

**Wisconsin Healthcare Stability Plan
Quarter 1 Data Reporting**



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, WI 53707-7873

Reporting Reflects 2019 Benefit Year, including 2019 claims paid through April 30, 2020
Ref: s. 601.83, Wis. Stat.

Company Name

Insurer A

Date

10/12/2018

*WIHSP eligible claim is a paid claim meeting criteria under s. Ins 19.07, Wis. Adm. Code

Total number of effectuated enrolled individuals as of the end of Quarter 1

Total amount of all claims paid in Quarter 1 (includes claims within, as well as outside, the payment parameters)

Total year-to-date WIHSP-eligible claims paid on behalf of eligible enrolled individuals (Column C)

Total amount of claims incurred in Quarter 1 anticipated to be WIHSP-eligible claims once paid

Total number of eligible enrolled individuals with WIHSP-eligible paid claims (Column B)

Total anticipated WIHSP payment calculation (Column I)

No WIHSP-eligible claims paid

1,500
\$10,000,000
\$5,886,999
\$10,000,000
12
\$741,000

Unique Identifier Number for Eligible Enrolled Individual	Year-to-Date WIHSP-Eligible Claims Paid on Behalf of Eligible Enrolled Individual	Attachment Point	Amount of Claims Minus Attachment Point	Reinsurance Cap (250,000) Minus Attachment Point (50,000)	50% Coinsurance	Lesser of Column E or Column F	Coinsurance Rate Times Lesser Amount (Column H)
111111111	95,000.00	50,000.00	45,000.00	200,000.00	50%	45,000.00	\$22,500.00
222222222	525,000.00	50,000.00	475,000.00	200,000.00	50%	200,000.00	\$100,000.00
333333333	74,000.00	50,000.00	24,000.00	200,000.00	50%	24,000.00	\$12,000.00
444444444	750,000.00	50,000.00	700,000.00	200,000.00	50%	200,000.00	\$100,000.00
555555555	125,000.00	50,000.00	75,000.00	200,000.00	50%	75,000.00	\$37,500.00
666666666	98,000.00	50,000.00	48,000.00	200,000.00	50%	48,000.00	\$24,000.00
777777777	135,000.00	50,000.00	85,000.00	200,000.00	50%	85,000.00	\$42,500.00