



**Blue Cross & Blue Shield  
United of Wisconsin**

**Direct Pay PARTICIPANT Enrollment Data**

LOCAL	SUBSCRIBER COUNTS FOR THE MONTH OF NOVEMBER 2004							
	TYPE OF CONTRACTS							
INVID	GROUP#	1	2-4	5-7	8	9-12	TOTAL	
01	00WL73508	2	0	1	2	0	5	
01	00WL77555	0	1	2	23	8	34	

ANNUITANTS - STD

CONTINUANTS - STD

STATE	SUBSCRIBER COUNTS FOR THE MONTH OF NOVEMBER 2004							
	TYPE OF CONTRACTS							
INVID	GROUP#	1	2-4	5-7	8	9-12	TOTAL	
01	00WS83508	8	5	0	2	1	16	
02	00WS83508	8	1	1	2	0	12	
03	00WS83508	7	3	1	1	0	12	
01	00WS83509	6	4	0	0	0	10	
02	00WS83509	2	0	0	0	0	2	
01	00WS83555	12	2	9	902	124	1049	
02	00WS83555	10	4	8	18	6	46	
03	00WS83555	9	7	3	3	0	22	

REGULAR CONTINUANTS - STD

REGULAR CONTINUANTS - STD

REGULAR CONTINUANTS - STMP

GRADUATE ASST. CONTINUANTS - STD

GRADUATE ASST. CONTINUANTS - STD

ANNUITANTS - STD

ANNUITANTS - STD

ANNUITANTS - SMP

**KEY FOR TYPE OF CONTRACT**

- 1 = SINGLE SUBSCRIBER UNDER 65
- 2-4 = FAMILY, ALL UNDER 65
- 5-7 = SUBSCRIBER UNDER 65,
- COMBINES WITH 1 OR 2 OVER 65
- 8 = SINGLE SUBSCRIBER OVER 65
- 9-12 = FAMILY, ALL OVER 65



Blue Cross & Blue Shield of Wisconsin  
**State of Wisconsin**  
Processing Time/Inventory on Hand Report  
4th Quarter 2004

Month	Total Claims Paid/Rej.	Percent Paid/Rej. 30 Days	Average Days to Process	Total Inventory on Hand at Month End
October	56,038	96.7%	6.8	4,113
November	50,765	99.2%	5.6	3,624
December				

**Blue Cross & Blue Shield United of Wisconsin  
Estimated Liability Report - State Standard Plan**

As of 11/30/04

Excluding Graduate Assistants

Incurral Month	Cumulative Paid	Estimated Incurred	Estimated Liability w/o Margin	Estimated Liability w/Margin	Percent Complete	Medical Contracts	Cumulative Paid per Contract	Estimated Cost per Contract
11/04	492,705	2,199,997	1,707,292	1,878,021	22.4%	2,463	\$200.04	\$893.22
10/04	2,043,192	2,427,707	384,515	422,966	84.2%	2,470	\$827.20	\$982.88
9/04	1,725,046	1,932,310	207,264	227,991	89.3%	2,409	\$716.08	\$802.12
8/04	2,028,940	2,132,511	103,571	113,928	95.1%	2,377	\$853.57	\$897.14
7/04	2,111,029	2,173,239	62,210	68,431	97.1%	2,363	\$893.37	\$919.69
6/04	2,019,268	2,051,207	31,939	35,133	98.4%	2,362	\$854.90	\$868.42
5/04	2,193,392	2,212,296	18,904	20,794	99.1%	2,367	\$926.65	\$934.64
4/04	2,091,172	2,098,478	7,306	8,037	99.7%	2,387	\$876.07	\$879.13
3/04	2,253,087	2,257,150	4,063	4,469	99.8%	2,430	\$927.20	\$928.87
2/04	1,695,333	1,696,521	1,188	1,306	99.9%	2,446	\$693.10	\$693.59
1/04	2,007,860	2,008,663	803	884	100.0%	2,448	\$820.20	\$820.53
12/03	1,141,284	1,141,464	180	198	100.0%	818	\$1,395.21	\$1,395.43
11/03	738,745	738,745	0	0	100.0%	825	\$895.45	\$895.45
10/03	885,885	885,885	0	0	100.0%	831	\$1,066.05	\$1,066.05
9/03	720,333	720,333	0	0	100.0%	783	\$919.97	\$919.97
8/03	775,874	775,874	0	0	100.0%	780	\$994.71	\$994.71
7/03	918,826	918,826	0	0	100.0%	799	\$1,149.97	\$1,149.97
6/03	635,484	635,484	0	0	100.0%	804	\$790.40	\$790.40
5/03	1,003,217	1,003,217	0	0	100.0%	812	\$1,235.49	\$1,235.49
4/03	751,920	751,920	0	0	100.0%	825	\$911.42	\$911.42
3/03	815,541	815,541	0	0	100.0%	842	\$968.58	\$968.58
2/03	746,166	746,166	0	0	100.0%	856	\$871.69	\$871.69
1/03	969,782	969,782	0	0	100.0%	865	\$1,121.14	\$1,121.14
12/02	809,120	809,120	0	0	100.0%	1,111	\$728.28	\$728.28
11/02	868,977	868,977	0	0	100.0%	1,123	\$773.80	\$773.80
<b>Total</b>	<b>32,442,178</b>	<b>34,971,413</b>	<b>2,529,235</b>	<b>2,782,158</b>				

All estimates are subject to change based on future claim payment patterns and amounts.

StaStdExGA	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04
Incl Std2											
Current											
1	344235	323228	330979	477989	414154	467683	622525	481336	320995	718213	492705
2	885391	822486	1419868	947563	906145	1154259	997044	950189	1250991	1324979	0
3	478123	409392	309966	473706	460073	279394	269252	472432	153060	0	0
4	173067	20893	106367	90033	212180	70754	135348	124983	0	0	0
5	52624	20519	25208	79233	57816	36230	86860	0	0	0	0
6	30795	69418	21028	9491	86676	10948	0	0	0	0	0
7	19998	7227	14174	6738	56348	0	0	0	0	0	0
8	14572	18276	17984	6419	0	0	0	0	0	0	0
9	4110	3285	7513	0	0	0	0	0	0	0	0
10	2095	609	0	0	0	0	0	0	0	0	0
11	2850	0	0	0	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0	0	0	0	0
13	0	0	0	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0	0	0	0	0
24+	0	0	0	0	0	0	0	0	0	0	0
Incurring	2007860	1695333	2253087	2091172	2193392	2019268	2111029	2028940	1725046	2043192	492705
Paid Total	1120439	1614924	1757525	2582633	1764349	2052056	2465021	2071713	1721920	2711488	2286007
Paid Sum	1120438	1614924	1757527	2582634	1764354	2052055	2465025	2071714	1721920	2711492	2286005
Contracts	2448	2446	2430	2387	2367	2362	2363	2377	2409	2470	2469



2004  
STATE OF WISCONSIN  
GRIEVANCE REPORT

CALL PREPARED LIST REPORT 05/17/04

LAST NAME OF PATIENT	SUB ID NO.	AMOUNT APPEALED	DT RECD	ACK SENT	DT RECD	A, D, C, OR W	GATC/MD	CATEGORY	GREIVANCE SUMMARY	RESOLUTION SUMMARY
			3/29/2004	3/30/2004	4/16/2004	D	NO	NC	DENTAL EXTRACTONS	FORMAL
			3/4/2004	2/24/2004	4/12/2004	A	NO	UA	OUT OF NETWORK	INFORMAL
			4/18/2004	4/19/2004	5/7/2004	A	YES	UA	POTTY CHAIR	FORMAL
			4/19/2004	4/19/2004	5/7/2004	A	NO	UA	PRE SERVICE BEHAVIOR HEALTH REFERRAL	FORMAL
			4/27/2007	4/27/2004	5/7/2004	A	NO	UA	NON AFFILIATED REFERRAL	FORMAL
			3/15/2004	2/28/2004	3/15/2004	C	YES	NC	NURSING HOME CARE. REGION ALLOWED ALL CHARGES EXCEPT FOR ROOM & BOA	FORMAL
			4/16/2004	4/13/2004	5/7/2004	D	TC	EX	EXPERIMENTAL TREATMENT/BAHAMAS	FORMAL
			3/24/2004	3/24/2004	5/17/2004	A	TC	MN	ORAL APPLIANCE FOR SLEEP APNEA	FORMAL
			4/8/2004	4/8/2004	4/13/2004	A	NO	NC	ACTICAT-7 SILVER DRESSINGS	INFORMAL
			4/8/2004	4/8/2004	4/28/2004	D	NO	UA	ORAL SURGERY NO REFERRAL	FORMAL
			3/17/2004	3/18/2004	4/16/2004	D	NO	UA	POST SERVICE BEHAVIOR HEALTH NO REFERRAL	FORMAL
			4/20/2004	4/20/2004	5/7/2004	D	YES	UA	PRE-AUTH FOR LAP BAND SURGERY	FORMAL
			5/24/2004	5/24/2004	5/7/2004	A	NO	UA	POST SERVICE BEHAVIOR HEALTH NO REFERRAL	FORMAL
			5/13/2004	5/13/2004	6/2/2004	A	NO	NC	HOME HEALTH VISITS	INFORMAL
			5/12/2004	5/12/2004	6/3/2004	D	NO	UA	REFERRAL NOT OBTAINED FROM PRIMARY CARE PHYSICIAN	FORMAL
			6/4/2004	6/7/2004	6/9/2004	A	NO	NC	HOME HEALTH VISITS	FORMAL
			5/4/2004	5/5/2004	6/9/2004	A	NO	NC	BEHAVIORAL HEALTH WITHOUT A REFERRAL	INFORMAL
			4/23/2004	4/27/2004	6/9/2004	A	NO	NC	RECONSTRUCTIVE SURGERY	INFORMAL
			5/25/2004	5/25/2004	6/18/2004	D	GA	MN	TOTAL ANGLE REPLACEMENT	FORMAL
			5/7/2004	5/7/2004	6/23/2004	D	NO	NC	MAINTENANCE CHIROPRACTIC THERAPY	FORMAL
			8/21/2004	8/23/2004	7/16/2004	A	NO	UA	REFERRAL TO OUT OF NETWORK SOCIAL WORKER	FORMAL
			6/30/2004	6/30/2004	7/16/2004	D	NO	NC	OUT OF NETWORK REFERRAL VERIFIED WITH EMILY HALTER	FORMAL
			6/28/2004	6/28/2004	7/16/2004	D	NO	NC	MAINTENANCE CHIROPRACTIC THERAPY	FORMAL
			7/12/2004	7/12/2004	7/26/2004	D	NO	NC	DENTAL SERVICES	FORMAL
			7/20/2004	7/20/2004	8/3/2004	A	NO	NC	OUT OF NETWORK DEDUCTIBLE	FORMAL
			7/27/2004	7/27/2004	8/3/2004	A	NO	NC	PRE-AUTH FOR LIGHT BOX	FORMAL
			7/26/2004	7/26/2004	8/6/2004	A	NO	NC	CHIROPRACTIC SERVICES	INFORMAL
			7/12/2004	7/15/2004	8/6/2004	D	YES	NC	MAINTENANCE CHIROPRACTIC THERAPY	FORMAL
			7/26/2004	7/26/2004	8/6/2004	D	NO	NC	PRE-AUTH FOR LAPAROSCOPIC GASTRIC BYPASS	FORMAL
			7/26/2004	7/26/2004	8/6/2004	D	NO	NC	MASSAGE THERAPY	FORMAL
			8/6/2004	8/6/2004	8/16/2004	D	NO	UA	NON AFFILIATED PROVIDER WITHOUT REFERRAL	FORMAL
			9/13/2004	9/13/2004	9/24/2004	D	NO	NC	DEDUCTIBLE/NO PPO	FORMAL
			8/23/2004	8/23/2004	9/21/2004	A	NO	NC	NON AFFILIATED WITHOUT REFERRAL	FORMAL
			9/1/2004	9/1/2004	9/17/2004	A	NO	NC	ER MD INCIDENTAL CHARGES	FORMAL
			9/1/2004	9/1/2004	9/17/2004	D	NO	NC	DEDUCTIBLE/NO PPO	INFORMAL
			10/11/2004	10/11/2004	10/29/2004	D	NO	NC	REFERRAL OUT OF NETWORK	FORMAL
			9/27/2004	9/27/2004	10/16/2004	D	NO	NC	MAINTENANCE PHYSICAL THERAPY	FORMAL
			9/26/2004	9/24/2004	10/11/2004	D	NO	NC	BIOFEEDBACK	FORMAL
			10/5/2004	10/5/2004	10/8/2004	A	NO	NC	NON AUTHORIZED COUNSELING SERVICES	FORMAL
			10/7/2004	10/7/2004	11/1/2004	A	NO	NC	REGION ALLOWED DENIED SERVICES PRIOR TO RECEIPT OF GRIEVANCE	INFORMAL
			10/29/2004	10/29/2004	11/9/2004	A	NO	NC	REFERRAL NOT OBTAINED FROM PRIMARY CARE PHYSICIAN	FORMAL
			10/15/2004	10/25/2004	11/5/2004	D	NO	NC	REFERRAL OUT OF NETWORK	INFORMAL
			10/29/2004	10/29/2004	12/3/2004	D	NO	NC	REFERRAL OUT OF NETWORK	FORMAL
			10/29/2004	10/29/2004	12/3/2004	D	NO	MN	EXTRACORPOREAL SHOCKWAVE THERAPY	FORMAL
									COMM 12/17/04	

Run Date: 11/03/2004 4:00:07PM  
 Group: Blue Cross Blue Shield of Wisconsin/std  
 SubGroup: 000W% Subgroups Selected  
 Sort: Name

Meridian Resource Corporation  
 Recovery Detail  
 1/1/2004 to 11/3/2004

\* = partial payment

File Name	Sub ID	Setup Date	Loss Date	Settlement Date	Total File Balance	Recovery Amount	External Attorney Charges	Other Charges	Meridian Fee	Reimburseme
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Run on: 11/03/2004 3:58:02PM

Group: Blue Cross Blue Shield of Wisc  
 SubGroup: 000W% Subgroups Selected  
 Sort: Name

Meridian Resource Corporation  
 Open File Detail

1 of 7  
Client Report

Subscriber Name	Patient Name	Subscriber ID	Set up Date	Type of Loss	In Suit?	Date of Loss	File Balance
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**MERIDIAN.**  
RESOURCE COMPANY LLC

Claims Not Selected  
Year To Date: 2004

**83000 - STATE OF WISCONSIN**

Patient Name	Claim Number	No Audit Reason	Admit Date	Provider	Charges
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**MERIDIAN.**  
RESOURCE COMPANY LLC

Finalized Case Log  
Year To Date: 2004

**83000 - STATE OF WISCONSIN**

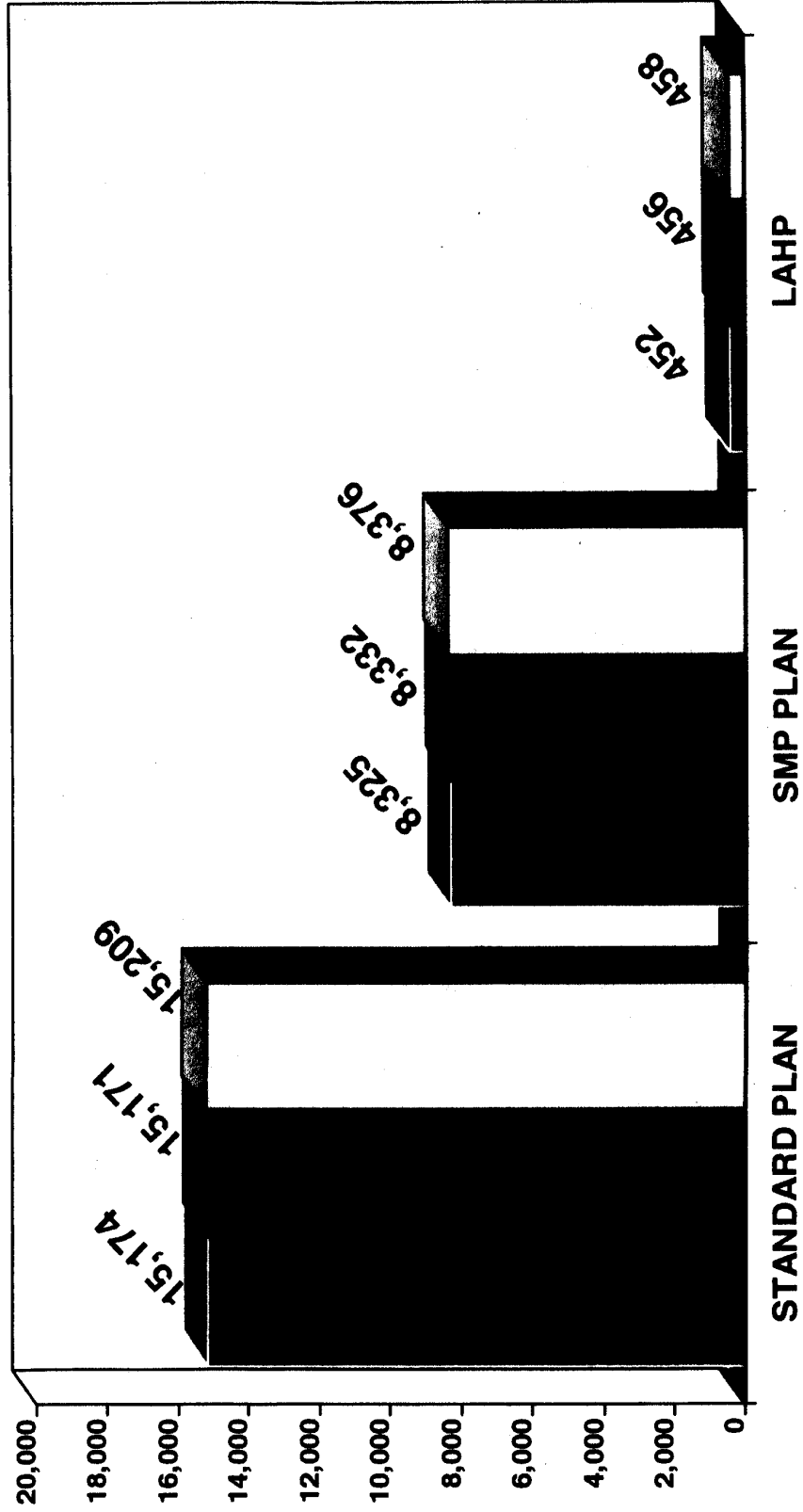
Patient Name	Claim Number	Region Code *	Status	Admit Date	Provider	Charges	Savings
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# Blue Cross & Blue Shield United of Wisconsin



## STATE OF WISCONSIN Monthly Membership Analysis Third Quarter 2004

(in thousands)



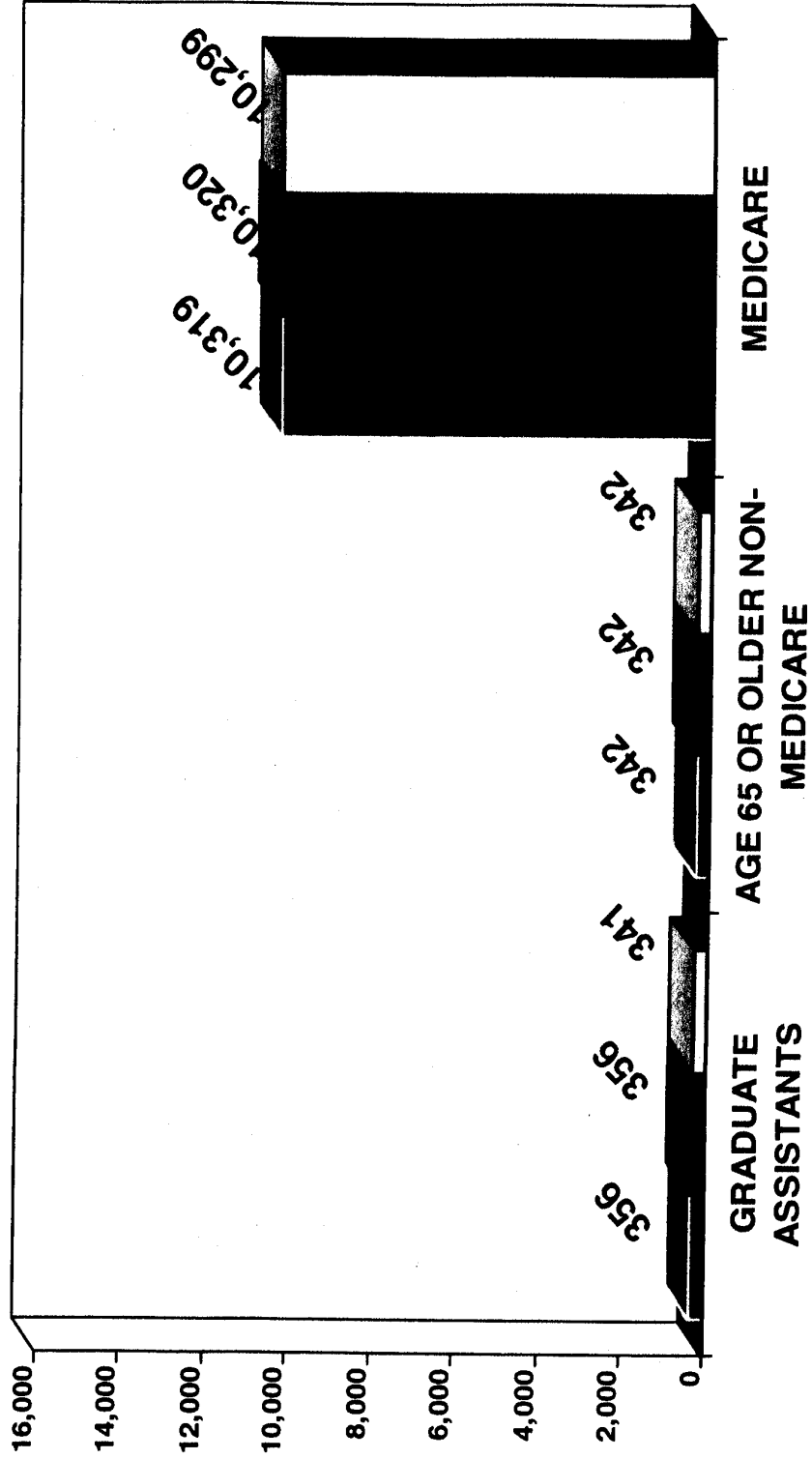
■ JULY ■ AUGUST □ SEPTEMBER

# Blue Cross & Blue Shield United of Wisconsin



## STATE OF WISCONSIN Monthly Membership Analysis Third Quarter 2004

(in thousands)



■ JULY    ■ AUGUST    □ SEPTEMBER