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State of Wisconsin
Department of Health Services

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January 19, 2011

Ms. Sandra S. Hunt, M.P.A.
PricewaterhouseCoopers LLP
One North Wacker
Chicago, IL 60606

Ms. Jinn-Feng Lin, F.S.A., M.A.A.A.
PricewaterhouseCoopers LLP
One North Wacker
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Dear Ms. Hunt and Ms. Lin:

I, Tom Lawless, Director of the Bureau of Financial Management for the Wisconsin Department of Health Service's Division of Long-Term Care, hereby affirm that the following data prepared and submitted to PricewaterhouseCoopers LLP for the purpose of developing 2011 Family Care capitation rates were prepared under my direction, and to the best of my knowledge and belief, are accurate and complete. These data include:

1. MA Card fee-for-service claim data files for 2007 through 2009, for the nursing home, managed care, and home and community-based waiver populations;
2. MA eligibility data files for 2007 through 2009, for the nursing home and home and community-based waiver populations;
3. Functional screen information for Family Care members, as well as for home and community-based waiver and wait list clients;
4. Eligibility information for Family Care members;
5. MCO encounter file containing units of service and program costs for Family Care members;
6. Potential contracting agencies and anticipated start dates in regions of the state to which the program is expected to expand;
7. Projected Family Care enrollment months for CY2010 and CY 2011 in light of the program's anticipated expansion.

Sincerely,

A handwritten signature in cursive script that reads "Tom Lawless".

Tom Lawless
Bureau Director
DLTC/FMS

Wisconsin Department of Health Services
Crosswalk from CMS Rate Setting Checklist to 2011 Family Care Report

Item	Location	Comments
AA.1.0 Overview of Ratesetting Methodology	Entire Report	
AA.1.1 Actuarial Certification	Pages 24-26	
AA.1.2 Projection of Expenditures	NA	DHFS will provide
AA.1.3 Procurement, Prior Approval and Ratesetting	NA	State Set Rates
AA.1.5 Risk contracts	NA	
AA.1.6 Limit on Payment to other providers	NA	
AA.1.7 Rate Modifications	NA	
AA.2.0 Base Year Utilization and Cost Data	Pages 7-15	Exhibits I-1 and I-2
AA.2.1 Medicaid Eligibles under the Contract	NA	Data submitted by participating health plans
AA.2.2 Dual Eligibles	NA	
AA.2.3 Spenddown	NA	
AA.2.4 State Plan Services only	Page 9 & 14	
AA.2.5 Services that may be covered out of contract savings	NA	
AA.3.0 Adjustments to Base Year Data	Pages 7-15	
AA.3.1 Benefit Differences	NA	No Changes in Benefits
AA.3.2 Administrative Cost Allowance Calculations	Pages 17-18	Exhibit III-1a
AA.3.3 Special Populations' Adjustments	NA	
AA.3.4 Eligibility Adjustments	NA	
AA.3.5 DSH Payments	NA	
AA.3.6 Third Party Liability	NA	
AA.3.7 Copayments, Coinsurance and Deductibles in Capitated Rates	Page 9, 14, & 21	
AA.3.8 Graduate Medical Education	NA	
AA.3.9 FQHC and RHC Reimbursement	NA	
AA.3.10 Medical Cost / Trend Inflation	Pages 5 & 16	Exhibits III-1a & III-2
AA.3.11 Utilization Adjustments	Pages 7-15	
AA.3.12 Utilization and Cost Assumptions	NA	
AA.3.13 Post-Eligibility Treatment of Income	NA	
AA.3.14 Incomplete Data Adjustment	Page 7	
AA.4.0 Establish Rate Category Groupings	Pages 1-5	
AA.4.1 Age	NA	
AA.4.2 Gender	NA	
AA.4.3 Locality / Region	Pages 1-4	
AA.4.4 Eligibility Categories	Pages 4-5	
AA.5.0 Data Smoothing	NA	
AA.5.1 Special Population and Assesment of the Data for Distortions	NA	
AA.5.2 Cost-neutral data smoothing adjustment	NA	
AA.5.3 Risk Adjustment	Pages 10-13, & 15	
AA.6.0 Stop Loss, Reinsurance or Risk Sharing arrangements	Page 22	
AA.6.1 Commercial Reinsurance	NA	
AA.6.2 Simple stop loss program	NA	
AA.6.3 Risk corridor program	NA	
AA.7.0 Incentive Arrangements	NA	

**Wisconsin Department of
Health Services**

**Calendar Year 2011
Family Care Capitation Rates**

Prepared by:

PricewaterhouseCoopers

January 2011

January 19, 2011

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Mr. Thomas Lawless
Director
Bureau of Financial Management
Division of Long-Term Care
One West Wilson Street
Madison, WI 53701

Re: 2011 Managed Care Capitation Rate Development for Family Care

Dear Tom:

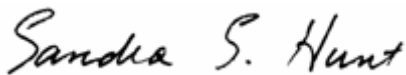
The enclosed report provides a detailed description of the methodology used to develop the 2011 managed care capitation rates for the Family Care program effective January 1, 2011 through December 31, 2011 in Wisconsin. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements that the capitation rates be actuarially sound and appropriate for the population covered by the program.

The development of these rates was overseen by Sandra Hunt, Principal, and Jinn Lin, Lead Actuary.

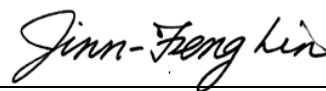
Please call Sandra Hunt at 415-498-5365 or Jinn Lin at 312-298-3792 if you have any questions regarding these rates.

Very truly yours,

PricewaterhouseCoopers LLP



By: Sandra S. Hunt, M.P.A.
Principal



Jinn Lin, F.S.A., M.A.A.A.
Director

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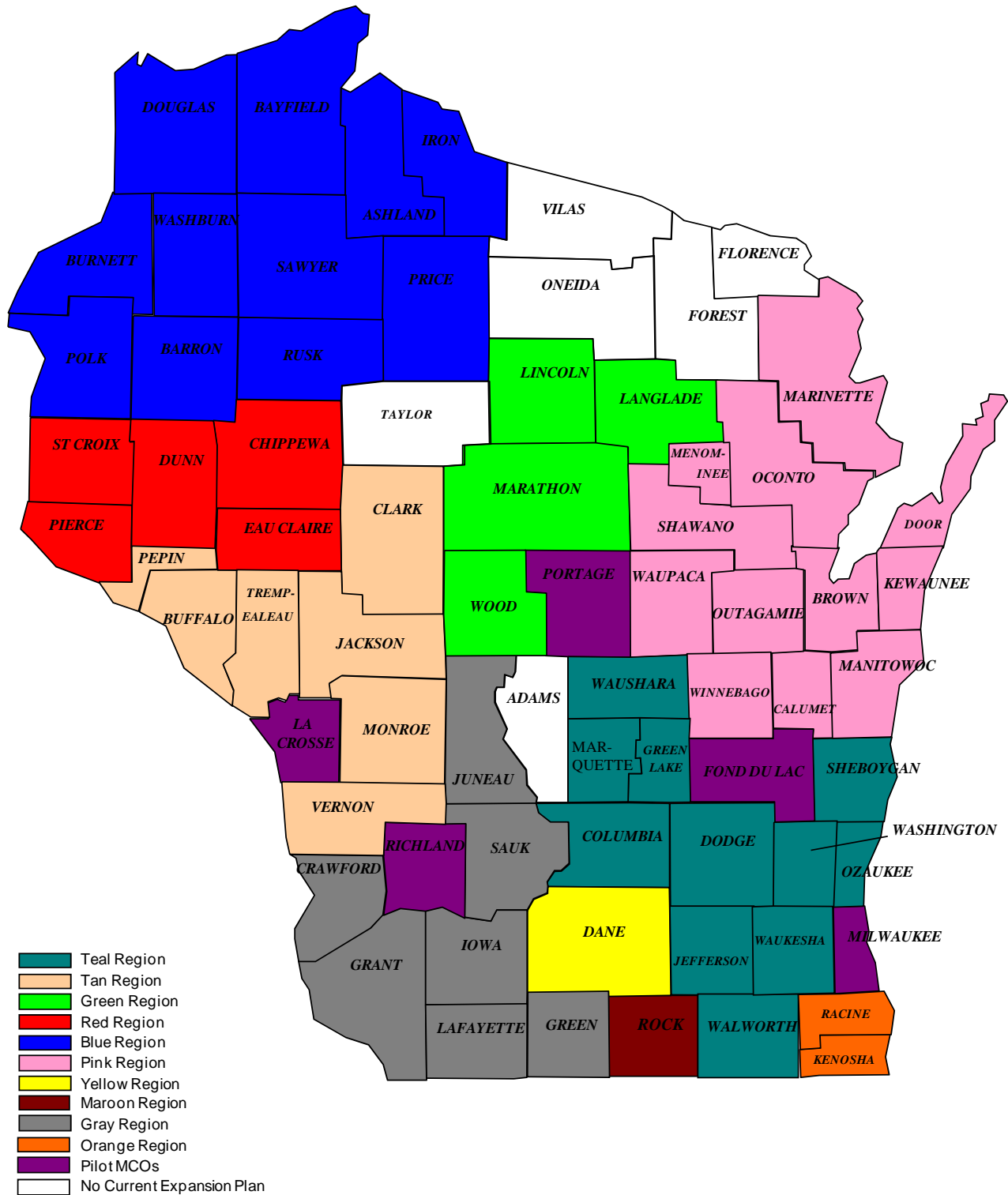
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EXECUTIVE SUMMARY

This report describes the methodology used to develop calendar year 2011 monthly capitation payments for Family Care. This program is sponsored by the State of Wisconsin Department of Health Services and covers long-term care (LTC) services previously provided through the Medicaid State Plan, the Medicaid Home and Community Based Waivers (Waiver), and the Community Options Program (COP). Primary and acute medical services are not covered by Family Care. The following table shows the five original pilot MCOs that have been operating in the Family Care program for approximately 10 years.

Family Care Original Pilot MCOs		
MCO	Implementation Date	Covered Counties
Lakeland Care District (LCD)	Pilot MCO	Fond du Lac
Western Wisconsin Cares (WWC)	Pilot MCO	La Crosse
Milwaukee County Department of Family Care (MCDFC)	Pilot MCO	Milwaukee (Elderly)
Community Care of Central Wisconsin (CCCW)	Pilot MCO	Portage
Southwest Family Care Alliance (SFCA)	Pilot MCO	Richland

The State has been continuing the effort to expand the Family Care program outside of the original, and the current, service areas. The expansion plan that DHS has provided categorizes the State into eleven regions; most being comprised of multiple counties. MCOs will not expand to all counties in their region at the same time, and multiple MCOs may provide service in the same county or region. The map below provides the regional configuration for the Family Care program.



The implementation dates for various MCOs as well as the counties to which they have or will expand coverage are detailed below. Implementation dates included in this report reference the date the first county in a region was expanded to by an MCO.

Family Care Expansion Details		
MCO	Implementation Date	Expansion Counties
Community Care	Jan. 1, 2007	Calumet, Kenosha, Milwaukee, Outagamie, Ozaukee, Racine, Sheboygan, Walworth, Washington, Waukesha, & Waupaca
Care Wisconsin	Mar. 1, 2008	Columbia, Dodge, Green Lake, Jefferson, Marquette, Washington, Waukesha, & Waushara
CHP	May 1, 2008	Chippewa, Dunn, Eau Claire, Pierce, & St. Croix
SFCA	Sept. 1, 2008	Crawford, Grant, Green, Iowa, Juneau, Lafayette & Sauk
CCCW	Nov. 1, 2008	Marathon, Langlade, Lincoln, & Wood
WWC	Nov. 1, 2008	Buffalo, Clark, Jackson, Monroe, Pepin, Trempealeau & Vernon
Northern Bridges	May 1, 2009	Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer, & Washburn
MCDFC	Nov. 1, 2009	Milwaukee (Disabled)
LCD	Apr. 1, 2010	Manitowoc & Winnebago

Historical rate development has relied on using the base data for the five pilot counties since there was no readily available or sufficiently credible managed care claim experience for the expansion areas. However, Community Care expanded coverage to Racine and Kenosha counties in January and February 2007, respectively. Over the course of calendar year 2009, Community Care enrolled a sufficiently stable base population to be included in the rate development. The analysis performed supported that the MCO had reasonably achieved managed care efficiencies; therefore the data for the managed care populations within these two counties was also included in the rate development for the CY 2011 rate setting process. Throughout the remainder of the report, the experience of these seven counties will be referred to as the base cohort counties. For other expansion areas, managed care claim experience was deemed unreliable and could not be used for

rate development. As a result, the capitation rates for the other expansion areas and the Waiver populations are developed based on encounter data reported from the base cohort counties for calendar year 2009.

As noted in the above table, some MCOs currently participating in the Family Care program are expanding coverage to additional counties. As a result, the capitation rates for these providers will be calculated using a blend of the following three rates:

1. Capitation rate for the base cohort MCO population
2. Capitation rate for an MCO's known expansion population in a non-base cohort county
3. Capitation rate developed for those individuals not currently participating in the Family Care program that are eligible to enroll in expansion counties.

Although initial rates are developed by county, the capitation rates are developed by MCO and by the rate regions discussed above. The rates are based on the base cohort MCOs' encounter data, with adjustments for variation in functional status as measured by each recipient's Long-Term Care Functional Screen (LTCFS) based on members and eligibles from the expansion regions. The encounter data is adjusted to remove costs of non-state plan services and the waiver services contained in the baseline claims experience that were not cost effective in comparison with their in-lieu-of substitute service. An adjustment is made to account for the differences in cost by geography between a region and the base cohort county experience used as the basis for the rate development. Baseline experience data is adjusted for trend, recognizing changes in utilization, cost, technology, and the different timing of an MCO's implementation date. An allowance is made for administrative costs and prospective risk margin, and the claims data is adjusted to account for incomplete claims. Adjustments were applied to the costs to account a series of rate reform initiatives that will have an impact on the capitation rates paid to the MCOs. Additionally, a phase-in adjustment is applied to the rate to recognize that plans will need time to improve the utilization profile in new areas, and realize other efficiencies.

Nursing Home Level of Care Functional Status Model

The NH level of care rates are based on three regression models of functional status developed from MCO-reported experience for calendar year 2009. Regression is a statistical technique that produces an estimate of the effect of each factor individually on the cost for an individual. A regression model is independently developed for each of the three eligibility categories (Developmentally Disabled, Physically Disabled, and Frail Elderly) using the corresponding population's claim and eligibility data. The structure of the three regression models therefore varies based on the characteristics that are most prevalent to a population. Following are the "functional" measures that were used to develop the models:

- SNF level of care for the elderly
- Type of developmental disability for the disabled, if any
- Number of IADLs
- ADLs and their levels of help

- Interaction terms among various ADLs
- Behavioral indicators
- Medication management
- Health Related Services
- Specific Diagnoses

Trend was developed separately for the Developmentally Disabled, Physically Disabled, and Elderly populations based on an analysis of managed care claims experience. An annual trend of 2.5% for the Developmentally Disabled population, 5.5% for the Physically Disabled and 5.5% for the Elderly population, was developed using managed care claim and eligibility data, which measures the annual mix, cost, and utilization trend. The current mix of participants is used to determine the two-year trend rates for each county. These rates are aggregated to develop a regional trend rate for each of the participating MCOs.

The rates include an allowance for health plan administrative expenses and reasonable risk charges and are adjusted for regional variation in costs, incomplete claims, and rate reform initiatives.

Non-Nursing Home Level of Care Functional Status Model

The non-NH level of care rates are based on the base cohort MCO-reported experience for calendar year 2009. The non-NH level of care rates are developed using a functional status based model that stratifies claims experience based on an individual's level of need, using their sum of ADLs and IADLs. The ADLs and IADLs are each separated into "low" and "high" levels of need. A "low" level of need corresponds to an individual that has an ADL/IADL count of two or less. A "high" level of need corresponds to an individual that has an ADL/IADL count of three or more. The rates are developed based on four distinct cohorts:

- Low IADL and low ADL level of need,
- Low IADL and high ADL level of need,
- High IADL and low ADL level of need, and
- High IADL and high ADL level of need

For example, assume an individual requires bathing assistance (ADL), dressing assistance (ADL), and medication management (IADL). This individual has an ADL count of two and an IADL count of one. Therefore the claim and eligibility experience of this individual are bucketed into the "low" ADL and "low" IADL level of need cohort.

For a Family Care provider that is expanding coverage to additional regions, the non-NH expansion capitation rate is equivalent to the current MCO non-NH capitation rate. For those providers who are not currently participating in the Family Care program, a program-wide non-NH level of care capitation rate applies to all providers.

Similar to the NH level of care rate development, the non-NH rates are adjusted for trend and an administrative allowance.

Disclaimer

In performing this analysis, we relied on data and other information provided by the State. We have not audited or verified this data or other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and believe the data appear to be reasonable for this rate development. If there are material errors or omissions in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual results depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis.

This report is intended to assist the State in developing Family Care capitation rates. It may not be appropriate for other uses. PricewaterhouseCoopers does not intend to benefit and assumes no duty or liability to other parties who receive this work. This report should only be reviewed in its entirety. It assumes the reader is familiar with Family Care, the Wisconsin Medicaid long-term care and Waiver programs, and managed care rating principles.

The results in this report are technical in nature and are dependent upon specific assumptions and methods. No party should rely upon these results without a thorough understanding of those assumptions and methods. Such an understanding may require consultation with qualified professionals.

I. DATA SOURCES

A first step in developing capitation rates is identifying the data that will be used for the calculations. The CMS regulations call for use of data that is appropriate for the population to be covered by the program. Those regulations also indicate it is CMS' intent that the data be no more than five years old. A number of sources of data may be considered appropriate including:

- Fee-for-service data for the Medicaid population in the geographic area to be covered by managed care plans;
- Health plan encounter data for their Medicaid population;
- Health plan encounter data for other populations, with appropriate adjustments to reflect utilization patterns of Medicaid enrollees;
- For some components of the analysis, health plan financial data;
- For some components of the analysis, data from other Medicaid programs.

The capitation rates are developed separately for those individuals that meet a nursing home level of care criteria and those that do not. Managed care eligibility and claims experience data from the base cohort Wisconsin MCOs for calendar year 2009 is used to establish baseline costs for both populations. In addition to claims and eligibility data, functional screen data were provided by the State. To correct for missing functional screen data, missing values were assumed to have a value of "0". In other words, we assumed that the individual did not have the characteristic addressed by the question unless it was affirmatively reported.

Each recipient's cost for 2009 was matched to their corresponding eligible days. Therefore a cost PMPM was determined for each eligibility group as the total payments divided by total eligibility days times 30.41667 (the average number of days in a month).

Claims Experience

The claims data covers dates of service for calendar year 2009 with run out through May 2010. These data must be adjusted to reflect claims that were Incurred But Not Reported (IBNR) in order to "complete" the starting claims database. IBNR adjustments are made by MCO across the three eligibility categories. Fond du Lac data was increased by 0.48%, La Crosse by 0.94%, Milwaukee by 0.04%, Portage by 0.37%, Richland by 0.08%, and Kenosha and Racine by 0.65%. An IBNR adjustment of 0.43% was applied to all other expansion regions. IBNR claims have been estimated using standard actuarial methods.

Functional Status Information

All recipients were given health status and functional screens annually prior to 2009 or at the point of Family Care enrollment during 2009. Such information is readily available on the State's administrative system and is expected to continue to be available while the Family Care program is in effect.

The health status and functional screens collect the following information on recipients:

- Type of living situation, level of care (e.g., skilled nursing)
- The presence of a developmental disability
- The level of assistance for each instrumental activity of daily living (i.e., IADLs)
- The level of assistance for each activity of daily living (i.e., ADLs)
- The presence of one of 64 diagnosis groups, summarized into 10 diagnostic classes
- The use of medications and the level of assistance required to correctly administer them
- The frequency of certain health related services (e.g., pain management, TPN, dialysis, etc.)
- The levels of communication, memory, and cognition
- The presence and extent of certain behaviors (wandering, self-injurious, offensive, etc.)

Legal and administrative information is also collected but not used for risk adjuster development. All screeners are trained by the State to ensure that the screens are administered consistently.

To appropriately reflect the relative risk and cost of enrollees in the Family Care program, three risk assessment models were developed that measure differences in utilization of services based on functional status within each eligibility category (Developmentally Disabled, Physically Disabled, and Frail Elderly). Family Care-specific models were developed because available risk assessment and risk adjustment models were deemed to be a poor fit for measuring differences in expected Long Term Care costs among enrollees. Commercial and other available models are largely designed to estimate the need for acute care services, and do not take into account such factors as frailty and the need for assistance with activities of daily living. A description of each risk assessment model is contained in the NH and non-NH rate development sections of the report.

II. NURSING HOME LEVEL OF CARE METHODOLOGY

This section of the report details the development and statistical validity of a risk adjustment methodology used to calculate the Nursing Home level of care baseline per capita costs.

Base Data

The base data consists of calendar year 2009 encounter eligibility and claim data for the MCOs that are providing coverage in the seven base cohort counties. Performing a detailed analysis of costs used in the rate setting process in prior years versus those costs in the base data this year, two anomalies were observed. Additionally, DHS indicated that the prospective change in nursing home payment methods that began in January 2009 had not been implemented by certain MCOs and was not fully reflected in the calendar year 2009 base data.

1. **Care Management Costs:** When comparing the care management encounter data costs with the care management costs contained in the MCOs financial statements, material variances were noted. A downward adjustment to the data was made by MCO to appropriately reflect the care management costs contained in the financial statements.
2. **Provider Rate Increase:** Based on conversations between DHS and the MCOs, it was determined that two plans had passed through provider rate increases starting in calendar year 2007. The impact of the provider rate increases resulted in approximately a 5% increase in costs for the two plans. The State has made a policy decision to include approximately one-half of the provider rate increases in the rate development. DHS will work collaboratively with the MCOs to assess appropriate levels of future provider rate increases to be applied on a program-wide basis.
3. **Nursing Home Payment Method:** Beginning in January 2009, a change was made to the method by which nursing homes are paid. Specifically, an acuity-based nursing home system was used to determine the payments for nursing home costs. For two MCOs that did not fully implement the acuity-based method, an upward adjustment to the data has been made to reflect the level of costs that would have been paid by those MCOs had the acuity-based method been in place for all of calendar year 2009.

After making these adjustments to the base data, the resulting aggregate 2009 claims for the base cohort MCOs are \$378,406,627, and the exposure months totaled 150,155, resulting in a PMPM of \$2,520.10 for the NH level of care population. Exhibit I-1 shows the experience by county, target group, and category of service for the NH population, after the three adjustments described above were made. Based on discussions with DHS staff, we understand that reported costs are prior to any participant cost sharing and net of any third party liability.

Non State Plan Services Adjustment

A non-state plan service included in the calendar year 2009 data is non-covered residential care services. Non-covered residential care services are provided in-lieu-of nursing home stays for nursing home eligible enrollees. A cost effectiveness analysis was completed for the non-residential care services. A service is cost effective if the cost of providing that service is less than or equal to the cost of its in-lieu-of substitute. We have utilized the data to determine the cost of

residential care and the comparable institutional care which would be utilized by a proportion of those currently using residential care. The results of our analysis show that non-covered residential care is a cost effective substitute for nursing home stays, therefore no adjustment to the data was made.

Approach to NH Level of Care Rate Development

Estimated PMPM costs are determined by eligibility category for recipients based on each recipient's IADL count, specific levels of ADL assistance needed, the presence of certain behavioral problems, detail on medication assistance provided, the level of care provided, the type of developmental disability (if any), certain combinations of ADLs, and health related services. Monthly screen information of the cost period (calendar year 2009) is used, resulting in a concurrent risk adjustment model.¹

Ordinary Least Squares regression was used to model the effects of the above factors in predicting PMPM costs for the three eligibility categories. Generally, the overall cost estimate for a recipient is determined by summing the coefficients for the factors applicable to the recipient, and adding the regression intercept. This method essentially results in an individual rate for each recipient rather than categorizing them into mutually exclusive groups, as would be done with other approaches to rate development.

Exhibit II-1 shows the results of the regression analysis. The R-squared of the risk adjustment models is approximately 42% for the Developmentally Disabled population and 40% for the Physically Disabled and Frail Elderly populations.

When used with the 2009 functional status indices, the regression models estimate a baseline cost by MCO for the current NH population in 2009. To better assess the prospective cost in a region, we used the latest credible functional screens for the Family Care population enrolled in each region in 2010. This risk adjustment technique is discussed in further detail later in the report.

Regression Modeling Details

The calendar year 2009 NH data for the base cohort MCOs (Fond du Lac, La Crosse, Milwaukee, Portage, Richland, Kenosha and Racine) is used as the basis to develop the eligibility category specific regression models. Using this data, three ordinary least squares linear regression models are created to relate monthly costs to recipient functional characteristics; one model is developed for each of the eligibility categories. Developmentally Disabled, Physically Disabled, and Frail Elderly regression models are developed to account for the material differences in costs and functional needs between the populations. The data used to develop each of the models is based on the corresponding claim and eligibility for the population within a given eligibility category.

¹ Note: Risk adjustment models are typically termed "concurrent" or "prospective". A concurrent model measures expected costs in the current period based on claims and screening data for the current period. A prospective model measures expected costs in a subsequent period based on claims and screening data for a current period. The choice of whether to use a concurrent or prospective model depends on a number of factors, including the stability of the population. For the Family Care population, we believe a concurrent model is appropriate, although a prospective model is not expected to yield materially different results for this program, given the limited turn-over of the population.

For each model, the unit of analysis is the recipient month. That is, the monthly 2009 cost and the recipient's corresponding functional screen constitute one observation. The statistical analyses weigh experience in proportion to each recipient's days of eligibility.

Modeling proceeds in a stepwise manner, starting with variables that explain the most variation and incrementally adding variables that have a marginally decreasing effect on improving the model's R-squared value and increasing the model's overall predictive capacity. Note also that all predictor variables are coded as binary, (i.e., having a value of "0" or "1".) Thus, a recipient either has a particular characteristic or they do not. With this approach we avoid forcing a relationship upon the variables, such as doubling the expected costs for an individual with twice as many ADLs as another individual.

When considering variables to include in a model, we used the following criteria:

- Variables are included in a model if they show a 5% level of significance.
- Variables are excluded if, when included, multicollinearity is present. That is, when an additional variable is included it shows a strong linear relationship among one or more of the other variables.
- Variables are excluded to simplify the model if including them only marginally increases model fit.

With a baseline model established, the effects of interaction are considered. Interaction terms are important since the effect of, for example, a bathing ADL requiring assistance with a dressing ADL requiring assistance, may be greater or less than the sum of these effects modeled individually.

The number of variables to predict cost varies by each eligibility category. The variables are separated into the following classes: level of care, IADLs, specific ADLs, interactions, behavioral, medication use, health related services, and diagnosis groups. The estimated impact on the cost for each variable is shown along with its significance (i.e., p-value), relative contribution in explaining the variation (i.e., Incremental Partial R²) and the proportion of the population with the characteristic.

Exhibits II-1a, II-1b, and II-1c show the final statistical models for the Developmentally Disabled, Physically Disabled, and Frail Elderly populations, respectively. Each model has a mean consistent with the aggregate base cohort MCO's calendar year 2009 baseline costs as shown in Exhibit I-1.

The average effect of each variable shows how the aggregate PMPM costs are allocated among individual characteristics in the population. For example, referring to Exhibit II-1a, the model attributes \$321.51 PMPM of the aggregate Developmentally Disabled PMPM (\$3,463.69) to IADL-5. Thus to derive the average PMPM cost for a given population, one would cross-multiply all regression parameter estimates by the proportion of the population with the respective characteristic.

Factors to Reflect Regional Economic Differences

We developed base cohort MCO factors based on the relative wage levels paid in the seven counties. We used wage data reported by the U.S. Bureau of Labor Statistics for occupations involved in providing care: registered nurses, social workers, home health aides, personal care / home care aides and personal care / service. The relative wage levels were aggregated using the relative costs for these services for all MCOs combined. This process estimates the potential costs faced by the MCOs and the expansion regions.

Additionally, we have developed factors based on the wage levels paid in the expansion regions. Since the base data consists of encounter eligibility and claim data for the base cohort MCOs, the potential costs faced by the expansion regions were calculated relative to the current base cohort MCOs. To account for the difference in wage levels, the baseline per capita costs for the expanding MCOs are adjusted by these wage factors. For example, a factor of 0.994 means that the potential costs faced by an MCO were on average 0.6% lower than the base cohort MCOs. Based on analyses performed by DHS, in collaboration with the MCOs, it was determined that the wage factor should apply to 70% of an MCO's cost on average.

The following table provides the final wage factors.

MCO	Wage Factor
Lakeland Care District	1.0082
WWC	1.0125
MCDFC	0.9990
CCCW	1.0223
SFCA	1.0345
Community Care (Kenosha/Racine)	0.9840
Community Care (Teal Region)	0.9976
Community Care (Pink Region)	1.0082
Care Wisconsin	0.9976
CHP	1.0472
Northern Bridges	1.0055

Application of the Model

The regression models were developed using 2009 cost and functional screen data. To determine expected costs for the contract period, we obtained updated functional screen information as of July 2010. This July 2010 data was applied to the regression coefficients to derive costs by MCO and by eligibility category for the following three distinct populations.

Base Cohort County Population

Using July 2010 functional screen data provides a snapshot of the estimated average cost for each of the base cohort MCOs at a point in time. Since this population is consistent with

those individuals' claim and eligibility data used to develop the regression model, the acuity adjustment between the two periods (calendar year 2009 and July 2010) is budget neutral. As a result, using the updated functional screen data does not have a direct impact on the aggregate baseline costs. This approach quantifies a relative change in acuity between the plans, and thus shifts expected costs among counties.

Known Expansion Population

For areas where the base cohort and new MCOs have already expanded coverage (outside of the base cohort county) we obtained the latest functional screen information available, July 2010, for this population. This data was applied to the regression coefficients to derive costs by MCO and by region.

Waiver Population

For populations not currently enrolled by an MCO within an expansion region, we obtained the latest credible functional screen information for the Waiver and Waitlist populations to determine expected costs for the contract period. Similar to developing rates for the known expansion population, this data was applied to the regression coefficients to derive costs by MCO.

Exhibits II-2a, II-2b, and II-2c show distribution of the population by eligibility category, MCO, population type, and functional measure used to calculate the final base rates for the base cohort counties. Exhibits II-3a, II-3b, and II-3c provide similar information for the known expansion population and Exhibits II-4a, II-4b, and II-4c for the Waiver population. Using the functional screen data provides a snapshot of the estimated average cost for each of the MCOs at a point in time.

The most recent functional screen information is used to better assess the relative prospective cost in a region.

III. NON-NURSING HOME LEVEL OF CARE METHODOLOGY

This section of the report details the development and statistical validity of a risk adjustment methodology used to calculate the Non-Nursing Home level of care baseline per capita costs.

Base Data

Aggregate 2009 claims are \$2,948,723, and the exposure months totaled 4,517, resulting in a PMPM of \$652.78 for the non-NH level of care population. However, an adjustment to the base data costs needs to be made to remove the costs of certain non-covered waiver services. The section below provides a complete description of the costs that were removed. Exhibit I-2 shows the experience by county, target group, and category of service for the Non-NH population after adjusting the baseline experience; the adjusted aggregate PMPM is \$613.02. Based on discussions with DHS staff, we understand that the non-nursing home level of care population is not subject to cost sharing.

Waiver Services Cost Adjustment

The non-NH population's calendar year 2009 claims data is further adjusted to remove costs of non-covered waiver services that were not cost effective in comparison with their in-lieu-of substitute service.

A cost effectiveness analysis was completed for each waiver service. A service is cost effective if the cost of providing that service is less than or equal to the cost of its in-lieu-of substitute. The two significant services that waiver services are "in-lieu-of" are personal care and transportation services. PwC consulted with DHS on the appropriate measure of personal care for a majority of the waiver services including daily living skills training, day services, adult day care, supportive home care, and residential services. For example, daily living skills training is purchased by an MCO so that members can learn skills to provide their own personal care that would otherwise have to be purchased by an MCO. For those services that were cost effective no adjustment to the data was made. However, some waiver services were determined to not be cost effective; consequently we have removed the additional costs incurred as a result of providing a service that is partially cost effective.

Some waiver services were not explicitly included in the cost effectiveness analysis because they do not have a comparable service under Wisconsin's state plan services. For example, the waiver service supported employment may avoid occupational and physical therapy costs in the future by keeping individuals active through employment. It may also reduce the need for personal care if individuals would otherwise be home all day rather than employed. However according to CMS it does not have a comparable state plan service and cannot be included in the rate development. Consequently we have removed the entire cost for those services that do not have a comparable state plan service.

The exclusion of costs for waiver services that are not cost effective or that do not have a comparable state plan service is done on an MCO basis: Fond du Lac claims decreased by \$25,408, La Crosse by \$49,604, Milwaukee by \$17,961, Portage by \$44,383, Richland by \$42,219, and Kenosha / Racine by \$35.

The remainder of this section summarizes the methodology used to develop the proposed payment rates. The results include the regression analysis conducted on the MCO calendar year 2009 encounter data and the functional measures reported from the screens conducted by the Resource Centers and MCOs.

Approach to Non-NH Rate Development

The non-NH level of care rates are developed using a functional status based model that stratifies claims experience based on an individual's level of need, using their sum of ADLs and IADLs. The ADLs and IADLs are each separated into "low" and "high" levels of need. A "low" level of need corresponds to an individual that has an ADL/IADL count of two or less. A "high" level of need corresponds to an individual that has an ADL/IADL count of three or more. The rates are developed based on four distinct cohorts:

- Low IADL and low ADL level of need,
- Low IADL and high ADL level of need,
- High IADL and low ADL level of need, and
- High IADL and high ADL level of need

For example, assume an individual requires bathing assistance (ADL), dressing assistance (ADL), and medication management (IADL). This individual has an ADL count of two and an IADL count of one. Therefore the claim and eligibility experience of this individual are bucketed into the "low" ADL and "low" IADL level of need cohort.

Estimated costs PMPM are calculated by combining the claim and eligibility data for all individuals that correspond to a given cohort. The table below provides the cost PMPM for the four cohorts. To calculate rates for an MCO, the MCO's enrollees are bucketed into the four levels of need cohorts. The distribution of enrollees is then used to calculate a weighted average of the PMPM costs across the four cohorts. A similar methodology is used for all base cohort county MCOs. For a current Family Care provider that is expanding coverage to additional regions, the non-NH expansion capitation rate is equivalent to the current base cohort county MCO capitation rate. However, for those providers who are not currently participating in the Family Care program, a program-wide non-NH level of care capitation rate is calculated using the base cohort MCOs experience, and is applied to all expansion providers.

	Functional Based PMPM
Low IADL, Low ADL	\$ 481.36
Low IADL, High ADL	\$ 603.54
High IADL, Low ADL	\$ 849.06
High IADL, High ADL	\$ 1,419.87

To better assess the prospective cost in a region, we used the functional screens active in July 2010 for the Family Care population enrolled in each region in 2009.

IV. TREND DEVELOPMENT

Trend rates are used to project the 2009 baseline cost data beyond the base cost period to the 2011 contract period, to reflect changes in payment levels and utilization. To determine the annual trend rates the following information is assessed:

- ◆ Historical encounter data experience;
- ◆ Budgeted provider increases;
- ◆ Known policy changes that may impact utilization patterns; and
- ◆ Industry experience for other comparable Medicaid long-term care programs.

Trend was developed separately for the Developmentally Disabled, Physically Disabled, and Elderly. An annual trend was developed analyzing Family Care encounter claim and eligibility data from calendar years 2007 through 2009. The trend over this period includes annual mix, fee increases, and utilization trend. The following table summarizes the trend by each eligibility category.

Eligibility Category	Annual Trend
Developmentally Disabled	2.5%
Physically Disabled	5.5%
Elderly	5.5%

V. ADMINISTRATIVE ALLOWANCE

DHS has worked in collaboration with the MCOs to develop a sustainable approach to determine the administrative funding levels for the Family Care program. The administrative funding methodology was developed to address new and expanding MCOs, the size of an MCO's enrolled population, and the determination of program operational costs. As a result, DHS and the MCOs formed "small work groups" (SWG) to help assess the type and range of administrative costs.

Findings from the SWGs showed that there are nine primary administrative components that are incurred by an MCO that participates in the Family Care program, they are as follows:

- Administrative and Executive;
- Compliance;
- Human Resources;
- Marketing;
- Provider Management;
- Claims Management;
- Fiscal Management;
- Information Management, and
- Quality Management.

Within each of these administrative components, the MCOs provided their projected CY09 enrollment, the number of full-time equivalent employees (FTEs), the corresponding expense per FTE, and the administrative expenditures.

A first step to develop a PMPM cost for the administrative allowance was to determine the most appropriate classification of fixed versus variable costs for each of the components. It is important to differentiate the two types of costs since the costs associated with the fixed components will decrease on a per member per month basis as an MCO continues to expand coverage to additional members.

Fixed Costs

The fixed cost portion of the administrative allowance decreases as a percentage of total revenue as MCOs increase the number of enrolled members. For example, as MCOs continue to expand there is no need to hire an additional CEO, although the demands on the CEO will increase, perhaps leading to the need for higher compensation. Therefore executive costs as a percentage of capitation revenue will decrease as MCOs become larger; a similar argument can be applied to the other five fixed cost components, which may increase somewhat with growth in the size of the enrolled population, but not in a direct way. As a result we have structured our approach to assess a reasonable number of personnel to have on staff for each component based on MCO size. To accommodate the personnel needs of different sized

MCOs for their fixed administrative costs, we have developed three tiers within each component to account for different staffing expectations at small, medium, and large MCOs.

The enrolled members, number of full-time equivalents (FTEs), and expense per FTE as reported by each MCO were used to assess and determine appropriate assumptions. Based on the data reported by the MCOs, a three-tier structure was developed for each of the components.

Once the number of personnel and corresponding cost were determined for the tiers, MCOs were assigned to a tier based on their projected calendar year 2011 enrollment. The resulting fixed PMPM costs were calculated for each MCO as the projected number of FTEs, and their corresponding expense, divided by the projected number of member months.

Variable Costs

The variable portion of administrative costs increases roughly proportionately with the number of members enrolled by an MCO. Therefore a single PMPM cost assumption was determined for each of the variable components. The per capita cost projections as reported in the SWG documents were used as the basis to derive a point estimate.

Based on CY 2011 projected enrollment, MCOs were classified into the small, mid-size, and large tiers. Determination of an MCO's tier classification considers both expansion plans and participation in the FCP/PACE programs. The total administrative per capita cost for each MCO was calculated by summing the variable and the corresponding tiered fixed cost components.

An assessment was made between the level of administrative costs included in the calendar year 2010 rate development and the administrative costs contained in the MCO's most current financial statements. The level of funding included in the prior year rate development was on average sufficient to cover the expected administrative to be incurred over the calendar year 2011 contract period; as a result, a policy decision was made to hold the level of base administrative allowance constant with those assumed in the calendar year 2010 rate development.

DHS has also made several policy adjustments that impact the amount of administrative funding. Specifically, due to an increase in the fiscal solvency requirements imposed on an MCO, DHS has provided an additional 0.5% to expansion MCOs' (non-base cohort county) PMPM costs in the administrative allowance. Similar to last year, DHS is including a risk allowance that is provided to accommodate the adverse effects of volatility in delivery care patterns. The risk allowance is applied to the rates for all non-base cohort counties. Additionally, DHS is providing a modest amount of funding (\$0.88 PMPM) to be used as a provision for the Office of the Commissioner of Insurance's (OCI's) new financial oversight function. By contract, MCOs will be required to use 100% of these funds to pay for these OCI services, as a new cost of doing business.

VI. RATE REFORM INITIATIVES

Effective January 1, 2010, DHS implemented a series of rate reform initiatives that will have an impact on the capitation rates paid to MCOs. These broad-based Medicaid initiatives began on the Fee-for-Service side in the second half of 2009. Specifically, the initiatives are as follows:

- Update the Resource Utilization Groups (RUGs) acuity assessment for nursing home residents on a quarterly basis was made.
- Reduce payments by applying the vacancy rate at which a nursing home can claim bed hold payment equally to all facilities.
- Eliminate Medicaid payment for rental of wound VAC equipment in the nursing home daily rate to avoid payment of Medicare eligible expenses

Given the anticipated size of the adjustments on the Family Care rates, it was decided that this adjustment will be implemented in the Family Care capitation rates effective January 1, 2010 and each subsequent contract period until the impact of the initiative is included in the underlying costs used to develop the capitation rates. Therefore, an adjustment to the data has been made to reflect the level of costs that would have been paid by the MCO had these initiatives been in place in calendar year 2009.

The amount of the adjustments were developed by Center for Health Systems Research and Analysis (CHSRA) at the University of Wisconsin - Madison and applied to the corresponding nursing home claims. The impact of these initiatives was developed on a PMPM basis applied consistently across the MCOs and is explicitly provided in the development of the capitation rates in Exhibit III-1a.

VII. RATE DEVELOPMENT FOR EXPANDING FAMILY CARE MCOs

Where applicable, the capitation rates for an MCO will be calculated by aggregating the rates for three distinct populations by rate region. Specifically the populations are:

- **Base Cohort Population:** The base cohort population represents the enrollees in the base cohort counties (Fond du Lac, La Crosse, Milwaukee, Portage, Richland, Kenosha, and Racine) whose data is used to develop the baseline costs and regression models.
- **Known Expansion Population:** This represents individuals in a non-base cohort county enrolled by an MCO on or before July 2010.
- **Waiver Population:** Represents individuals that are not currently enrolled (as of July 2010) in an MCO that are on the Waiver or Waitlist in a county participating in Family Care during CY 2011.

As discussed in Section II of the report, PMPM costs for the base cohort and known expansion populations will be calculated using the functional screen information of individuals currently enrolled by an MCO as of July 2010. Per capita costs for the Waiver population will be calculated for each region based on the individuals eligible to enroll in the region and their corresponding functional indices.

The weighted average MCO capitation rate will be calculated using projected managed care calendar year 2011 enrollment as provided by DHS for each of the three populations where applicable. Some MCOs have worked with DHS to develop enrollment assumptions by county. Where applicable we have used these assumptions to blend the rates.

A region specific capitation rate is calculated for each MCO. For example, Community Care began participating in the Orange region (Kenosha and Racine counties). Subsequently they expanded coverage to the Teal, Pink, and Milwaukee Regions. Therefore, Community Care will be provided four capitation rates, one for each region where they are participating in the Family Care program. Currently, no other MCOs are providing coverage to multiple regions.

VIII. PER CAPITA COST DEVELOPMENT

In summary, the 2011 per capita costs were developed as described below.

1. Determine functional status based costs for the NH and non-NH populations using the 2009 MCO reported experience and functional screens as outlined in Section II and III. These cost estimates are adjusted to reflect an estimate for IBNR using payments through May 2010.
2. Reduce care management costs to account for the difference between the plan financial experience and the level of costs contained in the encounter data.
3. Adjust costs to reflect the amount of provider rate increases that will be passed through to the rate setting process.
4. Adjust costs for several MCOs to reflect a change to an acuity-based nursing home payment system.
5. Exclude costs for waiver services that were not fully cost effective or did not have a comparable state plan service that were included in the 2009 encounter data for the non-NH population.
6. Project adjusted 2009 costs two years using the annualized Developmentally Disabled, Physically Disabled, and Elderly trend rates discussed in Section IV.
7. Increase costs to include an administration / risk allowance, as discussed in Section V.
8. Adjust costs for the rate reform initiatives implemented as of January 1, 2010, as discussed in Section VI.
9. A blended capitation rate is calculated for the CY11 contract period, as discussed in Section VII.

We did not adjust the nursing home level of care rates for cost-sharing. The department's payment system has the functionality to pay the gross capitation rate and deduct member specific cost share amounts as directed by CMS.

Exhibit III-1a shows the development of the Nursing Home level of care capitation rates. Exhibit III-1b provides the projected member months by population used to develop aggregate capitation rates by MCO and region. Exhibit III-1c shows the final nursing home contract period capitation rates. Exhibit III-2 provides the development for the non-Nursing Home level of care population.

IX. FINAL CAPITATION RATES

The Wisconsin Department of Health Services determined the final 2011 capitation rates for each MCO participating in a region that participates in the Family Care program. DHS developed the 2011 capitation rates with reference to the following: 2011 managed care equivalent (MCE) rates, 2010 capitation rates, aggregate financial results as reported by the MCOs, and detailed business plan projections. The capitation rates are effective for calendar year 2011 for all MCOs. Exhibits III-1c and III-2 provide the 2011 capitation rates.

Due to the statewide expansion initiative, DHS has worked collaboratively with the MCOs to assist with addressing projected financial shortfalls that MCOs may incur over the calendar year 2011 contract period. Since each MCO begins expansion from a different financial position and with a different implementation plan, considerations were made on an MCO specific basis. DHS has chosen the following mechanisms to mitigate a portion of the financial risk assumed by MCOs.

Expansion Phase-In Adjustment: The intent of this adjustment is to recognize what, if any, significant cost variation exists between an expansion population's fee-for-service costs and the estimated costs implied using the regression models and the population's functional indices. The regression model is developed using managed care experience for the base cohort MCOs that have been operating in the Family Care program for a significant period of time. Therefore an adjustment is applied to the costs since MCOs may not be able to realize full managed care savings at the onset of expansion; however the expectation is that the MCOs will continue their efforts to better manage care.

Retroactive Rate Adjustment: To adjust for any risk selection that may occur once enrollment begins, the State will retroactively adjust rates for variation in measured functional status for three contract periods after the date of implementation for expansion areas. The risk variation will be measured based on the regression model (with the functional screen data from those people that have enrolled in a plan) as shown in Exhibits II-1a, II-1b, and II-1c.

Risk Sharing: Capitation rates are based upon the probability of a population having a certain average cost, considering risk variation in the population. Even if the MCOs capitation rates are sufficient to cover the probable average costs for the population to be served, the entity is always at risk for the volatility of the mix of new membership and the need for care not predicted by the regression model. Risk sharing limits the risk of the MCO while its enrollment grows and stabilizes. The risk sharing arrangement is valid to the extent that the entity can appropriately document gains or losses corresponding to the covered population and services, in accordance with CMS requirements.

Rate considerations were also made based on the business plans developed by the participating MCOs and reviewed by DHS. Policy adjustments were applied to several MCOs' rates as the above considerations alone would not allow certain MCOs to remain financially stable. Additionally adjustments were applied to the rates of MCOs where excessive levels of surplus are anticipated.

The 2011 per capita costs developed in this report are within a reasonable range of rates for the Family Care population, as defined by reasonable ranges on several important assumptions including annual trend rates and appropriate administrative loadings, among others.

X. ACTUARIAL CERTIFICATION

Following is our actuarial certification for the 2011 capitation rates.

**Actuarial Certification of
Proposed 2011 Family Care Capitated Rates
State of Wisconsin Department of Health Services**

I, Jinn-Feng Lin, am associated with the firm of PricewaterhouseCoopers. I am a member of the American Academy of Actuaries and meet its Qualification Standards to certify as to the actuarial soundness of the 2011 capitation rates developed for the Medicaid managed care programs known as Family Care. I have been retained by the Wisconsin Department of Health Services (DHS) to perform an actuarial certification of the Family Care capitation rates for calendar year 2011 for filing with the Centers for Medicare and Medicaid Services (CMS). I have reviewed the capitation rates developed by DHS and am familiar with the Code of Federal Regulations, 42 CFR 438.6(c) and the CMS "Appendix A, PAHP, PIHP and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting."

I have examined the actuarial assumptions and actuarial methods used by DHS in setting the capitation rates for calendar year 2011.

To the best of my information, knowledge and belief the capitation rates offered by DHS are in compliance with 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates. The attached actuarial report describes the rate development methodology used by DHS. I believe that the capitation rates have been developed in accordance with generally accepted actuarial principles and practices, and are appropriate for the populations to be covered and the services to be furnished under the contract. The capitation rates are based solely on the projected costs for State Plan services.

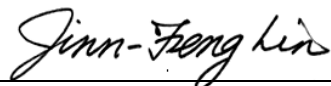
In making my opinion, I have relied upon the accuracy of the underlying enrollment, encounter, and other data and summaries prepared by DHS and the participating contracted MCOs. A copy of the reliance letter received from DHS is attached and constitutes part of this opinion. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data.

The proposed actuarially sound rates shown are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific MCO. Each MCO will need to review the rates in relation to the benefits provided. The MCOs should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The MCO may require rates above, equal to, or below the proposed actuarially sound capitation rates.

This Opinion assumes the reader is familiar with the Family Care program, eligibility rules, and actuarial rating techniques. The Opinion is intended for the State of Wisconsin and Centers for Medicare and Medicaid Services and should not be relied on by other parties. The reader should be

advised by actuaries or other professionals competent in the area of actuarial rate projections of the type in this Opinion, so as to properly interpret the projection results.



Jinn-Feng Lin
Member, American Academy of Actuaries

January 19, 2011

Date

Exhibits

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Summary of 2009 Actual Experience by MCO
Nursing Home Level of Care**

	Lakeland (Fond du Lac)			WWC (La Crosse)			MCDA (Milwaukee)			CCCW (Portage)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	4,937	3,709	3,143	7,820	8,128	4,981	6,177	48,803	24,944	3,737	2,765	4,594
State Plan Services												
Adaptive Equipment	38.72	77.35	26.42	65.06	120.18	62.50	56.93	84.21	64.93	71.44	78.24	52.69
Adult Day Activities	266.23	18.49	13.04	186.52	15.39	16.99	430.00	43.23	67.24	317.65	16.04	14.69
Case Management	308.20	427.57	284.13	361.53	390.80	339.09	368.16	332.88	301.24	400.00	507.89	348.66
Habilitation / Health	11.37	33.51	13.87	34.11	47.34	16.26	21.89	27.08	12.82	18.84	32.17	8.84
Home Care	207.95	553.46	590.63	313.60	406.37	216.66	350.65	617.34	530.19	522.08	660.54	330.21
Home Health Care	16.05	60.80	24.31	48.28	80.98	33.66	56.21	106.82	65.59	39.80	43.35	10.85
Housing	-	-	-	1.06	1.69	0.13	1.38	2.82	1.42	0.47	0.11	-
Institutional	86.80	461.92	545.36	66.75	315.17	1,006.06	448.12	492.12	538.00	129.26	263.04	662.03
Residential Care	1,294.86	380.58	594.96	1,650.63	436.91	667.74	1,665.15	448.02	625.46	1,768.22	466.13	979.67
Respite Care	55.46	4.93	1.39	92.44	9.89	20.11	5.46	2.21	3.13	74.99	11.50	5.28
Transportation	101.38	62.00	12.15	145.93	36.21	15.14	230.64	53.70	53.94	65.47	95.13	34.91
Vocational	250.67	2.62	-	318.14	9.84	-	144.49	1.84	0.83	292.50	14.44	2.10
Total State Plan Services	2,637.70	2,083.23	2,106.27	3,284.06	1,870.77	2,394.35	3,779.07	2,212.26	2,264.80	3,700.72	2,188.57	2,449.94
Room and Board												
Room and Board - Collections	(236.20)	(135.12)	(219.12)	(288.86)	(66.86)	(140.71)	(342.36)	(114.25)	(173.94)	(200.07)	(100.05)	(267.82)
Room and Board - Costs	264.28	170.00	304.23	300.54	77.74	159.68	344.03	102.65	149.90	208.39	111.80	316.59
Total Room and Board	28.08	34.88	85.11	11.68	10.88	18.97	1.67	(11.60)	(24.04)	8.32	11.75	48.77
Grand Total	2,665.78	2,118.11	2,191.38	3,295.74	1,881.64	2,413.32	3,780.74	2,200.66	2,240.76	3,709.04	2,200.33	2,498.71
Composite PMPM		2,367.01			2,536.55			2,335.29			2,832.00	

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Summary of 2009 Actual Experience by MCO
Nursing Home Level of Care**

	SFCA (Richland)			Original 5 Pilots			CCI (Kenosha/Racine)			Grand Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	1,764	1,031	1,384	24,435	64,435	39,046	11,560	6,532	4,149	35,995	70,966	43,194
State Plan Services												
Adaptive Equipment	18.48	108.24	41.97	55.30	88.48	59.27	52.38	95.48	48.23	54.36	89.12	58.21
Adult Day Activities	192.11	-	-	284.63	36.44	47.90	246.31	15.23	22.35	272.32	34.48	45.45
Case Management	424.35	495.36	371.43	362.85	355.74	312.76	392.76	374.25	317.63	372.46	357.45	313.23
Habilitation / Health	13.41	47.75	15.52	22.60	30.56	12.97	14.01	49.07	6.83	19.84	32.26	12.38
Home Care	305.23	488.55	342.75	332.90	586.84	464.89	432.43	716.90	349.02	364.86	598.81	453.76
Home Health Care	21.75	18.89	10.82	40.56	96.78	49.81	52.29	30.79	4.15	44.33	90.71	45.43
Housing	0.43	0.49	0.18	0.79	2.36	0.93	-	-	-	0.54	2.14	0.84
Institutional	201.95	532.70	1,239.06	186.53	458.88	637.74	101.34	239.32	374.26	159.17	438.67	612.43
Residential Care	1,323.81	593.12	778.60	1,576.81	445.84	675.50	1,967.79	658.63	1,147.48	1,702.37	465.42	720.83
Respite Care	36.44	7.20	1.23	56.27	3.81	5.35	46.58	22.99	8.42	53.16	5.58	5.64
Transportation	13.61	15.68	8.10	136.48	53.14	41.76	179.43	36.23	23.34	150.28	51.58	39.99
Vocational	281.13	73.59	-	254.02	4.58	0.78	260.10	13.50	2.40	255.97	5.40	0.93
Total State Plan Services	2,832.69	2,381.57	2,809.66	3,309.73	2,163.45	2,309.66	3,745.43	2,252.39	2,304.10	3,449.65	2,171.64	2,309.13
Room and Board												
Room and Board - Collections	(177.88)	(106.27)	(152.72)	(270.15)	(108.74)	(183.63)	(335.48)	(145.48)	(346.72)	(291.13)	(112.12)	(199.29)
Room and Board - Costs	193.26	118.22	194.05	282.37	104.03	184.74	353.38	157.07	361.65	305.17	108.91	201.73
Total Room and Board	15.37	11.95	41.34	12.21	(4.71)	1.11	17.90	11.59	14.93	14.04	(3.21)	2.44
Grand Total	2,848.07	2,393.52	2,851.00	3,321.94	2,158.74	2,310.78	3,763.33	2,263.97	2,319.03	3,463.69	2,168.43	2,311.57
Composite PMPM		2,736.92			2,427.35			3,053.57			2,520.10	

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Summary of 2009 Actual Experience by MCO
Non-Nursing Home Level of Care**

	Lakeland (Fond du Lac)			WWC (La Crosse)			MCDFC (Milwaukee)			CCCW (Portage)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	45	400	112	175	1,607	201	4	455	172	48	624	125
State Plan Services												
Adaptive Equipment	8.64	72.82	11.12	1.83	40.22	39.22	-	26.14	23.26	10.62	27.34	17.20
Adult Day Activities	-	0.08	-	1.46	5.97	-	-	5.90	12.29	-	2.90	7.82
Case Management	344.40	370.58	241.98	266.32	303.74	274.13	447.38	284.05	304.55	639.94	376.57	286.24
Habilitation / Health	2.42	30.80	17.77	52.44	34.24	3.19	-	22.58	10.64	9.20	22.17	2.37
Home Care	71.89	171.42	915.78	115.16	142.37	160.75	336.44	206.02	165.40	344.59	140.13	203.04
Home Health Care	-	25.56	-	-	8.59	20.47	-	9.11	55.91	-	1.38	-
Housing	-	-	-	2.01	1.28	-	-	0.17	4.35	-	0.63	-
Institutional	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	83.01	-	31.70	2.39	24.68	51.60	-	21.62	32.19	138.62	3.25	16.85
Respite Care	-	-	-	-	0.76	-	-	-	-	-	-	-
Transportation	39.75	64.08	12.16	4.79	24.48	7.51	-	29.43	47.04	49.04	53.17	19.81
Vocational	20.51	0.05	-	2.02	0.59	-	-	-	-	15.64	6.13	-
Total State Plan Services	570.63	735.39	1,230.51	448.43	586.94	556.87	783.82	605.03	655.62	1,207.66	633.67	553.32
Room and Board												
Room and Board - Collections	(0.61)	(2.53)	(8.91)	(4.96)	(0.47)	(11.24)	-	(2.92)	(6.04)	(27.00)	(0.90)	(5.74)
Room and Board - Costs	14.02	-	4.92	0.71	1.47	12.79	-	2.98	6.11	67.82	1.17	5.85
Total Room and Board	13.40	(2.53)	(3.99)	(4.25)	1.00	1.55	-	0.06	0.07	40.81	0.27	0.11
Grand Total	584.03	732.86	1,226.53	444.17	587.95	558.42	783.82	605.09	655.70	1,248.47	633.94	553.42
Composite PMPM		819.93			572.27			620.00			658.63	

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Summary of 2009 Actual Experience by MCO
Non-Nursing Home Level of Care**

	SFCA (Richland)			Original 5 Pilots			CCI (Kenosha/Racine)			Grand Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	17	246	87	290	3,331	697	26	162	11	316	3,494	708
State Plan Services												
Adaptive Equipment	-	28.12	31.24	4.23	38.90	25.83	7.89	42.21	144.61	4.53	39.05	27.68
Adult Day Activities	-	-	-	0.88	4.24	4.43	-	-	-	0.81	4.04	4.36
Case Management	267.09	282.68	272.17	343.53	321.16	278.38	366.40	319.82	327.72	345.41	321.10	279.14
Habilitation / Health	-	22.80	8.36	33.56	29.13	7.87	27.89	6.31	-	33.10	28.07	7.75
Home Care	22.78	120.60	136.24	144.33	152.52	287.67	22.26	123.97	6.00	134.32	151.19	283.29
Home Health Care	-	-	0.79	-	8.71	19.77	-	-	-	-	8.31	19.47
Housing	-	-	-	1.21	0.76	1.07	-	-	-	1.11	0.72	1.05
Institutional	-	-	-	-	-	-	-	-	-	-	-	-
Residential Care	-	-	-	37.63	15.47	30.93	-	-	-	34.55	14.75	30.45
Respite Care	-	-	-	-	0.37	-	-	-	-	-	0.35	-
Transportation	15.29	9.19	13.47	18.22	34.15	20.94	64.04	6.55	-	21.98	32.87	20.61
Vocational	-	-	-	7.05	1.44	-	126.65	-	-	16.85	1.37	-
Total State Plan Services	305.16	463.40	462.28	590.66	606.84	676.89	615.14	498.86	478.33	592.66	601.82	673.81
Room and Board												
Room and Board - Collections	-	-	-	(7.60)	(1.10)	(7.19)	-	-	-	(6.98)	(1.05)	(7.08)
Room and Board - Costs	-	-	-	13.96	1.34	7.03	-	-	-	12.81	1.27	6.93
Total Room and Board	-	-	-	6.36	0.24	(0.16)	-	-	-	5.84	0.23	(0.15)
Grand Total	305.16	463.40	462.28	597.01	607.07	676.74	615.14	498.86	478.33	598.50	602.05	673.66
Composite PMPM		455.45			617.64			512.83			613.02	

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Developmentally Disabled**

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	68.74	0.4529		1.0000	68.74
DD/NH Level of Care (Grid Component)					
Vent Dependent	15,120.06	0.0001	0.02542000	0.0007	11.29
DD1A	147.44	0.0375	0.01554000	0.0660	9.74
DD1B	503.76	0.0001	0.14032000	0.1649	83.05
DD2	168.01	0.0002	0.02089000	0.6547	109.99
Number of IADLs (Grid Component)					
IADL_2	240.02	0.0125	0.01886000	0.0784	18.83
IADL_3	427.98	0.0001	0.03317000	0.1230	52.65
IADL_4	507.47	0.0001	0.03129000	0.1998	101.38
IADL_5	858.35	0.0001	0.00017033	0.3746	321.51
IADL_6	1,075.52	0.0001	0.02253000	0.2036	219.00
Specific ADLs / Equipment Used (Add-On)					
Bathing_2	122.01	0.0014	0.02872000	0.4077	49.74
Eating_1	126.98	0.0004	0.00031920	0.2356	29.91
Eating_2	604.65	0.0001	0.01565000	0.1888	114.14
Toileting_2	371.21	0.0001	0.00641000	0.2148	79.75
Transfer	298.01	0.0001	0.00367000	0.2193	65.36
Interaction Terms (Add-On)					
Dress_Bath_Equip	398.09	0.0001	0.00457000	0.3309	131.73
Transfer_Equip_Mobility	357.80	0.0001	0.00093685	0.0587	21.01
Behavioral Variables (Add-On)					
Communication_1-2	118.34	0.0002	0.00020659	0.2472	29.25
Cognition 2-3	130.69	0.0001	0.00165000	0.5668	74.08
Resistive	301.95	0.0001	0.00332000	0.0867	26.18
Injury_2	574.80	0.0001	0.00001299	0.0505	29.05
Offensive_1	585.70	0.0001	0.00468000	0.1475	86.39
Offensive_2	835.23	0.0001	0.00202000	0.0887	74.07
Offensive_3	2,695.65	0.0001	0.01550000	0.0409	110.21
Mental Health	528.09	0.0001	0.00570000	0.3975	209.92
Wander	512.22	0.0001	0.00076947	0.0316	16.19
Medication Use (Add-On)					
Meds_2A	684.35	0.0001	0.00030229	0.1454	99.50
Meds_2B	878.28	0.0001	0.01009000	0.5486	481.86
Health Related Services (Add-On)					
Overnight	564.95	0.0001	0.00458000	0.6622	374.09
Exercise	255.28	0.0001	0.00105000	0.1767	45.10
Reposition	416.60	0.0001	0.00079556	0.0624	26.00
Ostomy	499.25	0.0001	0.00032509	0.0111	5.55
Tube Feedings	360.23	0.0001	0.00024303	0.0257	9.25
Ulcer Stage 3-4	544.54	0.0091	0.00010932	0.0036	1.94
Diagnoses (Add-On)					
Autism	150.22	0.0007	0.00006877	0.0960	14.42
Brain Injury	144.66	0.0197	0.00000294	0.0458	6.63
Prader Willi	1,494.98	0.0001	0.00099854	0.0043	6.45
Cerebral Palsy	249.47	0.0001	0.00080544	0.1573	39.25
Mental Retardation	208.71	0.0001	0.00047260	0.8092	168.89
Seizure	182.80	0.0001	0.00062292	0.2276	41.60

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Physically Disabled**

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	372.97	0.0001		1.0000	372.97
DD/NH Level of Care (Grid Component)					
Vent Dependent	4,651.05	0.0001	0.02110000	0.0017	7.71
SNF	309.62	0.0001	0.13776000	0.3048	94.36
Number of IADLs (Grid Component)					
IADL_1	180.40	0.0001	0.01798000	0.0675	12.17
IADL_2	360.17	0.0001	0.03266000	0.1691	60.89
IADL_3	503.11	0.0001	0.03287000	0.1973	99.26
IADL_4-5	752.54	0.0001	0.00686000	0.5475	412.02
IADL_6	1,736.77	0.0001	0.00921000	0.0037	6.44
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	139.38	0.0001	0.01120000	0.2985	41.61
Bathing_2	329.32	0.0001	0.02786000	0.5156	169.80
Dressing_1	42.21	0.0572	0.00467000	0.2894	12.22
Dressing_2	250.56	0.0001	0.01923000	0.3380	84.68
Eating_2	44.88	0.0522	0.00826000	0.0822	3.69
Transfer_2	548.23	0.0001	0.01963000	0.2170	118.98
Interaction Terms (Add-On)					
Dress_Bath_Equip	113.92	0.0001	0.00009973	0.5421	61.76
Transfer_Equip_Mobility	106.22	0.0001	0.00127000	0.1050	11.15
Behavioral Variables (Add-On)					
Communication_1	121.57	0.0007	0.00007968	0.0220	2.68
Cognition_2	98.88	0.0001	0.00324000	0.1662	16.43
Resistive	143.12	0.0001	0.00335000	0.0252	3.60
Injury	176.20	0.0001	0.00106000	0.0169	2.97
Offensive_1	583.18	0.0001	0.00505000	0.0392	22.88
Offensive_2-3	693.55	0.0001	0.00326000	0.0173	12.03
Mental Health	156.74	0.0001	0.00156000	0.4538	71.13
Substance Abuse	231.23	0.0001	0.00096788	0.0654	15.12
Wander	230.33	0.0001	0.00020562	0.0139	3.20
Medication Use (Add-On)					
Meds_2A	55.46	0.0059	0.00264000	0.2828	15.68
Meds_2B	319.07	0.0001	0.00338000	0.3627	115.72
Mental Illness (Add-On)					
Alzheimers	127.70	0.0001	0.00058353	0.1588	20.29
Mental Illness	210.11	0.0001	0.00345000	0.1610	33.83
Health Related Services (Add-On)					
Overnight	293.60	0.0001	0.00497000	0.4097	120.28
Nursing	364.87	0.0001	0.00475000	0.1528	55.76
Exercise	187.68	0.0001	0.00200000	0.1615	30.31
Reposition	566.84	0.0001	0.00488000	0.0773	43.82
Urinary	610.37	0.0001	0.00151000	0.0134	8.18
Tracheostomy	664.82	0.0001	0.00032600	0.0029	1.94
Ulcer Stage 2	188.06	0.0001	0.00015676	0.0154	2.90

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Elderly**

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	421.89	0.0001		1.0000	421.89
DD/NH Level of Care (Grid Component)					
Vent Dependent	3,284.55	0.0001	0.00562000	0.0004	1.35
SNF	226.22	0.0001	0.15410000	0.3472	78.54
Number of IADLs (Grid Component)					
IADL_1-2	275.57	0.0001	0.04666000	0.1306	35.98
IADL_3	485.38	0.0001	0.04593000	0.1657	80.42
IADL_4-5-6	679.12	0.0001	0.00872000	0.6966	473.06
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	154.50	0.0001	0.01900000	0.2695	41.63
Bathing_2	451.12	0.0001	0.02861000	0.5945	268.20
Dressing_1	99.51	0.0001	0.00226000	0.3126	31.10
Dressing_2	107.60	0.0001	0.01697000	0.3548	38.17
Toileting_1	166.97	0.0001	0.00042394	0.1880	31.39
Toileting_2	442.33	0.0001	0.02768000	0.2439	107.87
Transfer_2	265.28	0.0001	0.00500000	0.2227	59.07
Interaction Terms (Add-On)					
Transfer_Equip_Mobility	182.47	0.0001	0.00230000	0.0801	14.61
Behavioral Variables (Add-On)					
Cognition_2	58.63	0.0001	0.00169000	0.2375	13.92
Resistive	96.18	0.0028	0.00200000	0.0479	4.61
Injury	156.92	0.0055	0.00045711	0.0109	1.71
Offensive_12	281.27	0.0001	0.00232000	0.0757	21.28
Offensive_3	430.61	0.0001	0.00050700	0.0062	2.67
Mental Health	118.23	0.0001	0.00128000	0.4055	47.94
Substance Abuse	140.50	0.0003	0.00019989	0.0238	3.35
Medication Use (Add-On)					
Meds_2A	117.63	0.0001	0.00301000	0.2195	25.82
Meds_2B	334.54	0.0001	0.00347000	0.5384	180.13
Mental Illness (Add-On)					
Alzheimers	116.69	0.0001	0.00061284	0.3761	43.88
Mental Illness	349.68	0.0001	0.00493000	0.0813	28.43
Health Related Services (Add-On)					
Overnight	255.51	0.0001	0.00400000	0.5350	136.69
Nursing	405.59	0.0001	0.00776000	0.1823	73.93
Reposition	187.70	0.0001	0.00113000	0.0637	11.96
Urinary	531.97	0.0001	0.00067682	0.0060	3.17
Exercise	86.82	0.0001	0.00038247	0.1694	14.71
Tracheostomy	1,351.27	0.0001	0.00050912	0.0010	1.30
Ulcer Stage 2	348.22	0.0001	0.00056713	0.0113	3.92
Wound	331.18	0.0001	0.00108000	0.0268	8.87

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Developmentally Disabled - by MCO**

Variable	Proportion with Variable - Base Cohort Population					
	Lakeland (Fond du Lac)	WWC (La Crosse)	MCDFC (Milwaukee)	CCCW (Portage)	SFCA (Richland)	CCI (Ken/Racine)
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)						
Vent Dependent	0.0024	-	-	0.0067	-	0.0019
DD1A	0.0288	0.0602	0.0899	0.0303	0.0769	0.0388
DD1B	0.1127	0.1590	0.0693	0.1785	0.1453	0.2435
DD2	0.7242	0.6235	0.7378	0.5960	0.6410	0.6081
Number of IADLs (Grid Component)						
IADL_2	0.0935	0.1389	0.0393	0.1751	0.1026	0.0456
IADL_3	0.1175	0.1327	0.1049	0.1347	0.2051	0.1028
IADL_4	0.1942	0.2052	0.2285	0.1414	0.1795	0.1717
IADL_5	0.2902	0.2901	0.5337	0.2357	0.2991	0.2667
IADL_6	0.2758	0.1975	0.0918	0.2525	0.1538	0.4074
Specific ADLs / Equipment Used (Add-On)						
Bathing_2	0.3118	0.3086	0.5674	0.3636	0.2051	0.4481
Eating_1	0.2662	0.2423	0.2303	0.2391	0.1538	0.2823
Eating_2	0.1463	0.1389	0.1667	0.2222	0.1197	0.1930
Toileting_2	0.1703	0.1698	0.2940	0.2088	0.1282	0.2144
Transfer	0.1415	0.2083	0.3670	0.1953	0.1197	0.2056
Interaction Terms (Add-On)						
Dress_Bath_Equip	0.2926	0.2917	0.5955	0.3502	0.1453	0.3084
Transfer_Equip_Mobility	0.0432	0.0710	0.0824	0.0808	0.0171	0.0446
Behavioral Variables (Add-On)						
Communication_1-2	0.2350	0.1343	0.2921	0.2088	0.1880	0.2755
Cognition 2-3	0.4436	0.4707	0.6348	0.4579	0.5128	0.6353
Resistive	0.0216	0.0802	0.0749	0.1178	0.1197	0.0892
Injury_2	0.0360	0.0355	0.0187	0.0337	0.0769	0.0630
Offensive_1	0.1463	0.1250	0.1199	0.1111	0.1026	0.1009
Offensive_2	0.0671	0.0895	0.0468	0.0875	0.0855	0.1242
Offensive_3	0.0144	0.0478	0.0094	0.0606	0.0342	0.0630
Mental Health	0.4245	0.3843	0.4963	0.3232	0.5128	0.3822
Wander	0.0120	0.0185	0.0243	0.0303	0.0513	0.0369
Medication Use (Add-On)						
Meds_2A	0.1175	0.1806	0.0993	0.0774	0.2051	0.1397
Meds_2B	0.4988	0.4213	0.7434	0.4646	0.3675	0.6081
Health Related Services (Add-On)						
Overnight	0.6739	0.5278	0.7378	0.6229	0.4188	0.4103
Exercise	0.1055	0.3519	0.2004	0.2559	0.1111	0.0805
Reposition	0.0312	0.0525	0.0918	0.1010	0.0256	0.0572
Ostomy	0.0096	0.0123	0.0075	0.0135	-	0.0048
Tube Feedings	0.0096	0.0216	0.0262	0.0236	0.0085	0.0310
Ulcer Stage 3-4	-	0.0046	0.0094	0.0034	0.0085	0.0010
Diagnoses (Add-On)						
Autism	0.0863	0.1142	0.0206	0.1347	0.1111	0.1339
Brain Injury	0.0456	0.0432	0.0318	0.0471	0.0256	0.0553
Prader Willi	0.0048	0.0031	-	0.0034	0.0085	0.0078
Cerebral Palsy	0.1487	0.1898	0.1461	0.1852	0.0940	0.1348
Mental Retardation	0.9137	0.8179	0.8446	0.7205	0.7265	0.7410
Seizure	0.2350	0.2006	0.2079	0.2222	0.2393	0.2677

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Physically Disabled - by MCO**

Variable	Proportion with Variable - Base Cohort Population					
	Lakeland (Fond du Lac)	WWC (La Crosse)	MCDFC (Milwaukee)	CCCW (Portage)	SFCA (Richland)	CCI (Ken/Racine)
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)						
Vent Dependent	0.0033	-	0.0018	0.0045	-	0.0067
SNF	0.2410	0.2367	0.2947	0.2152	0.3867	0.2299
Number of IADLs (Grid Component)						
IADL_1	0.0521	0.1611	0.0489	0.1166	0.0800	0.0889
IADL_2	0.1401	0.2283	0.1579	0.1928	0.2267	0.1661
IADL_3	0.2345	0.1905	0.1781	0.1839	0.1733	0.1879
IADL_4-5	0.5407	0.3305	0.6053	0.4215	0.4267	0.4614
IADL_6	0.0098	0.0154	0.0023	0.0628	0.0533	0.0638
Specific ADLs / Equipment Used (Add-On)						
Bathing_1	0.3648	0.3473	0.2791	0.2691	0.3733	0.3859
Bathing_2	0.4104	0.3305	0.5620	0.4036	0.4133	0.4883
Dressing_1	0.4072	0.3347	0.2719	0.2915	0.3467	0.3691
Dressing_2	0.2052	0.1723	0.3829	0.2915	0.3200	0.3674
Eating_2	0.0684	0.0350	0.0856	0.0807	0.0933	0.1057
Transfer_2	0.2052	0.1429	0.2301	0.2556	0.2133	0.2634
Interaction Terms (Add-On)						
Dress_Bath_Equip	0.5342	0.4370	0.5728	0.4978	0.4133	0.6359
Transfer_Equip_Mobility	0.1726	0.1555	0.0938	0.0717	0.1600	0.0956
Behavioral Variables (Add-On)						
Communication_1	0.0554	0.0098	0.0185	0.0179	-	0.0268
Cognition_2	0.1205	0.1064	0.1750	0.1256	0.0800	0.1779
Resistive	0.0195	0.0098	0.0272	0.0090	0.0533	0.0201
Injury	0.0195	0.0182	0.0097	0.0179	-	0.0168
Offensive_1	0.0098	0.0364	0.0390	0.0224	0.0533	0.0386
Offensive_2-3	0.0228	0.0238	0.0151	0.0314	0.0400	0.0201
Mental Health	0.6580	0.5742	0.4493	0.6457	0.5200	0.5302
Substance Abuse	0.0651	0.1541	0.0469	0.1031	0.0667	0.0638
Wander	0.0033	0.0056	0.0156	-	-	0.0067
Medication Use (Add-On)						
Meds_2A	0.3355	0.2493	0.2737	0.2511	0.3600	0.2685
Meds_2B	0.2736	0.2059	0.4244	0.2646	0.2267	0.3037
Mental Illness (Add-On)						
Alzheimers	0.1303	0.0994	0.2722	0.0852	0.0933	0.1007
Mental Illness	0.2182	0.2927	0.1556	0.2646	0.0933	0.2550
Health Related Services (Add-On)						
Overnight	0.5603	0.3053	0.3801	0.4619	0.4667	0.2903
Nursing	0.1042	0.1176	0.0953	0.0135	0.1867	0.0369
Exercise	0.1596	0.1681	0.1343	0.2018	0.2267	0.1611
Reposition	0.0586	0.0672	0.0848	0.1390	0.1333	0.0956
Urinary	-	0.0224	0.0049	0.0404	0.0133	0.0235
Tracheostomy	0.0033	0.0028	0.0028	0.0090	-	0.0050
Ulcer Stage 2	0.0163	0.0070	0.0128	0.0135	0.0400	0.0117

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Elderly - by MCO**

Variable	Proportion with Variable - Base Cohort Population					
	Lakeland (Fond du Lac)	WWC (La Crosse)	MCDFC (Milwaukee)	CCCW (Portage)	SFCA (Richland)	CCI (Ken/Racine)
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)						
Vent Dependent	-	-	-	0.0026	-	-
SNF	0.3220	0.3302	0.3008	0.3037	0.3710	0.2928
Number of IADLs (Grid Component)						
IADL_1-2	0.0805	0.1593	0.1539	0.0995	0.1371	0.1166
IADL_3	0.1424	0.1522	0.1709	0.1361	0.1371	0.1042
IADL_4-5-6	0.7740	0.6628	0.6707	0.7513	0.7016	0.7792
Specific ADLs / Equipment Used (Add-On)						
Bathing_1	0.2415	0.2131	0.2764	0.1937	0.2742	0.2878
Bathing_2	0.6285	0.5527	0.5747	0.6780	0.6210	0.6253
Dressing_1	0.2972	0.2998	0.3178	0.3010	0.3710	0.3424
Dressing_2	0.3653	0.3232	0.3578	0.4162	0.3387	0.4144
Toileting_1	0.2322	0.1733	0.1914	0.2042	0.2661	0.1935
Toileting_2	0.2663	0.2389	0.2334	0.3586	0.2823	0.2928
Transfer_2	0.2910	0.2389	0.1979	0.3455	0.2581	0.2655
Interaction Terms (Add-On)						
Transfer_Equip_Mobility	0.1796	0.1358	0.0495	0.1361	0.1371	0.0670
Behavioral Variables (Add-On)						
Cognition_2	0.3065	0.1874	0.2304	0.2880	0.2097	0.2655
Resistive	0.0681	0.0515	0.0420	0.1178	0.0645	0.0323
Injury	0.0062	0.0117	0.0120	0.0105	-	0.0050
Offensive_12	0.0464	0.0796	0.0615	0.1047	0.0565	0.0372
Offensive_3	0.0031	0.0023	0.0025	0.0262	0.0081	0.0025
Mental Health	0.4861	0.4286	0.4403	0.4188	0.5161	0.3797
Substance Abuse	0.0186	0.0351	0.0290	0.0079	0.0161	0.0124
Medication Use (Add-On)						
Meds_2A	0.2167	0.1639	0.2199	0.1152	0.3790	0.1390
Meds_2B	0.5789	0.5410	0.5327	0.6571	0.4194	0.6799
Mental Illness (Add-On)						
Alzheimers	0.4365	0.3888	0.4693	0.4948	0.4194	0.5211
Mental Illness	0.0619	0.0703	0.1039	0.0654	0.0806	0.0968
Health Related Services (Add-On)						
Overnight	0.7957	0.4824	0.3988	0.7775	0.6048	0.4591
Nursing	0.1610	0.2014	0.0940	0.0079	0.2097	0.0620
Reposition	0.0929	0.0960	0.0560	0.1571	0.0806	0.0496
Urinary	-	0.0070	0.0050	0.0026	0.0081	0.0025
Exercise	0.1796	0.1944	0.1164	0.3010	0.1371	0.0744
Tracheostomy	-	0.0023	-	-	-	-
Ulcer Stage 2	0.0093	0.0141	0.0070	0.0262	0.0081	0.0174
Wound	0.0279	0.0539	0.0285	0.0340	0.0403	0.0199

Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development

Functional Screen Regression Model of 2009 PMPM
Developmentally Disabled - by MCO

Variable	Proportion with Variable - Known Expansion Population										
	Care WI	CCI-Teal	CCI-Pink	CCI-Olive	CHP	Lakeland	WWC	MCDFC	Northern Bridges	CCCW	SFCA
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)											
Vent Dependent	-	0.0023	-	0.0023	-	-	-	0.0013	0.0011	-	-
DD1A	0.0426	0.0391	0.0269	0.0509	0.0763	0.0556	0.0584	0.0541	0.0444	0.0473	0.0379
DD1B	0.2107	0.2090	0.1856	0.1111	0.1921	0.1571	0.1912	0.1430	0.1196	0.1667	0.1700
DD2	0.6575	0.6436	0.7260	0.7338	0.6267	0.7254	0.6467	0.7423	0.7278	0.6678	0.6707
Number of IADLs (Grid Component)											
IADL_2	0.0651	0.0466	0.0449	0.0625	0.0490	0.0397	0.0759	0.0387	0.0604	0.0935	0.0819
IADL_3	0.1105	0.1286	0.1317	0.0787	0.1022	0.0937	0.1153	0.0825	0.1378	0.1419	0.1199
IADL_4	0.1779	0.1684	0.1766	0.1505	0.1744	0.1571	0.1650	0.1740	0.1913	0.1700	0.1563
IADL_5	0.3448	0.2977	0.3204	0.4583	0.3842	0.3444	0.3109	0.4884	0.3246	0.2601	0.2914
IADL_6	0.2919	0.3504	0.3219	0.2477	0.2793	0.3587	0.3255	0.2152	0.2768	0.3131	0.3369
Specific ADLs / Equipment Used (Add-On)											
Bathing_2	0.4208	0.3774	0.4192	0.4583	0.3433	0.5111	0.4219	0.4407	0.4157	0.3727	0.3778
Eating_1	0.2366	0.1865	0.2710	0.2338	0.2847	0.2413	0.2307	0.2088	0.2164	0.2804	0.2231
Eating_2	0.2061	0.1759	0.2006	0.2014	0.1540	0.2683	0.2161	0.1985	0.1936	0.1847	0.1897
Toileting_2	0.1923	0.1857	0.2081	0.2593	0.1935	0.2619	0.2204	0.2577	0.2289	0.1813	0.2018
Transfer	0.1451	0.1669	0.1991	0.2222	0.1812	0.2286	0.1869	0.2075	0.2084	0.1813	0.1730
Interaction Terms (Add-On)											
Dress_Bath_Equip	0.3460	0.2782	0.2949	0.2477	0.3188	0.2873	0.3182	0.2255	0.2756	0.3435	0.2473
Transfer_Equip_Mobility	0.0518	0.0489	0.0704	0.0741	0.0504	0.0841	0.0818	0.0619	0.0558	0.0507	0.0425
Behavioral Variables (Add-On)											
Communication_1-2	0.2666	0.2120	0.2620	0.2847	0.2943	0.2778	0.1971	0.3028	0.2141	0.1993	0.2261
Cognition 2-3	0.6062	0.5714	0.6093	0.5995	0.6608	0.6444	0.6058	0.6327	0.5979	0.5383	0.5706
Resistive	0.1146	0.1030	0.1257	0.1366	0.1144	0.1460	0.1927	0.1289	0.0888	0.1250	0.1032
Injury_2	0.0645	0.0571	0.0674	0.0486	0.0586	0.0698	0.0701	0.0644	0.0444	0.0428	0.0577
Offensive_1	0.1957	0.1429	0.2171	0.2569	0.1717	0.2730	0.2409	0.2448	0.2380	0.1340	0.2276
Offensive_2	0.1307	0.1053	0.1003	0.0625	0.1281	0.0984	0.1270	0.0812	0.0683	0.0935	0.0986
Offensive_3	0.0466	0.0647	0.0524	0.0162	0.0272	0.0238	0.0307	0.0077	0.0159	0.0439	0.0395
Mental Health	0.4657	0.3917	0.3997	0.3912	0.4033	0.3873	0.3285	0.3363	0.3212	0.3615	0.3885
Wander	0.0345	0.0376	0.0269	0.0556	0.0368	0.0397	0.0438	0.0541	0.0330	0.0360	0.0395
Medication Use (Add-On)											
Meds_2A	0.1600	0.1263	0.1737	0.2338	0.1322	0.1651	0.1781	0.2088	0.1868	0.0856	0.1062
Meds_2B	0.5579	0.5594	0.5269	0.5903	0.5613	0.6079	0.5212	0.6005	0.5000	0.5315	0.5675
Health Related Services (Add-On)											
Overnight	0.5498	0.5331	0.6302	0.7384	0.7057	0.7540	0.6657	0.7693	0.6902	0.6081	0.6616
Exercise	0.1157	0.0932	0.1272	0.0440	0.1335	0.1381	0.1270	0.1018	0.1116	0.1509	0.0850
Reposition	0.0455	0.0594	0.0539	0.1019	0.0613	0.0730	0.0774	0.0876	0.0604	0.0732	0.0395
Ostomy	0.0029	0.0023	0.0045	0.0046	0.0068	0.0079	0.0044	0.0077	0.0057	0.0056	0.0046
Tube Feedings	0.0219	0.0271	0.0180	0.0394	0.0204	0.0381	0.0292	0.0335	0.0182	0.0180	0.0137
Ulcer Stage 3-4	0.0012	0.0008	0.0015	0.0023	-	-	0.0015	0.0026	0.0011	0.0011	-
Diagnoses (Add-On)											
Autism	0.1186	0.1203	0.1048	0.1366	0.1049	0.1079	0.1095	0.1250	0.0774	0.1149	0.0986
Brain Injury	0.0570	0.0489	0.0389	0.0556	0.0654	0.0286	0.0526	0.0387	0.0524	0.0360	0.0592
Prader Willi	0.0046	0.0060	0.0030	0.0046	0.0027	0.0048	0.0088	0.0077	0.0057	0.0045	0.0061
Cerebral Palsy	0.1278	0.1383	0.1677	0.1551	0.1240	0.1730	0.1416	0.1611	0.1401	0.1486	0.1396
Mental Retardation	0.8100	0.8383	0.8518	0.8819	0.8283	0.8825	0.8511	0.8930	0.8064	0.8367	0.8331
Seizure	0.2608	0.2654	0.2305	0.2847	0.2316	0.3175	0.2307	0.2732	0.2506	0.2320	0.2534

Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development

Functional Screen Regression Model of 2009 PMPM
Physically Disabled - by MCO

Variable	Proportion with Variable - Known Expansion Population										
	Care WI	CCI-Teal	CCI-Pink	CCI-Olive	CHP	Lakeland	WWC	MCDFC	Northern Bridges	CCCW	SFCA
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)											
Vent Dependent	0.0056	0.0068	-	-	-	0.0029	-	-	0.0024	0.0067	-
SNF	0.2630	0.2494	0.1915	0.2716	0.3054	0.2588	0.2862	0.3094	0.2273	0.2852	0.2710
Number of IADLs (Grid Component)											
IADL_1	0.1241	0.0816	0.1135	0.0925	0.1078	0.0853	0.1448	0.0331	0.0981	0.0570	0.1215
IADL_2	0.1593	0.1655	0.1418	0.1403	0.2096	0.1971	0.1953	0.2210	0.2344	0.1812	0.1994
IADL_3	0.1815	0.1633	0.1418	0.1701	0.1677	0.1882	0.1818	0.2155	0.2344	0.1779	0.2056
IADL_4-5	0.4407	0.4875	0.5106	0.5075	0.4012	0.4824	0.3973	0.5138	0.3971	0.4832	0.3583
IADL_6	0.0426	0.0771	0.0780	0.0627	0.0359	0.0294	0.0370	0.0055	0.0239	0.0872	0.0717
Specific ADLs / Equipment Used (Add-On)											
Bathing_1	0.2444	0.2902	0.2482	0.3104	0.3353	0.2441	0.2896	0.3646	0.2847	0.3859	0.2679
Bathing_2	0.5056	0.5011	0.5887	0.5284	0.3234	0.5647	0.4613	0.4862	0.5455	0.4664	0.5670
Dressing_1	0.2704	0.2676	0.3262	0.3313	0.2814	0.2912	0.3098	0.3591	0.2392	0.3591	0.2741
Dressing_2	0.3426	0.3696	0.3759	0.3612	0.2275	0.3618	0.2694	0.3923	0.3756	0.3289	0.4081
Eating_2	0.1056	0.0794	0.0780	0.0925	0.0838	0.1147	0.0640	0.0994	0.1196	0.0872	0.1246
Transfer_2	0.2741	0.3197	0.2695	0.2657	0.1497	0.2912	0.2189	0.2762	0.2679	0.2718	0.2804
Interaction Terms (Add-On)											
Dress_Bath_Equip	0.5204	0.5488	0.6028	0.5134	0.4611	0.5618	0.4714	0.5083	0.5096	0.5302	0.5265
Transfer_Equip_Mobility	0.1019	0.1111	0.1135	0.0925	0.0719	0.0882	0.1650	0.1105	0.1388	0.0839	0.1371
Behavioral Variables (Add-On)											
Communication_1	0.0278	0.0181	0.0142	0.0060	0.0060	0.0265	0.0202	0.0110	0.0287	0.0134	0.0249
Cognition_2	0.1519	0.1678	0.1277	0.1761	0.2275	0.1882	0.1212	0.1657	0.1579	0.1678	0.1558
Resistive	0.0352	0.0204	0.0284	0.0299	0.0180	0.0265	0.0337	0.0276	0.0144	0.0302	0.0405
Injury	0.0296	0.0227	0.0213	0.0090	0.0180	0.0353	0.0303	0.0276	0.0407	0.0134	0.0280
Offensive_1	0.0667	0.0454	0.0496	0.0627	0.0838	0.0735	0.0673	0.0829	0.0957	0.0403	0.0748
Offensive_2-3	0.0444	0.0499	0.0284	0.0090	0.0299	0.0265	0.0168	0.0110	0.0072	0.0268	0.0343
Mental Health	0.5648	0.5714	0.5390	0.3731	0.4551	0.5382	0.5118	0.4475	0.5144	0.5436	0.4579
Substance Abuse	0.1019	0.0635	0.1348	0.0746	0.1198	0.1000	0.1145	0.0829	0.0861	0.0805	0.1090
Wander	0.0111	0.0068	0.0142	0.0269	0.0120	0.0176	0.0067	0.0166	-	0.0134	0.0218
Medication Use (Add-On)											
Meds_2A	0.2389	0.2608	0.2624	0.3433	0.2335	0.3471	0.2862	0.3039	0.2608	0.2651	0.2461
Meds_2B	0.3259	0.3469	0.4043	0.3194	0.3293	0.2588	0.2256	0.3315	0.2440	0.3423	0.2897
Mental Illness (Add-On)											
Alzheimers	0.1426	0.1497	0.1631	0.1194	0.0539	0.1471	0.0707	0.0939	0.0766	0.0973	0.1090
Mental Illness	0.2111	0.1723	0.1206	0.2358	0.2335	0.1765	0.1549	0.2376	0.1531	0.2047	0.1277
Health Related Services (Add-On)											
Overnight	0.4111	0.3991	0.5390	0.4448	0.4311	0.5000	0.3199	0.4475	0.4258	0.4933	0.4237
Nursing	0.0537	0.0295	0.0142	0.0507	0.1377	0.0294	0.0943	0.0718	0.0455	0.0134	0.0530
Exercise	0.2019	0.1678	0.1631	0.1612	0.1976	0.1588	0.1852	0.1768	0.1818	0.1913	0.1900
Reposition	0.1185	0.1043	0.0709	0.1343	0.0898	0.0794	0.1077	0.1602	0.0861	0.1174	0.0841
Urinary	0.0389	0.0363	0.0284	0.0299	0.0060	0.0441	0.0505	0.0387	0.0263	0.0302	0.0530
Tracheostomy	0.0111	0.0113	0.0071	0.0090	-	-	0.0067	-	0.0096	-	0.0062
Ulcer Stage 2	0.0167	0.0317	0.0071	0.0149	0.0060	0.0147	0.0370	0.0276	0.0120	0.0336	0.0374

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

**Functional Screen Regression Model of 2009 PMPM
Elderly - by MCO**

Variable	Proportion with Variable - Known Expansion Population										
	Care WI	CCI-Teal	CCI-Pink	CCI-Olive	CHP	Lakeland	WWC	MCDFC	Northern Bridges	CCCW	SFCA
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	-	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)											
Vent Dependent	-	-	0.0045	-	-	-	0.0028	-	-	0.0021	-
SNF	0.2521	0.2010	0.1473	0.2157	0.4179	0.1482	0.2408	-	0.1977	0.2767	0.2880
Number of IADLs (Grid Component)											
IADL_1-2	0.1218	0.1116	0.1473	0.0784	0.1418	0.1624	0.2521	-	0.2129	0.1090	0.1487
IADL_3	0.1232	0.1228	0.1071	0.1765	0.1866	0.1294	0.2068	-	0.1920	0.1132	0.1424
IADL_4-5-6	0.7451	0.7560	0.7366	0.7451	0.6642	0.6941	0.5269	-	0.5798	0.7778	0.6867
Specific ADLs / Equipment Used (Add-On)											
Bathing_1	0.1667	0.1802	0.2500	0.3529	0.2164	0.2047	0.2975	-	0.2224	0.2893	0.2247
Bathing_2	0.6919	0.6794	0.6875	0.5294	0.5970	0.6588	0.5722	-	0.6521	0.6143	0.6835
Dressing_1	0.3053	0.2727	0.3705	0.3333	0.3284	0.2800	0.3314	-	0.3080	0.4130	0.3133
Dressing_2	0.3515	0.3812	0.3973	0.2941	0.2985	0.3788	0.2351	-	0.3270	0.3354	0.4114
Toileting_1	0.1639	0.1930	0.1875	0.1961	0.2239	0.1435	0.1671	-	0.1692	0.2621	0.1994
Toileting_2	0.2675	0.2775	0.2813	0.2157	0.2612	0.2729	0.1501	-	0.2053	0.2432	0.2468
Transfer_2	0.2241	0.2392	0.2366	0.1373	0.1866	0.2259	0.1501	-	0.1882	0.2180	0.2278
Interaction Terms (Add-On)											
Transfer_Equip_Mobility	0.0546	0.0558	0.0893	0.0392	0.0746	0.0376	0.0907	-	0.0570	0.0356	0.0981
Behavioral Variables (Add-On)											
Cognition_2	0.2549	0.2759	0.1696	0.3922	0.3209	0.2235	0.1388	-	0.2357	0.2495	0.2373
Resistive	0.0686	0.0287	0.0357	0.0196	0.0821	0.0541	0.0340	-	0.0247	0.0692	0.0728
Injury	0.0084	0.0096	-	-	0.0149	0.0259	0.0142	-	0.0057	0.0042	0.0158
Offensive_12	0.0910	0.0431	0.0357	0.0588	0.1418	0.0612	0.0510	-	0.0760	0.0734	0.1171
Offensive_3	0.0140	0.0048	0.0089	-	0.0075	-	0.0028	-	-	0.0189	0.0032
Mental Health	0.5266	0.4673	0.5893	0.2745	0.3731	0.4118	0.4023	-	0.3726	0.4319	0.3576
Substance Abuse	0.0154	0.0159	0.0089	0.0196	0.0149	0.0306	0.0198	-	0.0266	0.0189	0.0285
Medication Use (Add-On)											
Meds_2A	0.1793	0.1579	0.2009	0.1569	0.2388	0.2518	0.2068	-	0.2110	0.1405	0.2278
Meds_2B	0.6120	0.6396	0.5670	0.6863	0.4925	0.5059	0.3711	-	0.4202	0.6688	0.4968
Mental Illness (Add-On)											
Alzheimers	0.4958	0.4418	0.4196	0.5686	0.3955	0.4306	0.2380	-	0.2814	0.4486	0.3513
Mental Illness	0.1078	0.0829	0.0491	0.0980	0.1045	0.0706	0.0482	-	0.0741	0.0608	0.0886
Health Related Services (Add-On)											
Overnight	0.5014	0.5502	0.6161	0.4902	0.6045	0.5247	0.3739	-	0.4316	0.6394	0.5316
Nursing	0.0462	0.0303	0.0179	0.1569	0.1791	0.0165	0.0907	-	0.0361	0.0042	0.0443
Reposition	0.0392	0.0510	0.0446	-	0.0896	0.0306	0.0510	-	0.0228	0.0608	0.0633
Urinary	0.0042	0.0048	-	-	0.0075	-	0.0057	-	0.0038	0.0084	0.0063
Exercise	0.1275	0.0718	0.0982	0.0588	0.1343	0.0329	0.0822	-	0.1065	0.1363	0.0949
Tracheostomy	-	-	0.0045	-	-	-	-	-	-	-	-
Ulcer Stage 2	0.0140	0.0064	0.0089	-	0.0075	0.0071	0.0227	-	0.0114	0.0126	0.0158
Wound	0.0168	0.0255	0.0134	0.0196	0.0224	0.0212	0.0312	-	0.0209	0.0356	0.0285

Wisconsin Department of Health Services
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Family Care Based Functional Screen Regression Model of 2009 PMPM
Developmentally Disabled

Proportion with Variable - Waiver Population

Variable	Care WI	CCI-Teal	CCI-Pink	CCI-Olive	CHP	Lakeland	WWC	MCDFC	Northern Bridges	CCCW	SFCA
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)											
Vent Dependent	0.0064	-	-	0.0041	-	0.0038	-	0.0041	-	-	-
DD1A	0.0740	0.0492	0.0660	0.0642	0.0482	0.0456	0.0168	0.0642	0.0538	0.0548	0.0156
DD1B	0.1479	0.1311	0.0711	0.0642	0.2169	0.0951	0.0504	0.0642	0.0699	0.0721	0.1016
DD2	0.5756	0.6131	0.6447	0.7795	0.5181	0.7148	0.5462	0.7795	0.6183	0.6995	0.6641
Number of IADLs (Grid Component)											
IADL_2	0.1190	0.1016	0.1269	0.0435	0.1325	0.0722	0.2101	0.0435	0.1129	0.1005	0.1172
IADL_3	0.1318	0.1475	0.1929	0.1356	0.1084	0.1825	0.2521	0.1356	0.2258	0.1107	0.1484
IADL_4	0.2476	0.2721	0.2081	0.3075	0.1928	0.2167	0.2101	0.3075	0.3226	0.2010	0.1953
IADL_5	0.2733	0.3049	0.3452	0.4027	0.3133	0.3118	0.1681	0.4027	0.1989	0.2975	0.3203
IADL_6	0.1961	0.1541	0.1117	0.1046	0.2169	0.2015	0.1092	0.1046	0.1022	0.2650	0.1563
Specific ADLs / Equipment Used (Add-On)											
Bathing_2	0.3312	0.2852	0.3046	0.3872	0.4096	0.3232	0.1681	0.3872	0.2204	0.3411	0.2109
Eating_1	0.1511	0.2066	0.1675	0.2391	0.2169	0.1863	0.1092	0.2391	0.1129	0.1482	0.1328
Eating_2	0.1897	0.1541	0.1523	0.1304	0.3133	0.1939	0.0504	0.1304	0.1237	0.1706	0.0938
Toileting_2	0.2251	0.2164	0.1777	0.1957	0.2048	0.2091	0.0840	0.1957	0.1290	0.2051	0.1250
Transfer	0.1415	0.1770	0.1726	0.1988	0.2048	0.1863	0.1008	0.1988	0.1183	0.1706	0.1016
Interaction Terms (Add-On)											
Dress_Bath_Equip	0.1897	0.1082	0.1726	0.1118	0.1687	0.1559	0.0672	0.1118	0.1129	0.1807	0.1250
Transfer_Equip_Mobility	0.0450	0.0393	0.0609	0.0476	0.0843	0.0798	0.0168	0.0476	0.0376	0.0467	0.0156
Behavioral Variables (Add-On)											
Communication_1-2	0.1511	0.1738	0.1878	0.3447	0.2289	0.1901	0.1008	0.3447	0.1720	0.2457	0.1719
Cognition 2-3	0.5080	0.5836	0.5279	0.6346	0.6506	0.4525	0.4958	0.6346	0.5753	0.5442	0.4219
Resistive	0.1125	0.0951	0.0761	0.0983	0.2048	0.1027	0.0924	0.0983	0.1075	0.1005	0.1094
Injury_2	0.0579	0.0525	0.0355	0.0259	0.0723	0.0380	0.0252	0.0259	0.0215	0.0254	0.0469
Offensive_1	0.1543	0.1705	0.1878	0.2101	0.2289	0.1293	0.1933	0.2101	0.2151	0.1645	0.1484
Offensive_2	0.1093	0.0984	0.0457	0.0466	0.0482	0.0608	0.0336	0.0466	0.0323	0.0426	0.0859
Offensive_3	0.0289	0.0164	0.0051	0.0052	0.0964	0.0114	0.0084	0.0052	0.0215	0.0152	0.0078
Mental Health	0.3441	0.2852	0.2944	0.2474	0.3614	0.2091	0.2941	0.2474	0.3387	0.3513	0.2969
Wander	0.0386	0.0328	0.0305	0.0228	0.0723	0.0228	-	0.0228	0.0323	0.0213	0.0156
Medication Use (Add-On)											
Meds_2A	0.1865	0.1836	0.1624	0.2133	0.1566	0.1787	0.2521	0.2133	0.1505	0.1848	0.1094
Meds_2B	0.4598	0.4295	0.3655	0.4731	0.5060	0.3726	0.2269	0.4731	0.3118	0.4467	0.4141
Health Related Services (Add-On)											
Overnight	0.5788	0.4918	0.6193	0.6708	0.6024	0.6692	0.3697	0.6708	0.4677	0.6355	0.5391
Exercise	0.0997	0.0689	0.0914	0.0331	0.1205	0.1255	0.0924	0.0331	0.0699	0.0640	0.0938
Reposition	0.0514	0.0459	0.0609	0.0538	0.0361	0.0608	0.0084	0.0538	0.0323	0.0508	0.0313
Ostomy	0.0064	-	-	0.0124	-	0.0076	-	0.0124	-	0.0142	0.0078
Tube Feedings	0.0579	0.0459	0.0406	0.0300	0.0241	0.0456	0.0168	0.0300	0.0215	0.0254	-
Ulcer Stage 3-4	0.0032	0.0033	-	-	-	-	-	-	-	-	-
Diagnoses (Add-On)											
Autism	0.1608	0.1508	0.1269	0.1273	0.2048	0.0760	0.1681	0.1273	0.1237	0.0802	0.1016
Brain Injury	0.0868	0.0623	0.0761	0.0559	0.0843	0.0266	0.0168	0.0559	0.0806	0.0335	0.0547
Prader Willi	0.0129	0.0262	0.0102	0.0010	-	-	-	0.0010	-	-	-
Cerebral Palsy	0.1286	0.1180	0.1421	0.1346	0.1084	0.1597	0.0504	0.1346	0.1183	0.1594	0.1328
Mental Retardation	0.6334	0.7311	0.7107	0.8106	0.6506	0.7719	0.6471	0.8106	0.6075	0.8193	0.7578
Seizure	0.2154	0.2525	0.2843	0.2464	0.3012	0.2433	0.1429	0.2464	0.1828	0.2711	0.1563

Wisconsin Department of Health Services
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Family Care Based Functional Screen Regression Model of 2009 PMPM
Physically Disabled

Proportion with Variable - Waiver Population

Variable	Care WI	CCI-Teal	CCI-Pink	CCI-Olive	CHP	Lakeland	WWC	MCDFC	Northern Bridges	CCCW	SFCA
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)											
Vent Dependent	0.0029	0.0200	0.0208	0.0067	-	0.0060	-	0.0067	-	-	0.0082
SNF	0.1871	0.1840	0.2153	0.2165	0.1319	0.1747	0.1858	0.2165	0.1620	0.1450	0.2131
Number of IADLs (Grid Component)											
IADL_1	0.1959	0.2280	0.1181	0.0623	0.2088	0.1988	0.2301	0.0623	0.1900	0.1872	0.1639
IADL_2	0.1901	0.1400	0.2083	0.2031	0.2088	0.1928	0.2389	0.2031	0.2274	0.2514	0.1721
IADL_3	0.2018	0.2120	0.1875	0.2743	0.2637	0.1867	0.1947	0.2743	0.2243	0.1376	0.2049
IADL_4-5	0.3275	0.3280	0.4514	0.4448	0.2308	0.3133	0.2035	0.4448	0.2804	0.3358	0.3525
IADL_6	-	-	0.0069	0.0044	0.0220	0.0181	-	0.0044	0.0031	0.0147	-
Specific ADLs / Equipment Used (Add-On)											
Bathing_1	0.2632	0.2800	0.2986	0.3462	0.3516	0.2711	0.3097	0.3462	0.3053	0.3266	0.3279
Bathing_2	0.3684	0.3440	0.4236	0.4448	0.2418	0.3976	0.2920	0.4448	0.3832	0.3798	0.3197
Dressing_1	0.1930	0.1840	0.2569	0.3491	0.3407	0.3012	0.2478	0.3491	0.2866	0.3431	0.2787
Dressing_2	0.2602	0.2440	0.2917	0.3462	0.1429	0.2108	0.2124	0.3462	0.1869	0.2018	0.2295
Eating_2	0.0614	0.0840	0.0903	0.0778	0.0549	0.0783	0.0442	0.0778	0.0405	0.0367	0.0492
Transfer_2	0.2047	0.1680	0.2361	0.2691	0.1209	0.1747	0.1416	0.2691	0.1340	0.1486	0.1803
Interaction Terms (Add-On)											
Dress_Bath_Equip	0.3333	0.2960	0.3889	0.2461	0.3516	0.3494	0.2920	0.2461	0.3396	0.3229	0.4016
Transfer_Equip_Mobility	0.0643	0.0720	0.0903	0.0541	0.0659	0.0602	0.0708	0.0541	0.0935	0.0330	0.0820
Behavioral Variables (Add-On)											
Communication_1	0.0146	0.0280	0.0139	0.0148	0.0110	0.0181	0.0177	0.0148	0.0187	0.0147	0.0328
Cognition_2	0.0789	0.0840	0.1042	0.1690	0.0989	0.1386	0.0708	0.1690	0.1246	0.1266	0.1230
Resistive	0.0205	0.0360	0.0069	0.0311	-	0.0181	0.0177	0.0311	0.0125	0.0220	0.0082
Injury	0.0439	0.0200	0.0208	0.0200	0.0110	0.0542	0.0088	0.0200	0.0405	0.0294	0.0328
Offensive_1	0.0526	0.0480	0.0417	0.0400	0.0769	0.0482	0.0177	0.0400	0.0343	0.0752	0.0246
Offensive_2-3	0.0058	0.0160	0.0208	0.0074	0.0110	0.0181	0.0088	0.0074	0.0093	0.0147	0.0164
Mental Health	0.4942	0.4840	0.5347	0.2461	0.4835	0.4518	0.4336	0.2461	0.5514	0.3927	0.4754
Substance Abuse	0.0848	0.0360	0.0556	0.0608	0.1209	0.0663	0.0531	0.0608	0.0717	0.0862	0.0574
Wander	0.0029	0.0040	0.0139	0.0030	0.0330	0.0181	-	0.0030	0.0125	-	0.0082
Medication Use (Add-On)											
Meds_2A	0.2895	0.1720	0.4444	0.4418	0.3187	0.1928	0.2478	0.4418	0.2399	0.2294	0.2951
Meds_2B	0.1754	0.2400	0.1875	0.2083	0.1429	0.2108	0.1062	0.2083	0.1776	0.2110	0.1885
Mental Illness (Add-On)											
Alzheimers	0.0526	0.0480	0.0486	0.0126	0.0330	0.0602	0.0088	0.0126	0.0623	0.0257	0.0820
Mental Illness	0.2544	0.2440	0.2014	0.0986	0.3077	0.2470	0.1593	0.0986	0.2336	0.2459	0.1639
Health Related Services (Add-On)											
Overnight	0.3187	0.3320	0.4792	0.3202	0.3187	0.3795	0.1947	0.3202	0.2679	0.2881	0.2951
Nursing	0.0409	0.0720	0.0486	0.1008	0.0440	0.0482	0.0442	0.1008	0.0405	0.0220	0.0410
Exercise	0.1140	0.0680	0.1736	0.1060	0.0659	0.0904	0.0796	0.1060	0.0810	0.0661	0.1557
Reposition	0.0673	0.0520	0.0903	0.0852	0.0440	0.0482	0.0265	0.0852	0.0187	0.0147	0.0738
Urinary	0.0468	0.0400	0.0625	0.0341	-	0.0181	0.0265	0.0341	0.0187	0.0459	0.0574
Tracheostomy	0.0058	0.0480	0.0208	0.0156	-	0.0060	-	0.0156	-	-	0.0082
Ulcer Stage 2	0.0409	-	0.0069	0.0052	-	0.0181	0.0088	0.0052	0.0218	0.0055	0.0246

Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development
Family Care Based Functional Screen Regression Model of 2009 PMPM
Frail Elderly

Proportion with Variable - Waiver Population

Variable	Care WI	CCI-Teal	CCI-Pink	CCI-Olive	CHP	Lakeland	WWC	MCDFC	Northern Bridges	CCCW	SFCA
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)											
Vent Dependent	-	-	-	-	-	-	-	-	-	-	-
SNF	0.2736	0.2703	0.2677	0.1667	0.2857	0.2329	0.1742	0.1667	0.1415	0.1751	0.1942
Number of IADLs (Grid Component)											
IADL_1-2	0.1398	0.1390	0.0630	0.1111	0.1429	0.0411	0.2045	0.1111	0.1366	0.2009	0.1262
IADL_3	0.1155	0.1236	0.2205	0.1667	0.1558	0.1096	0.1742	0.1667	0.2293	0.1504	0.2330
IADL_4-5-6	0.6717	0.6525	0.6693	0.6667	0.5455	0.7877	0.3788	0.6667	0.5024	0.5048	0.5728
Specific ADLs / Equipment Used (Add-On)											
Bathing_1	0.2310	0.2008	0.1969	0.2778	0.2987	0.1644	0.3258	0.2778	0.3220	0.3265	0.2718
Bathing_2	0.6231	0.6062	0.6772	0.5556	0.4545	0.7123	0.3409	0.5556	0.4829	0.4307	0.4660
Dressing_1	0.2979	0.2162	0.2677	0.3333	0.2857	0.2945	0.1970	0.3333	0.3512	0.2546	0.2913
Dressing_2	0.2705	0.3822	0.3701	0.2778	0.1948	0.3836	0.2121	0.2778	0.1756	0.2052	0.1942
Toileting_1	0.2097	0.1660	0.2205	0.1667	0.2338	0.1918	0.1061	0.1667	0.1561	0.1729	0.1650
Toileting_2	0.1976	0.2432	0.2283	0.2222	0.1429	0.2671	0.1364	0.2222	0.1366	0.1343	0.0583
Transfer_2	0.1884	0.2394	0.2126	0.3889	0.1688	0.2603	0.1061	0.3889	0.1122	0.1310	0.0777
Interaction Terms (Add-On)											
Transfer_Equip_Mobility	0.0699	0.0656	0.0236	0.1111	0.0779	0.0411	0.0455	0.1111	0.1073	0.0172	0.0583
Behavioral Variables (Add-On)											
Cognition_2	0.2432	0.2471	0.1575	0.3889	0.1558	0.2671	0.1515	0.3889	0.1854	0.2041	0.2136
Resistive	0.0517	0.0502	0.0709	0.0556	0.0909	0.0548	0.0152	0.0556	0.0390	0.0430	0.0194
Injury	0.0122	-	0.0236	-	0.0130	-	0.0152	-	0.0049	0.0032	0.0291
Offensive_1-2	0.0790	0.0541	0.0709	0.1667	0.0909	0.0616	0.0379	0.1667	0.0537	0.0612	0.0485
Offensive_3	-	0.0077	0.0079	-	0.0130	0.0068	-	-	-	-	-
Mental Health	0.3526	0.3707	0.4016	0.1111	0.2597	0.3425	0.2045	0.1111	0.2390	0.2352	0.1748
Substance Abuse	0.0182	0.0077	0.0157	-	0.0130	0.0274	0.0076	-	0.0146	0.0236	0.0097
Medication Use (Add-On)											
Meds_2A	0.1763	0.2085	0.2441	0.1667	0.1818	0.3014	0.2348	0.1667	0.1463	0.1504	0.3301
Meds_2B	0.5350	0.4710	0.4724	0.5556	0.3636	0.5274	0.2576	0.5556	0.4293	0.3910	0.3786
Mental Illness (Add-On)											
Alzheimers	0.3374	0.3668	0.2913	0.2778	0.1429	0.3699	0.1212	0.2778	0.2293	0.2234	0.2427
Mental Illness	0.0486	0.0463	0.0157	0.1111	0.0649	0.0274	0.0227	0.1111	0.0244	0.0376	0.0194
Health Related Services (Add-On)											
Overnight	0.4772	0.4672	0.5906	0.5556	0.4416	0.6233	0.3106	0.5556	0.4049	0.3953	0.3981
Nursing	0.0274	0.0579	0.0157	-	0.1169	0.0342	0.0455	-	0.0634	0.0129	0.0291
Exercise	0.0821	0.0811	0.1417	-	0.1299	0.0685	0.0606	-	0.0829	0.0215	0.0194
Reposition	0.0274	0.0193	-	0.0556	0.0390	0.0205	-	0.0556	0.0244	0.0118	0.0097
Urinary	0.0061	-	0.0079	0.0556	0.0260	0.0068	0.0076	0.0556	0.0049	0.0032	-
Tracheostomy	-	-	-	-	-	-	0.0076	-	-	-	-
Ulcer Stage 2	0.0243	0.0541	-	-	0.0130	0.0137	-	-	0.0244	0.0086	-
Wound	0.0243	0.0386	0.0157	-	0.0130	0.0342	0.0455	-	0.0244	0.0301	-

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

Development of the 2011 Final Nursing Home Rates

Pilot Population	Total Statistical Model 2009 PMPM Inc IBNR	PMPM Including RUG Quarterly Assessment Adj.	Two-Year Trend	2011 Gross Nursing Home Rates	Admin/Risk PMPM	Rate Reform Adjustment PMPM	Preliminary 2011 MCE Rates	MCE Rates Including Phase-In
CCCW (Portage)	\$2,776.91	2,768.08	8.6%	\$3,004.75	\$160.05	(\$0.19)	\$3,164.61	\$3,164.61
LCD (Fond du Lac)	\$2,696.45	2,682.87	8.4%	\$2,907.14	\$160.45	(\$0.19)	\$3,067.40	\$3,067.40
MCDFC (Milwaukee)	\$2,341.10	2,322.27	10.5%	\$2,566.61	\$123.41	(\$0.19)	\$2,689.83	\$2,689.83
SFCA (Richland)	\$2,605.02	2,593.70	8.6%	\$2,815.75	\$162.28	(\$0.19)	\$2,977.84	\$2,977.84
WWC (La Crosse)	\$2,519.33	2,508.26	8.3%	\$2,715.77	\$147.31	(\$0.19)	\$2,862.89	\$2,862.89
CCI (Kenosha/Racine)	\$2,966.85	2,960.38	7.3%	\$3,176.65	\$125.87	(\$0.19)	\$3,302.33	\$3,302.33

Expansion Population	Total Statistical Model 2009 PMPM Inc IBNR	PMPM Including RUG Quarterly Assessment Adj.	Two-Year Trend	2011 Gross Nursing Home Rates	Admin/Risk PMPM	Rate Reform Adjustment PMPM	Preliminary 2011 MCE Rates	MCE Rates Including Phase-In
Care Wisconsin	\$3,039.50	3,023.36	7.0%	\$3,236.04	\$171.01	(\$0.19)	\$3,406.85	\$3,406.85
CCCW	\$2,926.96	2,917.65	7.4%	\$3,134.42	\$160.05	(\$0.19)	\$3,294.28	\$3,294.28
CCI - Pink Region	\$3,170.01	3,163.09	6.7%	\$3,374.22	\$152.17	(\$0.19)	\$3,526.21	\$3,616.49
CCI - Milwaukee	\$3,028.62	3,022.02	7.3%	\$3,241.37	\$151.18	(\$0.19)	\$3,392.36	\$3,392.36
CCI - Teal Region	\$2,967.78	2,961.31	7.2%	\$3,175.21	\$150.68	(\$0.19)	\$3,325.70	\$3,325.70
Lakeland Care District	\$2,973.48	2,958.51	7.6%	\$3,183.92	\$160.45	(\$0.19)	\$3,344.17	\$3,432.73
CHP	\$3,243.24	3,226.02	6.3%	\$3,429.82	\$188.39	(\$0.19)	\$3,618.02	\$3,618.02
MCDFC (Milwaukee)	\$3,416.97	3,389.48	5.9%	\$3,587.81	\$123.41	(\$0.19)	\$3,711.02	\$3,711.02
Northern Bridges	\$2,723.73	2,709.27	7.6%	\$2,913.96	\$202.79	(\$0.19)	\$3,116.56	\$3,116.56
SFCA	\$2,938.87	2,926.11	7.5%	\$3,144.77	\$162.28	(\$0.19)	\$3,306.86	\$3,306.86
WWC	\$2,861.86	2,849.28	7.2%	\$3,055.02	\$147.31	(\$0.19)	\$3,202.14	\$3,202.14

Waiver Population	Total Statistical Model 2009 PMPM Inc IBNR	PMPM Including RUG Quarterly Assessment Adj.	Two-Year Trend	2011 Gross Nursing Home Rates	Admin/Risk PMPM	Rate Reform Adjustment PMPM	Preliminary 2011 MCE Rates	MCE Rates Including Phase-In
Care Wisconsin	\$2,340.60	2,328.17	8.6%	\$2,528.36	\$163.89	(\$0.19)	\$2,692.06	\$2,692.06
CCCW	\$2,287.66	2,280.38	8.0%	\$2,463.90	\$160.05	(\$0.19)	\$2,623.76	\$2,623.76
CCI - Pink Region	\$2,440.30	2,434.98	8.3%	\$2,635.92	\$146.63	(\$0.19)	\$2,782.36	\$2,853.60
CCI - Milwaukee	\$2,439.14	2,433.82	8.0%	\$2,629.13	\$146.57	(\$0.19)	\$2,775.52	\$2,775.52
CCI - Teal Region	\$2,334.96	2,329.86	8.4%	\$2,524.85	\$145.79	(\$0.19)	\$2,670.45	\$2,670.45
Lakeland Care District	\$2,474.58	2,462.12	7.8%	\$2,655.22	\$160.45	(\$0.19)	\$2,815.47	\$2,890.03
CHP	\$2,424.50	2,411.63	8.2%	\$2,609.01	\$180.13	(\$0.19)	\$2,788.96	\$2,788.96
MCDFC (Milwaukee)	\$2,439.14	2,419.52	8.0%	\$2,613.68	\$123.41	(\$0.19)	\$2,736.89	\$2,736.89
Northern Bridges	\$1,924.41	1,914.19	9.2%	\$2,089.93	\$188.29	(\$0.19)	\$2,278.04	\$2,278.04
SFCA	\$2,133.60	2,124.33	8.5%	\$2,304.15	\$162.28	(\$0.19)	\$2,466.24	\$2,466.24
WWC	\$1,721.49	1,713.93	8.8%	\$1,863.93	\$147.31	(\$0.19)	\$2,011.05	\$2,011.05

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

Projected CY11 Member Months

MCO	Pilot Population				Expansion Population				Waiver/Waitlist Population			
	DD	PD	FE	Total	DD	PD	FE	Total	DD	PD	FE	Total
Care Wisconsin	-	-	-	-	20,844	6,480	8,568	35,892	2,523	2,775	2,669	7,967
CCCW	3,564	2,676	4,584	10,824	10,656	3,576	5,724	19,956	2,658	1,471	2,513	6,642
CCI - Kenosha/Racine	12,441	7,192	4,862	24,495	-	-	-	-	-	-	-	-
CCI - Pink Region	-	-	-	-	8,016	1,692	2,688	12,396	735	538	474	1,747
CCI - Milwaukee	-	-	-	-	5,184	4,020	612	9,816	1,771	2,474	33	4,278
CCI - Teal Region	-	-	-	-	15,960	5,292	7,524	28,776	1,825	1,496	1,549	4,870
Lakeland Care District	5,004	3,684	3,876	12,564	7,560	4,080	5,100	16,740	1,425	900	791	3,116
CHP	-	-	-	-	8,808	2,004	1,608	12,420	480	526	445	1,451
MCDFC (Milwaukee)	6,408	46,824	24,012	77,244	9,312	2,172	-	11,484	4,490	6,270	84	10,844
Northern Bridges	-	-	-	-	10,536	5,016	6,312	21,864	1,642	2,833	1,809	6,284
SFCA	1,404	900	1,488	3,792	7,908	3,852	3,792	15,552	1,115	1,063	897	3,075
WWC	7,776	8,568	5,124	21,468	8,220	3,564	4,236	16,020	1,080	1,026	1,199	3,305

Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development
Final 2011 Capitation Rates; Nursing Home Level of Care

MCO	2011 Gross MCE Rates	2011 Gross Capitation Rates
Care Wisconsin	\$3,277.01	\$3,344.33
CCCW	\$3,137.77	\$2,996.50
CCI - Kenosha/Racine	\$3,302.33	\$3,302.33
CCI - Pink Region	\$3,522.24	\$3,602.99
CCI - Milwaukee	\$3,205.14	\$3,205.14
CCI - Teal Region	\$3,230.86	\$3,230.86
Lakeland Care District	\$3,238.99	\$2,946.00
CHP	\$3,531.30	\$3,766.33
MCDFC (Milwaukee)	\$2,812.73	\$2,813.93
Northern Bridges	\$2,929.35	\$3,007.51
SFCA	\$3,135.90	\$2,826.75
WWC	\$2,927.10	\$2,668.25

**Wisconsin Department of Health Services
CY 2011 Family Care Capitation Rate Development**

Development of the 2011 Capitation Rates; Non-Nursing Home Level of Care

MCO	2009 Gross Non-Nursing Home Rates	Admin/Risk Rate	Two-Year Trend	2011 Gross Capitation Rates
CCCW (Portage)	\$607.14	5.0%	8.6%	\$694.05
Lakeland (Fond du Lac)	\$727.79	5.2%	8.4%	\$831.94
MCDFC (Milwaukee)	\$695.53	4.6%	10.5%	\$805.38
SFCA (Richland)	\$586.32	5.4%	8.6%	\$673.04
WWC (La Crosse)	\$571.90	5.1%	8.3%	\$652.66
Community Care (Kenosha/Racine)	\$543.81	3.8%	7.3%	\$606.61
Community Care (Milwaukee)				\$606.61
Community Care (Teal Region)				\$606.61
Community Care (Pink Region)				\$606.61
Care Wisconsin				\$702.93
CHP				\$702.93
Northern Bridges				\$702.93