

**Wisconsin Healthcare Stability Plan
Quarter 2 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 _____ **Date** 10/12/2018
Insurer A _____

*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 2 **2,000**
 Total amount of all claims paid year-to-date (includes claims within as well as outside of the payment parameters) **\$20,000,000.00**
 Total amount of all claims paid in Quarter 2 regardless of the quarter claims were incurred (includes claims within as well as outside the payment parameters)
 Total amount of claims incurred year-to-date, anticipated to be WIHSP-eligible claims once paid
 Total year-to-date WIHSP-eligible claims paid on behalf of eligible enrolled individuals (Column C) **\$5,361,999.00**
 Total number of eligible enrolled individuals, year-to-date, with WIHSP-eligible paid claims (Column B) **12**
 Total year-to-date anticipated WIHSP payment calculation (Column I) **\$641,000.00**
 No new WIHSP-eligible claims paid to date (no change to data from previous quarter)
 No WIHSP-eligible claims paid this benefit year

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)	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		50,000.00		200,000.00	50%		
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