				12/12/2011	ANAL FISTULA	3,017.22
				06/09/2011	MATERNAL DIABETES MELLI	11,930.92
				12/27/2011	ACUTE RESPIRATORY FAILU	14,417.36
				09/06/2011	ELDERLY PRIMIGRAVIDA, A	8,214.26
				08/25/2011	CORTICAL SENILE CATARAC	3,643.77
				07/20/2010	UNSPECIFIED MYALGIA AND	4,559.61
				08/05/2011	PAIN IN JOINT, FOREARM	4,619.47
				08/01/2011	PAROXYSMAL VENTRICULAR	10,042.78
				05/13/2011	SUPERVISION OF OTHER NO	7,733.93
				10/11/2011	RGN ENTERITIS SMALL INT	5,456.53
				10/10/2011	VAR MIGRAINE NEC W/INTR	4,150.06
				12/22/2011	OTHER LESION OF MEDIAN	5,427.98
				08/26/2011	CALCU GALLBLADD W/OTH C	7,541.38
				08/08/2011	DIAB W/O MENTION COMP T	4,750.02
				11/18/2011	CLOS FX BASE SKUL W/O I	14,866.80
				10/06/2011	SPRAIN AND STRAIN OF CR	5,440.03
				10/21/2011	HYPERTROPHY OF UTERUS	9,538.86
				12/19/2011	SPRAIN AND STRAIN OF CR	6,996.51
				12/20/2010	OLIGOHYDRAMNIOS, ANTEPA	6,832.88
				08/18/2011	OTH CURRENT MAT CONDS C	3,971.91
				04/21/2011	OTHER SPECIFED COMPLICA	4,748.18
				02/10/2011	POOR FETAL GROWTH MGMT	4,956.67
		2011-471-3	Dependent	08/15/2011	SUPERVISION OF NORMAL F	8,710.79
				10/01/2011	NEONATAL CANDIDA INFECT	12,176.06
				03/03/2011	MATERNAL ANEMIA, ANTEPA	4,870.07
				12/06/2011	SINGLE LIVEBORN HOSPITA	12,782.96
			Student	08/25/2011	SUPERVISION OF OTHER NO	9,956.79
				08/03/2011	UNSPECIFIED ANTEPARTUM	6,930.10
				04/27/2011	OTHER SPEC HEMORRHAGE E	5,628.70
				10/06/2011	SUPERVISION OF OTHER NO	7,000.73
				08/30/2011	RHEUMATOID ARTHRITIS	11,946.78
				10/27/2011	MALAR AND MAXILLARY BON	6,955.04
				12/05/2011	OTHER NONINFECTIOUS LYM	3,133.88
				12/02/2011	DEPRESSIVE DISORDER NOT	13,407.59
				11/15/2011	BEN NEO PITUITARY GLAND	25,071.85
				12/03/2011	ACUTE APPENDICITIS WITH	5,908.87
				04/15/2011	SUPERVISION OF OTHER NO	7,244.71

Report printed on: 4/13/2012

Data as of: 4/6/2012

KU

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	471	2011-471-3	Student	02/09/2011	SUPERVISION OF OTHER NO	4,907.87
				10/10/2011	CHEST PAIN UNSPECIFIED	7,110.69
				08/09/2011	SUPERVISION OF OTHER NO	5,192.45
				08/04/2010	CALCU GALLBLADD W/O MEN	48,169.53
				05/10/2011	POOR FETAL GROWTH MGMT	12,249.50
Grand Totals						388,341.90

WSU

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	180	2011-180-1	Student	08/15/2011	UNS FETAL ABNORM MGMT M	19,913.86
				08/05/2011	LUMBAGO	64,043.90
				08/10/2011	SUPERVISION OF NORMAL F	6,020.69
				09/26/2011	SPRAIN AND STRAIN OF CR	5,996.67
				10/10/2011	SUPERVISION OF NORMAL F	3,312.86
				10/04/2011	ABDOMINAL PAIN, UNSPECI	3,520.34
				07/21/2011	NORMAL DELIVERY	5,541.17
				10/07/2011	OTH&UNSPEC NONINFECTIOU	10,890.95
				10/08/2011	UNSPEC INFLAM DISEASE F	5,914.37
				02/22/2012	HYPERPLASIA OF APPENDIX	16,183.68
				04/12/2011	MILD OR UNSPECIFIED PRE	11,268.51
				11/14/2011	UNSPECIFIED SEPTICEMIA	18,720.18
				12/28/2011	EXTERNAL HEMORRHOIDS WI	3,627.36
				01/09/2012	PAIN IN JOINT, SHOULDER	4,479.63
				01/01/2012	ACUT PYELONEPHRITIS W/O	9,023.21
				02/10/2012	PAINFUL RESPIRATION	3,091.54
				02/03/2011	OTH CURRENT MAT CONDS C	12,117.57
				09/25/2011	CALCU GALLBLADD W/O MEN	8,790.40
		2011-180-3	Student	11/17/2011	ACUTE APPENDICITIS WITH	6,207.17
				10/11/2011	TEAR MEDIAL CARTILAGE O	4,275.51
				09/17/2011	CALCU GALLBLADD W/ACUT	19,585.83
				03/03/2011	POST TERM PG DELIV W/WO	6,189.94
Grand Totals						248,515.34

KUMC

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	2070	2011-2070-1	Dependent	02/27/2012	SINGLE LIVEBORN HOSPITA	3,467.53
			Student	10/11/2011	CHRN/UNS PEPTC ULCR UNS	28,039.69
				02/25/2011	EXCESS FETAL GROWTH AFF	6,250.53
				07/28/2011	SUPERVISION OF NORMAL F	12,175.75
				01/04/2012	HEMANGIOMA OF INTRACRAN	6,366.62
				09/20/2011	CLOSED FRACTURE UNSPEC	3,704.22
				09/20/2011	UNSPECIFIED ANTEPARTUM	7,466.36
				11/26/2011	CELLULITIS AND ABSCESS	3,330.98
		2011-2070-3	Student	02/22/2011	POOR FETAL GROWTH MGMT	7,709.34
				12/14/2010	SUPERVISION OF OTHER NO	9,865.31
				10/04/2011	SUPERVISION OF NORMAL F	4,096.64
Grand Totals						92,472.97

Pitt. St.

CLAIMS OVER 3000

Block Year	Client Number	Client Policy	Claim Insured Type	Claim Incurred Date	Claim Diagnosis	Total Paid Amount
2011	2009	2011-2009-1	Dependent	06/03/2011	SUPERVISION OF OTHER NO	10,694.59
			Student	03/12/2012	PAIN IN JOINT, ANKLE AN	3,744.24
				01/04/2011	PAIN IN SOFT TISSUES O	4,542.10
				09/01/2011	COR ATHEROSLERO UNSPEC	3,417.06
				09/14/2009	COR ATHEROSLERO UNSPEC	4,078.32
Grand Totals						26,476.31

Consolidated Utilization Report

The following Consolidated Utilization Reports are broken down by school, category, charge code and cause code. There are also reports showing the totals for the whole KBOR plan and for the international students.

BENCHMARKING
We compared the top six categories for the Charge Code and top four for the Cause Code against SR's book of business. They are listed with the highest amounts first.

SR's Book of Business	**KBOR**
CHARGE	**CHARGE**
Outpatient Prescriptions	Hospital Miscellaneous
Other	Outpatient Rx
Hospital misc.	Student Health Center Lab
Outpatient Physician visit	CAT Scan/MRI
Outpatient lab.	Inpatient Room & Board
Day surgery	Student Health Center Rx
CAUSE	**CAUSE**
Symptoms/Ill Defined Cond.	Group Ledger Billing
Group Ledger Billing	Maternity
Diagnostic Info Unavailable	Symptoms/Ill Defined Cond.
Maternity	Digestive System

Paid Date: 2012-03
Policy Year: 2011
Block Num: 200118
Block Name : KANSAS STATE SYSTEM

Consolidated Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:00AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	47	42	58,036.00	16,974.90	31,002.75	53.42	31,002.75	0.00	31,002.75	411.11
ASSISTANT SURGEON	13	13	15,445.80	13,041.06	1,905.98	12.34	1,905.98	0.00	1,905.98	0.00
HOSPITAL MISCELLANEOUS	290	105	1,043,894.48	573,332.43	373,094.37	35.74	373,094.37	0.00	373,094.37	19.51
INTENSIVE CARE UNIT	8	7	24,297.00	12,624.36	9,226.82	37.98	9,226.82	0.00	9,226.82	0.00
PHYSICIAN VISITS	157	42	24,426.50	7,248.18	11,997.52	49.12	11,997.52	0.00	11,997.52	312.46
PROFESSIONAL FEE	67	36	8,415.55	4,646.35	2,744.63	32.61	2,744.63	0.00	2,744.63	0.00
PSYCHOTHERAPY	2	1	245.00	0.00	196.00	80.00	196.00	0.00	196.00	0.00
ROOM & BOARD	264	93	365,217.53	195,777.78	132,214.54	36.20	132,214.54	0.00	132,214.54	2,773.05
SURGERY	75	54	183,249.25	70,690.26	86,031.49	46.95	86,031.49	0.00	86,031.49	2,202.24
Totals :			**1,723,227.11**	**894,335.32**	**648,414.10**	**37.63**	**648,414.10**	**0.00**	**648,414.10**	**5,718.37**
2-Outpatient										
ANESTHETIST	58	52	43,776.00	15,959.25	20,373.30	46.54	20,373.30	0.00	20,373.30	742.66
CAT SCAN / MRI	202	136	323,410.64	125,164.08	148,861.40	46.03	148,861.40	0.00	148,861.40	7,080.43
CHEMOTHERAPY	29	2	24,525.00	6,127.15	14,533.61	59.26	14,533.61	0.00	14,533.61	230.86
DAY SURGERY	61	59	330,601.99	177,975.64	118,734.23	35.91	118,734.23	0.00	118,734.23	2,633.21
INJECTIONS	730	76	24,409.96	4,694.72	16,716.91	68.48	16,716.91	0.00	16,716.91	840.27
LABORATORY	2779	686	292,149.49	146,485.12	107,556.10	36.82	107,556.10	0.00	107,556.10	6,338.15
MEDICAL EMERGENCY	220	198	346,918.80	160,609.42	111,474.27	32.13	111,474.27	0.00	111,474.27	46,235.00
PHYSICIAN VISITS	1091	783	143,944.33	37,564.40	76,583.13	53.20	76,583.13	0.00	76,583.13	8,000.09
PHYSIOTHERAPY	1327	103	67,939.95	26,542.69	29,737.14	43.77	29,737.14	0.00	29,737.14	1,123.47
PRESCRIPTIONS	4424	1052	512,199.60	199,897.72	213,306.16	41.65	213,306.16	0.00	213,306.16	94,886.59
PSYCHOTHERAPY	604	118	65,428.50	16,417.71	30,811.50	47.09	30,811.50	0.00	30,811.50	2,663.28
SUPPLIES/MISC	671	11	10,683.64	5,108.37	4,217.71	39.48	4,217.71	0.00	4,217.71	251.66
SURGERY	240	170	178,341.00	92,741.64	58,691.94	32.91	58,691.94	0.00	58,691.94	6,248.06
XRAYS	648	400	156,973.91	63,524.18	62,584.15	39.87	62,584.15	0.00	62,584.15	12,552.60
Totals :			**2,521,302.81**	**1,078,812.09**	**1,014,181.55**	**40.22**	**1,014,181.55**	**0.00**	**1,014,181.55**	**189,826.33**

Paid Date: 2012-03
Policy Year: 2011
Block Num: 200118
Block Name : KANSAS STATE SYSTEM

Consolidated Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:00AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
3-Student Health Center										
ADJUSTMENTS	2	8	0.00	0.00	-29.00	0.00	-29.00	0.00	-29.00	0.00
GROUP LEDGER BILLING	23	5	-3,576.15	0.00	-3,576.15	100.00	-3,576.15	0.00	-3,576.15	0.00
INJECTIONS	0	7	24,440.50	0.00	24,328.50	99.54	24,328.50	0.00	24,328.50	0.00
LABORATORY	135	112	225,982.32	0.00	180,667.43	79.95	180,667.43	0.00	180,667.43	625.00
MEDICAL RECORDS	5	5	87.50	0.00	87.50	100.00	87.50	0.00	87.50	0.00
PHYSICIAN VISITS	366	334	14,141.80	0.00	14,141.80	100.00	14,141.80	0.00	14,141.80	0.00
PHYSIOTHERAPY	2	8	33,807.70	0.00	32,250.90	95.40	32,250.90	0.00	32,250.90	0.00
PRESCRIPTIONS	346	260	155,352.41	0.00	119,921.16	77.19	119,921.16	0.00	119,921.16	1,595.00
PSYCHOTHERAPY	1	10	17,593.10	0.00	17,234.10	97.96	17,234.10	0.00	17,234.10	0.00
SUPPLIES/MISC	228	56	21,095.10	0.00	20,669.10	97.98	20,669.10	0.00	20,669.10	0.00
SURGERY	5	12	24,028.70	0.00	24,028.70	100.00	24,028.70	0.00	24,028.70	0.00
XRAYS	0	8	21,752.10	0.00	20,652.10	94.94	20,652.10	0.00	20,652.10	0.00
Totals :			**534,705.08**	**0.00**	**450,376.14**	**84.23**	**450,376.14**	**0.00**	**450,376.14**	**2,220.00**
4-Other Ledger Billing										
INJECTIONS	0	1	21.00	0.00	21.00	100.00	21.00	0.00	21.00	0.00
LABORATORY	0	4	25,597.11	0.00	23,221.24	90.72	23,221.24	0.00	23,221.24	0.00
PHYSICIAN VISITS	0	1	11,166.00	0.00	11,166.00	100.00	11,166.00	0.00	11,166.00	0.00
PRESCRIPTIONS	0	3	11,776.17	0.00	8,358.53	70.98	8,358.53	0.00	8,358.53	0.00
PSYCHOTHERAPY	0	1	144.00	0.00	144.00	100.00	144.00	0.00	144.00	0.00
SUPPLIES/MISC	0	1	103.02	0.00	103.02	100.00	103.02	0.00	103.02	0.00
Totals :			**48,807.30**	**0.00**	**43,013.79**	**88.13**	**43,013.79**	**0.00**	**43,013.79**	**0.00**
5-Other Charges										
AMBULANCE	25	20	15,158.18	127.72	11,577.19	76.38	11,577.19	0.00	11,577.19	0.00
BRACES AND APPLIANCES	54	21	15,744.60	5,503.76	7,393.18	46.96	7,393.18	0.00	7,393.18	407.23
CONSULTANT	66	64	19,114.25	6,238.83	8,468.51	44.30	8,468.51	0.00	8,468.51	1,915.01

Paid Date: 2012-03
Policy Year: 2011
Block Num: 200118
Block Name : KANSAS STATE SYSTEM

Consolidated Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:00AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
DENTAL	11	3	4,639.00	0.00	2,633.40	56.77	2,633.40	0.00	2,633.40	250.00
GROUP LEDGER BILLING	6	119	69,600.97	0.00	13,898.58	19.97	13,898.58	0.00	13,898.58	0.00
OTHER	68	13	2,804.45	0.00	2,804.45	100.00	2,804.45	0.00	2,804.45	0.00
URGENT CARE	1	1	105.00	0.00	4.00	3.81	4.00	0.00	4.00	100.00
Totals :			**127,166.45**	**11,870.31**	**46,779.31**	**36.79**	**46,779.31**	**0.00**	**46,779.31**	**2,672.24**
6-Non-Service Charges										
ADJUSTMENTS	20	37	0.00	0.00	-3,625.70	0.00	-3,625.70	0.00	-3,625.70	0.00
CLAIM INTEREST	1	1	6.96	0.00	6.96	100.00	6.96	0.00	6.96	0.00
MEDICAL RECORDS	4	4	97.63	0.00	97.63	100.00	97.63	0.00	97.63	0.00
OTHER INSURANCE	4	9	0.00	0.00	-57.53	0.00	-57.53	0.00	-57.53	0.00
REFUNDS	0	1	0.00	0.00	-4.27	0.00	-4.27	0.00	-4.27	0.00
Totals :			**104.59**	**0.00**	**-3,582.91**	**-3425.67**	**-3,582.91**	**0.00**	**-3,582.91**	**0.00**
Grand Totals :			**4,955,313.34**	**1,985,017.72**	**2,199,181.98**	**44.38**	**2,199,181.98**	**0.00**	**2,199,181.98**	**200,436.94**

Paid Date : 2012-03
Policy Year: 2011
Block Num: 200118
Block Name : KANSAS STATE SYSTEM

Consolidated Utilization Report - Cause Code

Date: 4/8/2012
Time: 09:00AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
A.I.D.S.	1	5,275.55	3,335.07	1,082.77	20.52	1,082.77	0.00	1,082.77	66.44
ALLERGY	49	12,553.50	3,185.43	6,387.73	50.88	6,387.73	0.00	6,387.73	1,422.13
CIRCULATORY SYSTEM	42	91,092.58	38,172.53	39,038.28	42.86	39,038.28	0.00	39,038.28	3,802.78
DIAGNOSTIC INFO UNAVAIL.	1	10,583.00	6,986.84	2,676.93	25.29	2,676.93	0.00	2,676.93	250.00
DIGESTIVE SYSTEM	82	686,000.08	324,700.36	275,059.32	40.10	275,059.32	0.00	275,059.32	9,267.77
DISEASES OF THE BLOOD	10	429.00	110.31	240.96	56.17	240.96	0.00	240.96	55.00
DRUG ABUSE	1	17,110.76	1,688.53	11,901.15	69.55	11,901.15	0.00	11,901.15	23.27
ENDOC/NUTRIT/METAB/IMMUN	42	32,370.69	12,234.29	14,070.37	43.47	14,070.37	0.00	14,070.37	1,433.78
FOREIGN BODY/BURNS	4	2,795.80	407.56	1,068.79	38.23	1,068.79	0.00	1,068.79	1,055.00
FRACTURES/DISLOCATIONS	29	194,666.19	99,283.05	69,760.15	35.84	69,760.15	0.00	69,760.15	5,271.87
GENITOURINARY SYSTEM	123	153,514.66	62,076.69	65,217.25	42.48	65,217.25	0.00	65,217.25	9,263.67
GROUP LEDGER BILLING	25	643,346.88	0.00	500,338.94	77.77	500,338.94	0.00	500,338.94	0.00
ILLNESS OF NEWBORN INFANT	4	69,901.85	45,077.06	15,144.81	21.67	15,144.81	0.00	15,144.81	599.74
INFECTIOUS/PARASITIC	51	43,224.35	11,020.26	23,955.01	55.42	23,955.01	0.00	23,955.01	2,323.13
INTERNAL INJ/OPEN WOUND	51	45,210.66	8,856.04	21,639.22	47.86	21,639.22	0.00	21,639.22	7,464.81
MATERNITY	87	919,727.14	473,225.14	337,901.87	36.74	337,901.87	0.00	337,901.87	10,805.62
MENTAL DISORDERS	106	97,214.21	24,210.82	48,805.30	50.20	48,805.30	0.00	48,805.30	3,820.48
MUSCULOSKELETAL SYSTEM	155	431,715.72	198,493.75	176,112.00	40.79	176,112.00	0.00	176,112.00	7,914.83
NEOPLASMS/TUMORS	22	149,855.54	83,441.05	50,165.37	33.48	50,165.37	0.00	50,165.37	2,081.38
NERVOUS SYS/SENSE ORGANS	102	103,218.90	47,917.46	38,791.56	37.58	38,791.56	0.00	38,791.56	5,950.18
POISONING/EXTERNAL CAUSES	5	12,005.82	3,428.45	6,154.16	51.26	6,154.16	0.00	6,154.16	715.00
RESPIRATORY SYSTEM	157	117,767.40	63,756.61	39,730.34	33.74	39,730.34	0.00	39,730.34	4,235.67
ROUTINE	182	32,125.11	7,153.56	20,927.19	65.14	20,927.19	0.00	20,927.19	1,661.27
ROUTINE WELL BABY	32	167,954.64	88,360.61	62,119.03	36.99	62,119.03	0.00	62,119.03	0.00
SKIN/SUBCATANEOUS TISSUE	70	36,184.82	18,562.07	10,841.90	29.96	10,841.90	0.00	10,841.90	3,510.92
SPRAINS/STRAINS	34	97,394.21	55,182.66	31,333.63	32.17	31,333.63	0.00	31,333.63	2,879.64
SUPERFICIAL INJURY	27	31,656.52	7,188.30	16,730.05	52.85	16,730.05	0.00	16,730.05	3,490.45
SYMPTOMS/ILL-DEFINED COND	1196	750,417.76	296,963.22	311,987.90	41.58	311,987.90	0.00	311,987.90	111,072.11

Paid Date : 2012-03
Policy Year: 2011
Block Num: 200118
Block Name : KANSAS STATE SYSTEM

Consolidated Utilization Report - Cause Code

Date: 4/8/2012
Time: 09:00AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
UNKNOWN	107	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		4,955,313.34	1,985,017.72	2,199,181.98	44.38	2,199,181.98	0.00	2,199,181.98	200,436.94

Paid Date: 2012-03
Policy Year: 2011
Client Num: 197
Client Name : EMPORIA STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:02AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	1	1	912.00	91.20	492.48	54.00	492.48	0.00	492.48	0.00
HOSPITAL MISCELLANEOUS	4	2	14,624.21	1,462.42	10,529.43	72.00	10,529.43	0.00	10,529.43	0.00
PHYSICIAN VISITS	3	1	554.00	83.10	282.54	51.00	282.54	0.00	282.54	0.00
PROFESSIONAL FEE	1	1	40.00	20.88	15.30	38.25	15.30	0.00	15.30	0.00
ROOM & BOARD	4	2	3,800.00	380.00	2,536.00	66.74	2,536.00	0.00	2,536.00	250.00
SURGERY	1	1	2,550.25	382.54	1,300.63	51.00	1,300.63	0.00	1,300.63	0.00
Totals :			**22,480.46**	**2,420.14**	**15,156.38**	**67.42**	**15,156.38**	**0.00**	**15,156.38**	**250.00**
2-Outpatient										
ANESTHETIST	3	3	2,592.00	805.35	1,084.78	41.85	1,084.78	0.00	1,084.78	102.64
CAT SCAN / MRI	15	9	18,808.20	7,097.31	9,133.30	48.56	9,133.30	0.00	9,133.30	294.25
DAY SURGERY	2	2	10,825.19	2,288.88	6,629.05	61.24	6,629.05	0.00	6,629.05	250.00
INJECTIONS	9	1	224.74	138.89	51.51	22.92	51.51	0.00	51.51	0.00
LABORATORY	107	30	6,891.21	2,397.99	3,239.20	47.00	3,239.20	0.00	3,239.20	292.56
MEDICAL EMERGENCY	7	7	4,696.93	1,450.99	1,315.09	28.00	1,315.09	0.00	1,315.09	1,602.08
PHYSICIAN VISITS	30	29	4,812.00	1,390.70	2,522.57	52.42	2,522.57	0.00	2,522.57	123.46
PHYSIOTHERAPY	64	3	3,245.00	333.80	2,166.47	66.76	2,166.47	0.00	2,166.47	64.95
PRESCRIPTIONS	156	43	15,391.53	5,098.71	7,014.99	45.58	7,014.99	0.00	7,014.99	3,196.73
PSYCHOTHERAPY	2	1	200.00	120.00	64.00	32.00	64.00	0.00	64.00	0.00
SURGERY	8	7	6,655.25	2,448.86	3,113.06	46.78	3,113.06	0.00	3,113.06	283.60
XRAYS	25	21	5,511.34	1,962.89	2,070.68	37.57	2,070.68	0.00	2,070.68	833.52
Totals :			**79,853.39**	**25,534.37**	**38,404.70**	**48.09**	**38,404.70**	**0.00**	**38,404.70**	**7,043.79**
3-Student Health Center										
INJECTIONS	0	2	127.00	0.00	120.00	94.49	120.00	0.00	120.00	0.00
LABORATORY	0	4	4,374.00	0.00	3,827.00	87.49	3,827.00	0.00	3,827.00	0.00
PHYSICIAN VISITS	0	2	830.00	0.00	830.00	100.00	830.00	0.00	830.00	0.00
PRESCRIPTIONS	0	2	2,530.00	0.00	1,991.00	78.70	1,991.00	0.00	1,991.00	0.00

Paid Date: 2012-03
Policy Year: 2011
Client Num: 197
Client Name : EMPORIA STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:02AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
PSYCHOTHERAPY	0	2	180.00	0.00	180.00	100.00	180.00	0.00	180.00	0.00
SUPPLIES/MISC	0	1	26.00	0.00	26.00	100.00	26.00	0.00	26.00	0.00
SURGERY	0	2	1,073.50	0.00	1,073.50	100.00	1,073.50	0.00	1,073.50	0.00
Totals :			**9,140.50**	**0.00**	**8,047.50**	**88.04**	**8,047.50**	**0.00**	**8,047.50**	**0.00**
5-Other Charges										
CONSULTANT	5	5	1,098.25	244.10	645.03	58.73	645.03	0.00	645.03	0.00
GROUP LEDGER BILLING	0	17	169.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER	10	2	168.88	0.00	168.88	100.00	168.88	0.00	168.88	0.00
Totals :			**1,436.13**	**244.10**	**813.91**	**56.67**	**813.91**	**0.00**	**813.91**	**0.00**
6-Non-Service Charges										
ADJUSTMENTS	3	3	0.00	0.00	-97.80	0.00	-97.80	0.00	-97.80	0.00
MEDICAL RECORDS	4	4	97.63	0.00	97.63	100.00	97.63	0.00	97.63	0.00
Totals :			**97.63**	**0.00**	**-0.17**	**-0.17**	**-0.17**	**0.00**	**-0.17**	**0.00**
Grand Totals :			**113,008.11**	**28,198.61**	**62,422.32**	**55.24**	**62,422.32**	**0.00**	**62,422.32**	**7,293.79**

Paid Date : 2012-03

Policy Year: 2011

Client Number: 197

Client Name : EMPORIA STATE UNIVERSITY

Summary Utilization Report - Cause Code

Date: 4/8/2012

Time: 09:02AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
CIRCULATORY SYSTEM	2	200.75	76.85	89.12	44.39	89.12	0.00	89.12	0.00
DIGESTIVE SYSTEM	2	12,805.62	2,734.32	7,514.09	58.68	7,514.09	0.00	7,514.09	352.64
GENITOURINARY SYSTEM	6	2,820.11	387.89	1,521.69	53.96	1,521.69	0.00	1,521.69	485.20
GROUP LEDGER BILLING	4	9,478.38	0.00	8,216.38	86.69	8,216.38	0.00	8,216.38	0.00
INTERNAL INJ/OPEN WOUND	1	158.00	110.90	5.44	3.44	5.44	0.00	5.44	40.30
MATERNITY	3	2,750.34	1,226.31	870.29	31.64	870.29	0.00	870.29	195.80
MENTAL DISORDERS	1	472.50	248.43	139.26	29.47	139.26	0.00	139.26	50.00
MUSCULOSKELETAL SYSTEM	6	13,848.12	2,821.01	8,046.64	58.11	8,046.64	0.00	8,046.64	715.34
NEOPLASMS/TUMORS	2	18,728.99	2,402.89	12,091.16	64.56	12,091.16	0.00	12,091.16	278.62
NERVOUS SYS/SENSE ORGANS	3	1,603.96	165.72	875.39	54.58	875.39	0.00	875.39	350.00
RESPIRATORY SYSTEM	2	201.00	61.65	111.48	55.46	111.48	0.00	111.48	0.00
ROUTINE	6	1,751.50	121.30	1,211.63	69.18	1,211.63	0.00	1,211.63	47.16
SPRAINS/STRAINS	3	3,130.24	560.52	1,566.95	50.06	1,566.95	0.00	1,566.95	521.39
SYMPTOMS/ILL-DEFINED COND	46	45,058.60	17,280.82	20,162.80	44.75	20,162.80	0.00	20,162.80	4,257.34
UNKNOWN	15	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		**113,008.11**	**28,198.61**	**62,422.32**	**55.24**	**62,422.32**	**0.00**	**62,422.32**	**7,293.79**

Paid Date: 2012-03
Policy Year: 2011
Client Num: 2005
Client Name : FORT HAYS STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:03AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	2	1	962.00	144.30	490.62	51.00	490.62	0.00	490.62	0.00
Totals :			**962.00**	**144.30**	**490.62**	**51.00**	**490.62**	**0.00**	**490.62**	**0.00**
2-Outpatient										
ANESTHETIST	3	3	1,426.00	489.50	674.37	47.29	674.37	0.00	674.37	83.19
CAT SCAN / MRI	10	6	20,075.50	3,157.25	13,033.74	64.92	13,033.74	0.00	13,033.74	609.80
DAY SURGERY	2	2	15,786.96	11,879.96	3,125.60	19.80	3,125.60	0.00	3,125.60	0.00
INJECTIONS	5	1	127.12	116.45	8.54	6.72	8.54	0.00	8.54	0.00
LABORATORY	110	35	12,592.35	3,524.64	7,767.34	61.68	7,767.34	0.00	7,767.34	61.23
MEDICAL EMERGENCY	10	10	30,459.58	2,869.96	19,663.21	64.56	19,663.21	0.00	19,663.21	3,010.62
PHYSICIAN VISITS	30	24	5,829.00	1,806.70	2,732.83	46.88	2,732.83	0.00	2,732.83	282.10
PHYSIOTHERAPY	34	6	2,436.96	1,381.72	663.70	27.23	663.70	0.00	663.70	97.07
PRESCRIPTIONS	145	32	21,817.92	10,200.31	8,059.81	36.94	8,059.81	0.00	8,059.81	3,460.56
PSYCHOTHERAPY	9	5	1,052.00	86.95	497.93	47.33	497.93	0.00	497.93	50.00
SURGERY	4	3	4,665.00	2,713.37	1,399.31	30.00	1,399.31	0.00	1,399.31	202.50
XRAYS	30	19	5,623.00	1,081.89	2,726.63	48.49	2,726.63	0.00	2,726.63	1,122.04
Totals :			**121,891.39**	**39,308.70**	**60,353.01**	**49.51**	**60,353.01**	**0.00**	**60,353.01**	**8,979.11**
4-Other Ledger Billing										
INJECTIONS	0	1	21.00	0.00	21.00	100.00	21.00	0.00	21.00	0.00
LABORATORY	0	2	19,714.50	0.00	19,529.50	99.06	19,529.50	0.00	19,529.50	0.00
PHYSICIAN VISITS	0	1	11,166.00	0.00	11,166.00	100.00	11,166.00	0.00	11,166.00	0.00
PSYCHOTHERAPY	0	1	144.00	0.00	144.00	100.00	144.00	0.00	144.00	0.00
Totals :			**31,045.50**	**0.00**	**30,860.50**	**99.40**	**30,860.50**	**0.00**	**30,860.50**	**0.00**
5-Other Charges										
CONSULTANT	2	2	730.00	308.42	337.26	46.20	337.26	0.00	337.26	0.00
GROUP LEDGER BILLING	0	6	1,086.00	0.00	-624.00	-57.46	-624.00	0.00	-624.00	0.00

Paid Date: 2012-03
Policy Year: 2011
Client Num: 2005
Client Name : FORT HAYS STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:03AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
OTHER	7	1	131.04	0.00	131.04	100.00	131.04	0.00	131.04	0.00
Totals :			**1,947.04**	**308.42**	**-155.70**	**-8.00**	**-155.70**	**0.00**	**-155.70**	**0.00**
6-Non-Service Charges										
ADJUSTMENTS	2	1	0.00	0.00	-1,470.90	0.00	-1,470.90	0.00	-1,470.90	0.00
Totals :			**0.00**	**0.00**	**-1,470.90**	**0.00**	**-1,470.90**	**0.00**	**-1,470.90**	**0.00**
Grand Totals :			**155,845.93**	**39,761.42**	**90,077.53**	**57.80**	**90,077.53**	**0.00**	**90,077.53**	**8,979.11**

Paid Date : 2012-03
Policy Year: 2011
Client Number: 2005
Client Name : FORT HAYS STATE UNIVERSITY

Summary Utilization Report - Cause Code

Date: 4/8/2012
Time: 09:03AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
ALLERGY	2	2,481.90	570.57	1,249.07	50.33	1,249.07	0.00	1,249.07	350.00
CIRCULATORY SYSTEM	2	2,165.00	1,438.64	535.68	24.74	535.68	0.00	535.68	0.00
DIGESTIVE SYSTEM	3	31,711.53	3,790.57	20,064.37	63.27	20,064.37	0.00	20,064.37	560.62
ENDOC/NUTRIT/METAB/IMMUN	3	522.00	174.83	277.74	53.21	277.74	0.00	277.74	0.00
FRACTURES/DISLOCATIONS	1	382.00	72.19	51.87	13.58	51.87	0.00	51.87	244.96
GENITOURINARY SYSTEM	6	23,715.49	9,074.70	10,757.86	45.36	10,757.86	0.00	10,757.86	1,161.29
GROUP LEDGER BILLING	2	32,262.54	0.00	30,367.54	94.13	30,367.54	0.00	30,367.54	0.00
INFECTIOUS/PARASITIC	1	198.00	24.86	81.74	41.28	81.74	0.00	81.74	70.98
INTERNAL INJ/OPEN WOUND	1	86.00	0.81	68.15	79.24	68.15	0.00	68.15	0.00
MENTAL DISORDERS	6	1,562.00	551.57	534.23	34.20	534.23	0.00	534.23	50.00
MUSCULOSKELETAL SYSTEM	10	17,854.28	10,931.64	4,834.94	27.08	4,834.94	0.00	4,834.94	750.42
NERVOUS SYS/SENSE ORGANS	6	1,819.12	326.90	715.79	39.35	715.79	0.00	715.79	570.89
RESPIRATORY SYSTEM	3	317.00	103.72	138.66	43.74	138.66	0.00	138.66	0.00
ROUTINE	3	538.50	223.32	243.60	45.24	243.60	0.00	243.60	0.00
SKIN/SUBCATANEOUS TISSUE	1	411.90	41.19	16.57	4.02	16.57	0.00	16.57	350.00
SUPERFICIAL INJURY	2	9,677.75	1,022.39	6,364.29	65.76	6,364.29	0.00	6,364.29	700.00
SYMPTOMS/ILL-DEFINED COND	48	30,140.92	11,413.52	13,775.43	45.70	13,775.43	0.00	13,775.43	4,169.95
UNKNOWN	5	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		**155,845.93**	**39,761.42**	**90,077.53**	**57.80**	**90,077.53**	**0.00**	**90,077.53**	**8,979.11**

Paid Date: 2012-03
Policy Year: 2011
Client Num: 470
Client Name : KANSAS STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:02AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	10	9	10,567.00	2,992.20	5,123.40	48.48	5,123.40	0.00	5,123.40	0.00
ASSISTANT SURGEON	4	4	2,787.00	2,068.32	557.13	19.99	557.13	0.00	557.13	0.00
HOSPITAL MISCELLANEOUS	53	25	163,317.46	92,461.77	55,237.84	33.82	55,237.84	0.00	55,237.84	0.00
INTENSIVE CARE UNIT	1	1	2,316.00	775.34	1,232.53	53.22	1,232.53	0.00	1,232.53	0.00
PHYSICIAN VISITS	21	7	3,725.00	809.24	1,335.49	35.85	1,335.49	0.00	1,335.49	273.27
PROFESSIONAL FEE	4	3	805.00	115.95	391.79	48.67	391.79	0.00	391.79	0.00
ROOM & BOARD	49	22	56,276.00	23,927.02	25,608.47	45.51	25,608.47	0.00	25,608.47	0.00
SURGERY	16	15	41,244.00	12,831.23	20,449.04	49.58	20,449.04	0.00	20,449.04	1,811.87
Totals :			**281,037.46**	**135,981.07**	**109,935.69**	**39.12**	**109,935.69**	**0.00**	**109,935.69**	**2,085.14**
2-Outpatient										
ANESTHETIST	16	12	10,691.00	3,684.90	4,774.33	44.66	4,774.33	0.00	4,774.33	93.48
CAT SCAN / MRI	59	50	86,863.89	14,271.02	52,655.42	60.62	52,655.42	0.00	52,655.42	2,649.23
DAY SURGERY	19	17	99,203.19	39,319.61	46,794.95	47.17	46,794.95	0.00	46,794.95	500.00
INJECTIONS	98	11	2,354.00	295.52	1,632.56	69.35	1,632.56	0.00	1,632.56	242.69
LABORATORY	367	99	32,491.50	10,254.65	16,189.62	49.83	16,189.62	0.00	16,189.62	616.39
MEDICAL EMERGENCY	51	45	60,963.16	7,627.29	33,799.89	55.44	33,799.89	0.00	33,799.89	11,086.02
PHYSICIAN VISITS	123	103	21,239.75	5,978.94	10,377.64	48.86	10,377.64	0.00	10,377.64	1,544.37
PHYSIOTHERAPY	224	17	9,980.24	2,365.40	5,686.84	56.98	5,686.84	0.00	5,686.84	93.78
PRESCRIPTIONS	589	157	66,701.55	24,981.86	28,442.58	42.64	28,442.58	0.00	28,442.58	12,740.92
PSYCHOTHERAPY	81	22	10,039.50	2,092.98	4,495.49	44.78	4,495.49	0.00	4,495.49	742.57
SUPPLIES/MISC	1	1	7.00	3.50	2.80	40.00	2.80	0.00	2.80	0.00
SURGERY	51	39	30,789.00	12,085.37	12,218.08	39.68	12,218.08	0.00	12,218.08	1,976.34
XRAYS	106	74	26,192.25	6,008.69	13,435.69	51.30	13,435.69	0.00	13,435.69	1,978.45
Totals :			**457,516.03**	**128,969.73**	**230,505.89**	**50.38**	**230,505.89**	**0.00**	**230,505.89**	**34,264.24**
3-Student Health Center										
ADJUSTMENTS	0	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Paid Date: 2012-03
Policy Year: 2011
Client Num: 470
Client Name : KANSAS STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:02AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
GROUP LEDGER BILLING	23	2	-3,111.54	0.00	-3,111.54	100.00	-3,111.54	0.00	-3,111.54	0.00
INJECTIONS	0	2	3,342.00	0.00	3,237.00	96.86	3,237.00	0.00	3,237.00	0.00
LABORATORY	0	5	55,317.24	0.00	49,017.24	88.61	49,017.24	0.00	49,017.24	0.00
PHYSICIAN VISITS	0	2	6,513.80	0.00	6,513.80	100.00	6,513.80	0.00	6,513.80	0.00
PHYSIOTHERAPY	0	2	4,175.00	0.00	4,175.00	100.00	4,175.00	0.00	4,175.00	0.00
PRESCRIPTIONS	0	5	56,089.02	0.00	51,395.43	91.63	51,395.43	0.00	51,395.43	0.00
PSYCHOTHERAPY	0	2	307.00	0.00	262.00	85.34	262.00	0.00	262.00	0.00
SUPPLIES/MISC	26	6	4,130.30	0.00	4,130.30	100.00	4,130.30	0.00	4,130.30	0.00
SURGERY	0	2	3,990.60	0.00	3,990.60	100.00	3,990.60	0.00	3,990.60	0.00
XRAYS	0	4	10,115.00	0.00	9,820.00	97.08	9,820.00	0.00	9,820.00	0.00
Totals :			**140,868.42**	**0.00**	**129,429.83**	**91.88**	**129,429.83**	**0.00**	**129,429.83**	**0.00**
5-Other Charges										
AMBULANCE	5	5	3,796.45	127.72	2,934.99	77.31	2,934.99	0.00	2,934.99	0.00
BRACES AND APPLIANCES	3	2	1,340.00	0.00	1,072.00	80.00	1,072.00	0.00	1,072.00	0.00
CONSULTANT	13	13	3,588.25	1,151.18	1,564.06	43.59	1,564.06	0.00	1,564.06	350.54
GROUP LEDGER BILLING	0	33	22,089.83	0.00	921.88	4.17	921.88	0.00	921.88	0.00
OTHER	13	2	872.59	0.00	872.59	100.00	872.59	0.00	872.59	0.00
Totals :			**31,687.12**	**1,278.90**	**7,365.52**	**23.24**	**7,365.52**	**0.00**	**7,365.52**	**350.54**
6-Non-Service Charges										
ADJUSTMENTS	2	3	0.00	0.00	-1,393.64	0.00	-1,393.64	0.00	-1,393.64	0.00
OTHER INSURANCE	3	6	0.00	0.00	-57.53	0.00	-57.53	0.00	-57.53	0.00
Totals :			**0.00**	**0.00**	**-1,451.17**	**0.00**	**-1,451.17**	**0.00**	**-1,451.17**	**0.00**
Grand Totals :			**911,109.03**	**266,229.70**	**475,785.76**	**52.22**	**475,785.76**	**0.00**	**475,785.76**	**36,699.92**

Paid Date : 2012-03

Policy Year: 2011

Client Number: 470

Client Name : KANSAS STATE UNIVERSITY

Summary Utilization Report - Cause Code

Date: 4/8/2012

Time: 09:02AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
ALLERGY	3	1,278.50	210.79	659.14	51.56	659.14	0.00	659.14	200.96
CIRCULATORY SYSTEM	4	2,858.00	383.65	1,456.46	50.96	1,456.46	0.00	1,456.46	641.25
DIGESTIVE SYSTEM	17	151,728.87	42,377.12	81,326.75	53.60	81,326.75	0.00	81,326.75	3,109.36
DISEASES OF THE BLOOD	1	25.00	18.48	5.22	20.88	5.22	0.00	5.22	0.00
DRUG ABUSE	1	17,110.76	1,688.53	11,901.15	69.55	11,901.15	0.00	11,901.15	23.27
ENDOC/NUTRIT/METAB/IMMUN	8	5,467.85	1,185.93	2,861.69	52.34	2,861.69	0.00	2,861.69	320.60
FOREIGN BODY/BURNS	1	1,216.00	407.56	366.75	30.16	366.75	0.00	366.75	350.00
FRACTURES/DISLOCATIONS	2	20,326.52	2,436.13	13,638.13	67.10	13,638.13	0.00	13,638.13	350.00
GENITOURINARY SYSTEM	12	25,705.67	7,070.60	13,340.03	51.90	13,340.03	0.00	13,340.03	1,521.07
GROUP LEDGER BILLING	4	163,797.84	0.00	131,191.30	80.09	131,191.30	0.00	131,191.30	0.00
INFECTIOUS/PARASITIC	2	378.50	41.93	255.40	67.48	255.40	0.00	255.40	0.00
INTERNAL INJ/OPEN WOUND	10	17,272.11	2,517.35	9,433.75	54.62	9,433.75	0.00	9,433.75	2,750.08
MATERNITY	21	222,739.60	117,631.07	76,408.37	34.30	76,408.37	0.00	76,408.37	2,836.08
MENTAL DISORDERS	17	12,326.50	2,396.46	6,002.31	48.69	6,002.31	0.00	6,002.31	842.57
MUSCULOSKELETAL SYSTEM	22	70,335.46	32,539.83	27,586.39	39.22	27,586.39	0.00	27,586.39	2,373.84
NEOPLASMS/TUMORS	4	9,143.85	1,553.75	5,378.92	58.83	5,378.92	0.00	5,378.92	484.84
NERVOUS SYS/SENSE ORGANS	14	12,706.36	1,678.01	7,487.69	58.93	7,487.69	0.00	7,487.69	1,321.39
POISONING/EXTERNAL CAUSES	2	11,498.82	3,167.52	5,964.10	51.87	5,964.10	0.00	5,964.10	700.00
RESPIRATORY SYSTEM	9	16,551.03	4,819.23	8,769.47	52.98	8,769.47	0.00	8,769.47	648.43
ROUTINE	13	2,048.00	335.36	1,372.31	67.01	1,372.31	0.00	1,372.31	119.08
ROUTINE WELL BABY	7	15,664.36	924.42	11,334.99	72.36	11,334.99	0.00	11,334.99	0.00
SKIN/SUBCATANEOUS TISSUE	7	7,252.80	2,215.90	3,070.92	42.34	3,070.92	0.00	3,070.92	662.80
SPRAINS/STRAINS	2	20,642.32	10,695.89	7,376.47	35.73	7,376.47	0.00	7,376.47	600.00
SUPERFICIAL INJURY	5	10,418.15	1,259.95	5,894.67	56.58	5,894.67	0.00	5,894.67	1,732.36
SYMPTOMS/ILL-DEFINED COND	168	92,616.16	28,674.24	42,703.38	46.11	42,703.38	0.00	42,703.38	15,111.94
UNKNOWN	31	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		**911,109.03**	**266,229.70**	**475,785.76**	**52.22**	**475,785.76**	**0.00**	**475,785.76**	**36,699.92**

Paid Date: 2012-03
Policy Year: 2011
Client Num: 471
Client Name : UNIV. OF KANSAS

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:02AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	18	15	21,203.00	6,999.70	11,204.04	52.84	11,204.04	0.00	11,204.04	0.00
ASSISTANT SURGEON	6	6	9,099.00	8,193.01	724.80	7.97	724.80	0.00	724.80	0.00
HOSPITAL MISCELLANEOUS	149	45	443,452.77	282,083.77	128,083.71	28.88	128,083.71	0.00	128,083.71	0.00
INTENSIVE CARE UNIT	5	5	17,375.00	11,849.02	4,309.49	24.80	4,309.49	0.00	4,309.49	0.00
PHYSICIAN VISITS	68	22	11,518.00	4,695.35	5,147.60	44.69	5,147.60	0.00	5,147.60	39.19
PROFESSIONAL FEE	48	20	5,936.50	3,862.77	1,650.20	27.80	1,650.20	0.00	1,650.20	0.00
PSYCHOTHERAPY	2	1	245.00	0.00	196.00	80.00	196.00	0.00	196.00	0.00
ROOM & BOARD	136	40	207,462.53	121,881.16	67,205.66	32.39	67,205.66	0.00	67,205.66	1,302.18
SURGERY	25	20	68,940.00	25,434.94	33,982.90	49.29	33,982.90	0.00	33,982.90	165.77
Totals :			**785,231.80**	**464,999.72**	**252,504.40**	**32.16**	**252,504.40**	**0.00**	**252,504.40**	**1,507.14**
2-Outpatient										
ANESTHETIST	17	15	16,548.00	6,766.42	7,319.89	44.23	7,319.89	0.00	7,319.89	399.23
CAT SCAN / MRI	68	37	110,436.59	52,864.13	44,193.31	40.02	44,193.31	0.00	44,193.31	2,155.27
CHEMOTHERAPY	29	2	24,525.00	6,127.15	14,533.61	59.26	14,533.61	0.00	14,533.61	230.86
DAY SURGERY	18	17	119,727.25	74,131.07	35,904.42	29.99	35,904.42	0.00	35,904.42	715.67
INJECTIONS	388	31	15,121.60	2,699.22	10,930.27	72.28	10,930.27	0.00	10,930.27	342.28
LABORATORY	1082	222	124,200.97	67,324.82	42,117.53	33.91	42,117.53	0.00	42,117.53	2,016.67
MEDICAL EMERGENCY	83	77	86,285.19	36,716.23	25,011.60	28.99	25,011.60	0.00	25,011.60	17,682.76
PHYSICIAN VISITS	354	204	63,255.75	14,731.18	35,778.37	56.56	35,778.37	0.00	35,778.37	2,501.46
PHYSIOTHERAPY	607	42	30,463.00	12,640.39	12,511.35	41.07	12,511.35	0.00	12,511.35	582.78
PRESCRIPTIONS	1685	406	196,031.79	77,029.15	81,573.84	41.61	81,573.84	0.00	81,573.84	36,075.95
PSYCHOTHERAPY	358	57	35,678.00	7,448.55	17,674.87	49.54	17,674.87	0.00	17,674.87	1,435.36
SUPPLIES/MISC	505	6	9,322.80	4,669.03	3,470.51	37.23	3,470.51	0.00	3,470.51	251.66
SURGERY	95	60	78,759.25	45,495.98	21,868.57	27.77	21,868.57	0.00	21,868.57	2,230.65
XRAYS	283	157	66,609.01	27,577.15	25,900.64	38.88	25,900.64	0.00	25,900.64	5,781.01
Totals :			**976,964.20**	**436,220.47**	**378,788.78**	**38.77**	**378,788.78**	**0.00**	**378,788.78**	**72,401.61**

Paid Date: 2012-03
Policy Year: 2011
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Client Name : UNIV. OF KANSAS

Summary Utilization Report - Charge Code

Date: 4/8/2012
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Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
3-Student Health Center										
ADJUSTMENTS	0	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
GROUP LEDGER BILLING	0	2	-448.81	0.00	-448.81	100.00	-448.81	0.00	-448.81	0.00
INJECTIONS	0	2	20,966.50	0.00	20,966.50	100.00	20,966.50	0.00	20,966.50	0.00
LABORATORY	0	7	156,413.08	0.00	119,305.19	76.28	119,305.19	0.00	119,305.19	0.00
MEDICAL RECORDS	5	5	87.50	0.00	87.50	100.00	87.50	0.00	87.50	0.00
PHYSICIAN VISITS	0	2	3,164.00	0.00	3,164.00	100.00	3,164.00	0.00	3,164.00	0.00
PHYSIOTHERAPY	0	2	29,397.00	0.00	27,840.20	94.70	27,840.20	0.00	27,840.20	0.00
PRESCRIPTIONS	0	4	90,013.64	0.00	61,784.73	68.64	61,784.73	0.00	61,784.73	0.00
PSYCHOTHERAPY	0	3	16,634.10	0.00	16,320.10	98.11	16,320.10	0.00	16,320.10	0.00
SUPPLIES/MISC	0	2	13,681.38	0.00	13,681.38	100.00	13,681.38	0.00	13,681.38	0.00
SURGERY	0	2	18,759.60	0.00	18,759.60	100.00	18,759.60	0.00	18,759.60	0.00
XRAYS	0	2	11,487.10	0.00	10,682.10	92.99	10,682.10	0.00	10,682.10	0.00
Totals :			**360,155.09**	**0.00**	**292,142.49**	**81.12**	**292,142.49**	**0.00**	**292,142.49**	**0.00**
4-Other Ledger Billing										
PRESCRIPTIONS	0	1	132.40	0.00	112.40	84.89	112.40	0.00	112.40	0.00
Totals :			**132.40**	**0.00**	**112.40**	**84.89**	**112.40**	**0.00**	**112.40**	**0.00**
5-Other Charges										
AMBULANCE	15	10	8,548.01	0.00	6,391.22	74.77	6,391.22	0.00	6,391.22	0.00
BRACES AND APPLIANCES	39	12	11,112.22	4,764.34	4,533.91	40.80	4,533.91	0.00	4,533.91	300.99
CONSULTANT	28	28	8,680.75	3,026.87	3,904.58	44.98	3,904.58	0.00	3,904.58	650.40
DENTAL	7	2	1,339.00	0.00	803.40	60.00	803.40	0.00	803.40	0.00
GROUP LEDGER BILLING	0	31	22,138.48	0.00	-9,336.50	-42.17	-9,336.50	0.00	-9,336.50	0.00
OTHER	14	2	880.43	0.00	880.43	100.00	880.43	0.00	880.43	0.00
URGENT CARE	1	1	105.00	0.00	4.00	3.81	4.00	0.00	4.00	100.00
Totals :			**52,803.89**	**7,791.21**	**7,181.04**	**13.60**	**7,181.04**	**0.00**	**7,181.04**	**1,051.39**

Paid Date: 2012-03
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Summary Utilization Report - Charge Code

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Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
6-Non-Service Charges										
ADJUSTMENTS	6	11	0.00	0.00	-177.50	0.00	-177.50	0.00	-177.50	0.00
OTHER INSURANCE	1	3	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :			0.00	0.00	-177.50	0.00	-177.50	0.00	-177.50	0.00
Grand Totals :			2,175,287.38	909,011.40	930,551.61	42.78	930,551.61	0.00	930,551.61	74,960.14

Paid Date : 2012-03
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Client Number: 471
Client Name : UNIV. OF KANSAS

Summary Utilization Report - Cause Code

Date: 4/8/2012
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Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
ALLERGY	8	5,921.60	1,798.75	2,871.10	48.49	2,871.10	0.00	2,871.10	534.02
CIRCULATORY SYSTEM	7	37,198.49	15,195.32	16,457.96	44.24	16,457.96	0.00	16,457.96	1,196.55
DIAGNOSTIC INFO UNAVAIL.	1	10,583.00	6,986.84	2,676.93	25.29	2,676.93	0.00	2,676.93	250.00
DIGESTIVE SYSTEM	22	241,463.86	136,914.52	81,089.56	33.58	81,089.56	0.00	81,089.56	2,715.97
DISEASES OF THE BLOOD	1	199.00	91.83	85.74	43.09	85.74	0.00	85.74	0.00
ENDOC/NUTRIT/METAB/IMMUN	12	20,634.50	9,266.60	7,981.93	38.68	7,981.93	0.00	7,981.93	582.08
FOREIGN BODY/BURNS	2	1,563.80	0.00	691.04	44.19	691.04	0.00	691.04	700.00
FRACTURES/DISLOCATIONS	16	131,110.77	74,423.80	41,268.29	31.48	41,268.29	0.00	41,268.29	3,388.28
GENITOURINARY SYSTEM	33	33,078.88	15,398.08	11,835.29	35.78	11,835.29	0.00	11,835.29	2,728.00
GROUP LEDGER BILLING	4	383,218.90	0.00	283,711.32	74.03	283,711.32	0.00	283,711.32	0.00
ILLNESS OF NEWBORN INFANT	3	59,460.29	35,891.50	14,595.22	24.55	14,595.22	0.00	14,595.22	128.87
INFECTIOUS/PARASITIC	10	13,388.25	8,555.97	3,094.23	23.11	3,094.23	0.00	3,094.23	945.59
INTERNAL INJ/OPEN WOUND	11	15,752.70	4,937.65	6,067.25	38.52	6,067.25	0.00	6,067.25	3,230.99
MATERNITY	36	349,015.41	175,143.33	133,128.11	38.14	133,128.11	0.00	133,128.11	4,345.52
MENTAL DISORDERS	50	60,626.21	12,895.67	32,716.36	53.96	32,716.36	0.00	32,716.36	2,295.36
MUSCULOSKELETAL SYSTEM	56	106,460.36	43,035.22	47,269.24	44.40	47,269.24	0.00	47,269.24	2,028.44
NEOPLASMS/TUMORS	9	110,692.42	73,731.47	28,549.95	25.79	28,549.95	0.00	28,549.95	975.01
NERVOUS SYS/SENSE ORGANS	18	36,974.31	15,629.55	15,278.48	41.32	15,278.48	0.00	15,278.48	1,768.59
RESPIRATORY SYSTEM	27	73,884.23	47,367.48	20,334.72	27.52	20,334.72	0.00	20,334.72	1,090.83
ROUTINE	33	12,293.09	3,466.93	8,007.97	65.14	8,007.97	0.00	8,007.97	389.49
ROUTINE WELL BABY	16	124,875.90	76,998.78	38,223.58	30.61	38,223.58	0.00	38,223.58	0.00
SKIN/SUBCATANEOUS TISSUE	21	9,074.45	2,984.25	3,130.82	34.50	3,130.82	0.00	3,130.82	2,068.65
SPRAINS/STRAINS	4	49,951.00	30,129.00	14,971.21	29.97	14,971.21	0.00	14,971.21	1,109.09
SUPERFICIAL INJURY	3	1,461.65	154.80	689.04	47.14	689.04	0.00	689.04	409.51
SYMPTOMS/ILL-DEFINED COND	413	286,404.31	118,014.06	115,826.27	40.44	115,826.27	0.00	115,826.27	42,079.30
UNKNOWN	29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		**2,175,287.38**	**909,011.40**	**930,551.61**	**42.78**	**930,551.61**	**0.00**	**930,551.61**	**74,960.14**

Paid Date: 2012-03
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Client Num: 180
Client Name : WICHITA STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:02AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	9	11	13,270.00	3,658.50	7,557.20	56.95	7,557.20	0.00	7,557.20	165.00
ASSISTANT SURGEON	2	2	2,700.00	2,190.53	407.57	15.10	407.57	0.00	407.57	0.00
HOSPITAL MISCELLANEOUS	51	20	308,681.65	143,333.82	132,139.98	42.81	132,139.98	0.00	132,139.98	0.00
INTENSIVE CARE UNIT	2	1	4,606.00	0.00	3,684.80	80.00	3,684.80	0.00	3,684.80	0.00
PHYSICIAN VISITS	18	7	2,924.50	644.64	1,491.09	50.99	1,491.09	0.00	1,491.09	0.00
PROFESSIONAL FEE	11	10	1,065.00	284.20	534.64	50.20	534.64	0.00	534.64	0.00
ROOM & BOARD	44	18	59,721.00	31,129.99	21,435.27	35.89	21,435.27	0.00	21,435.27	1,220.87
SURGERY	25	11	46,194.00	23,880.59	17,725.26	38.37	17,725.26	0.00	17,725.26	71.14
Totals :			**439,162.15**	**205,122.27**	**184,975.81**	**42.12**	**184,975.81**	**0.00**	**184,975.81**	**1,457.01**
2-Outpatient										
ANESTHETIST	10	10	6,149.00	1,833.50	3,378.90	54.95	3,378.90	0.00	3,378.90	0.00
CAT SCAN / MRI	32	21	49,161.64	23,932.85	18,895.31	38.44	18,895.31	0.00	18,895.31	836.49
DAY SURGERY	9	10	40,488.12	26,771.84	10,678.55	26.37	10,678.55	0.00	10,678.55	368.09
INJECTIONS	63	18	878.50	173.40	648.97	73.87	648.97	0.00	648.97	27.20
LABORATORY	607	175	43,742.85	19,206.94	17,222.87	39.37	17,222.87	0.00	17,222.87	1,875.22
MEDICAL EMERGENCY	35	29	68,021.30	36,788.30	19,224.18	28.26	19,224.18	0.00	19,224.18	7,202.78
PHYSICIAN VISITS	412	317	25,024.00	7,683.26	12,819.10	51.23	12,819.10	0.00	12,819.10	1,794.05
PHYSIOTHERAPY	248	20	11,551.00	4,153.69	5,410.67	46.84	5,410.67	0.00	5,410.67	178.74
PRESCRIPTIONS	764	183	94,637.60	42,696.29	35,670.24	37.69	35,670.24	0.00	35,670.24	15,901.36
PSYCHOTHERAPY	75	18	9,253.00	4,184.00	3,719.54	40.20	3,719.54	0.00	3,719.54	152.72
SUPPLIES/MISC	5	3	50.00	0.00	50.00	100.00	50.00	0.00	50.00	0.00
SURGERY	54	37	34,939.00	18,344.52	12,843.56	36.76	12,843.56	0.00	12,843.56	550.54
XRAYS	89	58	19,472.72	8,855.80	7,497.32	38.50	7,497.32	0.00	7,497.32	1,178.83
Totals :			**403,368.73**	**194,624.39**	**148,059.21**	**36.71**	**148,059.21**	**0.00**	**148,059.21**	**30,066.02**
3-Student Health Center										
ADJUSTMENTS	2	2	0.00	0.00	-29.00	0.00	-29.00	0.00	-29.00	0.00

Paid Date: 2012-03
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Date: 4/8/2012
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Summary Utilization Report - Charge Code

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
LABORATORY	133	89	2,321.00	0.00	1,701.00	73.29	1,701.00	0.00	1,701.00	620.00
PHYSICIAN VISITS	365	324	2,704.00	0.00	2,704.00	100.00	2,704.00	0.00	2,704.00	0.00
PHYSIOTHERAPY	2	2	32.00	0.00	32.00	100.00	32.00	0.00	32.00	0.00
PRESCRIPTIONS	346	246	3,870.00	0.00	2,133.10	55.12	2,133.10	0.00	2,133.10	1,595.00
PSYCHOTHERAPY	1	1	6.00	0.00	6.00	100.00	6.00	0.00	6.00	0.00
SUPPLIES/MISC	197	44	3,162.42	0.00	2,736.42	86.53	2,736.42	0.00	2,736.42	0.00
SURGERY	5	5	155.00	0.00	155.00	100.00	155.00	0.00	155.00	0.00
Totals :			**12,250.42**	**0.00**	**9,438.52**	**77.05**	**9,438.52**	**0.00**	**9,438.52**	**2,215.00**
5-Other Charges										
AMBULANCE	3	3	1,831.00	0.00	1,464.80	80.00	1,464.80	0.00	1,464.80	0.00
BRACES AND APPLIANCES	10	5	3,153.00	722.30	1,689.46	53.58	1,689.46	0.00	1,689.46	106.24
CONSULTANT	11	10	2,966.00	785.20	1,413.39	47.65	1,413.39	0.00	1,413.39	414.07
GROUP LEDGER BILLING	5	1	17,831.00	0.00	17,831.00	100.00	17,831.00	0.00	17,831.00	0.00
OTHER	9	2	295.30	0.00	295.30	100.00	295.30	0.00	295.30	0.00
Totals :			**26,076.30**	**1,507.50**	**22,693.95**	**87.03**	**22,693.95**	**0.00**	**22,693.95**	**520.31**
6-Non-Service Charges										
ADJUSTMENTS	4	11	0.00	0.00	-485.86	0.00	-485.86	0.00	-485.86	0.00
CLAIM INTEREST	1	1	6.96	0.00	6.96	100.00	6.96	0.00	6.96	0.00
REFUNDS	0	1	0.00	0.00	-4.27	0.00	-4.27	0.00	-4.27	0.00
Totals :			**6.96**	**0.00**	**-483.17**	**-6942.10**	**-483.17**	**0.00**	**-483.17**	**0.00**
Grand Totals :			**880,864.56**	**401,254.16**	**364,684.32**	**41.40**	**364,684.32**	**0.00**	**364,684.32**	**34,258.34**

Paid Date : 2012-03
Policy Year: 2011
Client Number: 180
Client Name : WICHITA STATE UNIVERSITY

Summary Utilization Report - Cause Code

Date: 4/8/2012
Time: 09:02AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
ALLERGY	34	1,968.50	466.21	1,075.61	54.64	1,075.61	0.00	1,075.61	239.27
CIRCULATORY SYSTEM	17	19,279.64	9,893.83	6,877.18	35.67	6,877.18	0.00	6,877.18	785.86
DIGESTIVE SYSTEM	32	139,353.49	74,254.07	50,007.36	35.89	50,007.36	0.00	50,007.36	2,043.71
DISEASES OF THE BLOOD	8	205.00	0.00	150.00	73.17	150.00	0.00	150.00	55.00
ENDOC/NUTRIT/METAB/IMMUN	15	2,973.50	651.28	1,670.23	56.17	1,670.23	0.00	1,670.23	312.36
FOREIGN BODY/BURNS	1	16.00	0.00	11.00	68.75	11.00	0.00	11.00	5.00
FRACTURES/DISLOCATIONS	4	18,712.50	8,005.18	7,526.65	40.22	7,526.65	0.00	7,526.65	880.16
GENITOURINARY SYSTEM	44	34,930.14	10,179.80	18,571.25	53.17	18,571.25	0.00	18,571.25	1,560.57
GROUP LEDGER BILLING	3	18,126.30	0.00	18,126.30	100.00	18,126.30	0.00	18,126.30	0.00
ILLNESS OF NEWBORN INFANT	1	10,441.56	9,185.56	549.59	5.26	549.59	0.00	549.59	470.87
INFECTIOUS/PARASITIC	36	28,585.54	2,309.92	20,334.46	71.14	20,334.46	0.00	20,334.46	956.56
INTERNAL INJ/OPEN WOUND	25	4,666.49	224.06	2,413.70	51.72	2,413.70	0.00	2,413.70	591.50
MATERNITY	13	192,300.54	107,566.83	65,976.14	34.31	65,976.14	0.00	65,976.14	2,008.30
MENTAL DISORDERS	19	11,969.50	4,944.49	4,832.23	40.37	4,832.23	0.00	4,832.23	286.62
MUSCULOSKELETAL SYSTEM	39	173,864.54	77,919.06	75,297.92	43.31	75,297.92	0.00	75,297.92	860.89
NEOPLASMS/TUMORS	4	5,536.50	3,019.23	1,911.81	34.53	1,911.81	0.00	1,911.81	114.75
NERVOUS SYS/SENSE ORGANS	46	19,371.10	8,544.33	7,993.67	41.27	7,993.67	0.00	7,993.67	951.54
POISONING/EXTERNAL CAUSES	2	65.00	0.00	45.20	69.54	45.20	0.00	45.20	15.00
RESPIRATORY SYSTEM	102	11,690.94	3,369.13	5,671.22	48.51	5,671.22	0.00	5,671.22	1,612.54
ROUTINE	104	8,917.50	881.66	6,825.88	76.54	6,825.88	0.00	6,825.88	394.34
ROUTINE WELL BABY	5	13,891.30	4,832.42	6,236.35	44.89	6,236.35	0.00	6,236.35	0.00
SKIN/SUBCATANEOUS TISSUE	38	1,739.96	181.79	1,201.92	69.08	1,201.92	0.00	1,201.92	155.75
SPRAINS/STRAINS	21	21,667.65	12,968.96	6,701.37	30.93	6,701.37	0.00	6,701.37	375.24
SUPERFICIAL INJURY	14	9,182.97	4,415.09	3,336.97	36.34	3,336.97	0.00	3,336.97	625.00
SYMPTOMS/ILL-DEFINED COND	279	131,408.40	57,441.26	51,340.31	39.07	51,340.31	0.00	51,340.31	18,957.51
Totals :		**880,864.56**	**401,254.16**	**364,684.32**	**41.40**	**364,684.32**	**0.00**	**364,684.32**	**34,258.34**

Paid Date: 2012-03
Policy Year: 2011
Client Num: 2070
Client Name : UNIV. OF KANSAS - MEDICAL CENTER

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:03AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	6	4	10,177.00	3,089.00	5,473.51	53.78	5,473.51	0.00	5,473.51	246.11
ASSISTANT SURGEON	1	1	859.80	589.20	216.48	25.18	216.48	0.00	216.48	0.00
HOSPITAL MISCELLANEOUS	28	10	103,929.93	52,500.48	41,127.96	39.57	41,127.96	0.00	41,127.96	19.51
PHYSICIAN VISITS	43	3	4,858.00	800.46	3,235.51	66.60	3,235.51	0.00	3,235.51	0.00
PROFESSIONAL FEE	2	1	329.00	247.50	65.20	19.82	65.20	0.00	65.20	0.00
ROOM & BOARD	27	9	34,106.60	17,881.90	12,979.76	38.06	12,979.76	0.00	12,979.76	0.00
SURGERY	7	6	20,746.00	6,901.95	10,952.47	52.79	10,952.47	0.00	10,952.47	153.46
Totals :			**175,006.33**	**82,010.49**	**74,050.89**	**42.31**	**74,050.89**	**0.00**	**74,050.89**	**419.08**
2-Outpatient										
ANESTHETIST	9	9	6,370.00	2,379.58	3,141.03	49.31	3,141.03	0.00	3,141.03	64.12
CAT SCAN / MRI	13	10	26,887.84	19,195.30	6,001.41	22.32	6,001.41	0.00	6,001.41	190.78
DAY SURGERY	11	11	44,571.28	23,584.28	15,601.66	35.00	15,601.66	0.00	15,601.66	799.45
INJECTIONS	70	9	2,925.00	934.49	1,828.81	62.52	1,828.81	0.00	1,828.81	77.85
LABORATORY	392	98	54,585.80	39,164.20	11,341.70	20.78	11,341.70	0.00	11,341.70	706.09
MEDICAL EMERGENCY	23	21	49,851.54	35,072.61	8,708.45	17.47	8,708.45	0.00	8,708.45	3,783.49
PHYSICIAN VISITS	103	81	18,422.43	4,863.01	9,419.62	51.13	9,419.62	0.00	9,419.62	1,261.51
PHYSIOTHERAPY	111	12	7,757.00	4,484.73	2,259.75	29.13	2,259.75	0.00	2,259.75	80.31
PRESCRIPTIONS	825	177	88,929.67	31,374.28	38,744.66	43.57	38,744.66	0.00	38,744.66	17,474.77
PSYCHOTHERAPY	72	11	8,628.00	2,377.16	4,036.59	46.78	4,036.59	0.00	4,036.59	216.56
SURGERY	26	22	22,368.50	11,638.11	7,129.70	31.87	7,129.70	0.00	7,129.70	1,004.43
XRAYS	91	54	28,770.24	16,409.39	8,755.71	30.43	8,755.71	0.00	8,755.71	1,266.54
Totals :			**360,067.30**	**191,477.14**	**116,969.09**	**32.49**	**116,969.09**	**0.00**	**116,969.09**	**26,925.90**
3-Student Health Center										
GROUP LEDGER BILLING	0	1	-15.80	0.00	-15.80	100.00	-15.80	0.00	-15.80	0.00
LABORATORY	0	2	5,257.00	0.00	4,522.00	86.02	4,522.00	0.00	4,522.00	0.00
PHYSICIAN VISITS	0	1	55.00	0.00	55.00	100.00	55.00	0.00	55.00	0.00

Paid Date: 2012-03
Policy Year: 2011
Client Num: 2070
Client Name : UNIV. OF KANSAS - MEDICAL CENTER

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:03AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
PHYSIOTHERAPY	0	1	83.70	0.00	83.70	100.00	83.70	0.00	83.70	0.00
PRESCRIPTIONS	0	1	476.75	0.00	243.90	51.16	243.90	0.00	243.90	0.00
PSYCHOTHERAPY	0	1	225.00	0.00	225.00	100.00	225.00	0.00	225.00	0.00
Totals :			**6,081.65**	**0.00**	**5,113.80**	**84.09**	**5,113.80**	**0.00**	**5,113.80**	**0.00**
4-Other Ledger Billing										
LABORATORY	0	2	5,882.61	0.00	3,691.74	62.76	3,691.74	0.00	3,691.74	0.00
PRESCRIPTIONS	0	2	11,643.77	0.00	8,246.13	70.82	8,246.13	0.00	8,246.13	0.00
SUPPLIES/MISC	0	1	103.02	0.00	103.02	100.00	103.02	0.00	103.02	0.00
Totals :			**17,629.40**	**0.00**	**12,040.89**	**68.30**	**12,040.89**	**0.00**	**12,040.89**	**0.00**
5-Other Charges										
AMBULANCE	2	2	982.72	0.00	786.18	80.00	786.18	0.00	786.18	0.00
BRACES AND APPLIANCES	1	1	50.00	3.71	37.03	74.06	37.03	0.00	37.03	0.00
CONSULTANT	7	6	2,051.00	723.06	604.19	29.46	604.19	0.00	604.19	500.00
GROUP LEDGER BILLING	0	13	757.66	0.00	-303.80	-40.10	-303.80	0.00	-303.80	0.00
OTHER	12	2	430.33	0.00	430.33	100.00	430.33	0.00	430.33	0.00
Totals :			**4,271.71**	**726.77**	**1,553.93**	**36.38**	**1,553.93**	**0.00**	**1,553.93**	**500.00**
6-Non-Service Charges										
ADJUSTMENTS	3	8	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :			**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
Grand Totals :			**563,056.39**	**274,214.40**	**209,728.60**	**37.25**	**209,728.60**	**0.00**	**209,728.60**	**27,844.98**

Paid Date : 2012-03
Policy Year: 2011
Client Number: 2070
Client Name : UNIV. OF KANSAS - MEDICAL CENTER

Summary Utilization Report - Cause Code

Date: 4/8/2012
Time: 09:03AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
A.I.D.S.	1	5,275.55	3,335.07	1,082.77	20.52	1,082.77	0.00	1,082.77	66.44
ALLERGY	2	903.00	139.11	532.81	59.00	532.81	0.00	532.81	97.88
CIRCULATORY SYSTEM	4	15,631.99	8,878.68	5,141.25	32.89	5,141.25	0.00	5,141.25	326.78
DIGESTIVE SYSTEM	4	68,887.93	25,339.61	34,501.36	50.08	34,501.36	0.00	34,501.36	421.62
ENDOC/NUTRIT/METAB/IMMUN	3	1,050.00	503.66	285.78	27.22	285.78	0.00	285.78	189.14
FRACTURES/DISLOCATIONS	6	24,134.40	14,345.75	7,275.21	30.14	7,275.21	0.00	7,275.21	408.47
GENITOURINARY SYSTEM	18	28,957.27	18,687.00	7,145.25	24.68	7,145.25	0.00	7,145.25	1,338.72
GROUP LEDGER BILLING	4	24,899.04	0.00	17,281.22	69.41	17,281.22	0.00	17,281.22	0.00
INFECTIOUS/PARASITIC	2	674.06	87.58	189.18	28.07	189.18	0.00	189.18	350.00
INTERNAL INJ/OPEN WOUND	2	3,975.36	1,065.27	1,820.93	45.81	1,820.93	0.00	1,820.93	601.94
MATERNITY	11	132,608.84	67,908.63	50,092.89	37.77	50,092.89	0.00	50,092.89	1,048.79
MENTAL DISORDERS	9	9,592.50	2,995.01	4,255.77	44.37	4,255.77	0.00	4,255.77	216.56
MUSCULOSKELETAL SYSTEM	15	35,648.05	27,429.25	5,599.08	15.71	5,599.08	0.00	5,599.08	775.75
NEOPLASMS/TUMORS	3	5,753.78	2,733.71	2,233.53	38.82	2,233.53	0.00	2,233.53	228.16
NERVOUS SYS/SENSE ORGANS	12	29,387.05	21,077.56	5,951.25	20.25	5,951.25	0.00	5,951.25	737.77
POISONING/EXTERNAL CAUSES	1	442.00	260.93	144.86	32.77	144.86	0.00	144.86	0.00
RESPIRATORY SYSTEM	8	7,123.75	3,049.38	2,621.99	36.81	2,621.99	0.00	2,621.99	473.95
ROUTINE	16	5,366.77	1,963.26	2,620.30	48.82	2,620.30	0.00	2,620.30	500.30
ROUTINE WELL BABY	3	10,023.28	5,092.07	3,934.61	39.25	3,934.61	0.00	3,934.61	0.00
SKIN/SUBCATANEOUS TISSUE	3	17,705.71	13,138.94	3,421.67	19.33	3,421.67	0.00	3,421.67	273.72
SPRAINS/STRAINS	4	2,003.00	828.29	717.63	35.83	717.63	0.00	717.63	273.92
SUPERFICIAL INJURY	3	916.00	336.07	445.08	48.59	445.08	0.00	445.08	23.58
SYMPTOMS/ILL-DEFINED COND	190	132,097.06	55,019.57	52,434.18	39.69	52,434.18	0.00	52,434.18	19,491.49
UNKNOWN	11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		**563,056.39**	**274,214.40**	**209,728.60**	**37.25**	**209,728.60**	**0.00**	**209,728.60**	**27,844.98**

Paid Date: 2012-03
Policy Year: 2011
Client Num: 2009
Client Name : PITTSBURG STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:03AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
1-Inpatient										
ANESTHETIST	1	1	945.00	0.00	661.50	70.00	661.50	0.00	661.50	0.00
HOSPITAL MISCELLANEOUS	5	3	9,888.46	1,490.17	5,975.45	60.43	5,975.45	0.00	5,975.45	0.00
PHYSICIAN VISITS	4	2	847.00	215.39	505.29	59.66	505.29	0.00	505.29	0.00
PROFESSIONAL FEE	1	1	240.05	115.05	87.50	36.45	87.50	0.00	87.50	0.00
ROOM & BOARD	4	2	3,851.40	577.71	2,449.38	63.60	2,449.38	0.00	2,449.38	0.00
SURGERY	1	1	3,575.00	1,259.01	1,621.19	45.35	1,621.19	0.00	1,621.19	0.00
Totals :			**19,346.91**	**3,657.33**	**11,300.31**	**58.41**	**11,300.31**	**0.00**	**11,300.31**	**0.00**
2-Outpatient										
CAT SCAN / MRI	5	3	11,176.98	4,646.22	4,948.91	44.28	4,948.91	0.00	4,948.91	344.61
INJECTIONS	97	5	2,779.00	336.75	1,616.25	58.16	1,616.25	0.00	1,616.25	150.25
LABORATORY	114	27	17,644.81	4,611.88	9,677.84	54.85	9,677.84	0.00	9,677.84	769.99
MEDICAL EMERGENCY	11	9	46,641.10	40,084.04	3,751.85	8.04	3,751.85	0.00	3,751.85	1,867.25
PHYSICIAN VISITS	39	25	5,361.40	1,110.61	2,933.00	54.71	2,933.00	0.00	2,933.00	493.14
PHYSIOTHERAPY	39	3	2,506.75	1,182.96	1,038.36	41.42	1,038.36	0.00	1,038.36	25.84
PRESCRIPTIONS	260	54	28,689.54	8,517.12	13,800.04	48.10	13,800.04	0.00	13,800.04	6,036.30
PSYCHOTHERAPY	7	4	578.00	108.07	323.08	55.90	323.08	0.00	323.08	66.07
SUPPLIES/MISC	160	1	1,303.84	435.84	694.40	53.26	694.40	0.00	694.40	0.00
SURGERY	2	2	165.00	15.43	119.66	72.52	119.66	0.00	119.66	0.00
XRAYS	24	17	4,795.35	1,628.37	2,197.48	45.83	2,197.48	0.00	2,197.48	392.21
Totals :			**121,641.77**	**62,677.29**	**41,100.87**	**33.79**	**41,100.87**	**0.00**	**41,100.87**	**10,145.66**
3-Student Health Center										
ADJUSTMENTS	0	2	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
INJECTIONS	0	1	5.00	0.00	5.00	100.00	5.00	0.00	5.00	0.00
LABORATORY	2	5	2,300.00	0.00	2,295.00	99.78	2,295.00	0.00	2,295.00	5.00
PHYSICIAN VISITS	1	3	875.00	0.00	875.00	100.00	875.00	0.00	875.00	0.00
PHYSIOTHERAPY	0	1	120.00	0.00	120.00	100.00	120.00	0.00	120.00	0.00

Paid Date: 2012-03
Policy Year: 2011
Client Num: 2009
Client Name : PITTSBURG STATE UNIVERSITY

Summary Utilization Report - Charge Code

Date: 4/8/2012
Time: 09:03AM

Charge Code Desc	Units	Claims	Claimed	Discount	Paid	%(CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
PRESCRIPTIONS	0	2	2,373.00	0.00	2,373.00	100.00	2,373.00	0.00	2,373.00	0.00
PSYCHOTHERAPY	0	1	241.00	0.00	241.00	100.00	241.00	0.00	241.00	0.00
SUPPLIES/MISC	5	3	95.00	0.00	95.00	100.00	95.00	0.00	95.00	0.00
SURGERY	0	1	50.00	0.00	50.00	100.00	50.00	0.00	50.00	0.00
XRAYS	0	2	150.00	0.00	150.00	100.00	150.00	0.00	150.00	0.00
Totals :			**6,209.00**	**0.00**	**6,204.00**	**99.92**	**6,204.00**	**0.00**	**6,204.00**	**5.00**
5-Other Charges										
BRACES AND APPLIANCES	1	1	89.38	13.41	60.78	68.00	60.78	0.00	60.78	0.00
DENTAL	4	1	3,300.00	0.00	1,830.00	55.45	1,830.00	0.00	1,830.00	250.00
GROUP LEDGER BILLING	1	18	5,529.00	0.00	5,410.00	97.85	5,410.00	0.00	5,410.00	0.00
OTHER	3	2	25.88	0.00	25.88	100.00	25.88	0.00	25.88	0.00
Totals :			**8,944.26**	**13.41**	**7,326.66**	**81.91**	**7,326.66**	**0.00**	**7,326.66**	**250.00**
Grand Totals :			**156,141.94**	**66,348.03**	**65,931.84**	**42.23**	**65,931.84**	**0.00**	**65,931.84**	**10,400.66**

Paid Date : 2012-03

Policy Year: 2011

Client Number: 2009

Client Name : PITTSBURG STATE UNIVERSITY

Summary Utilization Report - Cause Code

Date: 4/8/2012

Time: 09:03AM

Claims Cause Code Desc	Claims	Claimed	Discount	Paid	% (CL)	Basic Paid	Major Med	Basic + Major Med	Deductible
CIRCULATORY SYSTEM	6	13,758.71	2,305.56	8,480.63	61.64	8,480.63	0.00	8,480.63	852.34
DIGESTIVE SYSTEM	2	40,048.78	39,290.15	555.83	1.39	555.83	0.00	555.83	63.85
ENDOC/NUTRIT/METAB/IMMUN	1	1,722.84	451.99	993.00	57.64	993.00	0.00	993.00	29.60
GENITOURINARY SYSTEM	4	4,307.10	1,278.62	2,045.88	47.50	2,045.88	0.00	2,045.88	468.82
GROUP LEDGER BILLING	4	11,563.88	0.00	11,444.88	98.97	11,444.88	0.00	11,444.88	0.00
INTERNAL INJ/OPEN WOUND	1	3,300.00	0.00	1,830.00	55.45	1,830.00	0.00	1,830.00	250.00
MATERNITY	3	20,312.41	3,748.97	11,426.07	56.25	11,426.07	0.00	11,426.07	371.13
MENTAL DISORDERS	4	665.00	179.19	325.14	48.89	325.14	0.00	325.14	79.37
MUSCULOSKELETAL SYSTEM	7	13,704.91	3,817.74	7,477.79	54.56	7,477.79	0.00	7,477.79	410.15
NERVOUS SYS/SENSE ORGANS	3	1,357.00	495.39	489.29	36.06	489.29	0.00	489.29	250.00
RESPIRATORY SYSTEM	6	7,999.45	4,986.02	2,082.80	26.04	2,082.80	0.00	2,082.80	409.92
ROUTINE	7	1,209.75	161.73	645.50	53.36	645.50	0.00	645.50	210.90
ROUTINE WELL BABY	1	3,499.80	512.92	2,389.50	68.28	2,389.50	0.00	2,389.50	0.00
SYMPTOMS/ILL-DEFINED COND	52	32,692.31	9,119.75	15,745.53	48.16	15,745.53	0.00	15,745.53	7,004.58
UNKNOWN	16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals :		**156,141.94**	**66,348.03**	**65,931.84**	**42.23**	**65,931.84**	**0.00**	**65,931.84**	**10,400.66**

State of Kansas Student Injury and Sickness Insurance Plan

2011-2012 Performance Results

Claim Payment

	Target	Actual	Penalty
Claim Turnaround	98% paid within 30 days	99.94%	None
Financial Accuracy	97% or higher	99.90%	None
Procedural Accuracy	90% or higher	99.10%	None

Customer Service

Speed of Answer	80% within 30 seconds	93%	None
Abondonment Rate	4% or less	0.70%	None
Calls (1/12 -3/12)		1855	
Calls (1/11 -3/11)		1868	
Total Claims (Rec'd 12/11 - 2/12, Processed 1/12 -3/12)		4339	

Prepared by: Ben Coates
Peoples Benefit Group

Client Name	Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)	Student	16		16
		16		16
FORT HAYS STATE UNIVERSITY (2011-2005)	Student	127		127
		127		127
KANSAS STATE UNIVERSITY (2011-470)	Student	703		703
		703		703
PITTSBURG STATE UNIVERSITY (2011-2009)	Student	155	15	170
		155	15	170
UNIV. OF KANSAS (2011-471)	Student	1201		1201
	Student & Spouse	1		1
		1202		1202
WICHITA STATE UNIVERSITY (2011-180)	Student	553		553
		553		553
Grand Totals:		**2756**	**15**	**2771**

ITL students effective as of : 1/1/2012

Client Name	Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)	Student	16		16
		16		16
FORT HAYS STATE UNIVERSITY (2011-2005)	Student	133		133
		133		133
KANSAS STATE UNIVERSITY (2011-470)	Student	704		704
		704		704
PITTSBURG STATE UNIVERSITY (2011-2009)	Student	155	15	170
		155	15	170
UNIV. OF KANSAS (2011-471)	Student	1201		1201
	Student & Spouse	2		2
		1203		1203
WICHITA STATE UNIVERSITY (2011-180)	Student	553		553
		553		553
Grand Totals:		2764	15	2779

ITL students effective as of : 2/1/2012

Client Name	Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)	Student	16		16
		16		16
FORT HAYS STATE UNIVERSITY (2011-2005)	Student	135		135
		135		135
KANSAS STATE UNIVERSITY (2011-470)	Student	703		703
	Student & Family	1		1
		704		704
PITTSBURG STATE UNIVERSITY (2011-2009)	Student	154	15	169
		154	15	169
UNIV. OF KANSAS (2011-471)	Student	1201		1201
	Student & Spouse	1		1
		1202		1202
WICHITA STATE UNIVERSITY (2011-180)	Student	553		553
		553		553
Grand Totals:		2764	15	2779

ITL students effective as of : 3/1/2012

Client Name	Insured Type	-01	-03	Total
EMPORIA STATE UNIVERSITY (2011-197)	Student	16		16
		16		16
FORT HAYS STATE UNIVERSITY (2011-2005)	Student	135		135
		135		135
KANSAS STATE UNIVERSITY (2011-470)	Student	703		703
	Student & Family	1		1
		704		704
PITTSBURG STATE UNIVERSITY (2011-2009)	Student	154	15	169
		154	15	169
UNIV. OF KANSAS (2011-471)	Student	1201		1201
	Student & Spouse	1		1
		1202		1202
WICHITA STATE UNIVERSITY (2011-180)	Student	552		552
		552		552
Grand Totals:		**2763**	**15**	**2778**

ITL students effective as of : 4/1/2012

Int'l Enrollment Comparison

School	Enrollment 8/09 - 4/10	Enrollment 8/10 - 4/11	Enrollment 8/11 - 4/12	Difference	Percent +/-
Emporia State	19	27	16	(11)	-41%
Fort Hays	165	103	135	32	31%
Kansas State	581	629	704	75	12%
Univ. of Kansas	1046	1227	1202	(25)	-2%
Wichita State	642	582	552	(30)	-5%
KU Med.	1	1	0	(1)	-100%
Pitt State	213	193	169	(24)	-12%
Total	**2,667**	**2,762**	**2,778**	16	1%

Prepared By: Ben Coates
Peoples Benefit Group

International Enrollment & Paid Claims
2011 - 2012

School	Enrollment	% of total	Int'l Enroll.	% of univ.	Paid Claims	% of total	Int'l Claims	% of univ.
Emporia State	163	2%	16	10%	$ 62,422.32	3%	$ 146.70	0%
Fort Hays	195	3%	135	69%	$ 90,077.53	4%	$ 32,162.47	36%
Kansas State	1,713	26%	704	41%	$ 475,785.76	22%	$ 26,062.56	5%
Univ. of Kansas	2,732	41%	1202	44%	$ 930,551.61	42%	$ 88,810.60	10%
Wichita State	1,060	16%	552	52%	$ 364,684.32	17%	$ 119,186.04	33%
KU Med.	490	7%	0	0%	$ 209,728.60	10%	$ -	0%
Pitt State	252	4%	169	67%	$ 65,931.84	3%	$ 4,565.85	7%
Total	**6,605**		**2778**		**$ 2,199,181.98**		**$ 270,934.22**	

Total enrollment and paid claims 8/1/11 - 4/11/12

Prepared by: Ben Coates
Peoples Benefit Group

FORT HAYS STATE UNIVERSITY

Minimum Paid Amount: 3000

Insured Type	Incurred Date	Claim Diagnosis	Total Charges	Total Allowed	Total Paid
Policy: 2011-2005-1 International Category					
Student	11/18/2011	ACUTE APPENDICITIS WITH	49,242.30	45,749.32	17,885.53
	1/20/2012	CONTUSION OF CHEST WALL	8,173.75	6,996.58	5,317.26
		Student Totals:	$57,416.05	$52,745.90	$23,202.79
		Grand Totals:	$57,416.05	$52,745.90	$23,202.79

KANSAS STATE UNIVERSITY

Miniumum Paid Amount: 3000

Insured Type	Incurred Date	Claim Diagnosis	Total Charges	Total Allowed	Total Paid
Policy: 2011-470-1 International Category					
Student	10/11/2011	REGIONAL ENTERITIS OF L	15,100.12	13,838.70	4,783.22
	5/10/2011	SUPERVISION OF OTHER NO	16,763.79	9,635.26	6,120.20
		Student Totals:	$31,863.91	$23,473.96	$10,903.42
		Grand Totals:	$31,863.91	$23,473.96	$10,903.42

UNIV. OF KANSAS

Miniumum Paid Amount: 3000

Insured Type	Incurred Date	Claim Diagnosis	Total Charges	Total Allowed	Total Paid
Policy: 2011-471-1 International Category					
Student	12/12/2011	ANAL FISTULA	4,324.23	4,021.53	3,017.22
	5/13/2011	SUPERVISION OF OTHER NO	22,455.55	9,917.42	7,733.93
	11/18/2011	CLOS FX BASE SKUL W/O I	31,998.83	20,299.59	14,866.80
	10/6/2011	SPRAIN AND STRAIN OF CR	33,085.72	19,419.39	5,440.03
	10/21/2011	HYPERTROPHY OF UTERUS	19,910.55	12,314.58	9,538.86
	12/20/2010	OLIGOHYDRAMNIOS, ANTEPA	53,756.60	44,134.11	6,832.88
	8/18/2011	OTH CURRENT MAT CONDS C	12,998.95	6,245.84	3,971.91
	4/21/2011	OTHER SPECIFED COMPLICA	13,348.60	6,594.72	4,748.18
	2/10/2011	POOR FETAL GROWTH MGMT	12,627.20	8,178.84	4,956.67
		Student Totals:	**$204,506.23**	**$131,126.02**	**$61,106.48**
		Grand Totals:	**$204,506.23**	**$131,126.02**	**$61,106.48**

WICHITA STATE UNIVERSITY

Minlumum Paid Amount: 3000

Insured Type	Incurred Date	Claim Diagnosis	Total Charges	Total Allowed	Total Paid
Policy: 2011-180-1 International Category					
Student	7/21/2011	NORMAL DELIVERY	20,328.02	7,198.97	5,541.17
	10/7/2011	OTH&UNSPEC NONINFECTIOU	37,155.90	26,196.96	10,690.95
	10/8/2011	UNSPEC INFLAM DISEASE F	8,993.40	7,830.69	5,914.37
	2/22/2012	HYPERPLASIA OF APPENDIX	40,864.67	20,787.58	16,183.68
	4/12/2011	MILD OR UNSPECIFIED PRE	36,049.52	15,056.88	11,268.51
	11/14/2011	UNSPECIFIED SEPTICEMIA	25,640.25	23,754.97	18,720.18
	12/28/2011	EXTERNAL HEMORRHOIDS WI	13,453.75	5,080.20	3,627.36
	2/10/2012	PAINFUL RESPIRATION	6,280.00	4,922.16	3,091.54
	2/3/2011	OTH CURRENT MAT CONDS C	37,312.98	16,544.81	12,117.57
	9/25/2011	CALCU GALLBLADD W/O MEN	41,676.65	11,734.99	8,790.40
		Student Totals:	$267,755.14	$139,108.21	$95,945.73
		Grand Totals:	$267,755.14	$139,108.21	$95,945.73

Total Admin Fees Paid for Kansas Board of Regents for 2011/2012

Period	Amount Paid
Incep-08/11	33,819.00
09/2011	19,999.00
10/2011	2,204.00
11/2011	664.00
12/2011	1,506.00
TOTAL	58,192.00

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-197-1

Client Name: EMPORIA STATE UNIVERSITY

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
Policy Year : 2011										
Outpatient										
LABORATORY	1	1	163.00	16.30	146.70	90.00		146.70	0.00	0.00
TOTALS	**1**	**1**	**163.00**	**16.30**	**146.70**	**90.00**		**146.70**	**0.00**	**0.00**
Grand Totals:	1	1	163.00	16.30	146.70	90.00		146.70	0.00	0.00

NOTE : Excludes Pending Claims

Report printed on: 04/12/2012

Data as of: 04/11/2012

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-2005-1

Client Name: FORT HAYS STATE UNIVERSITY

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
Policy Year : 2011										
Inpatient										
ANESTHETIST	2	1	962.00	144.30	490.62	51.00		490.62	0.00	0.00
TOTALS	**2**	**1**	**962.00**	**144.30**	**490.62**	**51.00**		**490.62**	**0.00**	**0.00**
Outpatient										
CAT SCAN / MRI	3	2	9,378.50	1,150.61	6,582.30	70.18		6,582.30	0.00	0.00
LABORATORY	51	18	7,066.00	972.18	5,466.49	77.36		5,466.49	0.00	0.00
MEDICAL EMERGENCY	8	8	26,275.58	2,627.56	16,869.93	64.20		16,869.93	0.00	2,560.62
PHYSICIAN VISITS	6	6	2,820.00	1,621.39	891.69	31.62		891.69	0.00	84.00
PRESCRIPTIONS	6	4	826.31	560.59	149.33	18.07		149.33	0.00	116.39
SURGERY	1	1	993.00	252.19	592.65	59.68		592.65	0.00	0.00
XRAYS	11	4	1,936.00	286.68	1,119.46	57.82		1,119.46	0.00	250.00
TOTALS	**86**	**43**	**49,295.39**	**7,471.20**	**31,671.85**	**64.25**		**31,671.85**	**0.00**	**3,011.01**
Grand Totals:	**88**	**44**	**50,257.39**	**7,615.50**	**32,162.47**	**64.00**		**32,162.47**	**0.00**	**3,011.01**

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-470-1

Client Name: KANSAS STATE UNIVERSITY

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
Policy Year : 2011										
Inpatient										
ANESTHETIST	1	1	840.00	262.80	461.76	54.97		461.76	0.00	0.00
HOSPITAL MISCELLANEOUS	2	1	8,431.79	4,628.92	3,042.30	36.08		3,042.30	0.00	0.00
ROOM & BOARD	2	1	2,100.00	1,152.87	757.70	36.08		757.70	0.00	0.00
SURGERY	1	1	2,685.00	809.12	1,500.70	55.89		1,500.70	0.00	0.00
TOTALS	**6**	**4**	**14,056.79**	**6,853.71**	**5,762.46**	**40.99**		**5,762.46**	**0.00**	**0.00**
Outpatient										
CAT SCAN / MRI	7	4	9,129.00	773.11	4,521.23	49.53		4,521.23	0.00	500.00
DAY SURGERY	1	1	2,107.74	672.74	1,148.00	54.47		1,148.00	0.00	0.00
INJECTIONS	4	2	230.00	41.38	150.89	65.60		150.89	0.00	0.00
LABORATORY	50	7	6,801.00	1,229.36	4,055.09	59.62		4,055.09	0.00	17.99
MEDICAL EMERGENCY	17	14	11,307.82	1,269.10	4,461.69	39.46		4,461.69	0.00	4,461.62
PHYSICIAN VISITS	18	15	4,033.00	1,285.02	2,091.97	51.87		2,091.97	0.00	13.14
PRESCRIPTIONS	11	7	1,094.31	116.85	706.05	64.52		706.05	0.00	271.41
SURGERY	4	4	1,839.00	329.63	841.04	45.73		841.04	0.00	226.60
XRAYS	15	8	3,788.00	565.02	2,172.14	57.34		2,172.14	0.00	404.50
TOTALS	**127**	**62**	**40,329.87**	**6,282.21**	**20,148.10**	**49.96**		**20,148.10**	**0.00**	**5,895.26**
Other Charges										
BRACES AND APPLIANCES	1	1	190.00	0.00	152.00	80.00		152.00	0.00	0.00
TOTALS	**1**	**1**	**190.00**	**0.00**	**152.00**	**80.00**		**152.00**	**0.00**	**0.00**
Grand Totals:	**134**	**67**	**54,576.66**	**13,135.92**	**26,062.56**	**47.75**		**26,062.56**	**0.00**	**5,895.26**

NOTE : Excludes Pending Claims

Report printed on: 04/12/2012

Data as of: 04/11/2012

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-471-1

Client Name: UNIV. OF KANSAS

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
Policy Year : 2011										
Inpatient										
ANESTHETIST	4	3	4,190.00	1,445.00	2,196.00	52.41		2,196.00	0.00	0.00
ASSISTANT SURGEON	1	1	1,080.00	927.95	121.64	11.26		121.64	0.00	0.00
HOSPITAL MISCELLANEOUS	14	6	51,281.23	25,475.03	20,644.96	40.26		20,644.96	0.00	0.00
PHYSICIAN VISITS	3	2	523.00	175.06	237.89	45.49		237.89	0.00	0.00
PROFESSIONAL FEE	7	5	1,277.00	771.02	404.77	31.70		404.77	0.00	0.00
ROOM & BOARD	14	6	15,922.00	7,811.77	5,907.39	37.10		5,907.39	0.00	726.00
SURGERY	4	4	12,250.00	3,171.04	7,202.29	58.79		7,202.29	0.00	76.09
TOTALS	**47**	**27**	**86,523.23**	**39,776.87**	**36,714.94**	**42.43**		**36,714.94**	**0.00**	**802.09**
Outpatient										
ANESTHETIST	4	4	4,384.00	1,548.50	2,268.40	51.74		2,268.40	0.00	0.00
CAT SCAN / MRI	13	6	20,223.48	11,505.40	6,588.66	32.58		6,588.66	0.00	482.25
DAY SURGERY	3	3	30,506.91	17,112.51	10,569.74	34.65		10,569.74	0.00	182.23
LABORATORY	182	27	18,559.95	9,943.07	6,426.14	34.62		6,426.14	0.00	245.94
MEDICAL EMERGENCY	29	25	21,337.75	6,374.46	6,054.86	28.38		6,054.86	0.00	6,976.87
PHYSICIAN VISITS	40	28	10,235.75	1,616.50	6,229.07	60.86		6,229.07	0.00	344.55
PHYSIOTHERAPY	4	1	190.00	30.00	104.00	54.74		104.00	0.00	30.00
PRESCRIPTIONS	64	26	8,341.72	4,185.42	2,800.47	33.57		2,800.47	0.00	1,355.81
PSYCHOTHERAPY	14	4	1,284.00	124.24	630.86	49.13		630.86	0.00	125.00
SURGERY	10	6	11,691.00	7,237.78	3,361.31	28.75		3,361.31	0.00	251.59
XRAYS	46	24	12,525.25	5,213.20	4,440.47	35.45		4,440.47	0.00	1,230.30
TOTALS	**409**	**154**	**139,279.81**	**64,891.08**	**49,473.98**	**35.52**		**49,473.98**	**0.00**	**11,224.54**
Other Charges										
AMBULANCE	4	4	2,405.40	0.00	1,924.32	80.00		1,924.32	0.00	0.00
BRACES AND APPLIANCES	4	2	1,010.00	405.65	483.48	47.87		483.48	0.00	0.00
CONSULTANT	2	1	646.75	338.59	213.08	32.95		213.08	0.00	0.00

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-471-1

Client Name: UNIV. OF KANSAS

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
TOTALS	10	7	4,062.15	744.24	2,620.88	64.52		2,620.88	0.00	0.00
Non-Service Charges										
ADJUSTMENTS	0	1	0.00	0.00	0.80	0.00		0.80	0.00	0.00
TOTALS	0	1	0.00	0.00	0.80			0.80	0.00	0.00
Grand Totals:	466	189	229,865.19	105,412.19	88,810.60	38.64		88,810.60	0.00	12,026.63

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-180-1

Client Name: WICHITA STATE UNIVERSITY

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
Policy Year : 2011										
Inpatient										
ANESTHETIST	5	4	8,222.50	2,350.00	4,566.00	55.53		4,566.00	0.00	165.00
HOSPITAL MISCELLANEOUS	14	6	124,152.46	63,229.83	48,738.11	39.26		48,738.11	0.00	0.00
INTENSIVE CARE UNIT	2	1	4,606.00	0.00	3,684.80	80.00		3,684.80	0.00	0.00
PHYSICIAN VISITS	4	3	1,137.50	24.13	557.90	49.05		557.90	0.00	0.00
PROFESSIONAL FEE	6	5	556.00	90.80	302.16	54.35		302.16	0.00	0.00
ROOM & BOARD	12	6	15,192.00	7,997.60	5,755.52	37.89		5,755.52	0.00	0.00
SURGERY	6	4	13,104.00	4,772.16	6,657.41	50.80		6,657.41	0.00	0.00
TOTALS	**49**	**29**	**166,970.46**	**78,464.52**	**70,261.90**	**42.08**		**70,261.90**	**0.00**	**165.00**
Outpatient										
ANESTHETIST	1	1	780.00	208.00	457.60	58.67		457.60	0.00	0.00
CAT SCAN / MRI	10	8	16,054.09	6,871.58	6,915.05	43.07		6,915.05	0.00	187.20
DAY SURGERY	2	2	12,172.75	7,946.97	3,180.62	26.13		3,180.62	0.00	250.00
INJECTIONS	7	5	196.00	6.78	186.58	95.19		186.58	0.00	0.00
LABORATORY	206	59	19,316.12	8,969.01	7,540.68	39.04		7,540.68	0.00	1,006.89
MEDICAL EMERGENCY	22	17	50,703.55	30,909.63	12,305.62	24.27		12,305.62	0.00	4,411.90
PHYSICIAN VISITS	179	140	9,919.00	3,550.92	4,948.22	49.89		4,948.22	0.00	423.32
PHYSIOTHERAPY	16	1	810.00	210.00	480.00	59.26		480.00	0.00	0.00
PRESCRIPTIONS	63	28	6,269.66	3,476.27	1,882.30	30.02		1,882.30	0.00	911.09
PSYCHOTHERAPY	2	2	104.00	22.08	37.10	35.67		37.10	0.00	24.08
SUPPLIES/MISC	5	3	50.00	0.00	50.00	100.00		50.00	0.00	0.00
SURGERY	17	14	5,373.00	1,547.20	2,986.29	55.58		2,986.29	0.00	108.54
XRAYS	29	13	7,885.00	4,040.34	2,789.48	35.38		2,789.48	0.00	357.83
TOTALS	**559**	**293**	**129,633.17**	**67,758.78**	**43,759.54**	**33.76**		**43,759.54**	**0.00**	**7,680.85**
Student Health Center										
LABORATORY	54	35	809.00	0.00	539.00	66.63		539.00	0.00	270.00

NOTE : Excludes Pending Claims

Report printed on: 04/12/2012
Data as of: 04/11/2012

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-180-1

Client Name: WICHITA STATE UNIVERSITY

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
PHYSICIAN VISITS	202	179	1,341.00	0.00	1,341.00	100.00		1,341.00	0.00	0.00
PRESCRIPTIONS	168	124	1,815.00	0.00	977.60	53.86		977.60	0.00	775.00
SUPPLIES/MISC	36	14	572.07	0.00	504.07	88.11		504.07	0.00	0.00
SURGERY	2	2	37.00	0.00	37.00	100.00		37.00	0.00	0.00
TOTALS	**462**	**354**	**4,574.07**	**0.00**	**3,398.67**	**74.30**		**3,398.67**	**0.00**	**1,045.00**
Other Charges										
AMBULANCE	3	3	1,831.00	0.00	1,464.80	80.00		1,464.80	0.00	0.00
BRACES AND APPLIANCES	1	1	213.00	68.78	30.38	14.26		30.38	0.00	106.24
CONSULTANT	3	3	765.00	176.56	270.75	35.39		270.75	0.00	250.00
TOTALS	**7**	**7**	**2,809.00**	**245.34**	**1,765.93**	**62.87**		**1,765.93**	**0.00**	**356.24**
Grand Totals:	**1,077**	**683**	**303,986.70**	**146,468.64**	**119,186.04**	**39.21**		**119,186.04**	**0.00**	**9,247.09**

Utilization KBOR International

Insured Type: CHI, SPO, STU

Policy: 2011-2009-1

Client Name: PITTSBURG STATE UNIVERSITY

Description	Units	Claims	Claimed	Discount	Paid	%(CL)	%(PM)	BasicPaid	Major Med	Deductible
Policy Year : 2011										
Outpatient										
INJECTIONS	1	1	40.00	19.91	15.25	38.13		15.25	0.00	1.03
LABORATORY	11	5	1,492.00	510.15	575.38	38.56		575.38	0.00	262.62
MEDICAL EMERGENCY	4	4	3,502.32	454.42	1,464.52	41.82		1,464.52	0.00	1,217.25
PHYSICIAN VISITS	7	5	1,062.00	276.41	628.48	59.18		628.48	0.00	0.00
PRESCRIPTIONS	17	3	2,236.22	364.03	1,321.84	59.11		1,321.84	0.00	550.35
XRAYS	6	2	1,274.00	405.76	490.38	38.49		490.38	0.00	255.26
TOTALS	**46**	**20**	**9,606.54**	**2,030.68**	**4,495.85**	**46.80**		**4,495.85**	**0.00**	**2,286.51**
Student Health Center										
LABORATORY	1	1	70.00	0.00	70.00	100.00		70.00	0.00	0.00
TOTALS	**1**	**1**	**70.00**	**0.00**	**70.00**	**100.00**		**70.00**	**0.00**	**0.00**
Grand Totals:	**47**	**21**	**9,676.54**	**2,030.68**	**4,565.85**	**47.18**		**4,565.85**	**0.00**	**2,286.51**

Total Admin Fees Paid for Kansas Board of Regents for 2011/2012

Period	Amount Paid
Incep-08/11	33,819.00
09/2011	19,999.00
10/2011	2,204.00
11/2011	664.00
12/2011	1,506.00
TOTAL	**58,192.00**