

Report to the Greater Milwaukee Business Foundation on Health

Commercial Physician Payment Level
Comparison: Southeast Wisconsin Versus
Selected Midwest Markets

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Objectives / Background

Study Objectives

- Compare Southeast Wisconsin average commercial physician payment rates to other Midwest markets
 - Aggregate Southeast WI physician payment levels versus select Midwest Metropolitan Statistical Areas (MSAs)
 - Southeast WI high volume physician specialty payment levels versus results across select Midwest MSAs
- Prior GMBFH studies focused on premium rates, with high-level review of aggregate payment differences
 - This new study provides more detailed physician payment comparisons by Midwest market and variations by specialty contributing to payment differences
 - Physician professional payments typically represent roughly 30% of total commercial premium costs

Data Sources

- Primary Data Source
 - 2012 self-funded medical claims data for large employers from numerous insurance companies
 - Includes physician payments reported at procedure code level and identification of patient geographic area of residence and age
- Other Sources Used for Validating Aggregate Results
 - Milliman *Health Cost Guidelines*
 - Over \$3 billion in employer group medical claims data for approximately 150 MSAs
 - Nationwide physician reimbursement database (purchased by Milliman)
 - Milliman Group Health Insurance Survey

Study Approach

- Analysis Description
 - Market basket approach using CPT codes weighted using commercial experience based on Milliman research
 - Based on professional fees and other services (such as lab tests, x-rays) provided in physician offices
 - Included CPT codes represent 80% or more of cost within each specialty
 - Allows for consistent comparison by specialty and in aggregate across markets
- Specialty Comparisons
 - Selected specialties comprise roughly 85% of commercial physician costs
 - Analysis excludes mid-level providers (e.g., nurse practitioner)

Markets Analyzed

- Southeast WI defined as including the following MSAs:
 - Milwaukee
 - Waukesha
 - Racine

- Midwest MSAs analyzed include:
 - Chicago
 - Detroit
 - Indianapolis
 - Kansas City
 - Des Moines
 - Cleveland
 - Cincinnati
 - Minneapolis
 - St. Louis

Included Physician Specialties

| Grouping | Included Specialists |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Primary Care | Family Practice, General Internal Medicine, Obstetrics / Gynecology, and Pediatrics |
| Medical Specialists | Cardiology, Dermatology, Endocrinology, Medical Oncology, Neurology, Psychiatry, Pulmonary Disease, Rheumatology, and Urology |
| Procedural Specialists | Cardiac Surgery, Gastroenterology, General Surgery, Neurosurgery, Ophthalmology, Orthopedic Surgery, Otolaryngology, and Vascular Surgery |
| Facility Based Specialists | Anesthesia, Critical Care (Intensivists), Diagnostic Radiology, Emergency Medicine, and Pathology |

Factors Influencing Commercial Physician Payment Levels Among Markets

- This study did not analyze the factors driving relative payment differences among markets
- Market complexities and conditions influence payment rates, with varying impacts by market
- Examples of potential reasons for payment level differences include:
 - Prices of essential operating costs (e.g., office rental costs, medical supply costs, staff compensation)
 - Level of operational efficiency, including physician productivity
 - Malpractice costs
 - Income taxes

Factors Influencing Commercial Physician Payment Levels Among Markets

- Examples of potential reasons for payment level differences include (continued):
 - Level of investment in utilization management or quality improvement initiatives (e.g., Patient Centered Medical Homes, care management structures, information technology)
 - Negotiating leverage with commercial payers
 - Payer mix and related cost shift burdens
 - Government program payment rates
 - Level of member cost sharing (e.g., high deductibles, coinsurance) and ability to collect full amounts
 - Physician income levels

Results

Summary of Results

- 2012 Southeast WI average commercial physician payment levels were almost 50% higher than the Midwest average
 - This difference is estimated to increase Southeast WI commercial premiums by approximately 15% compared to the Midwest average
- Commercial payment levels by specialty also were consistently higher for Southeast WI versus the Midwest
 - Southeast WI specialty payment levels ranged from approximately 15% to 95% higher than combined Midwest averages
 - The specialties with the highest payment level differences affecting total physician costs were diagnostic radiology, family practice, internal medicine, gastroenterology, anesthesia, and obstetrics / gynecology

Results – Aggregate Differences by Market

- Southeast WI average commercial payment levels were substantially higher than almost all other studied markets
 - Differences ranged from approximately 30% to 74% higher for all markets except Minneapolis
- Minneapolis was the only other Midwest market with commercial physician payment rates similar to Southeast WI
 - Southeast WI average payment rates were approximately 4% higher than Minneapolis average physician payment rates

Results – Aggregate Differences by Market

| MSA | Southeast WI Payments Relative to Comparison Market |
|----------------------|-----------------------------------------------------|
| Chicago | 43% Higher |
| Cincinnati | 64% Higher |
| Cleveland | 65% Higher |
| Des Moines | 30% Higher |
| Detroit | 60% Higher |
| Indianapolis | 70% Higher |
| Kansas City | 60% Higher |
| Minneapolis | 4% Higher |
| St. Louis | 74% Higher |
| Total Midwest | 49% Higher |

Results – Differences by Specialty

Primary Care Specialists

- Southeast WI payment levels for primary care physicians were estimated to be 44% higher than the Midwest average
- Primary care grouping includes Family Practice, Obstetrics / Gynecology, General Internal Medicine, and Pediatric medicine specialties
- Comparisons of Southeast WI average payment levels to Midwest averages were generally consistent across all specialties
 - Range was 39% to 49% higher than Midwest average
- Southeast WI individual specialty payment levels compared to other Midwest market payment levels show large variations
 - Range is 2% lower to 74% higher

Results – Differences by Specialty

Primary Care Specialists

| Primary Care Specialists | Aggregate Physician Payment Weight | Southeast WI Relative to Midwest Average | Southeast WI Relative to Highest Other Market | Southeast WI Relative to Lowest Other Market |
|---------------------------|------------------------------------|------------------------------------------|-----------------------------------------------|----------------------------------------------|
| Family Practice | 11% - 15% | 46% Higher | 2% Lower | 73% Higher |
| Internal Medicine | 6% - 10% | 49% Higher | 0% | 74% Higher |
| Obstetrics / Gynecology | 6% - 10% | 41% Higher | 7% Higher | 73% Higher |
| Pediatric Medicine | 6% - 10% | 39% Higher | 1% Higher | 67% Higher |
| Total Primary Care | 36% - 40% | 44% Higher | 1% Higher | 72% Higher |

Results – Differences by Specialty

Medical Specialists

- Southeast WI payment levels for medical specialists were estimated to be 53% higher than the Midwest average
- Medical grouping includes specialties such as Dermatology, Psychiatry, Cardiology, and Neurology
- Comparisons of Southeast WI average payment levels to Midwest averages were generally consistent across all specialties except:
 - Psychiatry estimated at 24% higher than Midwest average, and
 - Cardiology estimated at 76% higher than Midwest average
- Southeast WI individual specialty payment levels compared to other Midwest market payment levels show large variations
 - Range is 7% lower to 102% higher

Results – Differences by Specialty

Medical Specialists

| Medical Specialists | Aggregate Physician Payment Weight | Southeast WI Relative to Midwest Average | Southeast WI Relative to Highest Other Market | Southeast WI Relative to Lowest Other Market |
|----------------------|------------------------------------|------------------------------------------|-----------------------------------------------|----------------------------------------------|
| Cardiology | 1% - 5% | 76% Higher | 21% Higher | 102% Higher |
| Dermatology | 1% - 5% | 48% Higher | 9% Higher | 82% Higher |
| Endocrinology | < 1% | 48% Higher | 2% Lower | 79% Higher |
| Medical Oncology | < 1% | 46% Higher | 3% Lower | 74% Higher |
| Neurology | < 1% | 48% Higher | 2% Lower | 71% Higher |
| Psychiatry | < 1% | 24% Higher | 7% Lower | 48% Higher |
| Pulmonary Disease | < 1% | 45% Higher | 1% Lower | 73% Higher |
| Rheumatology | < 1% | 49% Higher | 2% Lower | 79% Higher |
| Urology | 1% - 5% | 58% Higher | 12% Higher | 99% Higher |
| Total Medical | 6% - 10% | 53% Higher | 8% Higher | 74% Higher |

Results – Differences by Specialty

Procedural Specialists

- Southeast WI payment levels for procedural specialists were estimated to be 55% higher than the Midwest average
- Procedural grouping includes specialties such as Orthopedic Surgery, Ophthalmology, Gastroenterology, and General Surgery
- Comparisons of SE Wisconsin average payment levels to Midwest averages were generally consistent across all specialties except:
 - Ophthalmology (17% higher), and
 - Gastroenterology (96% higher)
- Southeast WI individual specialty payment levels compared to other Midwest market payment levels show large variations
 - Range is 5% lower to 139% higher

Results – Differences by Specialty

Procedural Specialists

| Procedural Specialists | Aggregate Physician Payment Weight | Southeast WI Relative to Midwest Average | Southeast WI Relative to Highest Other Market | Southeast WI Relative to Lowest Other Market |
|-------------------------|------------------------------------|------------------------------------------|-----------------------------------------------|----------------------------------------------|
| Cardiac Surgery | < 1% | 67% Higher | 14% Higher | 85% Higher |
| Gastroenterology | 1% - 5% | 96% Higher | 28% Higher | 139% Higher |
| General Surgery | 1% - 5% | 61% Higher | 8% Higher | 87% Higher |
| Neurosurgery | < 1% | 43% Higher | 0% | 68% Higher |
| Ophthalmology | 1% - 5% | 17% Higher | 5% Lower | 74% Higher |
| Orthopedic Surgery | 1% - 5% | 42% Higher | 1% Higher | 67% Higher |
| Otolaryngology | 1% - 5% | 51% Higher | 2% Higher | 72% Higher |
| Vascular Surgery | < 1% | 58% Higher | 9% Higher | 92% Higher |
| Total Procedural | 11% - 15% | 55% Higher | 7% Higher | 82% Higher |

Results – Differences by Specialty

Facility Based Specialists

- Southeast WI average payment levels for facility based specialists were estimated to be 59% higher the Midwest average
- Facility based grouping includes specialties such as Diagnostic Radiology, Anesthesia, Pathology, and Emergency Medicine
- Comparisons of SE Wisconsin average payment levels to Midwest averages were generally consistent across all specialties
 - Range was 40% to 73% higher
- Southeast WI individual specialty payment levels compared to other Midwest market payment levels show large variations
 - Range was 14% lower to 168% higher

Results – Differences by Specialty

Facility Based Specialists

| Facility Based Specialists | Aggregate Physician Payment Weight | Southeast WI Relative to Midwest Average | Southeast WI Relative to Highest Other Market | Southeast WI Relative to Lowest Other Market |
|------------------------------|------------------------------------|------------------------------------------|-----------------------------------------------|----------------------------------------------|
| Anesthesia | 1% - 5% | 73% Higher | 47% Higher | 168% Higher |
| Critical Care (Intensivists) | < 1% | 54% Higher | 3% Higher | 74% Higher |
| Diagnostic Radiology | 11% - 15% | 62% Higher | 17% Higher | 131% Higher |
| Emergency Medicine | 1% - 5% | 52% Higher | 2% Higher | 71% Higher |
| Pathology | 1% - 5% | 40% Higher | 14% Lower | 80% Higher |
| Total Facility Based | 21% - 25% | 59% Higher | 27% Higher | 107% Higher |

Caveats and Use of This Report

Caveats

- This report was developed to provide comparisons of market average commercial physician payment levels and may not represent the actual experience of individual payers or employers.
- Physician commercial payment levels are based on observed averages from 2012 claims data. Actual results will vary from these estimates due to the actual mix of services provided in each market, network design, timing of contract changes, and other variables.
- Our findings do not reflect changes to physician payment levels in Southeast Wisconsin or Midwest MSAs subsequent to 2012.

Caveats

- Results were developed using data that we did not audit, but we did review the data for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.
- Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. Christopher Giese and Greg J. Herrle are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

Use of This Report

- This report is intended for use in collaborative quality and cost improvement initiatives. We ask that it not be used for public relations or general media purposes.
- Please review the full report (including the Appendix) and use the information in its entirety. Market comparisons using only one measure or even a limited number of comparisons can be misleading.

Thank You

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**Greater Milwaukee Business Foundation on Health
Commercial Physician Payment Level Comparison: Southeast
Wisconsin Versus Selected Midwest Markets**

Technical Appendix

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This technical appendix describes the methods used to summarize and compare average physician payment levels between Southeast Wisconsin and select Midwest markets for commercially insured people (i.e., excludes Medicare, Medicaid, and uninsured individuals) from calendar year 2012. Measuring physician commercial payment information is complicated and often controversial. Therefore, the descriptions in this appendix are crucial to the effective use of the comparisons provided throughout this report. The information included in the report should only be considered in its entirety, including the information in this appendix.

I. OVERVIEW

The Greater Milwaukee Business Foundation on Health (the Foundation) commissioned Milliman to create a comparison of Southeast Wisconsin commercial physician payment levels to average commercial physician payment levels for selected Midwest Metropolitan Statistical Areas (MSA's) using 2012 claims data.

The Foundation's goals for this analysis were to provide insight into Southeast Wisconsin commercial physician payment levels relative to comparable payment levels for other Midwest metropolitan areas with specific analyses illustrating:

- Aggregate average physician payment levels in Southeast Wisconsin compared to the averages for the other Midwest markets individually and in the aggregate,
- Physician payment levels in Southeast Wisconsin for high volume physician specialties compared to combined results across select Midwest MSAs, and
- Physician payment levels in Southeast Wisconsin for high volume physician specialties compared to the physician payment levels in each individual Midwest market.

Milliman's role in this analysis was to:

- Obtain commercial physician claims for each Southeast Wisconsin and Midwest metropolitan area included in the study,
- Develop a market basket of CPT and other procedure codes representative of each physician specialty's mix of business including a market basket representing the composite mix of services for all included specialties,
- Calculate market-specific average payment rates for each procedure code included in the individual specialty and composite baskets using the commercial claims data for each market, and
- Provide summarized Southeast Wisconsin payment levels relative to each Midwest metropolitan area individually and in the aggregate.

II. METHODOLOGY AND ASSUMPTIONS

DATA SOURCES

Our analysis was based on 2012 self-funded medical claims data for large employers provided by a proprietary data vendor. The data includes claims from numerous insurers operating in each market. The key features of this data include:

- Detailed medical claims reported at the procedure code level including allowed (contracted) payment amounts for each claim. Claim data reported at the procedure code level allows for comparison of payments across markets controlling for service mix differences.
- Identification of patient geographic area of residence. This information was used to group claims into the respective market areas analyzed (described in the next section below).
- Identification of patient age. This information allows us to subset the claims data to focus on the population under age 65.
- Identification of whether a claim was in-network or out-of-network. This flag was used to limit our analysis to in-network claims only.

We also used various secondary data sources in our work to validate the aggregate results by market from the primary data source outlined above. The secondary data sources were:

- Milliman *Health Cost Guidelines*.
- Over \$3 billion in employer group medical claims data for approximately 150 MSAs obtained by Milliman from other sources.
- Nationwide physician reimbursement database (purchased by Milliman).
- Milliman Group Health Insurance Survey.

MARKETS ANALYZED

We summarized physician claims based on the patient's residence by Metropolitan Statistical Area (MSA). Southeast Wisconsin for the purposes of this report is defined as including the Milwaukee / Waukesha and Racine MSAs. The Midwest market for the purposes of this report is defined as including the following MSAs:

- Chicago
- Cincinnati
- Cleveland
- Des Moines
- Detroit
- Indianapolis
- Kansas City
- Minneapolis
- St. Louis

ANALYSIS DESCRIPTION

This section outlines a general description of our approach for preparing and analyzing the Southeast Wisconsin and individual Midwest market physician payment data summarized in the report.

Data Gathering from Primary Data Source

- 1) We identified all commercial members under the age of 65 with enrollment records indicating residence in the selected markets.
- 2) We extracted all physician claims associated with the members identified in (1) for those claims flagged as in-network. The claims include professional fees and other services such as lab tests, x-rays, or other similar services which may be provided in physician offices.
- 3) For claims identified in (2), we identified allowed provider payments and service counts for each applicable procedure code.
- 4) We developed average physician payments by procedure code from (3) dividing total allowed dollars by total services for each procedure code. This calculation was performed separately for each market analyzed.

Fee Weighting and Specialty Determination

Milliman's proprietary Fee Schedule Analysis Model (FSAM) was used to analyze average fees for each MSA and to assign specialties. The model uses a sample of procedure codes to give a representative, but manageable, sample of physician fees across the spectrum of services and specialties. The included specialties are selected to represent approximately 85% of all physician costs, and the procedure codes included are selected to represent 80% or more of the cost within each specialty.

The FSAM utilizes a "market basket approach" to develop the comparisons provided in the report. The market basket approach uses a consistent weight applied to the average payment (i.e., "fee") per procedure code for summarizing fees by specialty and in total combining all specialties. Using the same weights for each market controls for mix of service differences and allows for consistent comparison by specialty and in aggregate across markets. The weights by procedure code are based on commercial claims experience from Milliman research.

The detailed results comparing Southeast Wisconsin to each Midwest market by specialty is included in Attachment A. The combined total across the Midwest markets is weighted by the level of physician payments by specialty included in the data analyzed. Caution should be used when interpreting results for a given market and specialty estimate, particularly for low volume specialties and markets with smaller populations.

III. HEALTH INSURANCE COSTS FORM THE BASIS OF COMPARISON

The focus of this analysis is on the commercial physician payment levels for actively insured people under the age of 65 living in the identified Southeastern Wisconsin and Midwest markets. The analysis does not include analysis of other market segments such as Medicare, Medicaid, or the uninsured population that may influence these payments levels. In addition, the analysis is focused only on costs related to physician services and excludes other costs related to services such as inpatient and outpatient facility services.

The reader of this report should consider all elements of healthcare costs before drawing conclusions from this report.

IV. QUALITY COMPARISONS ARE NOT INCLUDED IN ANALYSIS

Milliman's analysis did not include any quality or outcomes information because such data was outside the scope of this analysis. Quality information is a critical component of provider evaluation and should be considered when evaluating healthcare costs.

V. USES OF INFORMATION

The Greater Milwaukee Business Foundation on Health and Milliman encourage the business, healthcare provider, and government communities to use this information to collaborate on quality and cost improvement initiatives. We did not create this information for, and we ask that it not be used in, any organization-specific public relations efforts or for general media purposes. We also ask that this information be reviewed and used in its entirety. Market comparisons using only one measure or even a limited number of measures can be misleading. An informed comparison of healthcare market characteristics should also incorporate other information, particularly additional quality measures, not included in this report. This information is designed for use by the business, healthcare provider, and government communities, not individual consumers of healthcare services.

VI. CAVEATS AND LIMITATIONS ON USE

This report was developed to provide comparisons of market average commercial physician payment levels and may not represent the actual experience of individual payers or employers. This information may not be appropriate, and should not be used, for other purposes.

Physician commercial payment levels are based on observed averages from 2012 claims data. Actual results will vary from these estimates due to random claim fluctuation, mix of services, network design, timing of contract changes, and other variables. Our findings do not reflect changes to physician payment levels in Southeast Wisconsin or Midwest MSAs subsequent to 2012.

Results were developed using data that we did not audit, but we did review the data for general reasonableness. To the extent this information is not accurate, the results and conclusions of our analyses may not be accurate.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in actuarial communications. Christopher Giese and Greg J. Herrle are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

VII. FOR FURTHER INFORMATION

Please contact Keith Kieffer, CPA, RPh, Christopher Giese, FSA, MAAA, or Greg J. Herrle, FSA, MAAA in the Milwaukee office of Milliman (Phone: (262) 784-2250, email: keith.kieffer@milliman.com, chris.giese@milliman.com, or gregory.j.herrle@milliman.com with questions and comments about the information in this report.

Attachment A
Greater Milwaukee Business Foundation on Health
Southeast Wisconsin Commercial Physician Payments Relative to Other Midwest Markets¹
Southeast Wisconsin Average Payment Rate Above (Below) Other Midwest Market

| Specialty | Specialist Grouping | Aggregate Physician Payment Weight | Midwest Market | | | | | | | | | |
|------------------------------|---------------------|------------------------------------|----------------|------------|------------|------------|------------|------------|--------------|-------------|-------------|------------|
| | | | Combined Total | Chicago | Cincinnati | Cleveland | Des Moines | Detroit | Indianapolis | Kansas City | Minneapolis | St. Louis |
| Anesthesia | Facility Based | 1% - 5% | 73% | 47% | 66% | 65% | 111% | 168% | 84% | 91% | 98% | 103% |
| Cardiac Surgery | Procedural | < 1% | 67% | 62% | 78% | 74% | 34% | 80% | 85% | 73% | 14% | 84% |
| Cardiology | Medical | 1% - 5% | 76% | 77% | 101% | 56% | 50% | 102% | 74% | 81% | 21% | 62% |
| Critical Care (Intensivists) | Facility Based | < 1% | 54% | 64% | 57% | 46% | 66% | 74% | 73% | 35% | 3% | 45% |
| Dermatology | Medical | 1% - 5% | 48% | 37% | 74% | 61% | 27% | 58% | 75% | 61% | 9% | 82% |
| Diagnostic Radiology | Facility Based | 11% - 15% | 62% | 49% | 131% | 91% | 37% | 102% | 97% | 85% | 17% | 101% |
| Emergency Medicine | Facility Based | 1% - 5% | 52% | 63% | 55% | 44% | 66% | 71% | 71% | 34% | 2% | 43% |
| Endocrinology | Medical | < 1% | 48% | 45% | 50% | 64% | 26% | 55% | 68% | 58% | -2% | 79% |
| Family Practice | Primary Care | 11% - 15% | 46% | 43% | 52% | 59% | 28% | 48% | 62% | 55% | -2% | 73% |
| Gastroenterology | Procedural | 1% - 5% | 96% | 94% | 98% | 139% | 80% | 112% | 116% | 94% | 28% | 119% |
| General Surgery | Procedural | 1% - 5% | 61% | 56% | 70% | 79% | 38% | 72% | 82% | 74% | 8% | 87% |
| Internal Medicine | Primary Care | 6% - 10% | 49% | 46% | 54% | 63% | 29% | 53% | 64% | 58% | 0% | 74% |
| Medical Oncology | Medical | < 1% | 46% | 44% | 45% | 64% | 25% | 57% | 65% | 57% | -3% | 74% |
| Neurology | Medical | < 1% | 48% | 44% | 54% | 66% | 23% | 60% | 71% | 56% | -2% | 70% |
| Neurosurgery | Procedural | < 1% | 43% | 40% | 33% | 62% | 25% | 47% | 68% | 58% | 0% | 68% |
| Obstetrics / Gynecology | Primary Care | 6% - 10% | 41% | 33% | 51% | 44% | 32% | 62% | 64% | 60% | 7% | 73% |
| Ophthalmology | Procedural | 1% - 5% | 17% | 7% | 38% | 32% | 5% | 12% | 74% | 32% | -5% | 53% |
| Orthopedic Surgery | Procedural | 1% - 5% | 42% | 38% | 46% | 62% | 25% | 54% | 67% | 62% | 1% | 59% |
| Otolaryngology | Procedural | 1% - 5% | 51% | 50% | 43% | 68% | 31% | 47% | 63% | 72% | 2% | 70% |
| Pathology | Facility Based | 1% - 5% | 40% | 32% | 80% | 78% | 1% | 69% | 65% | 41% | -14% | 55% |
| Pediatric Medicine | Primary Care | 6% - 10% | 39% | 37% | 45% | 51% | 24% | 38% | 51% | 50% | 1% | 67% |
| Psychiatry | Medical | < 1% | 24% | 19% | 24% | 41% | 18% | 33% | 48% | 44% | -7% | 47% |
| Pulmonary Disease | Medical | < 1% | 45% | 39% | 64% | 67% | 24% | 60% | 73% | 51% | -1% | 55% |
| Rheumatology | Medical | < 1% | 49% | 45% | 52% | 66% | 26% | 55% | 68% | 59% | -2% | 79% |
| Urology | Medical | 1% - 5% | 58% | 43% | 67% | 92% | 36% | 81% | 66% | 76% | 12% | 99% |
| Vascular Surgery | Procedural | < 1% | 58% | 50% | 80% | 78% | 28% | 68% | 92% | 70% | 9% | 90% |
| Total | | 85% | 49% | 43% | 64% | 65% | 30% | 60% | 70% | 60% | 4% | 74% |

¹ Percentage calculated as Southeast Wisconsin Payments divided by Midwest Market Payments minus one.