

HIRSP

AUTHORITY

*there's still hope.
there's still HIRSP.*

2010 ANNUAL REPORT

HEALTH INSURANCE RISK-SHARING PLAN AUTHORITY 2010 ANNUAL REPORT TABLE OF CONTENTS

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Executive Summary

The Health Insurance Risk-Sharing Plan (HIRSP) continues to serve as an important safety net for individuals who have been denied health insurance coverage because of their health status, or more recently, who have lost their employer-sponsored insurance. This year marked the fourth full year of administration of HIRSP under the HIRSP Authority. In 2010, the HIRSP Authority Board of Directors focused on improving affordability, increasing the value of the HIRSP benefits and reducing plan costs.

2010 HIRSP initiatives were implemented based on feedback from the HIRSP Consumer Committee and Consumer Advisory Council, the HIRSP Strategic Planning Committee, the HIRSP Finance Committee and the HIRSP Board of Directors.

In January 2010, premiums were reduced for three of the five plans that were offered in 2009. In April 2010, premiums were reduced for the remaining two plans from their January levels and an additional reduction was provided to members on the HIRSP HSA 3,500 Plan. Premium reductions ranged from 5% to 15% over the two time periods. In addition, HIRSP removed the \$500,000 lifetime cap on transplant services and modified the HIRSP preventive services benefit to provide first dollar coverage for select preventive services beginning on January 1, 2011.

Most notably in 2010, the HIRSP Authority was asked by Governor Doyle to administer the federal pre-existing condition insurance plan (PCIP) in Wisconsin. In July, the HIRSP Authority entered into a contract with the United States Department of Health and Human Services to establish a temporary high risk health insurance pool. The temporary risk pools were created under Section 1101 of Title I of the Patient Protection and Affordable Care Act of 2010. The HIRSP Authority has made this coverage available as the "HIRSP Federal Plan."

The HIRSP Authority derives the funding for the HIRSP Federal Plan through insurance policy premiums paid by HIRSP Federal Plan members. The HIRSP Federal Plan costs not supported by premiums are funded through the federal contract entered into with the United States Department of Health and Human Services. During 2010 the costs that were not supported by premiums were almost \$957,000.

Below are key facts and figures for 2010 and considerations for the future.

Key Facts and Figures

Enrollment

- Total HIRSP Members as of December 2010: 18,965
- December 2010 enrollment represents a nearly 16% increase over December 2009. Early 2011 enrollment trends suggest that HIRSP could reach 22,000 members or more before December 31, 2011.

Total Operating Revenue – HIRSP

• Premiums:	\$81,525,797
• Insurer Assessments:	<u>\$30,955,033</u>
	\$112,480,830

Total Operating Expenses - HIRSP

• Medical Losses	\$120,171,485
• Provider Contribution	(\$33,005,722)
• Pharmacy Losses	\$35,809,129
• Administration	\$6,725,423
• Referral Fees	<u>\$112,325</u>
	\$129,812,640

Total Operating Revenue – HIRSP Federal Plan

• Premiums:	\$298,695
• Insurer Assessments:	<u>\$956,558</u>
	\$1,255,253

Total Operating Expenses – HIRSP Federal Plan

• Medical Losses	\$560,328
• Pharmacy Losses	\$106,349
• Administration	\$586,176
• Referral Fees	<u>\$2,400</u>
	\$1,255,253

Benefit Plans

- Largest enrollment at year-end was in the \$2,500 deductible plan.
- The fastest growing plan in 2010 was the \$5,000 deductible plan, with an 80% increase in enrollment over the end of 2009.
- 95% of total enrollment was in the non-Medicare plans; 5% in the Medicare Supplement Plan.
- 61% of new enrollees were eligible due to loss of employer-sponsored coverage and were not subject to a pre-existing condition waiting period.
- 27% of members were subsidized as of December 31, 2010, the same as of December 31, 2009.

Top Diagnosis and Disease Categories

- Top diagnoses by medical claim costs were diseases and disorders of the musculoskeletal system and connective tissue, representing 18% of all medical

claims. Disorders of the circulatory system represented the next highest cost at 14% of total claims.

- The top two therapeutic classes for pharmacy claim costs were antiviral (\$5.85 million) and anti-diabetic drugs (\$5.1 million), based on total ingredient costs.
- These two classes of drugs represented almost 27% of paid pharmacy claims.

Medical Utilization

- Fewer members in 2010 did not meet their deductible; 70% down from 74% in 2009.
- Just under 3% of HIRSP members accounted for 33% of paid claims in 2010.
- 449 individual members each had over \$50,000 in paid medical claims.
- The largest individual paid claim was \$259,443 for chronic ischemic heart disease.
- Average per member per month (PMPM) medical claims expense decreased by \$5 from \$565 in 2009 to \$560 in 2010.

Prescription Drug Utilization

- Prescription drug spending through the pharmacy benefit represented 32% of all claim costs.
- Physician administered drugs paid through the medical benefit represented another 6% of paid claims in 2010.
- Average pharmacy claims PMPM increased by \$5 to \$185 PMPM.
- Generic utilization increased to 72%, up from 70% in the previous year.

Future Considerations

In 2011, the HIRSP Authority will be implementing a medication management program with WellTrak, a MedTrak subsidiary, as well as evaluating the HIRSP diabetes chronic condition management program and considering alternative care and disease management programs. The Authority will also be undertaking a statewide marketing and outreach campaign geared towards raising awareness of the HIRSP Federal Plan. In addition, the Authority will be closely monitoring HIRSP enrollment and continuing to look for cost-saving plan changes that will help keep HIRSP as affordable as possible for Wisconsin residents.

The Authority will also be carefully monitoring its position during the implementation of federal healthcare reform in Wisconsin.

2010 State Data

Financial Reports

Financial Summary

Total retained equity decreased by \$13.7 million to \$13.7 million as of December 31, 2010. The decrease in retained equity is due to the policies passed by the board to spend down reserves as well as an increase in claims costs.

Total assets decreased by \$9.7 million or 18.7% during 2009 to \$41.9 million as of December 31, 2010. Cash and invested assets decreased \$10.1 million compared to December 2009, a 21% decrease. Drug rebate receivables increased \$242 thousand.

Total liabilities increased by \$4.1 million compared to December 31, 2009, increasing 17% from the prior year. Year-to-date aggregate liabilities for unpaid medical and drug claims were \$13.7 million, increased by \$3.2 million or 30% compared to 2009 year-to-date aggregate claim liabilities.

For the twelve months ended December 31, 2010, total net loss was \$13.7 compared to an \$8 million net loss for calendar year 2009. Year-to-date 2010 changes in income and expense include decreases in premium revenues, increases in insurer assessments, total medical losses, total pharmacy losses, administrative expenses, and non-operating revenues.

December 2010 year-to-date total operating revenue of \$112.5 million increased from 2009 by \$1.4 million or 1.2%. Net premium revenue of \$81.5 million year-to-date through December 2010 decreased by \$2.1 million or 2.5% compared to 2009 year-to-date. The decrease in premium revenue is primarily due to increased HIRSP membership offset by enrollment changes in the HIRSP benefit plans and the lower rates in 2010.

Total medical loss expense for the twelve months ended December 31, 2010 was \$87.2 million, increased by 5.6% from incurred medical losses in the twelve months ended December 31, 2009. Gross medical losses increased to \$116.1 million, an increase of \$4.9 million or 4.4% compared to December 2009.

Estimated liabilities for unpaid medical losses increased by \$4.1 million from December 2009 through December 2010. Estimated loss reserves were increased in 2010 to adjust for changes in expected loss experience. The decrease in loss reserve liability flows through revenues and expenses in the income statement, and results in increased incurred medical loss expense, increased total operating expense, and decreased reported net income.

Incurred pharmacy loss expense year-to-date in 2010 was \$35.8 million, reflecting a 2010 increase of \$3.2 million or 9.7% compared to December 2009 year-to-date total pharmacy loss expense. Aggregate incurred medical and pharmacy loss expense for the twelve months of 2010 was \$123.0 million, increased by \$7.8 million or 6.7% compared to aggregate medical and pharmacy loss expense of \$115.2 million for the twelve months of 2009.

Total administrative expenses and referral fees of \$6.8 million for the twelve months of 2010 increased by 2.1% compared to the same period in 2010.

Investment income for the twelve months ended December 31, 2010 was \$71 thousand decreased by \$184 thousand or 72% compared to the same period in 2009. The decreased investment income is due to decreased interest rate yield on lower cash deposits in 2010. Year-to-date 2010 total non-operating revenues are comprised of interest income and federal grant revenue net of miscellaneous expenses and increased \$785 thousand compared to year-to-date 2009. The increase in non-operating revenue is attributable to an increase in federal grant revenue offset by a decrease in interest income.

In 2010, the HIRSP Authority also received an unqualified audit opinion for its financial audit conducted by the Legislative Audit Bureau for the period January 1, 2009 through December 31, 2009.

Funding Sources

In addition to the detailed financial data presented in the report, the following table provides a high level overview of total HIRSP costs, average per member per month costs and average HIRSP premium over the last four years.

Funding Source Table in Annual Report				
	2007	2008	2009	2010
Average Number of HIRSP Members	17,582	16,374	16,458	17,683
*Total Plan Costs	\$171,086,040	\$154,855,744	\$145,760,632	\$160,775,581
** Average Annual Cost	\$9,778	\$9,459	\$8,887	\$9,118
Premium (Includes Subsidies Paid by Insurers and Providers)	\$105,667,247	\$96,105,543	\$91,013,992	\$88,814,852
** Average Annual Premium	\$6,039	\$5,871	\$5,551	\$5,037
Average Member Premium as Percent of Avg Member Costs	61.80%	62.10%	62.50%	55.20%

**Total plan costs equal total operating expenses (excluding subsidy costs) less non-operating income (with the exclusion of the federal grant funds for the subsidy program).*

*** Average annual cost and average annual premium revenue is calculated using the member months for each year.*

	CY 2009	CY 2010	Percent Change	PMPM 2009	PMPM 2010	Percent Change
Gross Claims (in millions)	\$147,423	\$158,512	7.52%	\$746.46	\$747.00	.07%

Claims to Premium Loss Ratios

The target loss ratio for HIRSP is 166.7%, which represents the statutory HIRSP funding formula of member premium funding totaling 60% of plan incurred losses. The loss ratio for 2010 was 178.5%, which resulted in a decrease in retained equity as discussed in the financial summary.

As the table also illustrates, HIRSP premium rates for HIRSP 1,000, 2,500, and 2,500 HSA are currently too low to adequately fund the plans' incurred claims, and premium rates for the remaining plans are too high relative to the plan's incurred claims. In effect, the premiums paid by the HIRSP 3,500 HSA, 5,000 and Medicare Supplement participants subsidized the adverse loss experience in the other plans.

For 2010, premium rates were adjusted, similar to 2009, with the hope of achieving better equity between the HIRSP plans. The goal is to have loss ratios for each benefit plan that more closely match a 60% member funding of incurred claims for the respective HIRSP plans.

Calendar Year 2010 Claims to Premium Loss Ratio					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
\$1,000	\$27,997,163	\$14,452,844	193.7%	\$1,379.51	\$712.14
\$2,500	87,537,545	44,336,731	197.4%	887.84	449.68
\$2,500 HSA	2,496,856	1,328,253	188.0%	755.94	402.14
\$3,500 HSA	4,390,242	3,383,881	129.7%	500.20	385.54
\$5,000	30,123,037	21,640,073	139.2%	438.79	315.22
Medicare Supplement	5,967,504	3,673,070	162.5%	499.12	307.22
Total	\$158,512,348	\$88,814,851	178.5%	\$749.19	\$419.78

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, 2011

Balance Sheet for the Years Ended December 31, 2010 and December 31, 2009

	HIRSP December 31, 2010	HIRSP December 31, 2009
ASSETS		
Current Assets:		
Cash and Cash Equivalents	\$ 18,398,110	\$ 48,483,979
Investments	2,757,730	-
Interest Receivable	56,785	-
Drug Rebates Receivable	2,739,674	2,497,421
Premiums Receivable	219,067	99,060
Claims Recoverable	359,205	490,315
Assessments Receivable	118,039	5,577
Intercompany Receivable (Payable)	29,438	-
Prepaid Items	6,348	6,512
Federal Grants Receivable	89,803	-
Total Current Assets	24,774,199	51,582,864
Noncurrent Assets:		
Investments	17,143,829	-
Capital Assets Net of Accumulated Depreciation	13,486	19,200
Total Noncurrent Assets	17,157,315	19,200
TOTAL ASSETS	\$ 41,931,514	\$ 51,602,064
LIABILITIES AND NET ASSETS		
Liabilities:		
Unpaid Medical Loss Liabilities	\$ 13,047,987	\$ 9,992,106
Unpaid Pharmacy Loss Liabilities	611,271	473,955
Unpaid Loss Adjustment Expenses	776,000	780,000
Unearned Premiums	10,868,590	10,727,074
Payments to Providers	1,647,247	1,379,298
Accounts Payable and Accrued Administrative Expenses	1,241,105	782,091
Total Liabilities	28,192,200	24,134,524
Net Assets:		
Invested in Capital Assets Net of Related Debt	13,486	19,200
Unrestricted	13,725,828	27,448,340
Total Net Assets	13,739,314	27,467,540
TOTAL LIABILITIES AND NET ASSETS	\$ 41,931,514	\$ 51,602,064

Statement of Revenues, Expenses, and Changes in Net Assets for the Years Ended December 31, 2010 and December 31, 2009

	HIRSP For the Year Ended December 31, 2010	HIRSP For the Year Ended December 31, 2009
OPERATING REVENUES		
Premiums	\$ 81,525,797	\$ 83,601,410
Insurers' Assessments	30,955,033	27,514,892
Total Operating Revenues	112,480,830	111,116,302
OPERATING EXPENSES		
Losses:		
Gross Medical Losses	116,070,719	111,181,402
Provider Contributions	(33,005,722)	(25,918,885)
Increase (Decrease) in Unpaid Medical Losses	4,100,766	(2,687,961)
Total Medical Losses	87,165,763	82,574,556
Gross Pharmacy Losses	35,671,813	32,523,666
Increase (Decrease) in Unpaid Pharmacy Losses	137,316	115,056
Total Pharmacy Losses	35,809,129	32,638,722
Total Losses	122,974,892	115,213,278
General and Administrative Expenses	6,725,423	6,630,362
Referral Fees	112,325	66,035
Total Operating Expenses	129,812,640	121,909,675
OPERATING LOSS	(17,331,810)	(10,793,373)
NONOPERATING REVENUES AND EXPENSES		
Federal Grant Revenue	3,536,213	2,561,169
Investment Income	71,280	255,702
Miscellaneous Income (Expense)	(3,909)	1,425
Total Nonoperating Income	3,603,584	2,818,296
CHANGE IN NET ASSETS	(13,728,226)	(7,975,077)
NET ASSETS		
Total Net Assets—Beginning of the Year	27,467,540	35,442,617
Total Net Assets—End of the Year	\$ 13,739,314	\$ 27,467,540

Member Activity Reports

Applications to HIRSP

In 2010, HIRSP received an average of 659 applications per month, an increase of over 53% from 2009. Average HIRSP applications per month have grown each year since 2007, with 2010 showing the most significant growth. The following is the average number of applications received per month from 2006 through 2010:

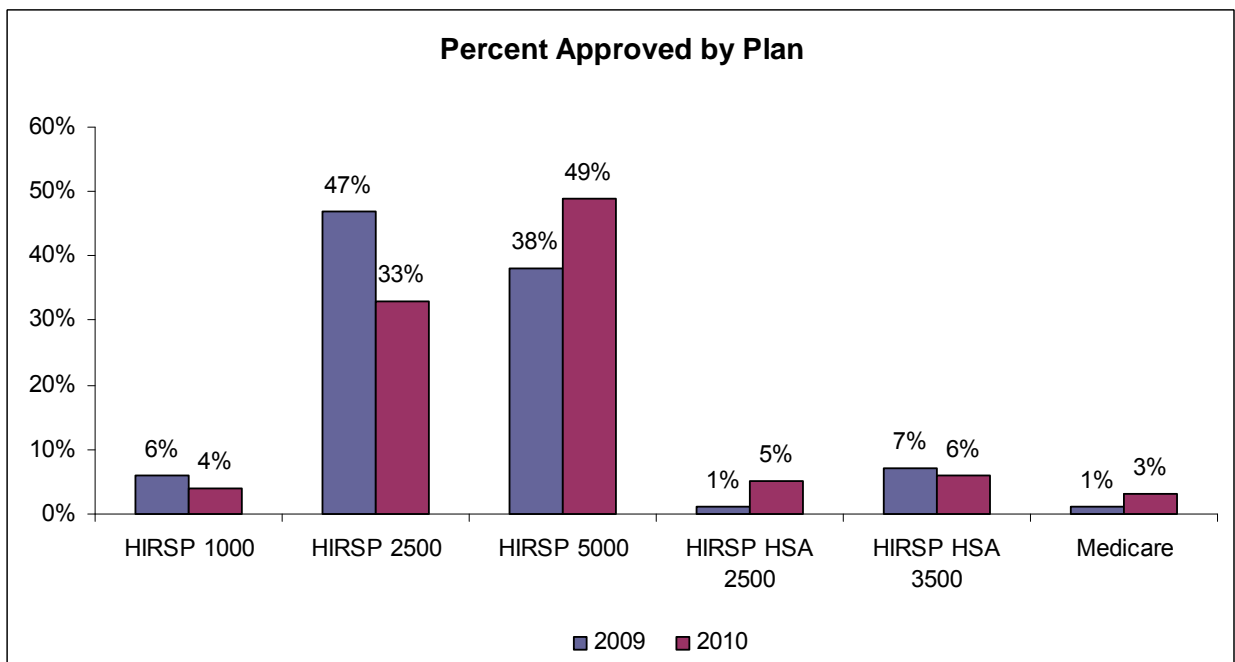
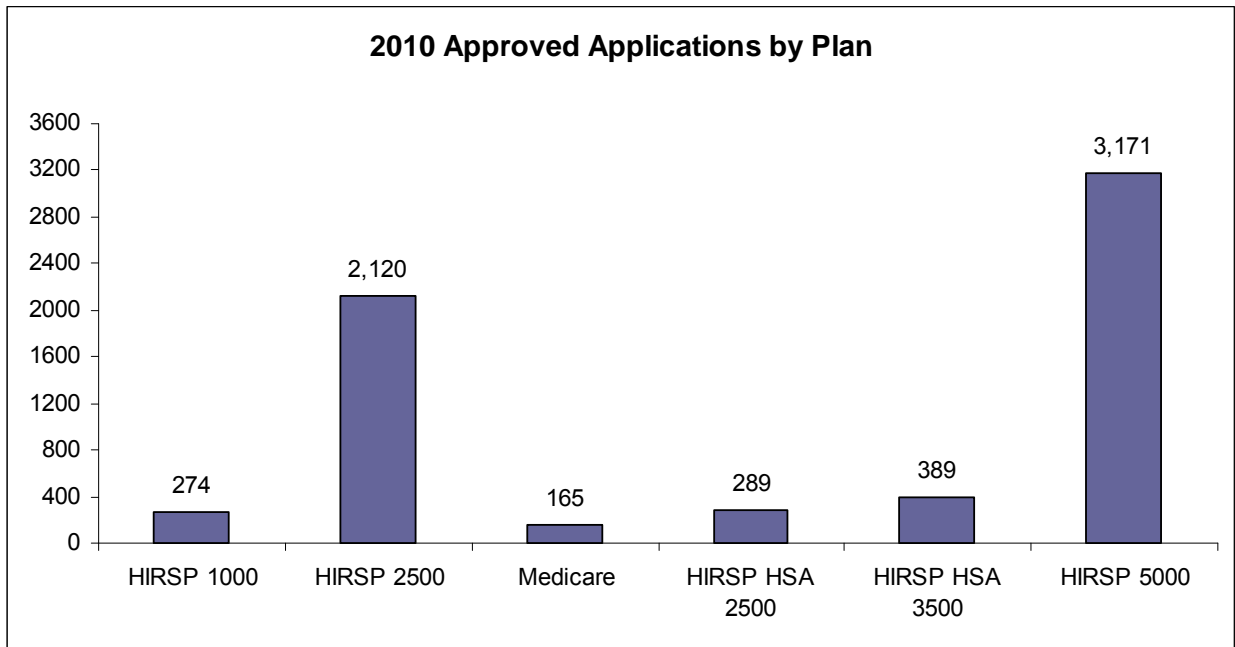
HIRSP MEMBER APPLICATIONS by YEAR

Year	Applications	
	Monthly Average	Total
2010	659	7,906
2009	430	5,155
2008	413	4,961
2007	389	4,667
2006	439	5,262
Total	466	27,951

The HIRSP 5,000 plan continued to experience significant growth in 2010, accounting for nearly 50% of all new HIRSP applications, up from 38% in 2009. Together, the HIRSP 2,500 and 5,000 plans accounted for 82% of all new applications in 2010.

HIRSP is the federal Health Insurance Portability and Accountability Act (HIPAA) qualifying plan for the state of Wisconsin. From 2006 through 2009, HIPAA enrollment in HIRSP continued to grow, accounting for 62% of all HIRSP applications in 2009. In 2010, the percent of HIPAA applications dropped slightly to 61%.

Providing evidence of medical uninsurability accounted for another 38% of applications. Individuals with HIV/AIDS and individuals qualifying for Medicare due to disability comprised the remaining new enrollment.



HIRSP lost membership in the HIRSP 1,000 plan in 2010, but gained membership in all other plans. As shown in the table below there is substantial “churning” in some plans, such as the 2,500 plan where 1,759 members left and 2,120 new members enrolled. Enrollment in the 2,500 plan as of the end of 2010 totaled 8,404 members. In 2010, 81% of all applications submitted were approved which is slightly higher than previous years.

Applications Approved and Disenrollments in 2010			
HIRSP Plans	Approved	Disenrolled	Net Difference
1,000	274	454	(180)
2,500	2,120	1,759	361
5,000	3,171	1,138	2,033
HSA 2,500	389	36	353
HSA 3,500	289	109	180
Med Supp	165	96	69
Total	6,408	3,592	2,816

Approval Rate			
	Applications	Approved	Approval Rate
2010	7,906	6,408	81%
2009	5,155	4,065	79%
2008	4,961	3,719	75%
2007	4,667	3,702	79%

Applicant Activity - Calendar Year 2010

A.	Medicare Eligible	52
B.	HIRSP and HIRSP Federal HIV +	38
C.	Eligible Individual	3,905
D.	HIRSP Letter of Medical Eligibility	2,448
E.	HIRSP Federal Letter of Medical Eligibility	322

1. HIRSP and HIRSP Federal Letter of Rejection By:

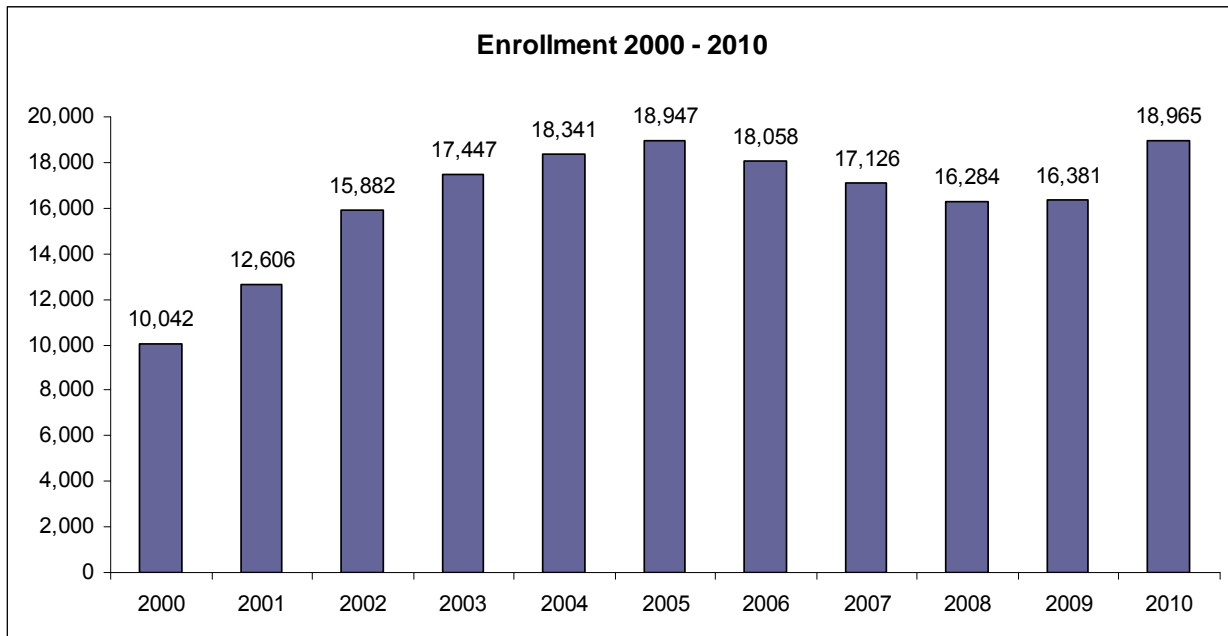
	<i>Alliance</i>	1
	<i>American Community Mutual Insurance</i>	1
	<i>American Family</i>	20
	<i>American Medical Security Group</i>	6
	<i>American National Life Insurance Company of Texas</i>	4
	<i>American Republic</i>	108
	<i>Arise</i>	51
	<i>Assurant Health</i>	239
	<i>Atrium Health</i>	1
	<i>Blue Cross & Blue Shield United of Wisconsin</i>	481
	<i>Celtic Life Insurance Company</i>	29
	<i>Central Reserve Life</i>	3
	<i>Continental General Ins Co</i>	2
	<i>Consumer Life Insurance</i>	1
	<i>Dean Health Plan</i>	61
	<i>Gilsbar Ins</i>	1
	<i>Golden Rule Insurance Company</i>	334
	<i>Group Health Cooperative</i>	8
	<i>Health Tradition Premier</i>	9
	<i>Humana Insurance Company</i>	435
	<i>Insurers Administrative Corporation</i>	8
	<i>John Alden Life Insurance</i>	1
	<i>Mega Life And Health Insurance</i>	6
	<i>Mid-West National Life Insurance Company of</i>	3
	<i>Pekin Life Insurance</i>	22
	<i>Physicians Mutual Insurance Company</i>	1
	<i>Physicians Plus Insurance</i>	8
	<i>Security Health Plan</i>	142
	<i>State Farm Mutual</i>	1
	<i>Trustmark</i>	1
	<i>United HealthCare Insurance</i>	1
	<i>Unity Health Plan</i>	14
	<i>Valley Health Plan</i>	1
	<i>Wisconsin Physicians Service Insurance</i>	748
	<i>World Insurance</i>	34
2.	<i>Notice of Benefit Reduction or premium increase</i>	3
Total		6,765

Demographics

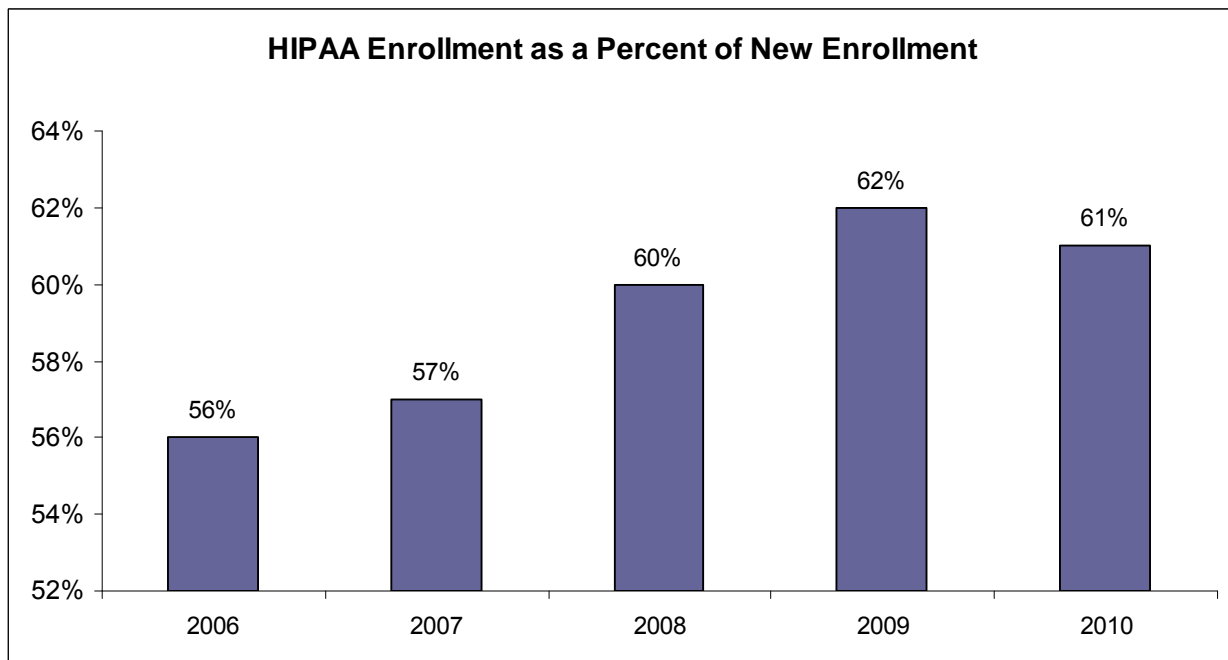
Enrollment

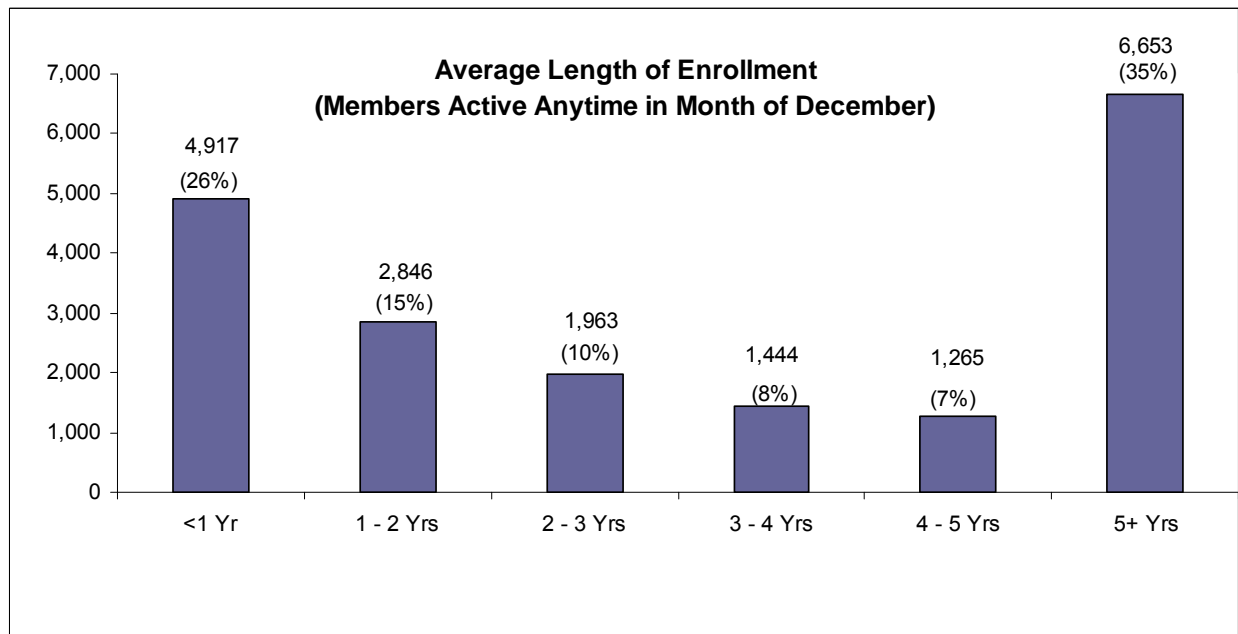
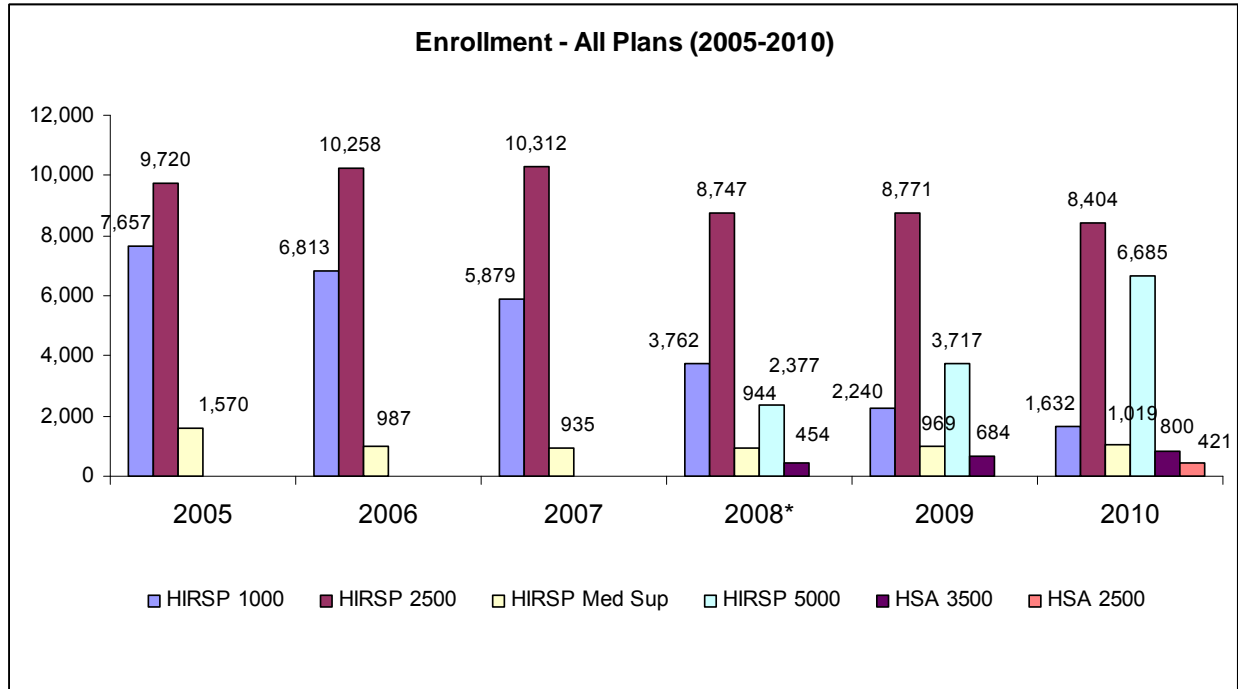
HIRSP’s enrollment increased significantly in 2010 from 16,381 members to 18,965 members, an increase of almost 16%. This level of enrollment has not been seen since 2005.

Over time, HIRSP enrollment has shifted from the low-deductible plan option to the high deductible options. This trend has continued through 2010 where now only 9% of HIRSP members remain in HIRSP 1,000, while 44% are in HIRSP 2,500 and 35% are in HIRSP 5,000.



Note: In first quarter 2008, 512 children left HIRSP to enroll in BadgerCare Plus. In 2009, approximately 500 more HIRSP members left HIRSP to enroll in BadgerCare Core Plan





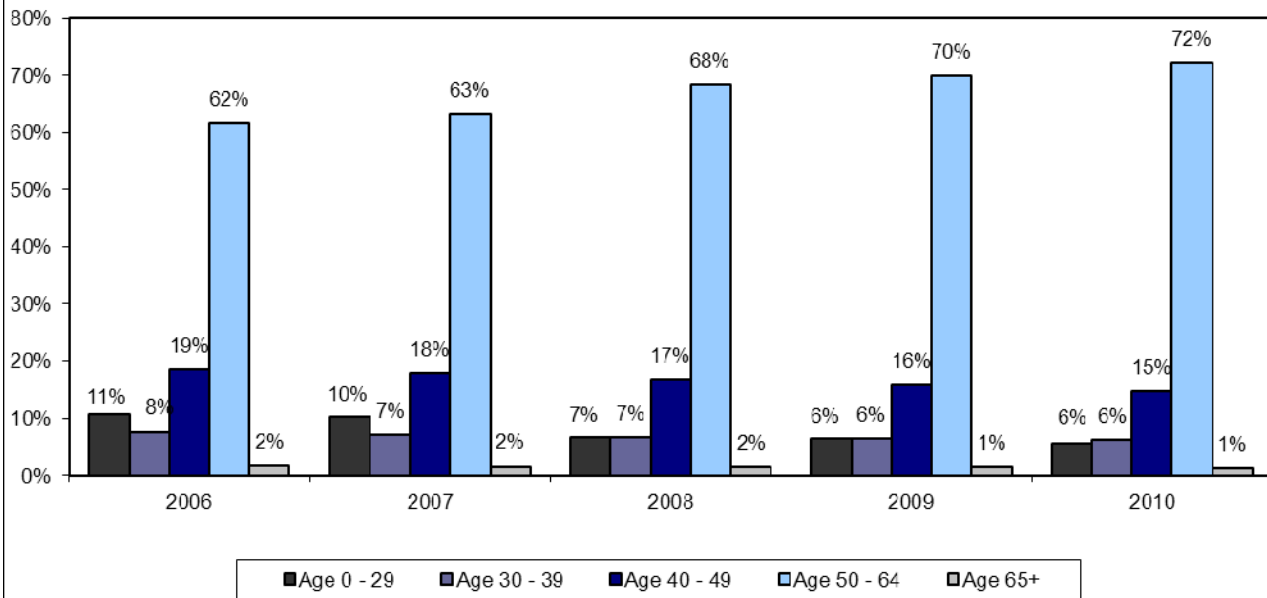
Most HIRSP members (60%) have been with HIRSP for a minimum of two years, although this is down from 67% in 2009 due to the large increase in enrollment in 2010.

Age

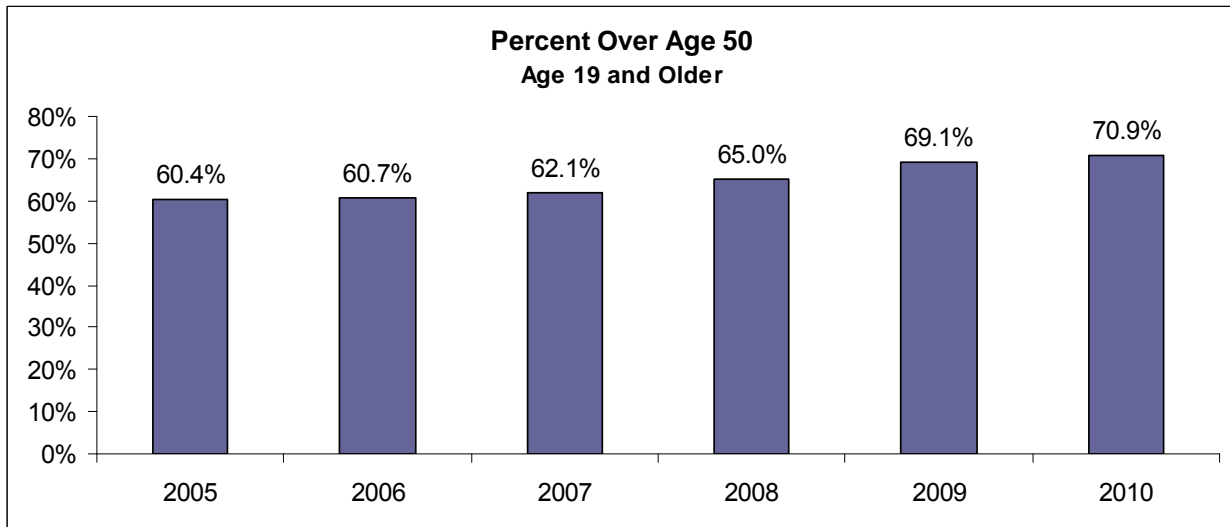
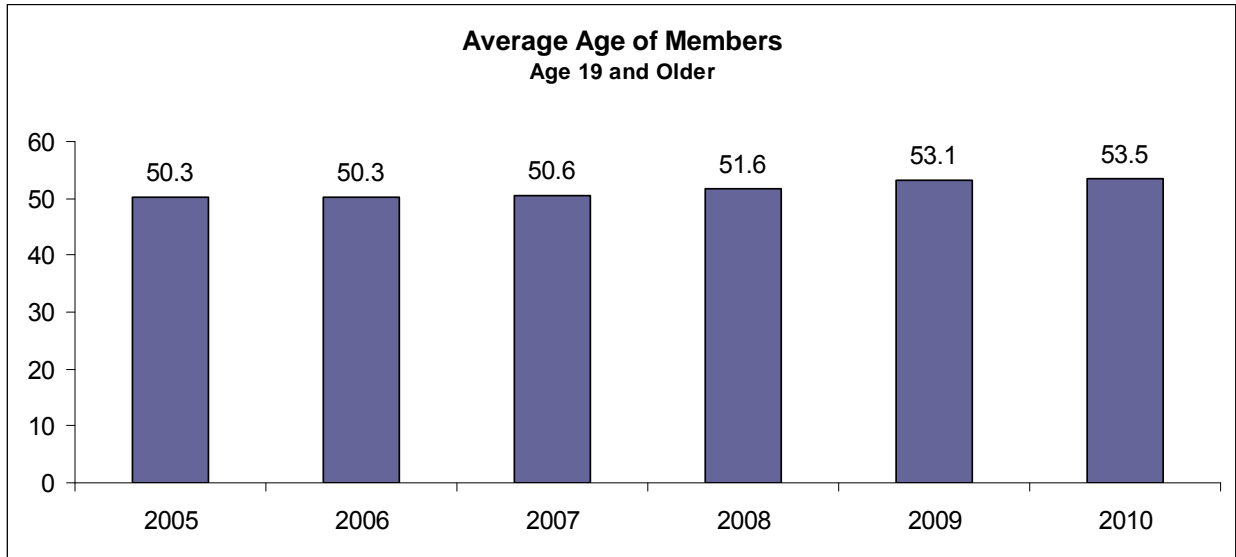
**Total Policies in Force by Plan and Age Group
as of December 31, 2010**

Age Band	HIRSP 1,000	HIRSP 2,500	HEALTH SAVINGS PLAN 2,500	HEALTH SAVINGS PLAN 3,500	HIRSP 5,000	HIRSP MED SUPP	TOTAL
0-24	86	226	5	16	110	2	445
25-29	165	338	16	6	88	9	622
30-34	142	267	7	17	86	23	542
35-39	127	285	15	24	135	35	621
40-44	128	477	28	39	247	58	977
45-49	237	858	30	71	511	101	1,808
50-54	225	1,380	80	130	913	163	2,891
55-59	234	1,920	109	199	1,617	219	4,298
60-64	286	2,655	131	298	2,976	171	6,517
65+	2	2	0	0	2	238	244
Total	1,632	8,408	421	800	6,685	1,019	18,965

Percent of Enrollment By Age Category



The average age of HIRSP members increased only slightly in 2010, indicating that the large number of new enrollees in 2010 share a similar age profile with overall HIRSP membership.



Member Subsidies for Premiums and Deductibles

Members are eligible for reduced premiums, deductibles and drug out-of-pocket costs if their annual household income in the previous calendar year was less than \$33,000. In 2008, low income subsidies were only available to HIRSP members with less than \$25,000 of household income. Prior to 2008, only HIRSP 1,000 members were eligible for subsidy, and only members with household income below \$20,000 qualified for the deductible discounts.

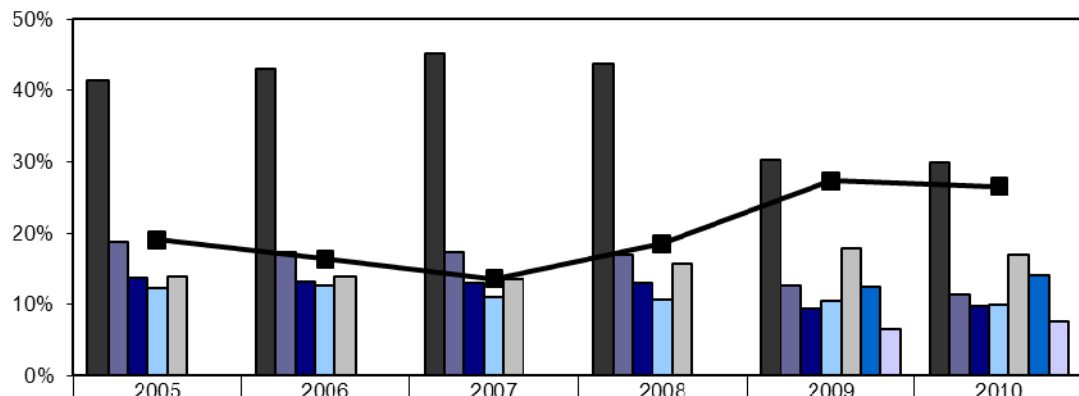
In 2007, the HIRSP Authority sought and obtained a statutory change that would allow for portability of low-income subsidy between plans. Coupled with indexing the low-income subsidy program based on the Consumer Price Index and increasing the household income threshold to \$33,000, the subsidy population grew 48% from 2008 to 2009. In 2010, HIRSP increased the annual income threshold to \$34,000. Almost 27% of all members were qualified for a low-income subsidy as of December 31, 2010, representing no change from the previous year.

The addition of two new income categories in 2009 resulted in a slightly more even distribution of subsidy members across incomes; however, the lowest income members still make-up the largest percentage of the subsidized population (30%) in 2009 and 2010. The percentage of members within each of the other income categories has fluctuated one percent or less between 2009 and 2010.

Additional detail can be found the table and graph on the following page.

Subsidy Enrollment as of December 31, 2010							
Subsidy Level Income Range	HIRSP 1,000	HIRSP 2,500	HIRSP 5,000	HSA 2,500	HSA 3,500	Med Supp	Total
Less than \$10,000	378	679	354	18	31	52	1,512
\$10,000 - \$13,999	77	282	128	6	14	67	574
\$14,000 - \$16,999	49	223	142	6	9	66	495
\$17,000 - \$19,999	43	203	164	7	10	79	506
\$20,000 - \$24,999	58	352	301	14	31	101	857
\$25,000 - \$29,999	43	327	244	17	25	53	709
\$30,000 - \$33,999	18	159	154	12	15	30	388
Total Subsidized Members	666	2,225	1,487	80	135	448	5,041
Total Plan Member at year End	1,632	8,408	6,685	421	800	1,019	18,965
Percent of All Subsidized Members	4%	12%	8%	0%	1%	2%	27%

**Percent Subsidized by Income Level
As of December 2010**



	2005	2006	2007	2008	2009	2010
< \$10,000	41%	43%	45%	44%	30%	30%
\$10,000 - \$13,999	19%	17%	17%	17%	13%	11%
\$14,000 - \$16,999	14%	13%	13%	13%	9%	10%
\$17,000 - \$19,999	12%	13%	11%	11%	11%	10%
\$20,000 - \$24,999	14%	14%	14%	16%	18%	17%
\$25,000 - \$29,999	N/A	N/A	N/A	N/A	13%	14%
\$30,000 - \$33,999	N/A	N/A	N/A	N/A	7%	8%
■ % Subsidized vs Total	19%	16%	14%	19%	27%	27%

Utilization and Costs

Calendar Year and Lifetime Benefit Use

The following charts illustrate HIRSP benefit usage during calendar years 2005 through 2010. In calendar year 2010, HIRSP paid over \$50,000 in benefits for 449 individual members, and \$10,000 or less for 17,601 individual members.

There were no HIRSP members that met their \$2,000,000 lifetime max in 2010; however, one member did exceed the previous cap of \$1,000,000. The member who exceeded the previous cap of \$1,000,000 incurred \$1,082,982 in claims during their lifetime of HIRSP coverage. The majority of these claims were for treatment of heart disease.

Benefit dollars paid represents the amount HIRSP paid on claims net of all applicable member deductible and coinsurance liability, and provider contribution amounts. Additional information on denied medical claims can be found in Appendix 3.

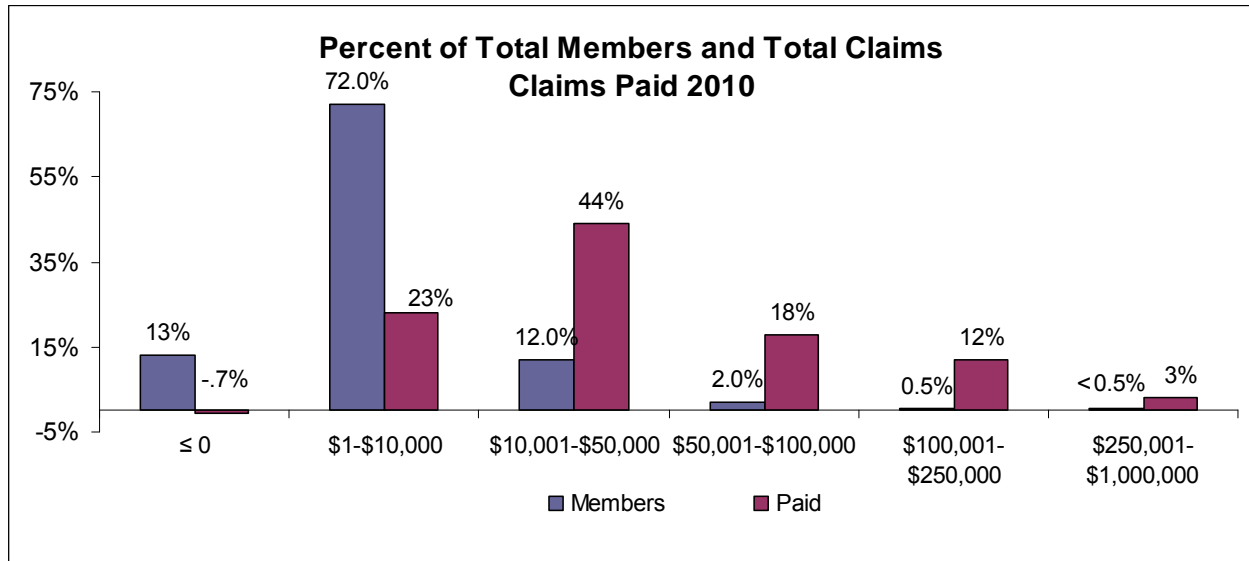
MEMBERS BY CLAIMS PAID

Claims Paid	Number of Members						
	2005	2006	2007	2008	2009	2010*	
Less Than or Equal To \$0	1,847	1,797	1,483	2,329	3,302	2,732	13%
\$1-\$10,000	16,505	16,792	15,603	14,083	12,746	14,869	72%
\$10,001-\$50,000	3,082	2,915	2,807	2,558	2,474	2,479	12%
\$50,001-\$100,000	325	356	309	268	310	327	2%
\$100,001-\$250,000	82	100	100	106	122	109	.5%
\$250,001-\$1,000,000	8	9	12	8	9	13	< .5%

Note: Claims shown on a paid basis include prior period recoveries that will show as less than zero.

HIRSP \$2 Million Lifetime Maximum Met	
Year	Number Members
2010	0
\$1 Million Lifetime Maximum Met	
Year	Number Members
2009	0
2008	1
2007	2
2006	1

The table below shows that just under three percent of members accounted for 33% of claims paid in 2010, a figure similar to 2009.



Note: Claims shown on a paid basis include prior recoveries that will show as less than zero.

Members Not Meeting Deductible

Although HIRSP members as a group are considered to be high-risk, many have health conditions that are currently under control with relatively low medical expenses. Other high-risk members have episodes of high costs, while a third subset of members require on-going and sometimes, very high cost treatment. Members with low medical costs or intermittent episodes of high costs help explain why many members still did not meet their deductible in 2010. Although the percentage of members meeting their deductible increased from 26% in 2009 to 30% in 2010, even while members were increasingly selecting higher deductible plans.

Year	Percent not Meeting Deductible
2010	70%
2009	74%
2008	73%

Members Not Meeting Deductible in 2010 By Age

Age Band	2010 Enrollees	Not Meeting Deductible		% Not Meeting Deductible By Age
		Count	%	
< 20	36	30	0%	83%
20-24	527	405	3%	77%
25-29	766	544	4%	71%
30-34	648	419	3%	65%
35-39	729	503	3%	69%
40-44	1,120	760	5%	68%
45-49	2,048	1,406	9%	69%
50-54	3,220	2,190	14%	68%
55-59	4,713	3,297	21%	70%
60-64	6,931	4,872	32%	70%
65+	1,382	953	6%	69%
Total	22,120	15,379	100%	70%

As expected, members meeting their deductible had significantly higher average medical claims costs than members not meeting their deductible. Members who did not meet their deductible also benefit from having prescription drug coverage. Over 68% of members utilized this benefit in 2010 with a per utilizing per member monthly cost of \$274.

Year	Deductible Met Medical PMPM	Deductible Not Met Medical PMPM
2010	\$1,434.51	\$121.57

Paid Claim Summary

By type of service, prescription drugs remain a very large cost driver for HIRSP. In 2010, HIRSP incurred over \$40 million in prescription drug claims representing approximately 32% of total claims, down from \$36 million in 2009. Adding medical claims for injectable drugs, brings total drug spending to just over \$47 million or 38% of total claim costs, an 8.8% increase over 2009.

HIRSP claims were highest for diseases and disorders of the musculoskeletal system and connective tissue (18% of total claims incurred) and diseases and disorders of the circulatory system (14%).

The following tables provide additional detail on claim costs by type of service, diagnosis and the top 20 claims paid in calendar year 2010.

TYPE OF SERVICE Medical and Pharmacy Claims Incurred 1/2010-12/2010 Paid thru 3/2011

Rank	Type of Service	Total Paid	% of Total
1	PRESCRIPTION DRUGS	\$40,070,551	32%
2	SURGERY	\$28,954,498	23%
3	OUTPATIENT FACILITY OTHER	\$10,981,870	9%
4	INPATIENT FACILITY OTHER	\$8,950,832	7%
5	RADIOLOGY	\$7,881,514	6%
6	INJECTABLE DRUGS	\$6,949,445	6%
7	PROFESSIONAL OTHER	\$5,943,793	5%
8	PATHOLOGY	\$3,838,563	3%
9	OFFICE VISIT	\$2,775,954	2%
10	PSYCH/ AODA	\$2,418,739	2%
11	DURABLE MEDICAL EQUIPMENT	\$1,625,597	1%
12	THERAPIES	\$1,436,281	1%
13	EMERGENCY ROOM	\$1,076,001	1%
14	ANESTHESIA	\$979,983	1%
15	AMBULANCE	\$460,324	< .5%
16	MATERNITY	\$248,881	< .5%
17	CHIROPRACTIC	\$184,193	< .5%
18	DENTAL	\$13,321	< .5%
	Total	\$124,790,341	

In 2010, the top three major diagnostic categories by medical claims cost were the same as in 2009. The fourth ranked diagnostic category in 2009 was “myeloproliferative diseases” (cancers) compared with “factors influencing health status” in 2010. Factors influencing health status include rehabilitation, after care, and diagnoses ranging from cancer screenings to general medical exam. Factors influencing health status was up nearly \$800,000 in 2010. Nervous, respiratory, skin, kidney and endocrine disorders made up the remainder of the top ten categories in both 2009 and 2010.

MAJOR DIAGNOSTIC CATEGORY
Medical Claims
Incurred 1/2010-12/2010 Paid thru 3/2011

Major Diagnostic Category	Total Paid	% of Total
MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	\$15,220,808	18%
CIRCULATORY SYSTEM	\$12,056,743	14%
DIGESTIVE SYSTEM	\$10,309,339	12%
FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES	\$5,414,193	6%
NERVOUS SYSTEM	\$4,899,339	6%
RESPIRATORY SYSTEM	\$4,834,492	6%
MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS	\$4,560,947	5%
SKIN, SUBCUTANEOUS TISSUE AND BREAST	\$4,278,492	5%
KIDNEY AND URINARY TRACT	\$3,700,279	4%
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS	\$2,764,314	3%
HEPATOBIILIARY SYSTEM AND PANCREAS	\$2,408,559	3%
MENTAL DISEASES AND DISORDERS	\$1,983,727	2%
INFECTIOUS AND PARASITIC DISEASES	\$1,961,085	2%
UNGROUPABLE	\$1,657,179	2%
EAR, NOSE, MOUTH AND THROAT	\$1,647,870	2%
BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL	\$1,646,031	2%
FEMALE REPRODUCTIVE SYSTEM	\$1,405,022	2%
EYE	\$1,271,373	2%
INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS	\$1,037,683	1%
MALE REPRODUCTIVE SYSTEM	\$880,233	1%
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	\$305,407	< .5%
ALCOHOL/DRUG USE AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS	\$165,897	< .5%
MULTIPLE SIGNIFICANT TRAUMA	\$158,490	< .5%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	\$149,127	< .5%
BURNS	\$3,161	< .5%
Total	\$84,719,789	

PATIENTS BY CONDITION
Incurred 1/2010-12/2010 Paid thru 3/2011

Condition*	Number of Patients	% of Enrollees
ENDOCRINE (inc. Diabetes)	2,370	11%
CARDIOVASCULAR DISORDERS	1,480	7%
DORSOPATHIES (Back Disorders)	1,248	6%
PSYCHIATRIC DISORDERS	1,217	6%
NEUROLOGICAL DISORDERS	927	4%
ARTHROPATHIES (Joint Disorders)	913	4%
CANCERS	884	4%
RESPIRATORY DISORDERS	483	2%
DIGESTIVE DISORDERS	409	2%
SENSORY DISORDERS (inc. Hearing and Vision)	298	1%
RENAL DISORDERS	286	1%
IMMUNE DISORDERS (inc. HIV)	233	1%
TRANSPLANT HISTORY	146	1%
CANCER HISTORY	139	1%
STROKE & CEREBROVASCULAR DISORDERS	116	1%
BLOOD DISORDERS	18	0%
HIGH RISK PREGNACY	11	0%

*Must have at least three medical claims with diagnosis

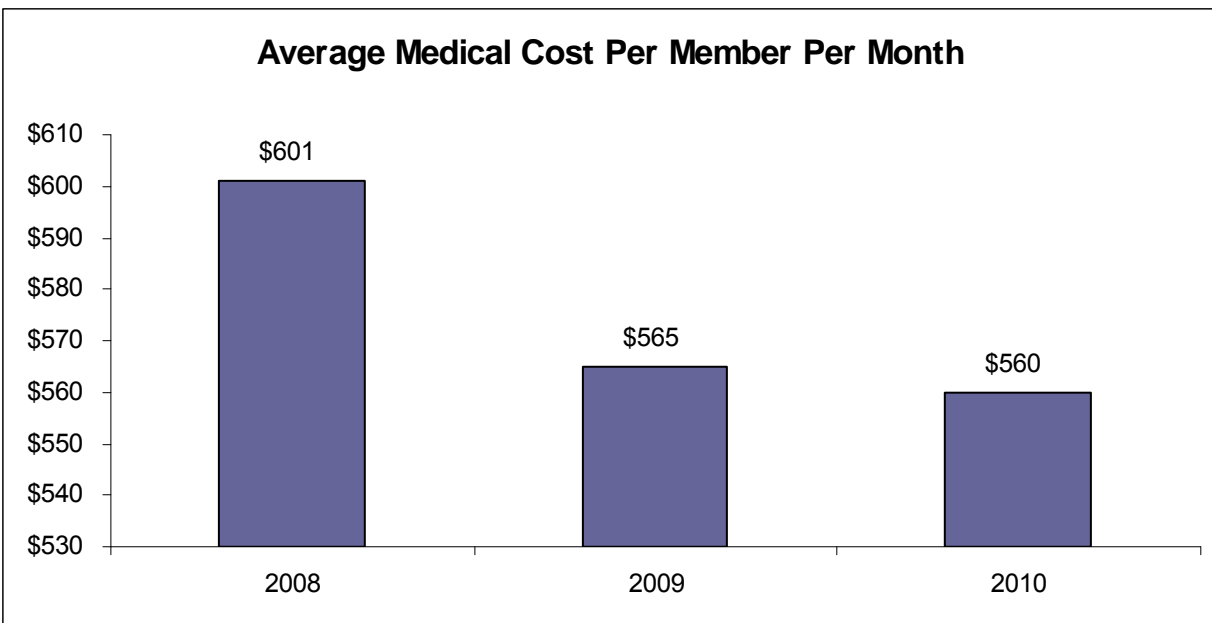
TOP 20 PAID CLAIMS
Incurred 1/2010-12/2010 Paid thru 3/2011

Major Diagnostic Category	Diagnosis	Amount Paid
CIRCULATORY	CHR ISCHEMIC HRT DIS NEC	\$259,443
NERVOUS SYSTEM	BRAIN LACER NEC-COMA NOS	\$224,355
INJURIES, POISONING	HEMORRHAGE COMPLICATING A PROC	\$179,895
INFECTIONS	STAPHYLOCOCC AUREUS SEPTICEMIA	\$179,895
INFECTIONS	STAPHYLOCOCC AUREUS SEPTICEMIA	\$179,895
CIRCULATORY	SYSTOLIC HEART FAILURE ACUTE O	\$174,069
CIRCULATORY	COMP NEC D/T HRT DEV NEC	\$156,294
RESPIRATORY	POSTINFLAM PULM FIBROSIS	\$119,910
CIRCULATORY	CHR ISCHEMIC HRT DIS NEC	\$115,756
CIRCULATORY	COMPL HEART TRANSPLANT	\$115,756
MULTIPLE TRAUMA	FRACTURE ACETABULUM-CLOS	\$111,757
INFECTIONS	E COLI SEPTICEMIA	\$111,444
CIRCULATORY	SYSTOLIC/DIASTOLIC HRT FAIL AC	\$110,242
BLOOD	SPLEEN CAPSULAR TEAR	\$105,095
MUSCULOSKELETAL	LUMB/LUMBOSAC DISC DEGEN	\$103,384
LIVER, PANCREAS	ALCOHOL LIVER DAMAGE NOS	\$100,908
RESPIRATORY	CYSTIC FIBROSIS PULMONARY MANI	\$94,123
RESPIRATORY	POSTINFLAM PULM FIBROSIS	\$92,935
SPINE, BONE MARROW	MULTIPLE MYELOMA W/O REMISSION	\$90,892
RESPIRATORY	ACUTE & CHRONIC RESPIRATORY FA	\$85,849

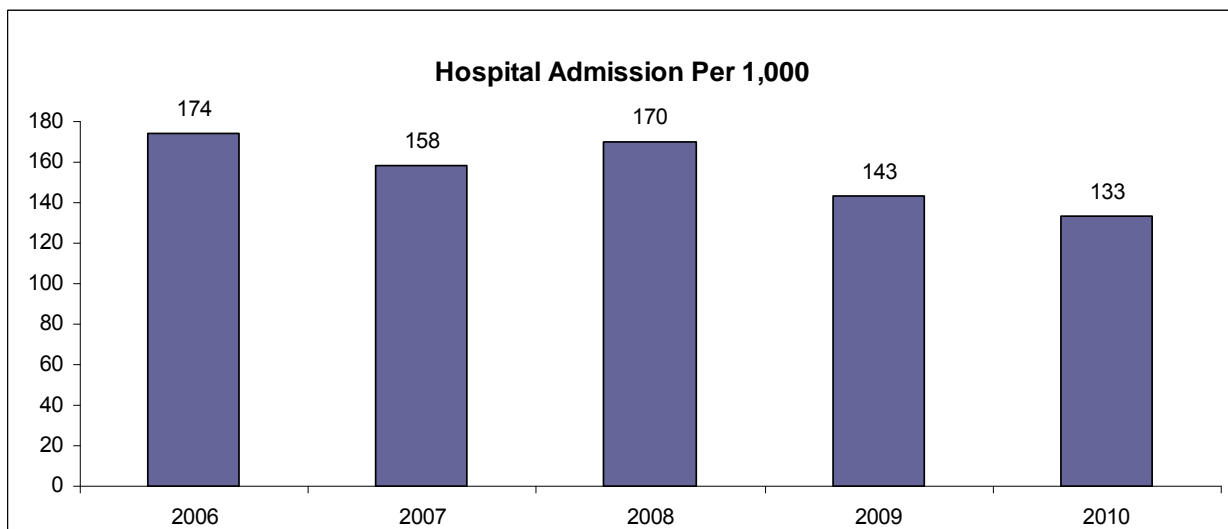
Utilization Metrics

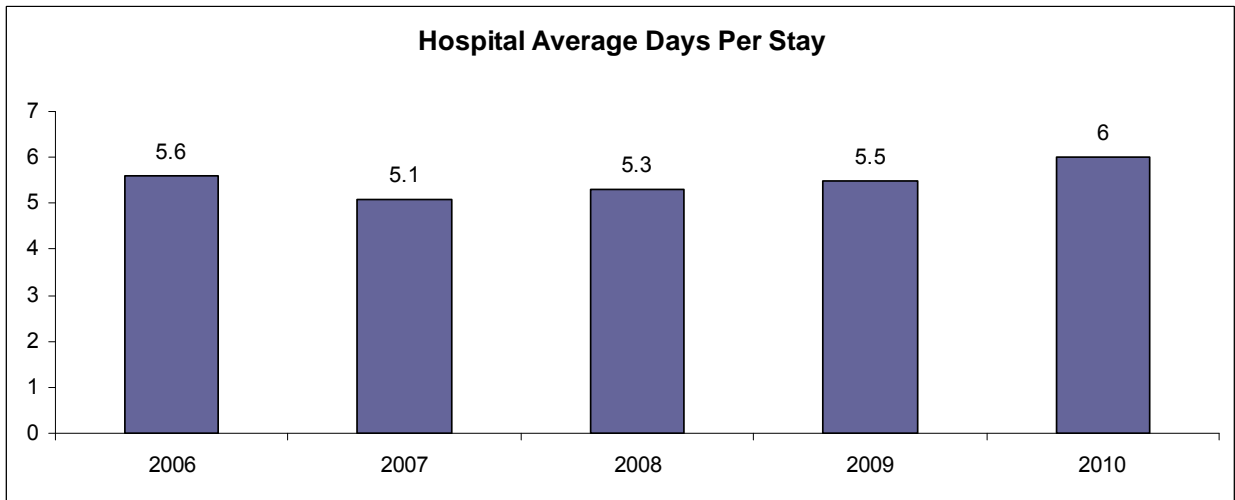
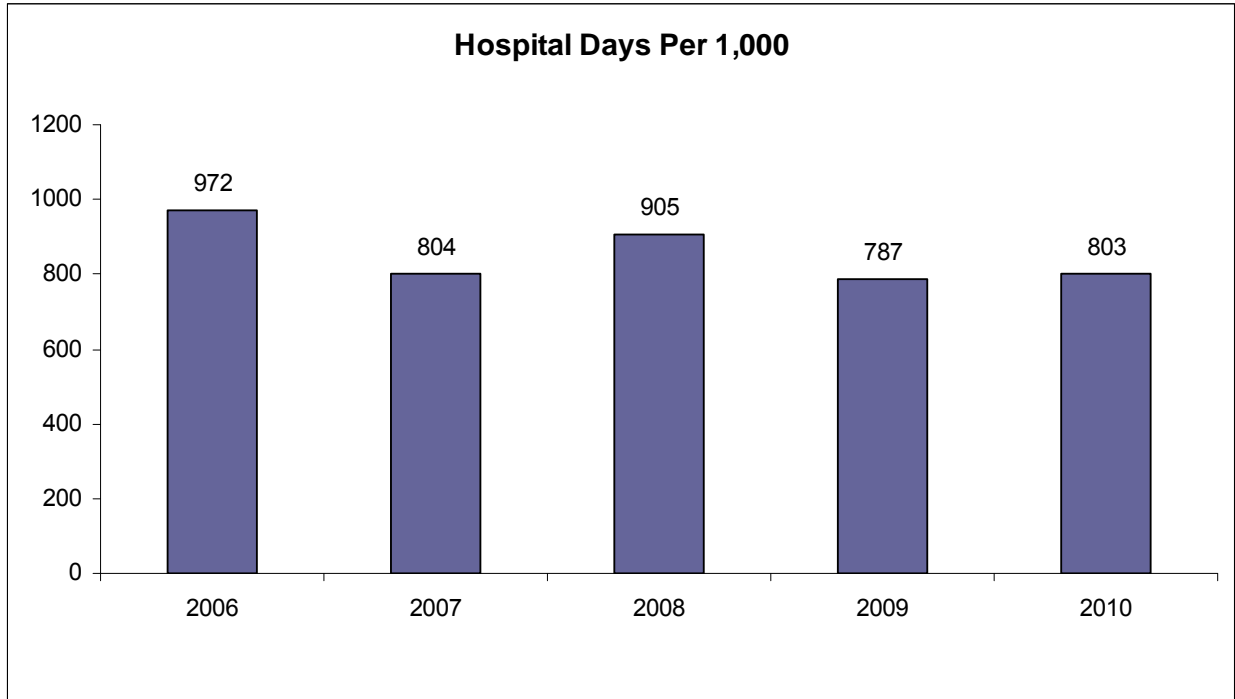
The following tables represent various utilization metrics. Most of these metrics were relatively stable in 2010. The average medical cost per member per month dropped slightly to \$560 in 2010.

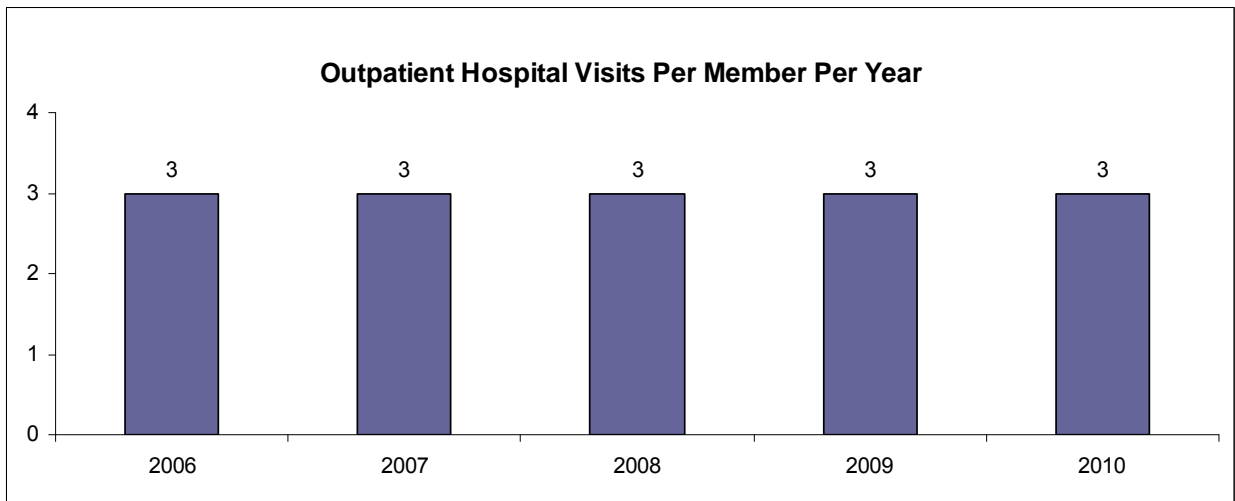
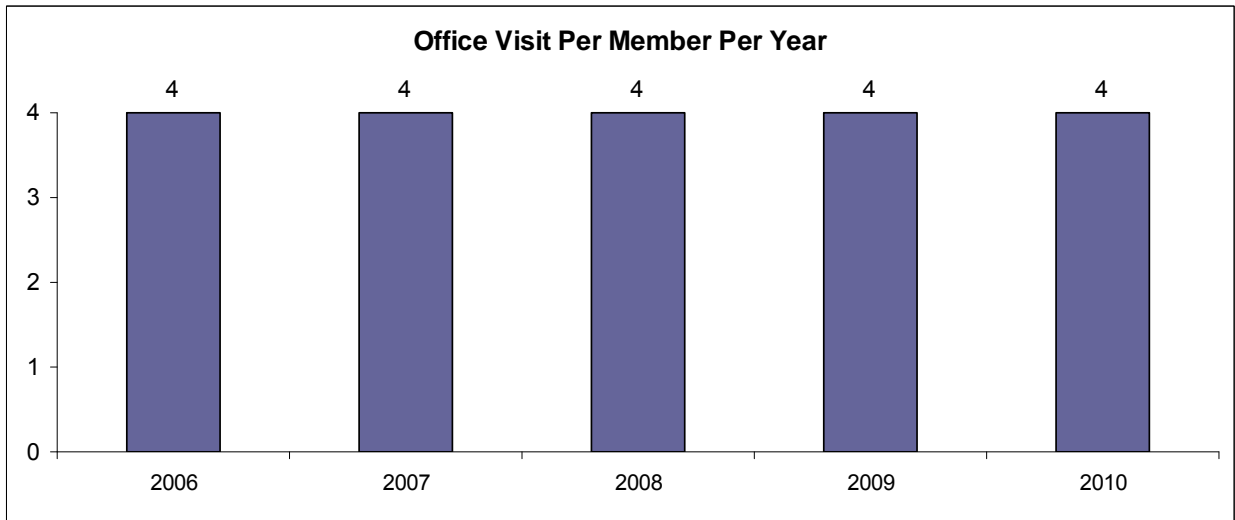
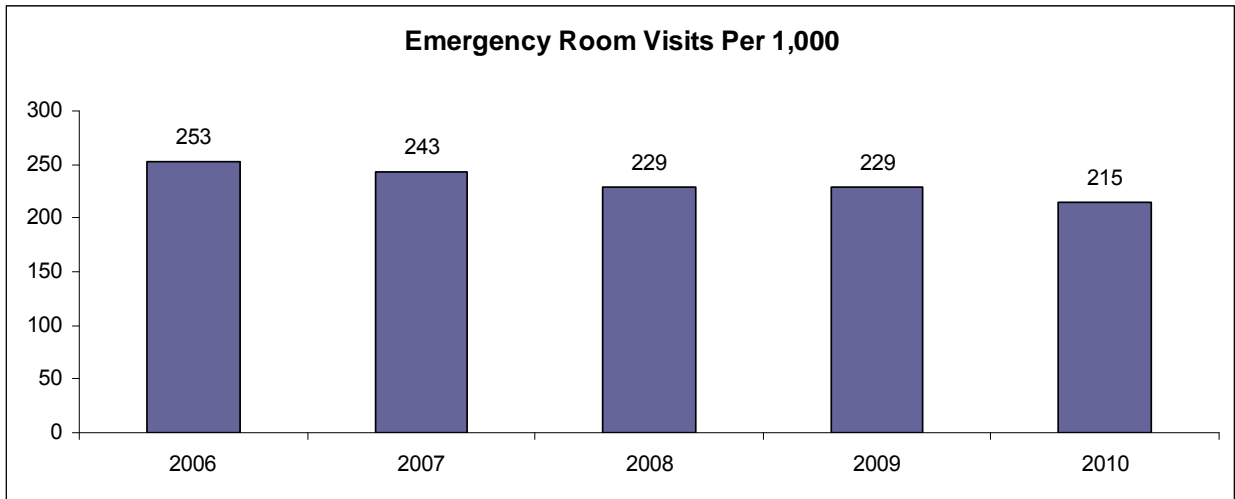
In 2010, hospital admissions per 1,000 decreased from 143 to 133, hospital days per thousand were up to 803 from 787, and hospital average days per stay were up from 5.5 to 6. These findings suggest that fewer members were hospitalized in 2010, but those that were hospitalized had more intensive stays. Per Member Per Month medical claims cost and emergency room utilization were again down in 2010 compared to the previous year. Office and outpatient visits per 1,000 members have remained unchanged for the last five years.



Note: HIRSP U&C Cost (Includes Provider Contribution)



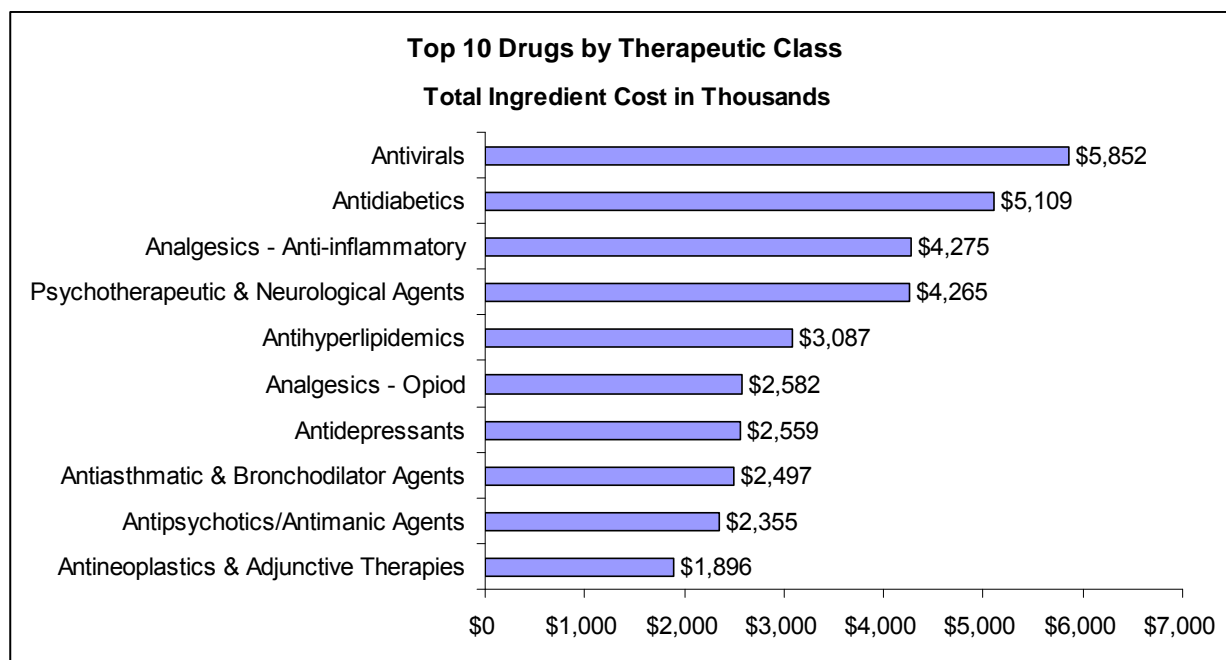




Drug Expenditures by Class

In 2010, the top three classes of drugs by total expenditures were antiviral, diabetic, and analgesic/anti-inflammatory medications. These were also the top three classes in 2009. As a percentage of all prescriptions filled, cholesterol (9.8%), antidepressant (7.9%) and anti-diabetic (7.7%) medications were the most frequently prescribed drugs in 2010. The top 10 therapeutic classes accounted for almost 64% of total drug spend in 2010.

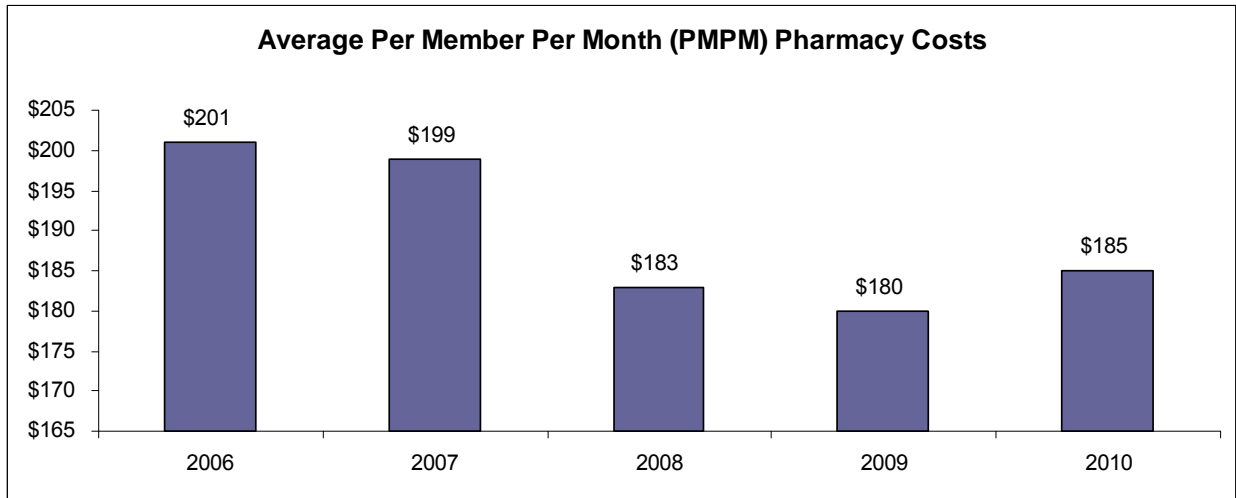
2010 saw continued success in efforts to encourage appropriate utilization of generic alternatives when available. Generic utilization was 72% in 2010 compared to 70% in 2009.



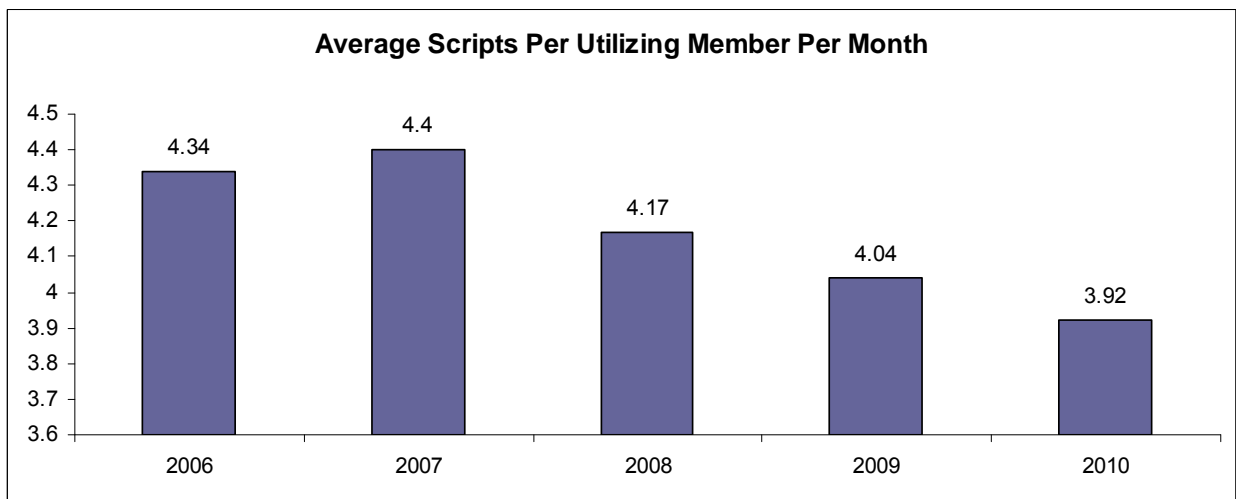
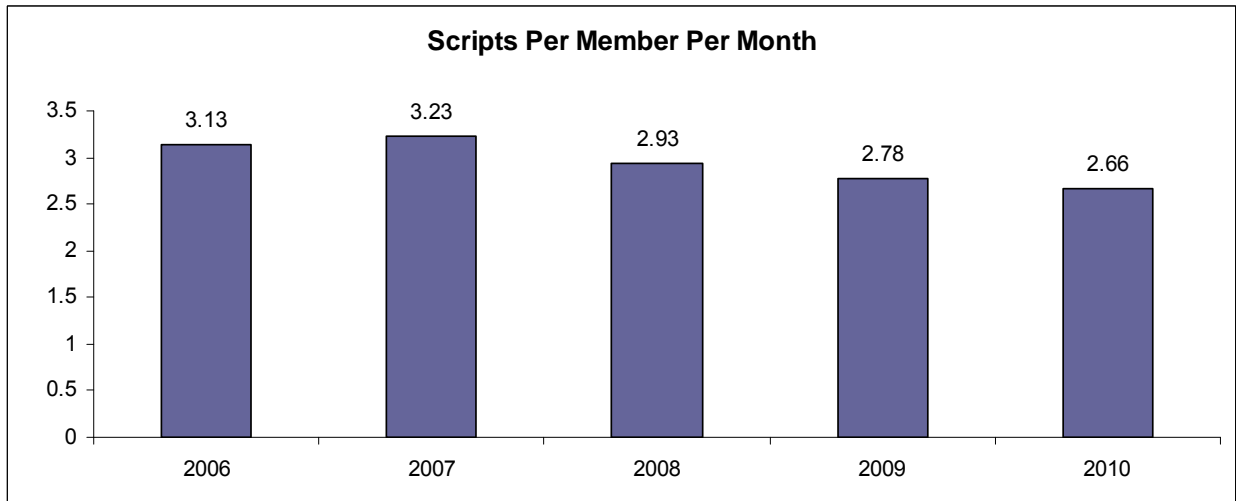
Top 10 Drugs by Therapeutic Class

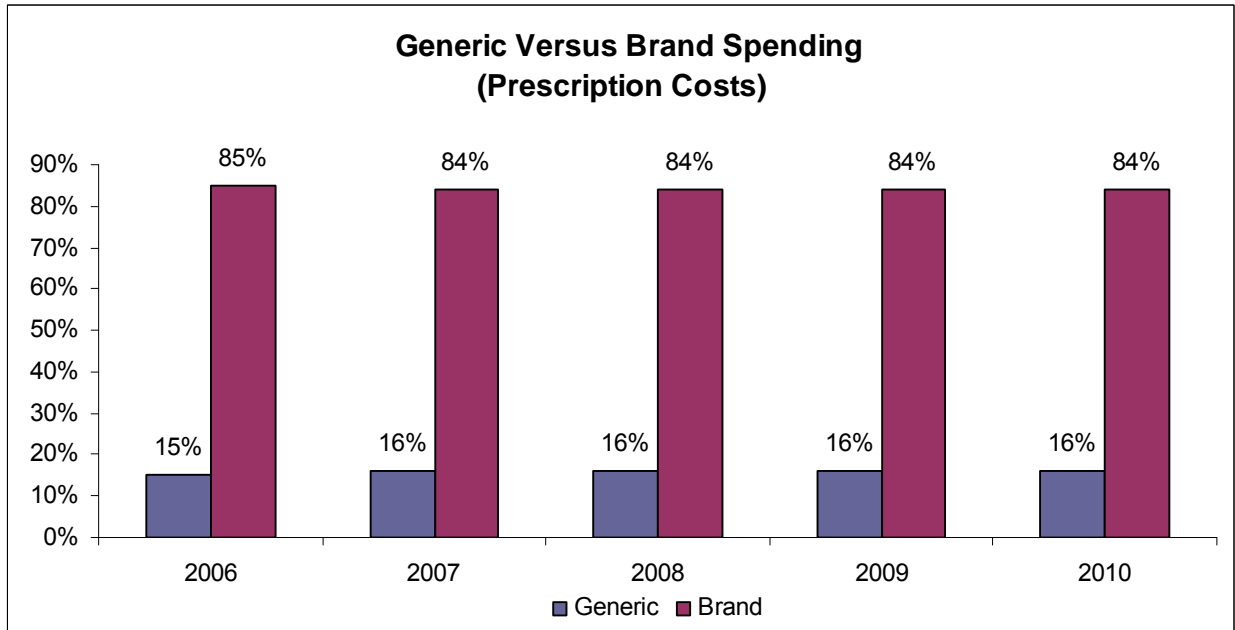
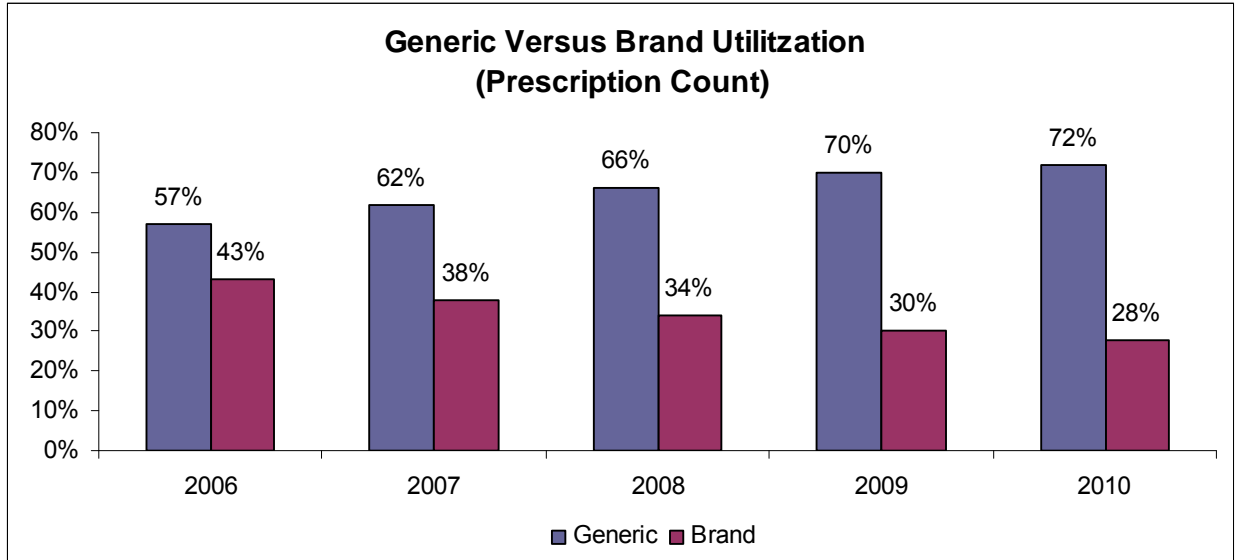
Drug Category	Description/Use
Antivirals	Antibiotics, HIV/AIDS
Antidiabetics	Diabetic Agents
Analgesics - Anti-Inflammatory	Reduce Pain, Fever and Inflammation
Psychotherapeutic and Neurological Agents	Brain Function Disorders, Alzheimers Disease
Antihyperlipidemics	High Cholesterol, Lipid Lowering
Analgesics - Opioid	Pain Relief
Antidepressants	Depression
Antiasthmatic and Bronchodilator Agents	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
Antipsychotics/Antimanic Agents	Antianxiety
Antineoplastics and Adjunctive Therapies	Inhibit the Development of Tumors

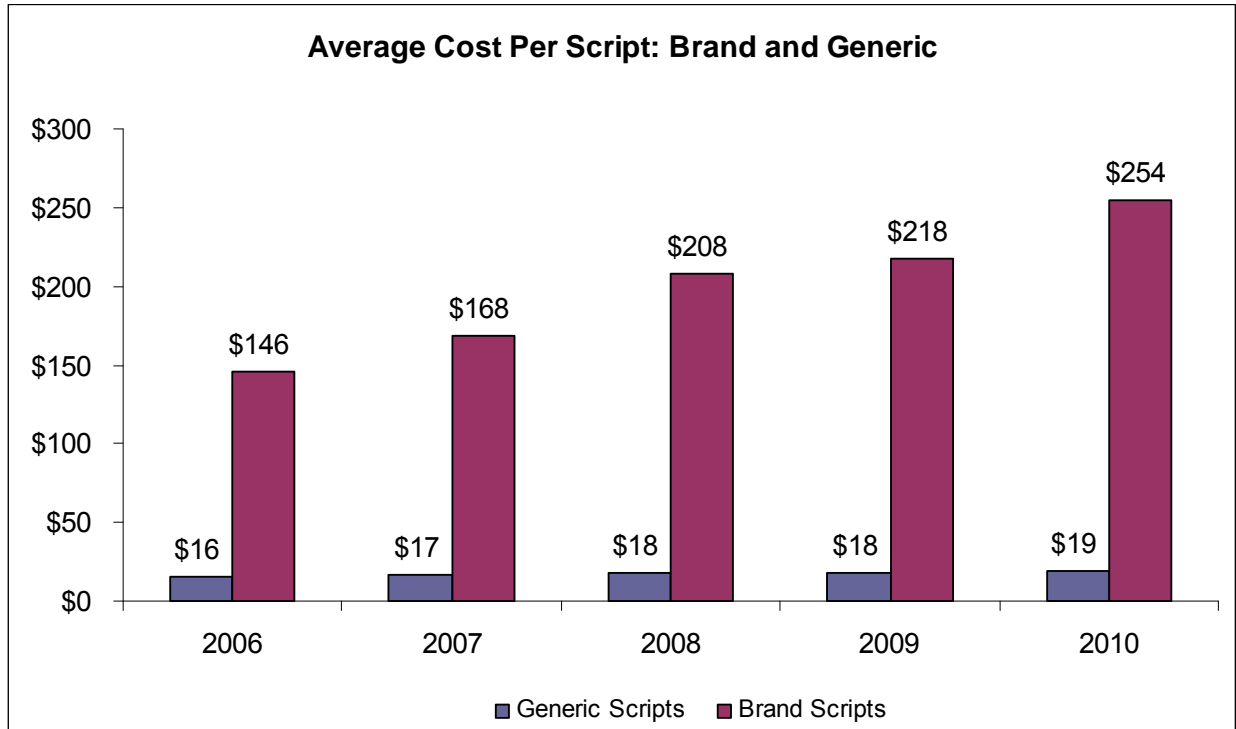
Pharmacy Utilization Metrics



Note: The PMPM figures do not reflect rebates, which offset pharmacy claims costs.







Even with higher generic utilization, brand name drugs still account for 84% of total drug spending which has been true for the last four years. This is due in part to relatively flat costs for generic drugs but increasing costs for brand name prescription drugs.

Appeals and Grievance Reports

Grievances and appeals were both down in 2010 compared to 2009. Grievances are down 7% and appeals are down 48%. The types of grievances and appeals stayed consistent in 2010, with “plan administration” being the most common in each year. For example, a plan administration appeal in 2010 questioned the HIRSP payment for an out-of-state claim. For these claims, HIRSP pays its standard rate and if the provider is not Wisconsin Medicaid certified, the member may be balanced billed the difference between the billed amount and the HIRSP payment.

Grievance

<u>Type of Grievance</u>	<u># of Grievances</u>
Drug & Drug Formulary	6
Enrollment/Eligibility Requirements	6
Not Covered Benefit	71
Not Medically Necessary	68
Plan Administration	261
Prior Authorization	12
Experimental Treatment	15
Billing/Claim Processing	6
Other	28
<u>Grievance Committee Decision</u>	
Closed Prior to Committee	34
Approved	261
Upheld Denial	156
Partial Approval	22
Total Grievances Received	473

Appeal

<u>Type of Appeal</u>	<u># of Appeals</u>
Drug & Drug Formulary	1
Enrollment/Eligibility Requirements	1
Experimental Treatment	1
Not Medically Necessary	7
Plan Administration	8
Not Covered Benefit	7
Prior Authorization	2
Billing/Claim Processing	1
<u>Appeal Committee Decision</u>	
Closed Prior to Committee	0
Approved	14
Upheld Denial	12
Upheld Denial with IRO Rights	9
Partial Approval	2
Total Appeals Received	28

Requests for reviews by an independent review organization (IRO) continued to go down in 2010. The four requests in 2010 were for review of:

1. Sacroplasty/Osteoplasty (surgey) – reviewed for medical necessity
2. Tysabri Infusion Therapy – reviewed for medical necessity
3. Spinal Fusion Surgery – reviewed for medical necessity
4. Gemcitabine 7 Oxaliplatin – reviewed as experimental

HIRSP Cumulative IRO Activity

	2007	2008	2009	2010		2007	2008	2009	2010
IRO Requests	11	5	6	4	IRO Fees	\$7,295	\$3,425	\$3,925	\$3,095
Ineligible Requests	1	0	0	0	Benefits Paid	0	\$930	\$6,578	\$18,322
Overturned	1	1	3	4					
Upheld	9	4	3	0					
Eligible Requests	10	5	6	4	Case Costs	\$7,295	\$4,355	\$10,503	\$21,417

2010 Federal Data

Financial Reports

Financial Summary

As of July 2, 2010 the HIRSP Authority entered into contract with the United States Department of Health and Human Services to establish a temporary high risk health insurance pool. The temporary risk pools were created under Section 1101 of Title I of the Patient Protection and Affordable Care Act of 2010. These activities are referred to as the HIRSP Federal Plan.

The 2010 financial statements for the HIRSP Federal Plan are included in the following pages. The HIRSP Federal Plan in 2010 was utilizing Medicaid rates to reimburse providers for medical services. The majority of the administrative costs incurred in 2010 were the result of costs associated with the implementation of the pool.

The HIRSP Authority derives the funding for the HIRSP Federal Plan through insurance policy premiums paid by HIRSP Federal Plan members. The HIRSP Federal Plan costs not supported by premiums are funded through the federal contract entered into with the United States Department of Health and Human Services. During 2010 the costs that were not supported by premiums were almost \$957,000.

Funding Sources

In addition to the detailed financial data presented in the report, the following table provides a high level overview of total HIRSP Federal plan costs, average per member per month costs and average HIRSP Federal Plan premium for 2010. Premiums in effect as of August 1, 2010 are included in Appendix 2.

Federal Funding Source Table	
	2010
Average Number of HIRSP Members	186
*Total Plan Costs	\$1,255,253
** Average Annual Cost	\$16,025
Premium	\$298,695
** Average Annual Premium	\$3,813
Average Member Premium as Percent of Average Member Costs	23.8%

*Total plan costs equal total operating expenses

**Average annual cost and average premium revenue is calculated using the member months for the year.

Claims to Premium Loss Ratios

As the table illustrates, the premium rate for the HIRSP Federal plans do not adequately cover claim costs, but there is considerable variation across plans. On the highest deductible plan, premiums cover 68% of claim costs, this compares to only 28% for the 2,500 deductible plan and 38% for the \$500 deductible plan. Due to the small number of people enrolled in the plan an individual with large claims can make a significant impact on the loss ratio experience for the plan.

Calendar Year 2010 Claims to Premium Loss Ratio					
Plan	Total Dollars			Per Member Per Month	
	Incurred Claims	Earned Premium	Loss Ratio	Incurred Claims	Earned Premium
\$500 Deductible	\$110,835	\$41,742	265.5%	\$833.34	\$313.85
\$1000 Deductible	89,561	56,454	158.6%	563.28	355.06
\$2500 Deductible	279,242	78,752	354.6%	1,074.01	302.89
\$3500 Deductible	177,910	121,747	146.1%	458.53	313.78
Total	\$657,548	\$298,695	220.1%	\$699.52	\$317.76

NOTE: Loss Ratio = Incurred Claims / Earned Premiums

Administrative Expenses are not included in this exhibit.

Incurred Claims and Earned Premiums are updated quarterly and restated to reflect the most current current information available as of March 31, 2011

NOTE: Medical claims are paid at Medicaid provider rates and are estimated to be 52% of HIRSP provider payment rates.

Balance Sheet for the Year Ended December 31, 2010

HIRSP Federal
December 31, 2010

ASSETS

Current Assets:

Cash and Cash Equivalents	\$ 201,129
Drug Rebates Receivable	6,014
Premiums Receivable	1,756
Claims Recoverable	2,042
Intercompany Receivable (Payable)	(29,438)
Federal Contract Receivable	200,747
Total Current Assets	382,250

TOTAL ASSETS **\$ 382,250**

LIABILITIES

Liabilities:

Unpaid Medical Loss Liabilities	\$ 207,947
Unpaid Pharmacy Loss Liabilities	4,855
Unpaid Loss Adjustment Expenses	13,000
Unearned Premiums	129,151
Payments to Providers	10,953
Accounts Payable and Accrued Administrative Expenses	16,344

TOTAL LIABILITIES **\$ 382,250**

As of July 2, 2010, the HIRSP Authority entered into contract with the United States Department of Health and Human Service to establish the federal temporary high risk health insurance pool. The first policies issued for this program had an effective date of August 1, 2010.

Statement of Revenues, Expenses, and Changes in Net Assets for the Year Ended December 31, 2010

	HIRSP Federal For the Year Ended December 31, 2010
OPERATING REVENUES	
Premiums	\$ 298,695
Federal Contract Revenue	956,558
Total Operating Revenues	1,255,253
OPERATING EXPENSES	
Losses:	
Gross Medical Losses	352,381
Increase (Decrease) in Unpaid Medical Losses	207,947
Total Medical Losses	560,328
Gross Pharmacy Losses	101,494
Increase (Decrease) in Unpaid Pharmacy Losses	4,855
Total Pharmacy Losses	106,349
Total Losses	666,677
General and Administrative Expenses	586,176
Referral Fees	2,400
Total Operating Expenses	1,255,253
OPERATING LOSS	-

As of July 2, 2010, the HIRSP Authority entered into contract with the United States Department of Health and Human Service to establish the federal temporary high risk health insurance pool. The first policies issued for this program had an effective date of August 1, 2010.

HIRSP FEDERAL PLAN APPLICATION ACTIVITY

The HIRSP Federal Plan received 547 applications in 2010. Nearly 67% of the applications were approved, as compared to over 80% in HIRSP. The lower approval rate appears to be due in large part to the six month uninsured eligibility criteria of the Federal Plan. In other words, individuals who submit applications have not been uninsured for six months. Some of these individuals may subsequently enroll in HIRSP, which does not have the six month requirement. There were very few disenrollments from the Federal Plan in 2010.

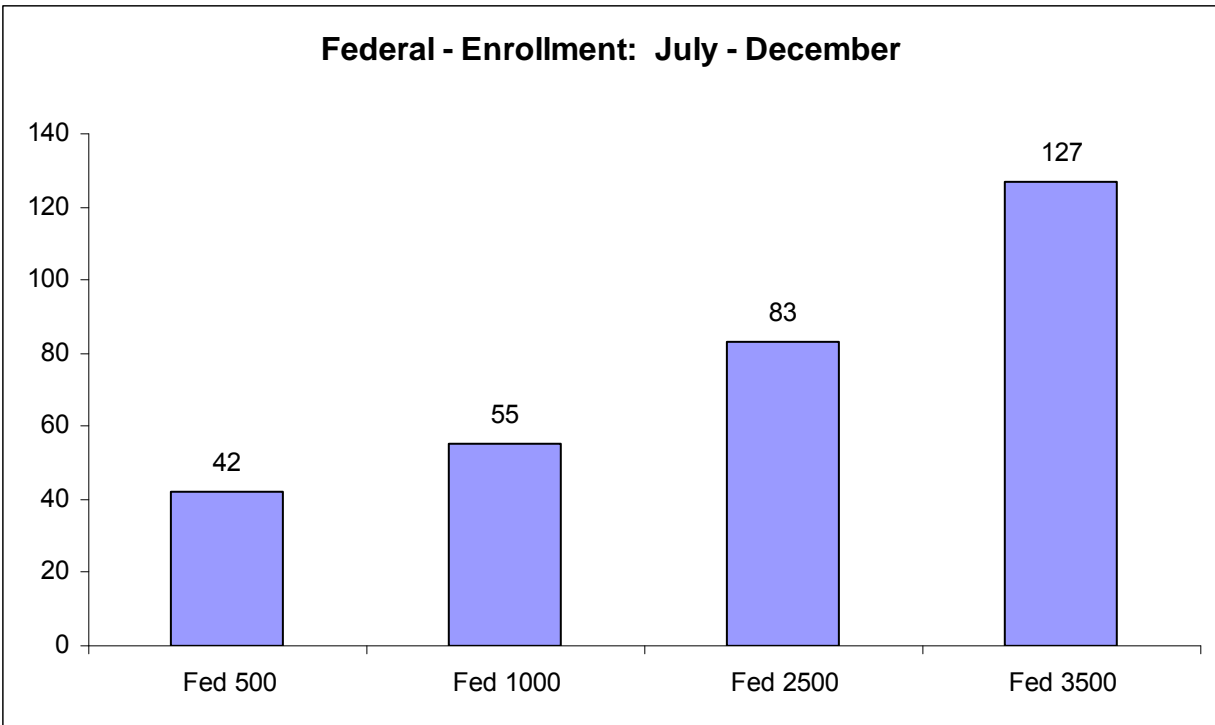
The following data represent HIRSP Federal Plan application, enrollment and claims details for July through December, 2010.

Applications Received July – December 2010		
	Average	Total
Total	91	547

Approval Rate - Federal			
	Applications	Approved	Approval Rate
2010	547	365	66.7%

Federal Applications Approved and Disenrollments in 2010			
Date	Applications Approved	Disenrollments	Net Difference
500	50	0	50
1,000	58	2	56
2,500	104	2	102
3,500	153	5	148
Total	365	9	356

Similar to HIRSP, HIRSP Federal Plan members exhibited a preference for higher deductible plans.



The average age (47.4 years) in the Federal HIRSP Plan is somewhat lower than the average age of members in HIRSP (53.5 years). This may reflect a lower average age among the uninsured in Wisconsin, as the majority of new members coming to HIRSP have previous insurance coverage, or it may be the result of price sensitivity among younger applicants, as the HIRSP Federal Plan rates are lower than standard HIRSP rates.

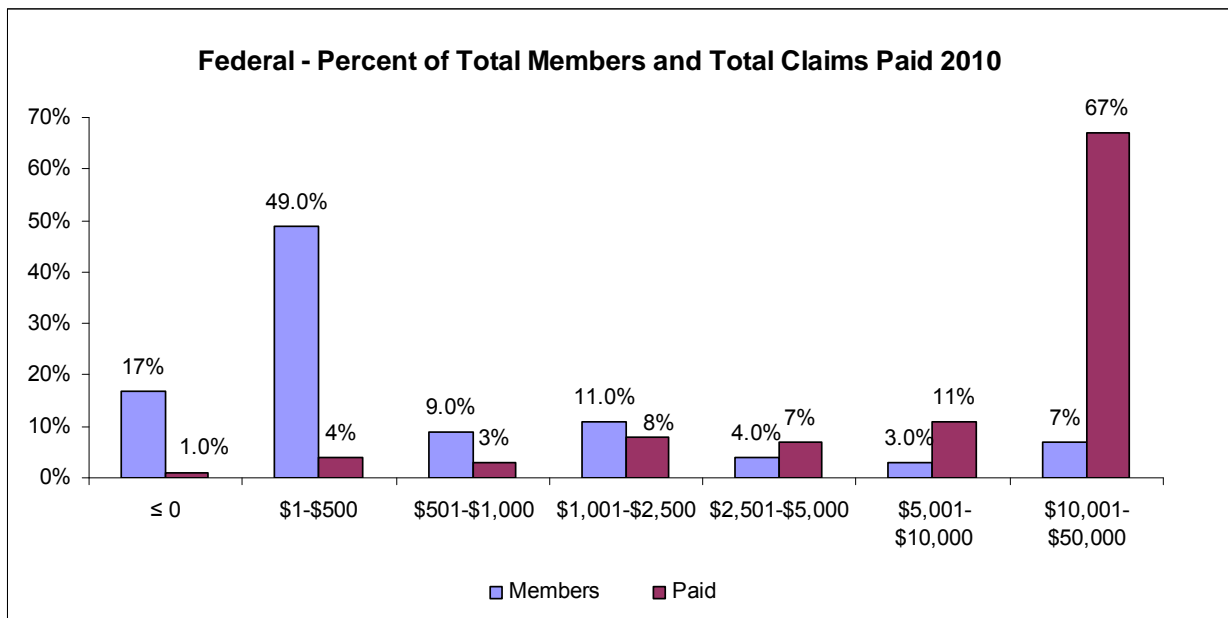
Federal Percent of Enrollment by Age Category	
Age 0 - 29	15%
Age 30 - 39	11%
Age 40 - 49	21%
Age 50 - 64	51%
Age 65+	1%
Federal Average Age	47.4
Federal % over 50	48.70%

**Federal - Total Policies in Force by Plan and Age Group
as of December 2010**

Age Band	FEDERAL 500	FEDERAL 1,000	FEDERAL 2,500	FEDERAL 3,500	TOTAL
0-24	10	4	1	4	19
25-29	11	7	6	4	28
30-34	6	4	8	2	20
35-39	4	4	6	1	15
40-44	5	12	6	7	30
45-49	1	9	13	13	36
50-54	3	3	17	25	48
55-59	2	5	13	31	51
60-64	0	7	13	37	57
65+	0	0	0	3	3
Total	42	55	83	127	307

The first effective date of coverage for HIRSP Federal was August 1, 2010. There were relatively few members enrolled in 2010 making it difficult to determine trends from the initial claims data. However, the data illustrates that a small number of individuals (7%) accounted for 67% of claim costs in the first five months of HIRSP Federal operations.

Federal Members by Claims Paid - 2010		
Claims Paid	Members	
	Number	Percent
Less Than or Equal to \$0	40	17%
\$1- \$500	117	49%
\$501-\$1,000	21	9%
\$1,001-\$2,000	25	11%
\$2,501-\$5,000	10	4%
\$5,001-\$10,000	7	3%
\$10,001-\$50,000	17	7%



Note: Claims shown on a paid basis include prior recoveries that will show as less than zero.

Even though there were only five months of available HIRSP Federal coverage in 2010, 28% of the HIRSP Federal members met their deductible. This is likely due to reducing the deductible by 50% in 2010 to account for the mid-year start of the program.

Similar to HIRSP, the majority of HIRSP Federal members did not meet their deductible, but those that did had a significantly higher per member per month cost than those who did not meet their deductible. Member not meeting their deductible were still able to utilize the HIRSP Federal Plan drug benefit. Over 53% of members utilized this benefit in 2010 with a per utilizing per member monthly cost of \$219.22

**Federal - Members
Not Meeting Deductible in 2010
By Age**

Age Band	2010 Enrollees	Not Meeting Deductible		% Not Meeting Deductible By Age
		Count	%	
< 20	1	0	0%	0%
20-24	20	13	6%	65%
25-29	28	17	7%	61%
30-34	20	14	6%	70%
35-39	15	7	3%	47%
40-44	31	22	10%	71%
45-49	36	26	11%	72%
50-54	49	41	18%	84%
55-59	55	45	20%	82%
60-64	58	41	18%	71%
65+	3	2	1%	67%
Total	316	228	100%	72%

Year	Deductible Met Medical PMPM	Deductible Not Met Medical PMPM
2010	\$1,973.30	\$69.20

The top 20 paid claims account for over 39% of all claims paid for HIRSP Federal Plan members in 2010.

FEDERAL - TOP 20 PAID CLAIMS
Incurred 1/2010-12/2010 Paid thru 3/2011

Major Diagnostic Category	Diagnosis	Amount Paid
MUSCULOSKELETAL	DISC DIS NEC/ NOS-LUMBAR	\$23,877
INFECTIONS	BLASTOMYCOSIS	\$22,859
CIRCULATORY	AORTIC VALVE DISORDER	\$19,665
HEALTH STATUS	OTHER SPECIFIED REHABILITATION	\$13,674
CIRCULATORY	ATHEROSCLEROSIS, NATIVE CORONA	\$12,808
MUSCULOSKELETAL	FX TRIMALLEOLAR-CLOSED	\$10,934
NERVOUS SYSTEM	BENIGN NEO BRAIN	\$9,935
MUSCULOSKELETAL	LOC OSTEOARTH NOS-L/ LEG	\$9,643
DIGESTIVE	PERITONEAL ADHESIONS	\$9,561
FEMALE REPRODUCTIVE	PELV PERIT ENDOMETRIOSIS	\$9,170
DIGESTIVE	MALIGNANT NEOPL RECTUM	\$8,878
MUSCULOSKELETAL	SPINAL STENOSIS-LUMBAR	\$8,672
MUSCULOSKELETAL	LOC OSTEOARTH NOS-L/ LEG	\$7,857
DIGESTIVE	INTESTINAL ADHES W OBSTR	\$7,415
MUSCULOSKELETAL	LOC OSTEOARTH NOS-PELVIS	\$7,094
CIRCULATORY	AORTIC VALVE DISORDER	\$6,719
RESPIRATORY	MAL NEO BRONCH/ LUNG NOS	\$6,620
UNGROUPABLE/ MISSING	ACUTE VENOUS EMBOLISM/ THROMBOS	\$5,928
SPINE, BONE MARROW	HODGKINS DIS NOS UNSPEC SITE	\$5,826
INJURIES, POISONING	AMPUTAT LEG BELOW KNEE, UNILAT	\$5,694

FEDERAL - MAJOR DIAGNOSTIC CATEGORY

Medical Claims

Incurred 1/2010-12/2010 Paid thru 3/2011

Major Diagnostic Category	Total Paid	% of Total
MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE	\$120,876	22%
DIGESTIVE SYSTEM	\$96,000	18%
MYELOPROLIFERATIVE DISEASES AND DISORDERS, AND POORLY DIFFERENTIATED NEOPLASMS	\$60,452	11%
CIRCULATORY SYSTEM	\$54,782	10%
FACTORS INFLUENCING HEALTH STATUS AND OTHER CONTACTS WITH HEALTH SERVICES	\$42,155	8%
NERVOUS SYSTEM	\$25,622	5%
INFECTIOUS AND PARASITIC DISEASES	\$23,668	4%
RESPIRATORY SYSTEM	\$20,226	4%
KIDNEY AND URINARY TRACT	\$16,162	3%
FEMALE REPRODUCTIVE SYSTEM	\$15,577	3%
HEPATOBIILIARY SYSTEM AND PANCREAS	\$10,964	2%
UNGROUPABLE	\$10,237	2%
EAR, NOSE, MOUTH AND THROAT	\$9,001	2%
BLOOD AND BLOOD FORMING ORGANS AND IMMUNOLOGICAL	\$6,659	1%
MENTAL DISEASES AND DISORDERS	\$6,324	1%
INJURIES, POISONINGS AND TOXIC EFFECTS OF DRUGS	\$5,895	1%
EYE	\$4,817	1%
MALE REPRODUCTIVE SYSTEM	\$3,581	1%
SKIN, SUBCUTANEOUS TISSUE AND BREAST	\$3,566	1%
ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES AND DISORDERS	\$2,811	.5%
HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS	\$851	< .5%
PREGNANCY, CHILDBIRTH AND THE PUERPERIUM	\$0	< .5%
Total	\$540,229	

Cancers are the most prevalent condition among the HIRSP Federal Plan members and surgery (40%) and prescription drugs (17%) account for the majority of HIRSP Federal Plan claim costs. HIRSP Federal Plan members averaged 181 hospital admissions per 1,000 member, a figure much higher than HIRSP (133 per 1,000). These preliminary data suggest that many HIRSP Federal members purchased this coverage to address immediate, acute healthcare needs.

FEDERAL - PATIENTS BY CONDITION

Incurred 1/2010-12/2010 Paid thru 3/2011

Condition*	Number of Patients	% of Enrollees
CANCERS	20	8%
CARDIOVASCULAR DISORDERS	12	5%
DORSOPATHIES (Back Disorders)	12	5%
ENDOCRINE (inc. Diabetes)	10	4%
ARTHROPATHIES (Joint Disorders)	8	3%
PSYCHIATRIC DISORDERS	7	3%
DIGESTIVE DISORDERS	4	2%
NEUROLOGICAL DISORDERS	4	2%
IMMUNE DISORDERS (inc. HIV)	2	1%
STROKE & CEREBROVASCULAR DISORDERS	2	1%
BLOOD DISORDERS	1	0%
CANCER HISTORY	1	0%
HIGH RISK PREGNACY	1	0%
RESPIRATORY DISORDERS	1	0%
SENSORY DISORDERS (inc. Vision)	1	0%

*Must have at least three medical claims with diagnosis

FEDERAL - TYPE OF SERVICE

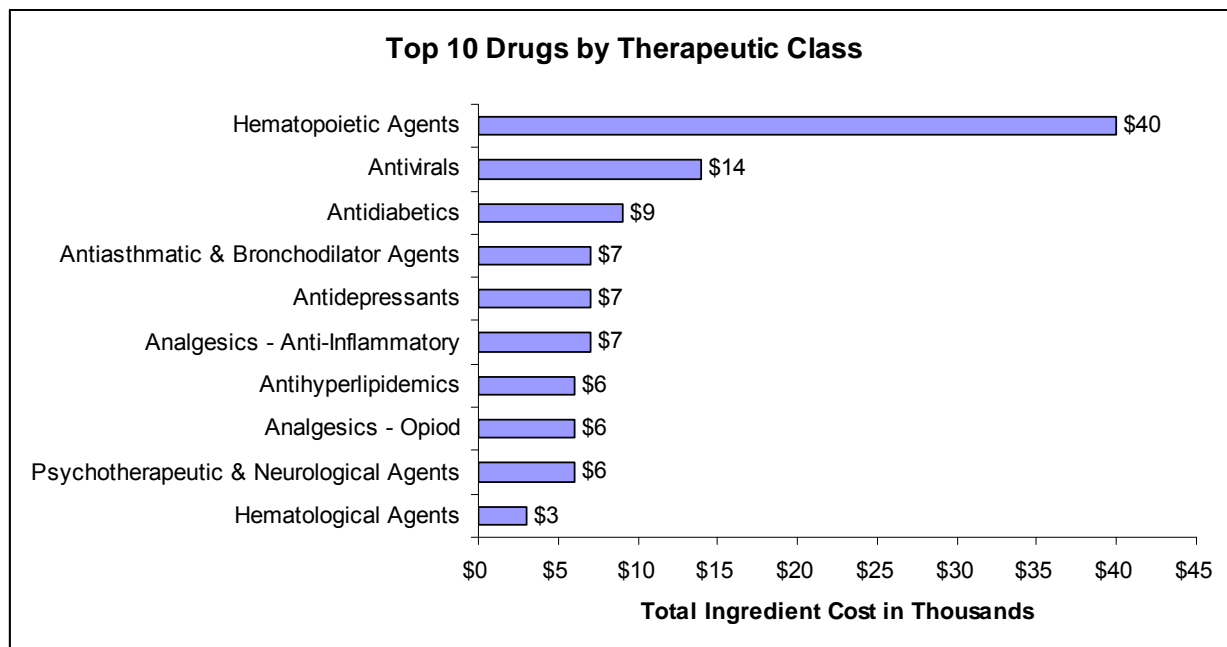
Medical and Pharmacy Claims

Incurred 1/2010-12/2010 Paid thru 3/2011

Rank	Type of Service	Total Paid	% of Total
1	SURGERY	\$261,301	40%
2	PRESCRIPTION DRUGS	\$107,824	17%
3	RADIOLOGY	\$62,492	10%
4	INPATIENT FACILITY OTHER	\$56,525	9%
5	INJECTABLE DRUGS	\$52,896	8%
6	OUTPATIENT FACILITY OTHER	\$30,392	5%
7	PROFESSIONAL OTHER	\$26,924	4%
8	DURABLE MEDICAL EQUIPMENT	\$15,558	2%
9	ANESTHESIA	\$9,574	1%
10	PATHOLOGY	\$8,199	1%
11	OFFICE VISIT	\$5,985	1%
12	THERAPIES	\$4,111	1%
13	PSYCH/ AODA	\$3,743	1%
14	DENTAL	\$1,227	< .5%
15	AMBULANCE	\$581	< .5%
16	EMERGENCY ROOM	\$429	< .5%
17	CHIROPRACTIC	\$200	< .5%
18	MATERNITY	\$92	< .5%
	Total	\$648,053	

Drug Expenditures by Class Federal HIRSP

The top three classes of drugs by total expenditures were hematopoietic, antiviral and diabetic medications. As a percentage of all prescriptions filled, analgesics – opioid (13.4%), cholesterol (7.6%), and antidepressant (6.9%) medications were the most frequently prescribed drugs in 2010. The top 10 therapeutic classes accounted for over 82% of total drug spend in 2010.

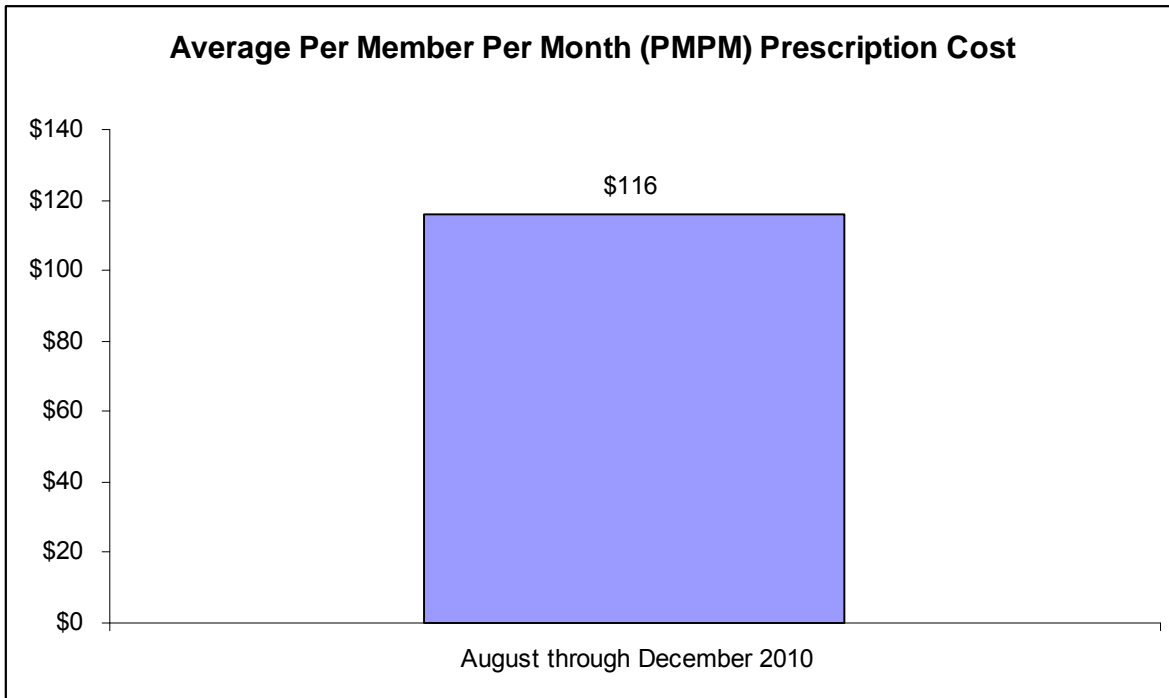


Top 10 Drugs by Therapeutic Class

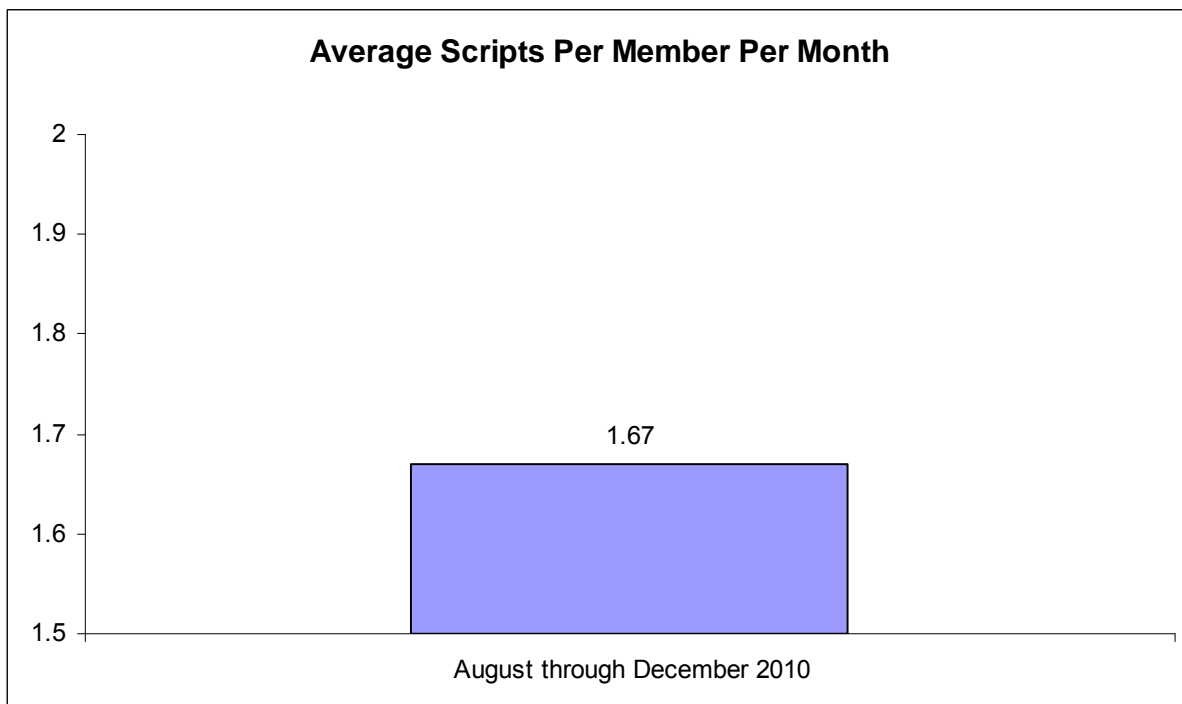
Drug Category	Description/Use
Hematopoietic Agents	Blood Disorders and Adjunctive Therapies
Antivirals	Antibiotics, HIV/AIDS
Antidiabetics	Diabetic Agents
Analgesics - Anti-Inflammatory	Reduce Pain, Fever and Inflammation
Antidepressants	Depression
Antiasthmatic and Bronchodilator Agents	Asthma, Chronic Obstructive Pulmonary Disease (COPD)
Psychotherapeutic and Neurological Agents	Brain Function Disorders, Alzheimers Disease
Analgesics - Opioid	Pain Relief
Antihyperlipidemics	High Cholesterol, Lipid Lowering
Hematological Agents	Blood Products and Adjunctive Therapies

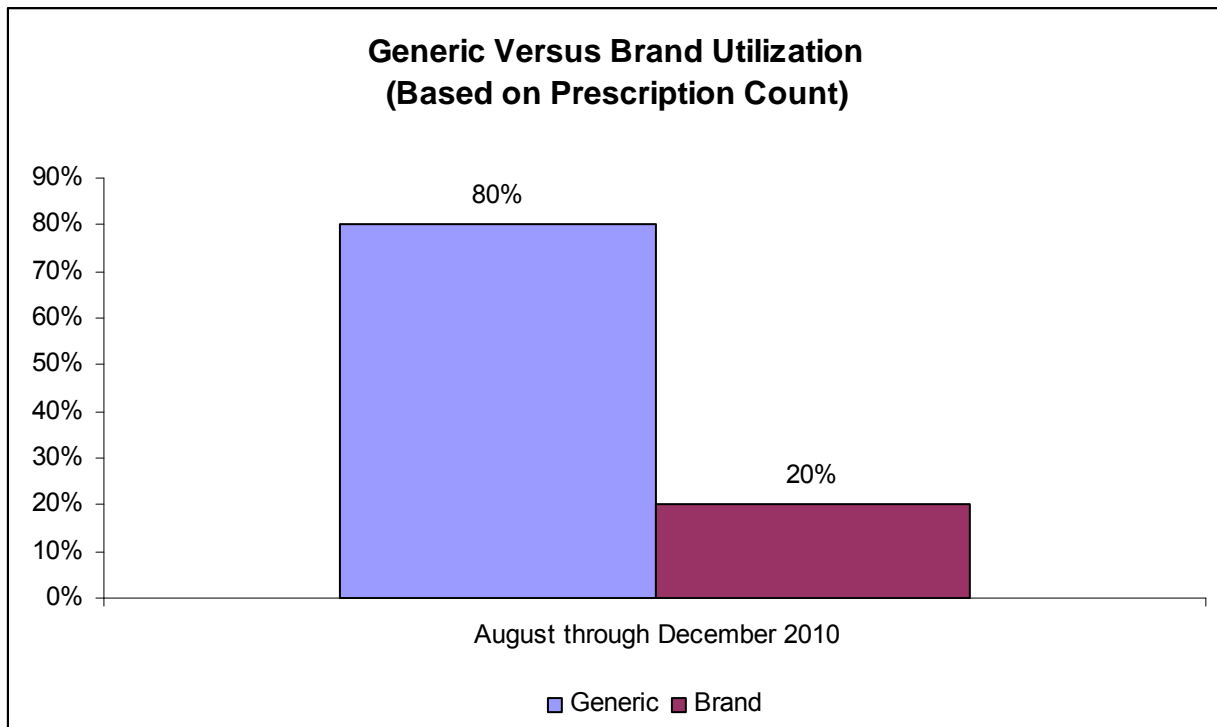
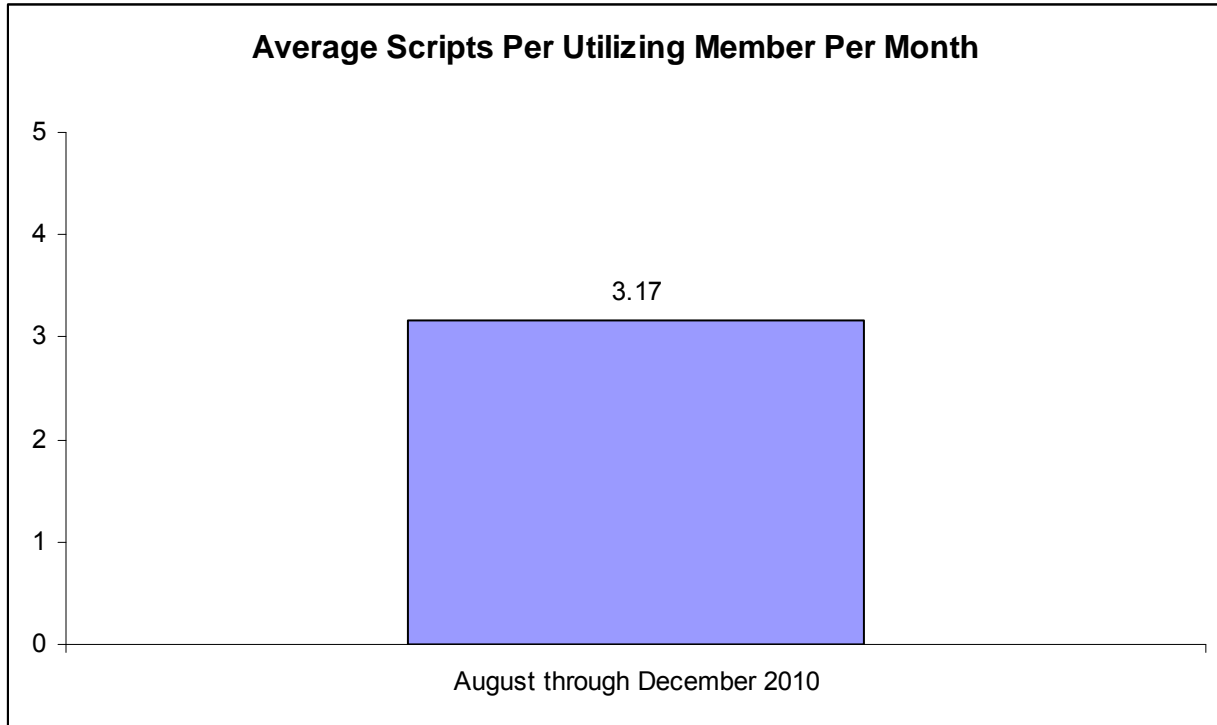
Pharmacy Utilization Metrics

The graphs below show that prescription drug utilization among HIRSP Federal Plan members is generally lower than among HIRSP members. For example, the average per member per month drug cost among HIRSP members is \$185, as compared to \$116 for HIRSP Federal Plan members. In addition, HIRSP Federal Plan members take, on average, one less prescription per month and have a considerably higher (80%) generic utilization rate.

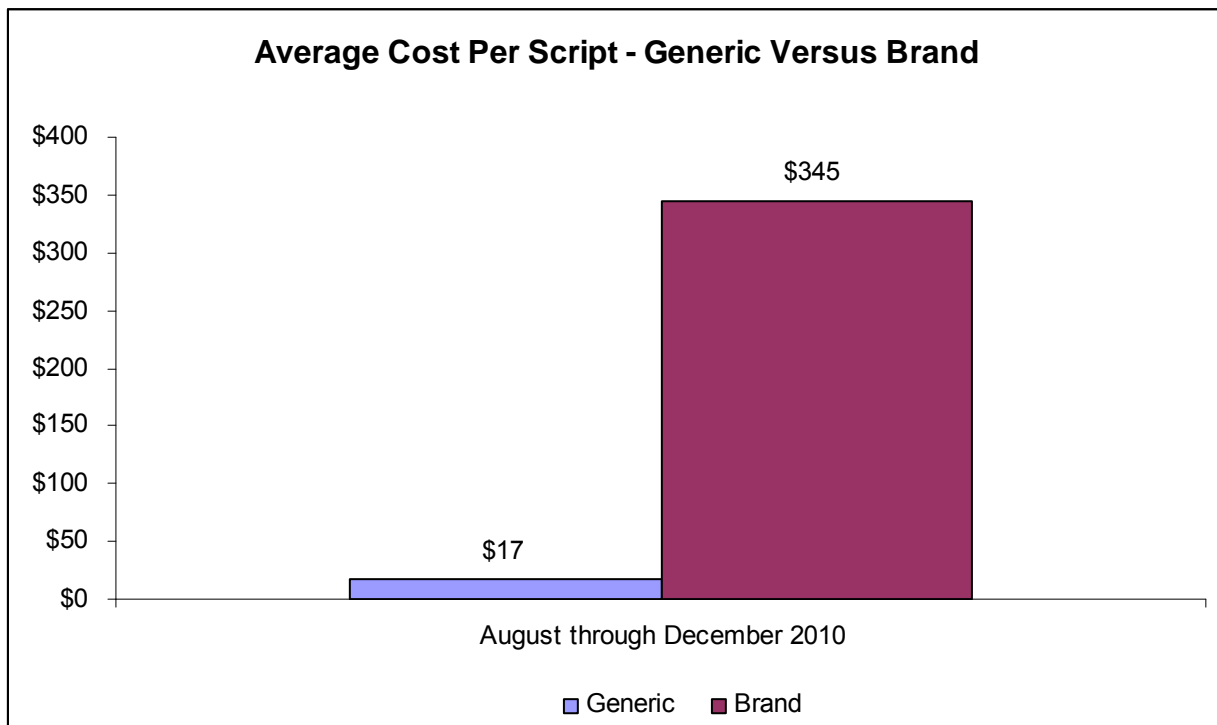
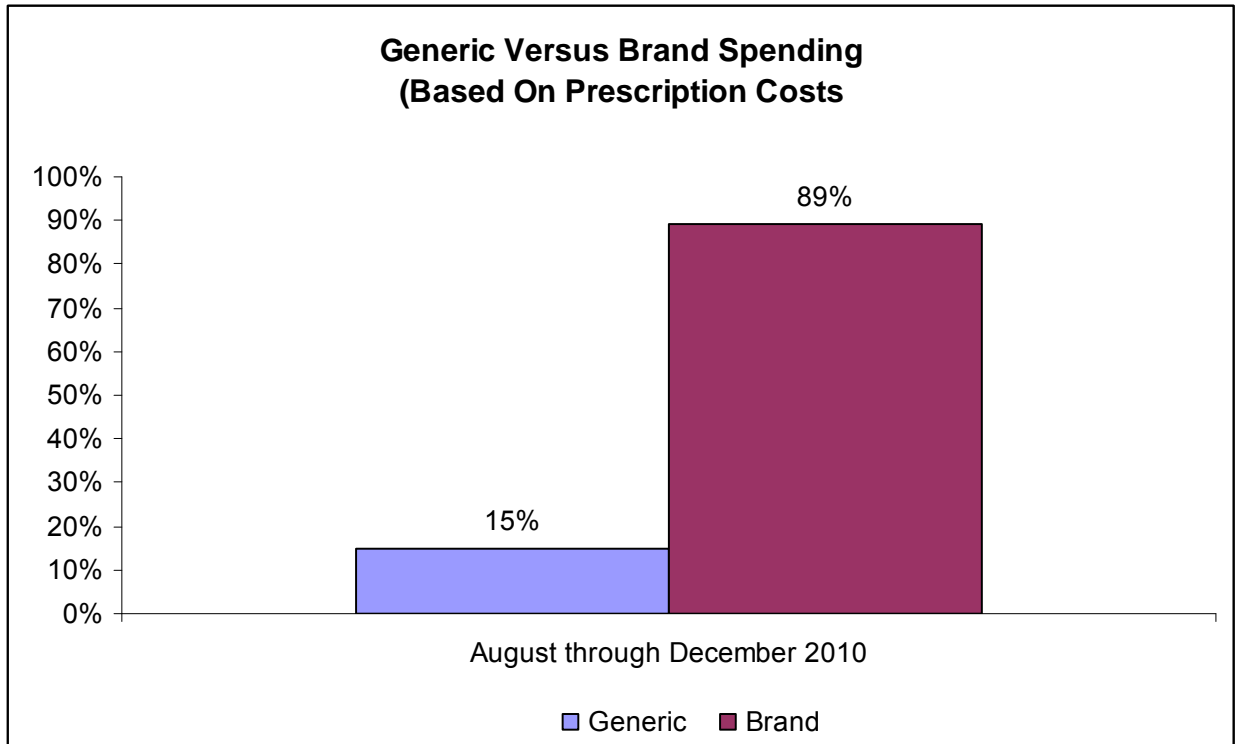


Note: The PMPM figures do not reflect rebates, which offset pharmacy claims costs.





While generic utilization is high, the high cost of brand and specialty drugs results in 20% of scripts accounting for 89% of prescription drug costs.



Appendix 1

HIRSP Authority Board of Directors Membership Roster as of December 2010

Members	Organization Represented
Dennis Conta, Chair Conta and Associates	Public Member
Wendy Arnone United Healthcare of Wisconsin, Inc.	Insurer Representative
Dr. Michele Bachhuber Marshfield Clinic	Wisconsin Medical Society Representative
Joe Kachelski Wisconsin Hospital Association, Inc.	Wisconsin Hospital Association Representative
Jason Klimowicz Disability Rights of Wisconsin	Consumer Advocate
Michael Lappin Aurora	Health Care Provider Representative
Eileen Mallow Office of the Commissioner of Insurance	Commissioner of Insurance Designee
Carol Peirick Wisconsin Education Association	Insurer Representative
Larry Rambo Humana Insurance Company	Insurer Representative
Steve Rough University of Wisconsin Hospital Pharmacies	Pharmacy Society of Wisconsin Representative
Deborah Severson Realityworks, Inc.	Small Business Representative
Luann Simpson	Member Representative
Annette Stebbins	Member Representative
Larry Zanoni Group Health Cooperative-South Central Wisconsin	Insurer Representative

Appendix 2

HIRSP PLAN ANNUAL PREMIUM RATES Full Premium Rates

Rates Effective January 1, 2010 - March 31, 2010

HIRSP 1,000

Age	Males
0-18	\$3,996
19-24	3,996
25-29	4,212
30-34	4,860
35-39	5,712
40-44	6,888
45-49	8,376
50-54	10,104
55-59	12,360
60 +	15,024

Age	Females
0-18	\$3,924
19-24	5,004
25-29	5,652
30-34	6,456
35-39	7,524
40-44	8,712
45-49	9,840
50-54	10,908
55-59	12,096
60 +	12,792

HIRSP 2,500

Age	Males
0-18	\$1,956
19-24	1,944
25-29	2,028
30-34	2,364
35-39	2,700
40-44	3,252
45-49	4,104
50-54	5,292
55-59	6,768
60 +	8,520

Age	Females
0-18	\$1,956
19-24	2,472
25-29	2,724
30-34	3,132
35-39	3,564
40-44	4,140
45-49	4,752
50-54	5,460
55-59	6,204
60 +	7,080

HIRSP HSA 2,500

Age	Males
0-18	\$1,704
19-24	1,692
25-29	1,752
30-34	2,052
35-39	2,340
40-44	2,808
45-49	3,564
50-54	4,572
55-59	5,856
60 +	7,380

Age	Females
0-18	\$1,704
19-24	2,148
25-29	2,352
30-34	2,712
35-39	3,084
40-44	3,588
45-49	4,104
50-54	4,728
55-59	5,388
60 +	6,144

HIRSP HSA 3,500

Age	Males
0-18	\$1,548
19-24	1,536
25-29	1,596
30-34	1,860
35-39	2,124
40-44	2,556
45-49	3,240
50-54	4,152
55-59	5,328
60 +	6,708

Age	Females
0-18	\$1,548
19-24	1,956
25-29	2,136
30-34	2,460
35-39	2,808
40-44	3,264
45-49	3,732
50-54	4,296
55-59	4,896
60 +	5,580

HIRSP 5,000

Age	Males
0-18	\$1,152
19-24	1,128
25-29	1,188
30-34	1,392
35-39	1,584
40-44	1,908
45-49	2,412
50-54	3,096
55-59	3,972
60 +	4,992

Age	Females
0-18	\$1,140
19-24	1,452
25-29	1,596
30-34	1,836
35-39	2,088
40-44	2,412
45-49	2,772
50-54	3,192
55-59	3,636
60 +	4,152

HIRSP Medicare Supplement

Age	Males
0-18	\$1,032
19-24	1,032
25-29	1,356
30-34	1,548
35-39	1,836
40-44	2,232
45-49	2,652
50-54	3,228
55-59	3,876
60 +	4,644

Age	Females
0-18	\$1,032
19-24	1,428
25-29	1,812
30-34	1,968
35-39	2,424
40-44	2,772
45-49	3,192
50-54	3,600
55-59	3,972
60 +	4,296

Rates Effective April 1, 2010 - December 31, 2010

HIRSP 1,000

Age	Males
0-18	\$3,708
19-24	3,708
25-29	3,912
30-34	4,512
35-39	5,304
40-44	6,396
45-49	7,776
50-54	9,372
55-59	11,472
60 +	13,944

Age	Females
0-18	\$3,636
19-24	4,644
25-29	5,244
30-34	5,988
35-39	6,984
40-44	8,088
45-49	9,132
50-54	10,116
55-59	11,220
60 +	11,868

HIRSP 2,500

Age	Males
0-18	\$1,812
19-24	1,800
25-29	1,872
30-34	2,184
35-39	2,496
40-44	3,012
45-49	3,792
50-54	4,896
55-59	6,252
60 +	7,872

Age	Females
0-18	\$1,812
19-24	2,280
25-29	2,520
30-34	2,892
35-39	3,300
40-44	3,828
45-49	4,392
50-54	5,052
55-59	5,736
60 +	6,540

HIRSP HSA 2,500

Age	Males
0-18	\$1,620
19-24	1,608
25-29	1,656
30-34	1,944
35-39	2,220
40-44	2,664
45-49	3,384
50-54	4,332
55-59	5,556
60 +	6,996

Age	Females
0-18	\$1,620
19-24	2,040
25-29	2,232
30-34	2,568
35-39	2,928
40-44	3,408
45-49	3,888
50-54	4,488
55-59	5,112
60 +	5,832

HIRSP HSA 3,500

Age	Males
0-18	\$1,464
19-24	1,452
25-29	1,512
30-34	1,764
35-39	2,016
40-44	2,424
45-49	3,072
50-54	3,936
55-59	5,052
60 +	6,360

Age	Females
0-18	\$1,464
19-24	1,860
25-29	2,028
30-34	2,328
35-39	2,664
40-44	3,096
45-49	3,540
50-54	4,080
55-59	4,644
60 +	5,292

HIRSP 5,000

Age	Males
0-18	\$1,152
19-24	1,128
25-29	1,188
30-34	1,392
35-39	1,584
40-44	1,908
45-49	2,412
50-54	3,096
55-59	3,972
60 +	4,992

Age	Females
0-18	\$1,140
19-24	1,452
25-29	1,596
30-34	1,836
35-39	2,088
40-44	2,412
45-49	2,772
50-54	3,192
55-59	3,636
60 +	4,152

HIRSP Medicare Supplement

Age	Males
0-18	\$1,032
19-24	1,032
25-29	1,356
30-34	1,548
35-39	1,836
40-44	2,232
45-49	2,652
50-54	3,228
55-59	3,876
60 +	4,644

Age	Females
0-18	\$1,032
19-24	1,428
25-29	1,812
30-34	1,968
35-39	2,424
40-44	2,772
45-49	3,192
50-54	3,600
55-59	3,972
60 +	4,296

HEALTH INSURANCE RISK-SHARING PLAN**Plans Subsidy Discount Tables**

Effective 1/1/2010 – 9/30/2010

HIRSP 1,000, HIRSP 2,500 and HIRSP 5,000

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$33,000 and Above	No Discount	No Discount	\$2,000
\$30,000 – 32,999.99	\$100	15%	\$1,250
\$25,000 – 29,999.99	\$100	20%	\$1000
\$20,000 - 24,999.99	\$100	25%	\$750
\$17,000 – 19,999.99	\$200	29%	\$600
\$14,000 – 16,999.99	\$300	34%	\$525
\$10,000 – 13,999.99	\$400	39%	\$450
Less than \$10,000	\$500	43%	\$375

HIRSP Medicare Supplement

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$33,000 and Above	No Discount	No Discount	\$1,500
\$30,000 – 32,999.99	No Discount	10%	\$500
\$25,000 - 29,999.99	No Discount	10%	\$250
\$20,000 - 24,999.99	No Discount	15%	\$125
\$17,000 – 19,999.99	No Discount	20%	\$125
\$14,000 – 16,999.99	No Discount	25%	\$125
\$10,000 – 13,999.99	No Discount	30%	\$125
Less than \$10,000	No Discount	35%	\$125

HIRSP Health Savings Account

Household Income	Medical/Drug Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum *
\$33,000 and Above	No Discount	No Discount	Not Applicable
\$30,000 – 32,999.99	\$100	15%	Not Applicable
\$25,000 – 29,999.99	\$100	20%	Not Applicable
\$20,000 - 24,999.99	\$100	25%	Not Applicable
\$17,000 – 19,999.99	\$200	29%	Not Applicable
\$14,000 – 16,999.99	\$300	34%	Not Applicable
\$10,000 – 13,999.99	\$400	39%	Not Applicable
Less than \$10,000	\$500	43%	Not Applicable

*The medical and drug benefit in the HSA plan is a combined benefit; therefore, a cap on out-of-pocket drug costs is not available.

HEALTH INSURANCE RISK-SHARING PLAN**Plans Subsidy Discount Tables****Effective 10/1/2010 – 12/31/2010****HIRSP 1,000, HIRSP 2,500 and HIRSP 5,000**

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$34,000 and Above	No Discount	No Discount	\$2,000
\$30,000 – 33,999.99	\$100	15%	\$1,250
\$25,000 – 29,999.99	\$100	20%	\$1000
\$20,000 - 24,999.99	\$100	25%	\$750
\$17,000 – 19,999.99	\$200	29%	\$600
\$14,000 – 16,999.99	\$300	34%	\$525
\$10,000 – 13,999.99	\$400	39%	\$450
Less than \$10,000	\$500	43%	\$375

HIRSP Medicare Supplement

Household Income	Medical Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum
\$34,000 and Above	No Discount	No Discount	\$1,500
\$30,000 – 33,999.99	No Discount	10%	\$500
\$25,000 - 29,999.99	No Discount	10%	\$250
\$20,000 - 24,999.99	No Discount	15%	\$125
\$17,000 – 19,999.99	No Discount	20%	\$125
\$14,000 – 16,999.99	No Discount	25%	\$125
\$10,000 – 13,999.99	No Discount	30%	\$125
Less than \$10,000	No Discount	35%	\$125

HIRSP Health Savings Account

Household Income	Medical/Drug Deductible Discount	Premium Discount	Drug Out-of-Pocket Maximum *
\$34,000 and Above	No Discount	No Discount	Not Applicable
\$30,000 – 33,999.99	\$100	15%	Not Applicable
\$25,000 – 29,999.99	\$100	20%	Not Applicable
\$20,000 - 24,999.99	\$100	25%	Not Applicable
\$17,000 – 19,999.99	\$200	29%	Not Applicable
\$14,000 – 16,999.99	\$300	34%	Not Applicable
\$10,000 – 13,999.99	\$400	39%	Not Applicable
Less than \$10,000	\$500	43%	Not Applicable

*The medical and drug benefit in the HSA plan is a combined benefit; therefore, a cap on out-of-pocket drug costs is not available.

HIRSP Federal Plan Monthly Premium Rates August 1, 2010 – December 31, 2010				
Ages	Federal \$3,500 Deductible	Federal \$2,500 Deductible	Federal \$1,000 Deductible	Federal \$500 Deductible
18 and Under	\$ 100	\$ 119	\$ 165	\$ 201
19-24	\$ 106	\$ 127	\$ 176	\$ 214
25-29	\$ 113	\$ 134	\$ 186	\$ 227
30-34	\$ 128	\$ 152	\$ 212	\$ 258
35-39	\$ 152	\$ 181	\$ 251	\$ 306
40-44	\$ 181	\$ 215	\$ 298	\$ 364
45-49	\$ 223	\$ 266	\$ 269	\$ 450
50-54	\$ 277	\$ 330	\$ 458	\$ 559
55-59	\$ 340	\$ 405	\$ 562	\$ 686
60-64	\$ 398	\$ 474	\$ 658	\$ 802

Appendix 3 - HIRSP and HIRSP Federal Plans Combined

MEDICAL CLAIMS DENIED

Processed Month	All Plans		Total	Denial Rate
	Paid	Denied		
January 2010	27,147	4,893	32,040	15%
February 2010	24,111	4,762	28,873	16%
March 2010	27,668	5,440	33,108	16%
April 2010	27,162	4,923	32,085	15%
May 2010	26,369	5,066	31,435	16%
June 2010	27,413	4,709	32,122	15%
July 2010	25,638	4,588	30,226	15%
August 2010	29,643	4,304	33,947	13%
September 2010	26,341	3,844	30,185	13%
October 2010	27,505	3,911	31,416	12%
November 2010	35,483	5,174	40,657	13%
December 2010	32,427	4,347	36,774	12%
Total	336,907	55,961	392,868	14%

TOP 10 REASONS FOR DENIAL

Paid in 2010
(Medical Only, No Rx)

Reasons for Denial	Volume	% of Total
DUPLICATE CLAIM/ SERVICE.	9,454	17%
CLAIM DENIED/ REDUCED BECAUSE CHARGES HAVE BEEN PAID BY ANOTHER PAYER AS PART OF COORDINATION OF BENEFITS.	8,172	15%
THIS IS A PREEXISTING CONDITION. MEDICAL RECORDS OBTAINED FROM YOUR PROVIDER HAVE IDENTIFIED A PRE-EXISTING CONDITION.	4,252	8%
EXPENSE(S) INCURRED AFTER COVERAGE TERMINATED. SERVICES PROVIDED AFTER THE TERMINATION DATE, NON-COVERED	3,615	6%
CLAIM DENIED BECAUSE THIS CARE MAY BE COVERED BY ANOTHER PAYER AS PART OF COORDINATION OF BENEFITS	3,323	6%
WE WILL BE ABLE TO COMPLETE PROCESSING OF THIS CLAIM WHEN WE RECEIVE THE MEDICAL RECORDS WE REQUESTED.	3,212	6%
SERVICES PERFORMED BY A PROVIDER WHO IS NOT MEDICAID CERTIFIED ARE NOT COVERED	2,408	4%
THIS PROCEDURE IS INCIDENTAL TO AND CONSIDERED PART OF THE PRIMARY PROCEDURE.	2,245	4%
THERE IS A QUESTION REGARDING THIS BILLING WHICH WE HAVE COMMUNICATED TO YOUR PROVIDER. ADDITIONAL DOCUMENTATION MAY BE REQUIRED.	2,047	4%
THERE IS A QUESTION REGARDING THIS BILLING WHICH WE HAVE COMMUNICATED TO YOUR PROVIDER. ADDITIONAL DOCUMENTATION MAY BE REQUIRED.	1,603	3%
Total	40,331	72%

Appendix 4 - HIRSP and HIRSP Federal Plans Combined

2010 PRESCRIPTION REJECTIONS

2010 Processed Month	Rejections at Pharmacy	% of Total
January	9,856	19%
February	9,445	18%
March	9,917	17%
April	9,670	18%
May	9,522	17%
June	10,059	17%
July	9,976	18%
August	10,571	18%
September	10,671	18%
October	11,479	19%
November	12,135	19%
December	13,067	19%
Total	126,368	18%

TOP 10 REASONS FOR PHARMACY REJECTIONS

Rejection Category	Volume	% of Total
Product/Service Not Covered	40,787	32.2%
Refill Too Soon	29,962	23.7%
Plan Limitations Exceeded	19,186	15.1%
Primary/Secondary Payer Rules	19,529	15.6%
Missing/Invalid Dispense As Written Code (DAW)	9,195	7.3%
Eligibility Edits	1,686	1.3%
Non-Matched NDC Number	1,025	0.8%
Duplicate Paid/Captured Claim	712	0.6%
Missing/Invalid Pharmacy Field	653	0.5%
Mismatched Pharmacy ID	342	0.3%
Total	123,077	97.4%