



Financial and Policyholder Activity Report

March 2008

**HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY
MARCH 2008 MONTHLY REPORT
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Summary Review
Un-audited HIRSP Authority Financial Statements
For the Three-Month Period Ended March 31, 2008

ASSETS

Total assets increased to \$78.8 million in March 2008, increasing during the month by \$4 million. Cash assets increased \$8.1 million during the month to \$67.6 million as of March 31, 2008. The HIRSP business cycle typically results in a seasonal increase of cash receipts for billed premiums and assessments in the month of March. March 2008 cash receipts of premiums and assessments increased by \$8 million compared to the corresponding receipts in February 2008, and resulted in the noted increase of cash in March 2008.

Total assets year-to-date in March 2008 increased by \$1.6 million compared to March 2007 total assets, an increase of 2.1%. Cash assets year-to-date increased by \$2.4 million relative to March 2007, a 3.7% increase. Assessments receivable decreased \$667,881 or 7.5% compared to March 2007, and other receivables decreased \$288,003 or 26% compared to March 2007.

LIABILITIES

Total liabilities increased to \$34.9 million in March 2008, increasing during the month by \$1.1 million. Unpaid medical loss liabilities decreased by \$617,118 or 6.3% in March, to \$9.2 million, whereas unpaid drug loss liabilities increased from February to March by \$114,741. Unearned assessment liability decreased \$3 million as assessment receipts were recognized as income during the month. The decrease in unearned assessment liability was offset by a \$4.6 million increase in unearned premiums in March, reflecting the HIRSP quarterly premium billing cycle and the recognition of unearned liability for premiums billed in March 2008.

Total liabilities year-to-date in March 2008 decreased by \$7.6 million relative to total liabilities in March 2007, decreasing 17.9% from the prior year. March 2008 year-to-date aggregate liabilities for unpaid medical and drug claims were \$9.9 million, decreased \$4.2 million or 29.6% compared to 2007 year-to-date aggregate claim liabilities. Additional year-to-date 2008 decreased liabilities compared to 2007 included a 2008 decrease of \$1.7 million in unearned premium liability, a 2008 decrease of \$711,609 in accounts payable liabilities, and a 2008 decrease of \$916,930 in liability for unearned Federal grants, as there was zero liability for Federal grant funds in March 2008.

CALENDAR YEAR 2008 NET INCOME

Net income for the three months ended March 31, 2008 was \$8.8 million, increased by \$2.6 million relative to 2007 net income of \$6.2 million. Year-to-date 2008 changes in income and expense include decreased premium revenues, decreased assessments, decreased total medical losses and total pharmacy losses, decreased administrative expenses, and decreased non-operating revenues.

Net premium revenues of \$24.2 million year-to-date through March 2008 decreased by \$1.5 million compared to 2007 year-to-date, primarily due to decreased HIRSP membership, enrollment changes in HIRSP benefit plans, changes to the plans offered, and new rates. There were 16,767 HIRSP contracts in force as of March 31, 2008 compared to 17,931 contracts as of March 2007, the current number of contracts having decreased from the prior year by 1,164. March 2008 year-to-date total operating revenue of \$41.4 million decreased from 2007 year-to-date by \$2.9 million or 6.5%.

Total incurred medical loss expense for the three months ended March 31, 2008 was \$23 million, decreased by \$6.7 million or 22.4% from the three months ended March 31, 2007. Year-to-date paid medical losses increased by \$460,474 compared to 2007. The noted decrease in total loss expense was primarily due to a \$6.4 million decrease in estimated medical loss reserve liabilities from December 31, 2007 through March 2008. The decrease in loss reserve liability flows through revenues and expenses in the income statement, and resulted in a year-to-date \$9 million decrease in medical loss expense in March 2008, giving rise to the noted decrease in total medical loss expense. Estimated loss reserve liabilities were decreased in 2008 to correct for prior overstatement of estimated liabilities and to adjust for changes in expected loss seasonality due to the introduction of higher deductible benefit plans in 2008. The large 2008 decrease in loss reserve liabilities results in decreased total medical loss expense and decreased total operating expense, and causes an increase in reported net income. Absent the

decreased loss reserve liabilities, the year-to-date reported net income of \$8.8 million would have decreased by \$6.4 million and would have been \$2.4 million as of March 2008.

Total pharmacy loss expense year-to-date in 2008 was \$8.5 million, reflecting a 2008 decrease of \$92,890 or 1.1% compared to 2007 year-to-date total pharmacy loss expense. Aggregate medical and pharmacy loss expense for the first three months of 2008 was \$31.5 million, decreased by \$6.8 million or 17.7% compared to aggregate medical and pharmacy loss expense of \$38.3 million for the first three months of 2007.

Total administrative expenses and referral fees for the first three months of 2008 decreased by 4.6% compared to the same period in 2007. Year-to-date in 2008, WPS administrative expenses decreased 5.7% to \$1 million and pharmacy administration fees decreased 6.1% to \$278,790, primarily due to declining HIRSP contract counts. Actuarial services expense decreased 55.9% to \$23,096.

Investment income for the three months ended March 31, 2008 was \$491,823, decreased by \$208,254 or 29.7% compared to the same period in 2007. The decreased investment income is due to decreased interest rate yield on cash deposits in 2008. Year-to-date 2008 total non-operating revenues are comprised solely of interest income, and decreased \$1.4 million compared to year-to-date 2007. Federal grants awarded to HIRSP in fiscal year 2006-07 contributed \$1.2 million to non-operating revenues year-to-date in 2007.

CASH FLOW

Year-to-date 2008 cash flows from operating activities reflect \$32.8 million of sources of cash compared to \$31.2 million in uses of cash. Non-operating activities provided cash of \$594,604. The net change was a \$2.2 million increase in cash through March 2008. The largest use of cash was payment of medical claims.

2008 OPERATING BUDGET

Relative to the 2008 operating budget for the three-month period ended March 31, 2008, actual net income of \$8.8 million exceeded budgeted net income by \$5.9 million. Actual total revenues of \$41.9 million were under budget by \$198,631. The variance in actual revenues included a \$494,680 excess in net premium revenues, a \$473,183 shortfall in provider contributions, and a \$220,128 shortfall in investment income. Actual total expenses of \$33.1 million were under budget by \$6.1 million. Actual medical and pharmacy loss expenses of \$31.5 million were under budget by \$5.9 million, and administrative expenses of \$1.5 million were under budget by \$111,509. Year-to-date net income was \$8.8 million as of March 31, 2008, whereas the 2008 budget projected net income of \$2.9 million.

RETAINED EQUITY

HIRSP Authority total equity increased by \$2.8 million during the month of March 2008 and equaled \$43.9 million as of March 31, 2008. The March increase in total equity resulted from March 2008 net operating income of \$2.7 million plus March investment income of \$138,945, which resulted in net income for the month of \$2,848,739.

In March 2008, policyholders' equity increased by \$1.9 million to equal \$31.1 million, and exceeded RBC target reserves by \$21 million. Providers' equity increased by \$527,604 to equal \$6.1 million, and exceeded RBC target reserves by \$2.7 million. Insurers' equity increased by \$405,947 to equal \$6.7 million, and exceeded RBC target reserves by \$3.4 million. Year-to-date through March 2008, HIRSP Authority total retained equity of \$43.9 million increased by \$9.2 million from the 2007 year-to-date total equity of \$34.7 million.

Year-to-date through March 2008, total reported net income was \$8.8 million, and reported net retained equity increased from \$35.1 million as of December 31, 2007 to \$43.9 million as of March 31, 2008. However, as noted under the caption "Calendar Year 2008 Net Income," reported year-to-date net income has been increase by \$6.4 million due to 2008 decreases in estimated loss reserve liabilities, which flow through revenues and expenses in the income statement and result in increased reported net income. Excluding the effect of the 2008 decreases in loss reserve liabilities, year-to-date net income would have been \$2.4 million and net retained equity would have been \$37.5 million as of March 31, 2008.

Health Insurance Risk-Sharing Plan Authority
 March 31, 2008
 Calendar Year 2008

Unaudited Balance Sheet

Assets	01/31/2008	02/29/2008	03/31/2008	04/30/2008	05/31/2008	06/30/2008	07/31/2008	08/31/2008	09/30/2008	10/31/2008	11/30/2008	12/31/2008
Cash and Cash Equivalents	58,717,832	59,543,907	67,641,923	-	-	-	-	-	-	-	-	-
Other Receivables	739,048	575,608	820,274	-	-	-	-	-	-	-	-	-
Drug Rebates Receivable	2,298,874	2,006,092	2,081,288	-	-	-	-	-	-	-	-	-
Assessments Receivable	18,264,346	12,645,085	8,194,412	-	-	-	-	-	-	-	-	-
Prepaid Items	14,836	14,268	14,431	-	-	-	-	-	-	-	-	-
Net Fixed Assets	28,825	28,362	27,899	-	-	-	-	-	-	-	-	-
Total Assets	80,063,761	74,813,322	78,780,227	-	-	-	-	-	-	-	-	-
Liabilities and Fund Equity												
Liabilities:												
Unpaid Medical Loss Liabilities	11,092,064	9,840,187	9,223,069	-	-	-	-	-	-	-	-	-
Unpaid Prescription Drug Loss Liabilities	575,000	575,000	689,741	-	-	-	-	-	-	-	-	-
Unpaid Loss Adjustment Expense	770,000	770,000	770,000	-	-	-	-	-	-	-	-	-
Unearned Premiums	12,794,456	7,868,730	12,444,433	-	-	-	-	-	-	-	-	-
Unearned Assessments	15,613,256	12,862,921	9,839,542	-	-	-	-	-	-	-	-	-
Unearned Federal Bonus Grant	-	-	-	-	-	-	-	-	-	-	-	-
Accounts Payable and Other Accrued Liabilities	2,115,982	1,851,552	1,919,771	-	-	-	-	-	-	-	-	-
Total Liabilities	42,960,758	33,768,390	34,886,556	-	-	-	-	-	-	-	-	-
Fund Equity:												
Policyholder	26,217,667	29,196,272	31,111,460	-	-	-	-	-	-	-	-	-
Providers	5,076,153	5,526,722	6,054,326	-	-	-	-	-	-	-	-	-
Insurers	5,809,183	6,321,938	6,727,885	-	-	-	-	-	-	-	-	-
Total Retained Earnings	37,103,003	41,044,932	43,893,671	-	-	-	-	-	-	-	-	-
Total Liabilities and Fund Equity	80,063,761	74,813,322	78,780,227	-	-	-	-	-	-	-	-	-

**Health Insurance Risk-Sharing Plan Authority
for the Period Ended March 31, 2008
Calendar Year 2008**

Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings

Operating Revenues	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
Gross Premiums	8,531,568	8,724,789	8,663,222	-	-	-	-	-	-	-	-	-	25,919,579
Premium Subsidized	(580,275)	(577,024)	(582,048)	-	-	-	-	-	-	-	-	-	(1,739,347)
Net Premium Revenues	7,951,293	8,147,765	8,081,174	-	-	-	-	-	-	-	-	-	24,180,232
Provider Contribution	2,921,441	2,688,150	3,145,037	-	-	-	-	-	-	-	-	-	8,754,628
Insurer Assessments	2,651,090	2,750,335	3,023,379	-	-	-	-	-	-	-	-	-	8,424,804
Total Operating Revenues	13,523,824	13,586,250	14,249,590	-	-	-	-	-	-	-	-	-	41,359,664
Operating Expenses													
Medical Losses:													
Losses Paid or Approved for Payment	14,669,923	8,238,591	8,956,769	-	-	-	-	-	-	-	-	-	31,865,283
Increase (Decrease) in Unpaid Losses	(6,376,711)	(1,761,391)	(876,308)	-	-	-	-	-	-	-	-	-	(9,014,410)
Deductible Subsidy Paid	48,433	67,349	76,337	-	-	-	-	-	-	-	-	-	192,119
Total Medical Losses	8,341,645	6,544,549	8,156,798	-	-	-	-	-	-	-	-	-	23,042,992
Pharmacy Losses:													
Losses Paid or Approved for Payment	3,409,385	3,001,720	2,959,067	-	-	-	-	-	-	-	-	-	9,370,172
Increase (Decrease) in Unpaid Losses	(266,155)	-	114,741	-	-	-	-	-	-	-	-	-	(151,414)
Drug Rebates	(286,361)	(267,918)	(280,011)	-	-	-	-	-	-	-	-	-	(834,290)
Subsidy - Coinsurance Out-of-Pocket Max	-	-	77,792	-	-	-	-	-	-	-	-	-	77,792
Total Pharmacy Losses	2,856,869	2,733,802	2,871,589	-	-	-	-	-	-	-	-	-	8,462,260
Total Losses	11,198,514	9,278,351	11,028,387	-	-	-	-	-	-	-	-	-	31,505,252
Loss adjustment expenses	-	-	-	-	-	-	-	-	-	-	-	-	-
Administrative expenses													
Authority Admin Fees	55,689	45,916	63,745	-	-	-	-	-	-	-	-	-	165,350
WPS Admin Fees	355,393	348,264	350,371	-	-	-	-	-	-	-	-	-	1,054,028
Navitus Admin Fees	93,885	92,686	92,219	-	-	-	-	-	-	-	-	-	278,790
Milliman USA Actuarial Services	22,000	6,096	(5,000)	-	-	-	-	-	-	-	-	-	23,096
Other Admin Fees	5,226	5,248	5,174	-	-	-	-	-	-	-	-	-	15,648
Total Administrative Expenses	532,193	498,210	506,509	-	-	-	-	-	-	-	-	-	1,536,912
Referral fees	5,145	4,760	4,900	-	-	-	-	-	-	-	-	-	14,805
Total Operating Expenses	11,735,852	9,781,321	11,539,796	-	-	-	-	-	-	-	-	-	33,056,969
Net Operating Income (Loss)	1,787,972	3,804,929	2,709,794	-	-	-	-	-	-	-	-	-	8,302,695
Non-Operating Revenues (Expenses)													
Federal Grant	-	-	-	-	-	-	-	-	-	-	-	-	-
Federal Bonus Grant Funds	-	-	-	-	-	-	-	-	-	-	-	-	-
Investment Income	215,878	137,000	138,945	-	-	-	-	-	-	-	-	-	491,823
Miscellaneous Income	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Non-operating Revenues (Expenses)	215,878	137,000	138,945	-	-	-	-	-	-	-	-	-	491,823
Net Income (Loss)	2,003,850	3,941,929	2,848,739	-	-	-	-	-	-	-	-	-	8,794,518
Additions to Retained Earnings													
Policyholder													
Retained Earnings, Beginning of Period	24,569,024	26,217,667	29,196,272	-	-	-	-	-	-	-	-	-	24,569,024
Current Earnings	1,648,643	2,978,605	1,915,188	-	-	-	-	-	-	-	-	-	6,542,436
Retained Earnings, End of Period	26,217,667	29,196,272	31,111,460	-	-	-	-	-	-	-	-	-	31,111,460
RBC Target Reserves	(10,107,074)	(10,107,074)	(10,107,074)	-	-	-	-	-	-	-	-	-	(10,107,074)
Retained Earnings in Excess of RBC	16,110,593	19,089,198	21,004,386	-	-	-	-	-	-	-	-	-	21,004,386
Providers													
Retained Earnings, Beginning of Period	4,763,374	5,076,153	5,526,722	-	-	-	-	-	-	-	-	-	4,763,374
Current Earnings	312,779	450,569	527,604	-	-	-	-	-	-	-	-	-	1,290,952
Retained Earnings, End of Period	5,076,153	5,526,722	6,054,326	-	-	-	-	-	-	-	-	-	6,054,326
RBC Target Reserves	(3,369,025)	(3,369,025)	(3,369,025)	-	-	-	-	-	-	-	-	-	(3,369,025)
Retained Earnings in Excess of RBC	1,707,128	2,157,697	2,685,301	-	-	-	-	-	-	-	-	-	2,685,301
Insurers													
Retained Earnings, Beginning of Period	5,766,755	5,809,183	6,321,938	-	-	-	-	-	-	-	-	-	5,766,755
Current Earnings	42,428	512,755	405,947	-	-	-	-	-	-	-	-	-	961,130
Retained Earnings, End of Period	5,809,183	6,321,938	6,727,885	-	-	-	-	-	-	-	-	-	6,727,885
RBC Target Reserves	(3,369,025)	(3,369,025)	(3,369,025)	-	-	-	-	-	-	-	-	-	(3,369,025)
Retained Earnings in Excess of RBC	2,440,158	2,952,913	3,358,860	-	-	-	-	-	-	-	-	-	3,358,860
Retained Earnings, End of Period	37,103,003	41,044,932	43,893,671	-	-	-	-	-	-	-	-	-	43,893,671
RBC Target Reserves	(16,845,124)	(16,845,124)	(16,845,124)	-	-	-	-	-	-	-	-	-	(16,845,124)
Retained Earnings in Excess of RBC	20,257,879	24,199,808	27,048,547	-	-	-	-	-	-	-	-	-	27,048,547

**Health Insurance Risk-Sharing Plan Authority
Calendar Financial Statement Reconciliation
March 2008**

STATEMENT OF CASH FLOWS

Cash Flows from Operating Activities	Month of March 2008	YTD Through March 2008
Sources of Cash		
Cash received for premiums	12,442,103	22,732,609
Cash received for assessments	4,450,672	10,069,933
Total Operating Sources	16,892,775	32,802,542
Uses of Cash		
Cash payments for Medical losses	(5,651,014)	(20,700,229)
Cash payments for Pharmacy losses	(2,769,599)	(8,872,169)
Cash payments for referral fees	(4,900)	(13,825)
Cash payments for other expenses	(507,191)	(1,574,499)
Total Operating Uses	(8,932,704)	(31,160,722)
Net Cash Provided (Used) by Operating Activities	7,960,071	1,641,820

Cash Flows from Non-Operating Activities		
Cash received from investment income	137,945	594,604
Cash received from Federal Grant	-	-
Cash received for miscellaneous income	-	-
Net Cash Provided/(Used) by Non-Operating Activities	137,945	594,604

Cash and Cash Equivalents		
Net Increase (Decrease) in Cash Equivalents	8,098,016	2,236,424
Cash and cash equivalents, beginning of period	59,543,907	65,405,499
Cash and Equivalents, End of Period	67,641,923	67,641,923

RECONCILIATION OF NET OPERATING INCOME TO CASH FLOWS FROM OPERATIONS

Net income (loss) from operations	2,709,794	8,302,695
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Adjustments to Reconcile Net Operating Income to Net Cash Provided By Operating Activities

Changes in assets and liabilities:

Decrease (increase) in receivables	4,132,273	(8,517,197)
Decrease (increase) in prepaids	(162)	3,662
Increase (decrease) in liability for premium overpayments	-	-
Increase (decrease) in liability for accounts payable	(3,025,732)	9,800,984
Increase (decrease) in liability for unearned premiums	4,596,316	(1,190,331)
Increase (decrease) in liability for medical Loss liabilities	(629,603)	(6,416,858)
Increase (decrease) in liability for pharmacy loss liabilities	177,185	(341,135)
Other adjustments	-	-
Total adjustments	5,250,277	(6,660,875)

Net Cash Provided/(Used) by Operating Activities	7,960,071	1,641,820
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Health Insurance Risk-Sharing Plan Authority
Comparison of Current vs. Prior Month and Current Fiscal Year-to-Date Vs. Prior Fiscal Year-to-Date
Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings
Calendar Year 2008

Operating Revenues	March 2008	February 2008	Variance	Year-to-Date Through March 2008	Year-to-Date Through March 2007	Variance
Gross Premiums	8,663,222	8,724,789	(61,567)	25,919,579	26,927,874	(1,008,295)
Premium Subsidized	(582,048)	(577,024)	(5,024)	(1,739,347)	(1,285,447)	(453,900)
Net Premium Revenues	8,081,174	8,147,765	(66,591)	24,180,232	25,642,427	(1,462,195)
Provider Contribution	3,145,037	2,688,150	456,887	8,754,628	9,401,550	(646,922)
Insurer Assessments	3,023,379	2,750,335	273,044	8,424,804	9,198,570	(773,766)
Total Operating Revenues	14,249,590	13,586,250	663,340	41,359,664	44,242,547	(2,882,883)
Operating Expenses						
Medical Losses:						
Losses Paid or Approved for Payment	8,956,769	8,238,591	718,178	31,865,283	31,404,809	460,474
Increase (Decrease) in Unpaid Losses	(876,308)	(1,761,391)	885,083	(9,014,410)	(1,904,215)	(7,110,195)
Deductible Subsidy Paid	76,337	67,349	8,988	192,119	205,564	(13,445)
Total Medical Losses	8,156,798	6,544,549	1,612,249	23,042,992	29,706,158	(6,663,166)
Pharmacy Losses:						
Losses Paid or Approved for Payment	2,959,067	3,001,720	(42,653)	9,370,172	10,146,884	(776,712)
Increase (Decrease) in Unpaid Losses	114,741	-	114,741	(151,414)	5,165	(156,579)
Drug Rebates	(280,011)	(267,918)	(12,093)	(834,290)	(1,602,181)	767,891
Subsidy - Coinsurance Out-of-Pocket Max	77,792	-	77,792	77,792	5,282	72,510
Total Pharmacy Losses	2,871,589	2,733,802	137,787	8,462,260	8,555,150	(92,890)
Total Losses	11,028,387	9,278,351	1,750,036	31,505,252	38,261,308	(6,756,056)
Loss adjustment expenses	-	-	-	-	-	-
Administrative expenses						
Authority Admin Fees	63,745	45,916	17,829	165,350	135,556	29,794
WPS Admin Fees	350,371	348,264	2,107	1,054,028	1,117,473	(63,445)
Navitus Admin Fees	92,219	92,686	(467)	278,790	296,792	(18,002)
Milliman USA Actuarial Services	(5,000)	6,096	(11,096)	23,096	52,384	(29,288)
Other Admin Fees And Expenses	5,174	5,248	(74)	15,648	11,086	4,562
Total Administrative Expenses	506,509	498,210	8,299	1,536,912	1,613,291	(76,379)
Referral fees	4,900	4,760	140	14,805	13,895	910
Total Operating Expenses	11,539,796	9,781,321	1,758,475	33,056,969	39,888,494	(6,831,525)
Net Operating Income (Loss)	2,709,794	3,804,929	(1,095,135)	8,302,695	4,354,053	3,948,642
Non-Operating Revenues (Expenses)						
Federal Grant	-	-	-	-	-	-
Federal Bonus Grant Funds	-	-	-	-	1,172,295	(1,172,295)
Investment Income	138,945	137,000	1,945	491,823	700,077	(208,254)
Miscellaneous Income	-	-	-	-	-	-
Total Non-operating Revenues (Expenses)	138,945	137,000	1,945	491,823	1,872,372	(1,380,549)
Net Income (Loss)	2,848,739	3,941,929	(1,093,190)	8,794,518	6,226,425	2,568,093

Health Insurance Risk-Sharing Plan Authority
Comparison of Budget Vs. Actual
Unaudited Statement of Revenues, Expenses, and Changes in Retained Earnings
Calendar Year 2008

	March 2008 Budget	March 2008 Actual	Variance	Year-to-Date Through March 2008 Budget	Year-to-Date Through March 2008 Actual	Variance
Operating Revenues						
Gross Premiums	8,760,085	8,663,222	(96,863)	26,218,436	25,919,579	(298,857)
Premium Subsidized	(846,285)	(582,048)	264,237	(2,532,884)	(1,739,347)	793,537
Net Premium Revenues	7,913,800	8,081,174	167,374	23,685,552	24,180,232	494,680
Provider Contribution	3,334,522	3,145,037	(189,485)	9,227,811	8,754,628	(473,183)
Insurer Assessments	3,023,379	3,023,379	-	8,424,804	8,424,804	-
Total Operating Revenues	14,271,701	14,249,590	(22,111)	41,338,167	41,359,664	21,497
Operating Expenses						
Medical and Pharmacy Losses:	13,474,692	10,874,258	2,600,434	37,248,169	31,235,341	6,012,828
Deductible Subsidy/RX OOP Max	73,395	154,129	(80,734)	205,178	269,911	(64,733)
Total Medical and Pharmacy Losses	13,548,087	11,028,387	2,519,700	37,453,347	31,505,252	5,948,095
Loss adjustment expenses	-	-	-	-	-	-
Total Administrative Expenses	549,981	506,509	43,472	1,649,942	1,536,912	113,030
Referral fees	4,428	4,900	(472)	13,284	14,805	(1,521)
Total Operating Expenses	14,102,496	11,539,796	2,562,700	39,116,573	33,056,969	6,059,604
Net Operating Income (Loss)	169,205	2,709,794	2,540,589	2,221,594	8,302,695	6,081,101
Non-Operating Revenues (Expenses)						
Federal Grant	-	-	-	-	-	-
Federal Bonus Grant Funds	-	-	-	-	-	-
Investment Income	237,317	138,945	(98,372)	711,951	491,823	(220,128)
Miscellaneous Income	-	-	-	-	-	-
Total Non-operating Revenues (Expenses)	237,317	138,945	(98,372)	711,951	491,823	(220,128)
Net Income (Loss)	406,522	2,848,739	2,442,217	2,933,545	8,794,518	5,860,973

Health Insurance Risk-Sharing Plan Authority
 Calendar Year 2008 Interim Reconciliation
 As of March 31, 2008

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
1. Operating and Administrative Costs under s.149.143(1)													
Medical Losses Paid or Approved for Payment	14,669,923	8,238,591	8,956,769	-	-	-	-	-	-	-	-	-	31,865,283
Increase (Decrease) in Unpaid Medical Losses	(6,376,711)	(1,761,391)	(876,308)	-	-	-	-	-	-	-	-	-	(9,014,410)
Pharmacy Losses Paid or Approved for Payment	3,409,385	3,001,720	2,959,067	-	-	-	-	-	-	-	-	-	9,370,172
Increase (Decrease) in Unpaid Pharmacy Losses	(266,155)	-	114,741	-	-	-	-	-	-	-	-	-	(151,414)
Drug Rebates	(286,361)	(267,918)	(280,011)	-	-	-	-	-	-	-	-	-	(834,290)
Total Administrative Expenses	537,338	502,970	511,409	-	-	-	-	-	-	-	-	-	1,551,717
Loss Adjustment Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operating Expense	11,687,419	9,713,972	11,385,667	-	-	-	-	-	-	-	-	-	32,787,058
2. Adjustments to Operating and Administrative Costs													
Total Non-operating Revenue (Expense) - excluding Federal Grant Funds	215,878	137,000	138,945	-	-	-	-	-	-	-	-	-	491,823
3. Total Fiscal Year Program Costs to be Split 60% 20% 20%	11,471,541	9,576,972	11,246,722	-	-	-	-	-	-	-	-	-	32,295,235
4. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Excluding Subsidy Costs)													
Funding Shares													
60% Policyholders	6,882,925	5,746,184	6,748,034	-	-	-	-	-	-	-	-	-	19,377,143
20% Providers	2,294,308	1,915,394	2,249,344	-	-	-	-	-	-	-	-	-	6,459,046
20% Insurers	2,294,308	1,915,394	2,249,344	-	-	-	-	-	-	-	-	-	6,459,046
5. Subsidy Funding Shares													
Premium subsidies	580,275	577,024	582,048	-	-	-	-	-	-	-	-	-	1,739,347
Deductible Subsidies	48,433	67,349	76,337	-	-	-	-	-	-	-	-	-	192,119
Subsidy - coinsurance out-of-pocket Max	-	-	77,792	-	-	-	-	-	-	-	-	-	77,792
Total Subsidies	628,708	644,373	736,177	-	-	-	-	-	-	-	-	-	2,009,258
Federal Grant Funds Applied to Low Income Subsidies	-	-	-	-	-	-	-	-	-	-	-	-	-
Net Subsidy Funding Needed	628,708	644,373	736,177	-	-	-	-	-	-	-	-	-	2,009,258
Subsidy Funding Needed by Source in addition to Section 3 Funding Shares													
Providers	314,354	322,187	368,089	-	-	-	-	-	-	-	-	-	1,004,630
Insurers	314,354	322,186	368,088	-	-	-	-	-	-	-	-	-	1,004,628
	628,708	644,373	736,177	-	-	-	-	-	-	-	-	-	2,009,258
6. Year-to-Date Adjusted Program Costs Under s.149.143(1) (Including Subsidy Costs)													
Policyholders	6,882,925	5,746,184	6,748,034	-	-	-	-	-	-	-	-	-	19,377,143
Providers	2,608,662	2,237,581	2,617,433	-	-	-	-	-	-	-	-	-	7,463,676
Insurers	2,608,662	2,237,580	2,617,432	-	-	-	-	-	-	-	-	-	7,463,674
7. Operating Revenues by Source													
Policyholders													
Premium	7,951,293	8,147,765	8,081,174	-	-	-	-	-	-	-	-	-	24,180,232
Premium and Deductible Subsidies Credited to Policyholders	580,275	577,024	582,048	-	-	-	-	-	-	-	-	-	1,739,347
Subtotal	8,531,568	8,724,789	8,663,222	-	-	-	-	-	-	-	-	-	25,919,579
Providers	2,921,441	2,688,150	3,145,037	-	-	-	-	-	-	-	-	-	8,754,628
Insurers	2,651,090	2,750,335	3,023,379	-	-	-	-	-	-	-	-	-	8,424,804
Total	14,104,099	14,163,274	14,831,638	-	-	-	-	-	-	-	-	-	43,099,011

(con't)

(cont)

8. Interim Estimate of Surplus/(Deficit) Account Balance for 2008

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year to Date
Policyholders													
Prior Period Surplus / (Deficit)	24,569,024	26,217,667	29,196,272	-	-	-	-	-	-	-	-	-	24,569,024
Premium (Including Premium and Deductible Subsidies)	8,531,568	8,724,789	8,663,222	-	-	-	-	-	-	-	-	-	25,919,579
Less Cost	6,882,925	5,746,184	6,748,034	-	-	-	-	-	-	-	-	-	19,377,143
Monthly Change	1,648,643	2,978,605	1,915,188	-	-	-	-	-	-	-	-	-	6,542,436
Ending Surplus / (Deficit)	26,217,667	29,196,272	31,111,460	-	-	-	-	-	-	-	-	-	31,111,460
Policyholders' RBC Target Reserves	(10,107,074)	(10,107,074)	(10,107,074)	-	-	-	-	-	-	-	-	-	(10,107,074)
Ending Surplus / (Deficit) Net of RBC Reserves	16,110,593	19,089,198	21,004,386	-	-	-	-	-	-	-	-	-	21,004,386
Providers													
Prior Period Surplus / (Deficit)	4,763,374	5,076,153	5,526,722	-	-	-	-	-	-	-	-	-	4,763,374
Contribution	2,921,441	2,688,150	3,145,037	-	-	-	-	-	-	-	-	-	8,754,628
Less Cost	2,608,662	2,237,581	2,617,433	-	-	-	-	-	-	-	-	-	7,463,676
Monthly Change	312,779	450,569	527,604	-	-	-	-	-	-	-	-	-	1,290,952
Ending Surplus / (Deficit)	5,076,153	5,526,722	6,054,326	-	-	-	-	-	-	-	-	-	6,054,326
Provider's RBC Target Reserves	(3,369,025)	(3,369,025)	(3,369,025)	-	-	-	-	-	-	-	-	-	(3,369,025)
Ending Surplus / (Deficit) Net of RBC Reserves	1,707,128	2,157,697	2,685,301	-	-	-	-	-	-	-	-	-	2,685,301
Insurers													
Prior Period Surplus / (Deficit)	5,766,755	5,809,183	6,321,938	-	-	-	-	-	-	-	-	-	5,766,755
Assessment	2,651,090	2,750,335	3,023,379	-	-	-	-	-	-	-	-	-	8,424,804
Less Cost	2,608,662	2,237,580	2,617,432	-	-	-	-	-	-	-	-	-	7,463,674
Monthly Change	42,428	512,755	405,947	-	-	-	-	-	-	-	-	-	961,130
Ending Surplus / (Deficit)	5,809,183	6,321,938	6,727,885	-	-	-	-	-	-	-	-	-	6,727,885
Insurer's RBC Target Reserves	(3,369,025)	(3,369,025)	(3,369,025)	-	-	-	-	-	-	-	-	-	(3,369,025)
Ending Surplus / (Deficit) Net of RBC Reserves	2,440,158	2,952,913	3,358,860	-	-	-	-	-	-	-	-	-	3,358,860
Total HIRSP Retained Earnings	37,103,003	41,044,932	43,893,671	-	-	-	-	-	-	-	-	-	43,893,671
Total RBC Target Reserves	(16,845,124)	(16,845,124)	(16,845,124)	-	-	-	-	-	-	-	-	-	(16,845,124)
Total Retained Earnings in Excess of RBC Target Reserves	20,257,879	24,199,808	27,048,547	-	-	-	-	-	-	-	-	-	27,048,547

**Health Insurance Risk-Sharing Plan Authority
Monthly Provider Contribution Report
As of March 2008 Month End (3/27/2008)**

Provider Contribution Calculation for the Current Month - Claims by Claim Type						
Claims Incurred 1/1/2008 and After						
Claim Type	Billed Charges		HIRSP Fee Schedule	HIRSP Allowed	Provider Contribution	HIRSP Paid
Professional	\$ 6,872,220.23		\$ 3,886,647.93	\$ 2,799,510.09	\$ 1,087,137.84	\$ 1,373,139.75
Hospital Outpatient	\$ 4,246,711.73		\$ 3,032,571.38	\$ 2,157,132.61	\$ 875,438.77	\$ 1,356,523.26
Hospital Inpatient	\$ 4,641,027.49		\$ 2,743,742.36	\$ 1,948,058.06	\$ 795,684.30	\$ 1,764,934.05
Nursing Home	\$ 13,328.16		\$ 12,361.65	\$ 8,776.92	\$ 3,584.73	\$ 7,048.79
Other	\$ 726,297.64		\$ 549,942.87	\$ 407,452.68	\$ 142,490.19	\$ 220,537.67
Total	\$ 16,499,585.25		\$ 10,225,266.19	\$ 7,320,930.36	\$ 2,904,335.83	\$ 4,722,183.52

Claims Incurred Prior to 1/1/2008						
Claim Type	Billed Charges	U&C Percentage	Usual and Customary	HIRSP Allowed	Provider Contribution	HIRSP Paid
Professional	\$ 489,036.72	28.5%	\$ 349,661.25	\$ 191,715.62	\$ 157,945.63	\$ 179,648.65
Hospital Outpatient	\$ 6,300.30	28.5%	\$ 4,504.71	\$ 4,109.07	\$ 395.64	\$ 7,021.05
Hospital Inpatient	\$ 1,181,792.83	28.5%	\$ 844,981.87	\$ 547,536.97	\$ 297,444.90	\$ 493,361.15
Nursing Home	\$ 16,430.33	28.5%	\$ 11,747.69	\$ (1,122.38)	\$ 12,870.07	\$ (3,119.25)
Other	\$ 82,654.85	28.5%	\$ 59,098.22	\$ 27,863.62	\$ 31,234.60	\$ 25,976.89
Total	\$ 1,776,215.03		\$ 1,269,993.75	\$ 770,102.90	\$ 499,890.85	\$ 702,888.49

Provider Contribution on the Increase(Decrease) in Unpaid Losses	\$ (259,190.00)
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Total Provider Contribution	\$ 3,145,036.68
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**Wisconsin Health Insurance Risk-Sharing Plan
Breakdown of Incurred Claims and Earned Premium
by Quarter and Plan**

3Q06					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$21,855,135	\$11,414,082	191.5%	\$1,041.46	\$543.92
Plan 1B	17,802,410	15,021,978	118.5%	577.29	487.13
Plan 2	2,110,951	1,313,471	160.7%	701.78	436.66
Total	\$41,768,495	\$27,749,531	150.5%	\$761.77	\$506.09
4Q06					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$25,551,162	\$11,232,336	227.5%	\$1,248.35	\$548.78
Plan 1B	21,899,539	14,982,682	146.2%	715.79	489.71
Plan 2	2,121,724	1,319,577	160.8%	712.95	443.41
Total	\$49,572,425	\$27,534,595	180.0%	\$917.35	\$509.53
1Q07					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$19,269,099	\$10,353,629	186.1%	\$1,000.73	\$537.71
Plan 1B	17,199,624	15,315,916	112.3%	546.11	486.30
Plan 2	1,744,864	1,258,329	138.7%	602.72	434.66
Total	\$38,213,587	\$26,927,874	141.9%	\$712.34	\$501.96
2Q07					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$20,901,683	\$10,280,888	203.3%	\$1,103.81	\$542.93
Plan 1B	20,726,263	15,315,146	135.3%	664.35	490.90
Plan 2	1,713,211	1,256,896	136.3%	604.09	443.19
Total	\$43,341,157	\$26,852,930	161.4%	\$818.22	\$506.95
3Q07					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$21,057,766	\$10,685,401	197.1%	\$1,148.81	\$582.95
Plan 1B	19,146,919	14,423,771	132.7%	620.79	467.65
Plan 2	1,488,461	987,774	150.7%	531.21	352.52
Total	\$41,693,147	\$26,096,946	159.8%	\$802.18	\$502.11
4Q07					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
Plan 1A	\$22,972,385	\$10,369,954	221.5%	\$1,293.56	\$583.93
Plan 1B	24,374,402	14,425,926	169.0%	789.45	467.24
Plan 2	1,274,712	993,617	128.3%	457.21	356.39
Total	\$48,621,499	\$25,789,496	188.5%	\$945.54	\$501.53

NOTES: Loss Ratio = Incurred Claims / Earned Premiums
 Earned Premium includes Premium Subsidies
 Incurred Claims include Provider Contributions
 Administrative Expenses are not included in this exhibit
 Incurred Claims and Earned Premiums are updated quarterly and restated to reflect
 the most current information available as of March 31, 2008

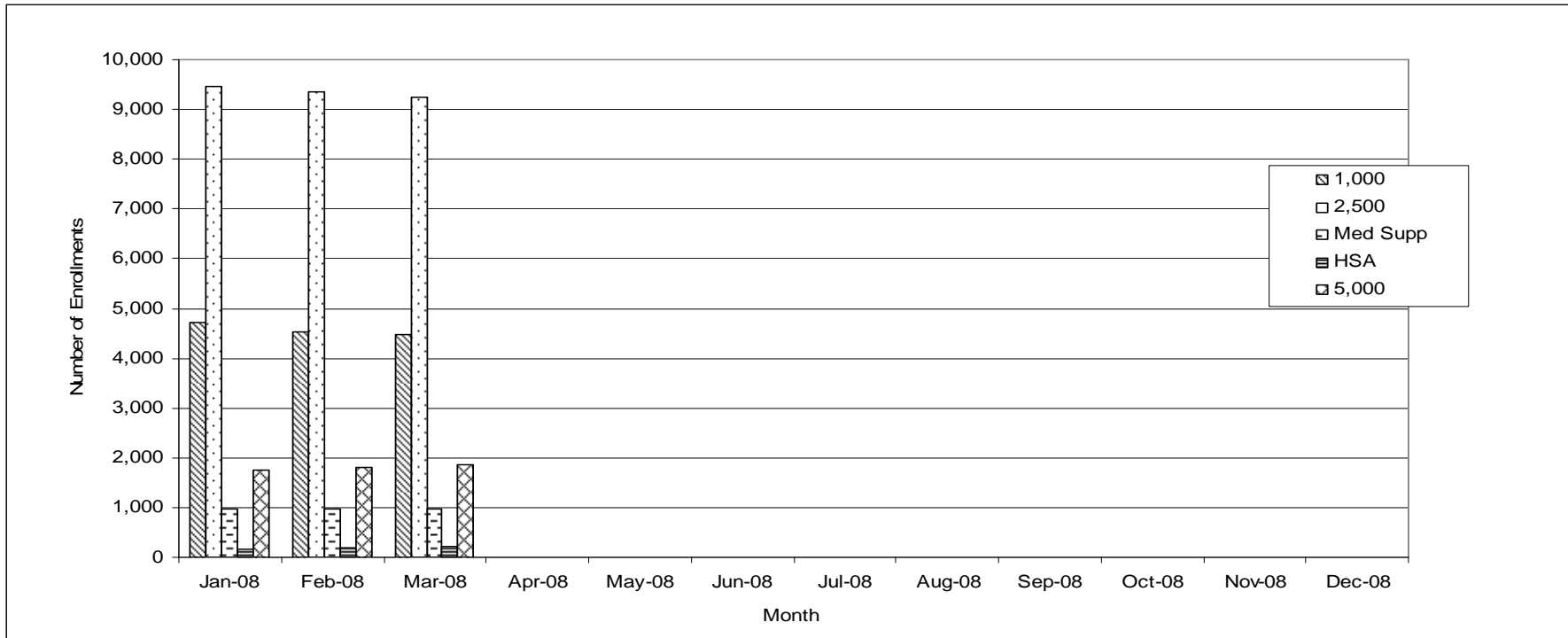
**Health Insurance Risk-Sharing Plan Authority
2007 Year-to-Date Enrollment**

March 2008
16,767

March 2007
17,907

HIRSP Enrollment 2008 (monthly)
Policyholders

Plan	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08
1,000	4,721	4,539	4,472									
2,500	9,467	9,342	9,255									
Med Supp	978	970	967									
HSA	160	183	215									
5,000	1,744	1,818	1,858									
Total	17,070	16,852	16,767									



**Health Insurance Risk-Sharing Plan Authority
Subsidy Report
Mar-08**

Total Subsidy by Plan			
Plan		Number of Policyholders	% of Total
HIRSP 1,000	Non-subsidized	2,743	16.4%
	Subsidized	1,729	10.3%
	Total	4,472	26.7%
HIRSP 2,500	Non-subsidized	8,746	52.2%
	Subsidized	509	3.0%
	Total	9,255	55.2%
HIRSP Medicare Supplement	Non-subsidized	589	3.5%
	Subsidized	378	2.3%
	Total	967	5.8%
HIRSP Health Savings Account	Non-subsidized	201	1.2%
	Subsidized	14	0.1%
	Total	215	1.3%
HIRSP 5,000	Non-subsidized	1,658	9.9%
	Subsidized	200	1.2%
	Total	1,858	11.1%
Grand Total		16,767	100.0%

Total Subsidy by Level		
Subsidy Level	Number of Policyholders	% of Total
\$25,000 Above	13,937	83.1%
\$20,000 - \$24,999	303	1.8%
\$17,000 - \$19,999	389	2.3%
\$14,000 - \$16,999	477	2.8%
\$10,000 - \$13,999	1,271	7.6%
\$9,999 Under	390	2.3%
Total	16,767	100.0%

Health Insurance Risk-Sharing Plan Authority
Summary of Monthly Applicant Activity
 March, 2008

Summary of Monthly Application Activity	
Number of Applications Pending February	145
Number of Applications Received March	403
Number of Applications Rejected March	23
Number of Applications Closed March	83
Number of Applications Pending March	121
Number of Applications Approved March	321

Detail of Applications Rejected	
65 or older	0
Current Medicaid Coverage	3
Currently covered by other insurance	2
Did not qualify for lost employer coverage.	3
Eligible for Group Health Coverage	14
Insufficient Premium Submitted	0
No Medical Reason	0
Not a Wisconsin Resident	0
Previous HIRSP <12 Months Ago	1
Total	23

Detail of Applications Closed	
Applicant Request	5
Application Data requested; never received	5
Proper eligibility requested; never received	73
Total	83

HIRSP 2008 New Enrollees						
Date	1,000	2,500	Med Supp	3,500	5,000	Total
January	79	218	3	23	100	423
February	43	126	1	25	80	275
March	36	141	1	36	84	298
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total	158	485	5	84	264	996

HIRSP 2008 Disenrollment						
Date	1,000	2,500	Med Supp	3,500	5,000	Total
January	302	348	26	0	2	678
February	146	192	3	5	23	369
March	88	208	10	0	34	340
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total	536	748	39	5	59	1387

Health Insurance Risk-Sharing Plan Authority

Monthly Eligibility Report March, 2008

A.	Medicare Eligible	1
B.	HIV +	2
C.	Eligible Individual	195
	<i>New Born Applications</i>	0
D.	Letter of Medical Eligibility	123
1.	<i>Letter of Rejection By:</i>	
	<i>American Community Mutual Insurance</i>	20
	<i>American Family</i>	22
	<i>American Medical Security Group</i>	4
	<i>American National Life Insurance Company of Texas</i>	2
	<i>American Republic</i>	2
	<i>American Heritage</i>	2
	<i>Arise</i>	6
	<i>Assurant Health</i>	28
	<i>Blue Cross & Blue Shield United of Wisconsin</i>	92
	<i>Celtic Life Insurance Company</i>	2
	<i>Consumer Life Insurance Company</i>	2
	<i>Dean Health Plan</i>	6
	<i>Golden Rule Insurance Company</i>	10
	<i>Humana Insurance Company</i>	28
	<i>John Alden Life Insurance</i>	4
	<i>Mega Life and Health Insurance</i>	2
	<i>Security Health Plan</i>	8
	<i>Valley Health Plan</i>	2
	<i>WEA Insurance Corp.</i>	2
2.	<i>Notice of Benefit Reduction</i>	1
3.	<i>Notice of Premium increase due to a Health Reason</i>	0
	Total	321

**Health Insurance Risk-Sharing Plan Authority
 Medical Claims Denied Report
 AS OF MARCH 2008 MONTH END (3/24/2008)**

Processed Month	All Plans			Denial Rate
	Paid	Denied	Total	
MARCH 2007	28,785	5,261	34,046	15.5%
APRIL 2007	27,571	5,213	32,784	15.9%
MAY 2007	34,079	6,277	40,356	15.6%
JUNE 2007	27,691	4,910	32,601	15.1%
JULY 2007	27,652	4,910	32,562	15.1%
AUGUST 2007	29,575	5,794	35,369	16.4%
SEPTEMBER 2007	27,077	5,548	32,625	17.0%
OCTOBER 2007	31,047	7,060	38,107	18.5%
NOVEMBER 2007	29,974	5,743	35,717	16.1%
DECEMBER 2007	27,185	5,442	32,627	16.7%
JANUARY 2008	36,066	7,602	43,668	17.4%
FEBRUARY 2008	25,437	5,471	30,908	17.7%
MARCH 2008	27,612	5,484	33,096	16.6%

Denial Reason Detail		
Volume	% of Total	Reason
1222	3.69%	DUPLICATE CLAIM/SERVICE.
580	1.75%	SERVICES PERFORMED BY A PROVIDER WHO IS NOT MEDICAID CERTIFIED ARE NOT COVERED
521	1.57%	NONCOVERED SERVICES BECAUSE THIS A ROUTINE EXAM OR SCREENING PROCEDURE DONE IN CONJUNCTION OF A ROUTINE EXAM.
497	1.50%	HSA) INCURRED OUTSIDE COVERAGE PERIOD ARE NOT COVERED.
356	1.08%	CLAIM DENIED/REDUCED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER AS PART OF COORDINATION OF BENEFITS.
231	0.70%	THIS PROCEDURE IS INCIDENTAL TO AND CONSIDERED PART OF THE PRIMARY PROCEDURE.
193	0.58%	WE WILL BE ABLE TO COMPLETE PROCESSING OF THIS CLAIM WHEN WE RECEIVE THE MEDICAL RECORDS WE REQUESTED.
193	0.58%	THIS IS A PREEXISTING CONDITION. MEDICAL RECORDS OBTAINED FROM YOUR PROVIDER HAVE IDENTIFIED A PRE-EXISTING CONDITION.
165	0.50%	THIS (THESE) SERVICE(S) IS (ARE) NOT COVERED.
134	0.40%	THE PRIMARY SERVICE CODE INCLUDES THE OTHER SERVICES BILLED, THEREFORE, NO PAYMENT HAS BEEN ALLOWED FOR THE OTHER SERVICES.

Note:

1) Claims denied by the PBM are not included.

2) A claim may have some paid lines and some denied lines. Therefore, a claim that has both paid and rejected lines has been counted as a paid claim and as a denied claim. This results in more total claims being reported in this report than in the report titled Claims That Have Finalized to Payment or Denial Report.

**Health Insurance Risk-Sharing Plan Authority
Pharmacy Claims Denied Report
As of March 2008 Month End (03/31/2008)**

Processed Month	Denied	% of Total
March 2007	16,177	20.12%
April 2007	14,885	18.51%
May 2007	17,209	21.13%
June 2007	16,770	20.59%
July 2007	16,482	19.31%
August 2007	16,865	19.34%
September 2007	15,983	20.33%
October 2007	16,711	18.83%
November 2007	16,196	19.15%
December 2007	15,193	18.24%
January 2008	15,826	19.92%
February 2008	11,654	15.92%
March 2008	10,368	14.19%

Denial Reason Detail		
Reason	Volume	% of Total
Refill Too Soon	3,375	4.62%
Product/Service Not Covered	2,210	3.02%
Plan Limitations Exceeded	1,580	2.16%
Submit Bill to Other Processor or Primary Payer	1,370	1.88%
Missing/Invalid Dispense as Written Code (DAW)	505	0.69%
Prior Authorization Required	286	0.39%
Duplicate Paid/Captured Claim	263	0.36%
DUR Reject Error	164	0.22%
Claim Submitted Does Not Match Prior Authorization	151	0.21%
Missing/Invalid Prescriber Identification	122	0.17%

Note:

1) Each prescription processed and denied is counted as one claim

2) Note the different end of month date from previous reports in this packet. This is due to these figures being taken from a production PBM report rather than from the current HIRSP plan administrator's reporting files.

**Health Insurance Risk-Sharing Plan
Appeals and Grievances
March 2008**

Grievance

<u>Type of Grievance</u>		<u># of Grievances</u>	
	Drug & Drug Formulary	7	
	Enrollment/Eligibility Requirements	13	
	Not Covered Benefit	5	
	Not Medically Necessary	1	
	Plan Administration	4	
	Prior Authorization	5	
	Experimental Treatment	0	
	Billing/Claim Processing	3	
Grievance Committee Decision			
	Eligibility Request Closed Prior to Committee	2	
	Approved	21	
	Upheld Denial	13	
	Partial Approval	2	
Total Grievances Received			38

Appeal

<u>Type of Appeal</u>		<u># of Appeal</u>	
	Drug & Drug Formulary	0	
	Enrollment/Eligibility Requirements	3	
	Experimental Treatment	0	
	Not Medically Necessary	0	
	Plan Administration	3	
	Not Covered Benefit	1	
	Prior Authorization	1	
	Billing/Claim Processing	0	
Appeal Committee Decision			
	Eligibility Requests Closed Prior to Committee	0	
	Approved	4	
	Upheld Denial	4	
	Upheld Denial with IRO Rights	0	
Total Appeals Received			8