

**Wisconsin Department of
Health Services**

**Calendar Year 2012
Program of All Inclusive Care for the Elderly (PACE)
and
Family Care Partnership Program (FCP) Managed Care Equivalent Values**

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I. EXECUTIVE SUMMARY

The Family Care Partnership Program (Partnership or FCP) is an integrated program of acute and long-term care (LTC) services designed to improve access and quality while achieving cost savings. Acute and long-term support services are coordinated across care settings using an interdisciplinary team comprised of a physician, nurse practitioner and social worker or independent living coordinator. Medicare and Medicaid services are delivered in a single setting and payment rates to participating contractors are set as a single capitation rate. The Program of All-Inclusive Care for the Elderly (PACE) is a capitated program authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The program is modeled on the system of acute and LTC services developed by On Lok Senior Health Services in San Francisco, California and was tested through Health Care Financing Administration (HCFA, which is now the Centers for Medicare & Medicaid Services (CMS)) demonstration projects that began in the mid-1980s. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized. Capitated financing allows providers to determine the most appropriate services to be delivered to participants including some substitute services based on participant need rather than be limited to those reimbursable under the Medicare and Medicaid fee-for-service systems. Different rate setting rules apply to PACE and FCP programs. The FCP program is available to younger disabled adults, and is authorized to deliver home and community-based waiver services under s.1915(c) of the Social Security Act and health care services through a state plan amendment, while PACE is open only to frail elderly individuals and operates as a state plan service.

Under BBA regulations, PACE participants must be at least 55 years old, live in the PACE service area, and be certified as eligible for nursing home care by the appropriate State agency. The PACE program becomes the sole source of services for Medicare and Medicaid eligible enrollees participating in the program.

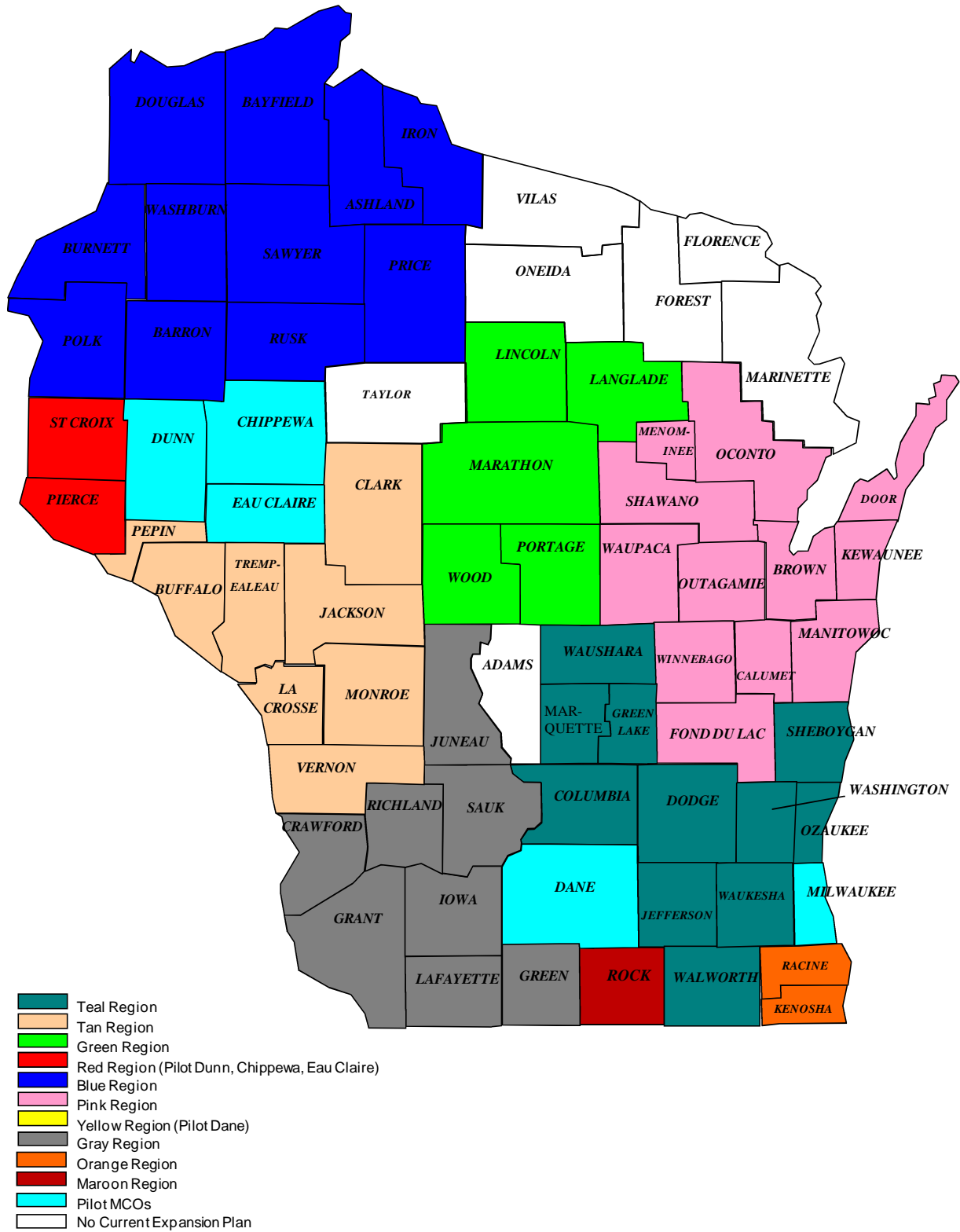
Regulations require that capitation payments to PACE program be less than the amount that would otherwise have been paid under the State plan if the participants were not enrolled in the PACE program. The estimated costs of providing services to PACE enrollees in the absence of the PACE program is referred to as the Upper Payment Limit (UPL) or the Fee-For-Service Equivalent (FFSE) cost.

The following table shows the Managed Care Organizations (MCOs) that are currently participating in the FCP program.

Family Care Partnership / PACE Current Pilot MCOs		
MCO	Implementation Date	Covered Counties
Community Care Health Plan (CCHP)	PACE Pilot MCO	Milwaukee
Community Care Health Plan (CCHP)	Partnership Pilot MCO	Milwaukee and Racine
Care Wisconsin Health Plan (CWHP)	Partnership Pilot MCO	Dane
Partnership Health Plan (PHP)	Partnership Pilot MCO	Chippewa, Dunn, and Eau Claire

The State has been continuing the effort to expand the FCP program outside of the current service areas. The expansion plan for the Family Care and Family Care Partnership programs that DHS has provided categorizes the State into eleven regions, with each region comprised of multiple counties. MCOs will initially expand to selected counties within regions, with further expansion planned as capacity is developed. The map below provides the regional configuration for the FCP program.

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The implementation dates for various MCOs as well as the counties to which they are expanding coverage are detailed below.

Family Care Partnership/PACE Expansion Details		
MCO	Implementation Date in First Expansion County	Expansion Counties
FCP Community Care Health Plan	Apr. 1, 2007	Kenosha, Ozaukee, Washington, Waukesha, Calumet, Outagamie, Waupaca (Pilot MCO = Milwaukee & Racine)
PACE Community Care Health Plan	Mar. 1, 2009	Waukesha (Pilot MCO = Milwaukee)
Care Wisconsin	Mar. 1, 2008	Columbia, Dodge, Jefferson, & Sauk (Pilot MCO = Dane)
Partnership Health Plan	July 1, 2008	Pierce & St. Croix (Pilot MCO = Chippewa, Dunn, & Eau Claire)
Independent Care Health Plan	Jan. 1, 2010	Milwaukee

Noted in the above table, Community Care, Care Wisconsin, and PHP are currently participating in the Partnership program. As a result, the capitation rates for these three providers will be calculated using a blend of the following two rates and the rate for Independent Care will be based solely on the second:

1. Current capitation rate for the pilot MCO effective for calendar year 2012, and
2. Capitation rate for an MCO's known expansion population in a non-pilot county

This report describes the methodology used to develop Managed Care Equivalent amounts for the Medicaid component of the payment rate for the PACE and FCP pilot programs and their expansion regions.

Individuals eligible to enroll in a FCP program include those receiving Medicaid coverage in the Supplemental Security Income (SSI) categories (if income level is below 300% of SSI benefit rate.), including enrollees who are in Medicaid-only and Dual Medicare/Medicaid eligibility categories and who have been certified as being Nursing Home-eligible based on a functional screen administered by state certified screeners. Participation is voluntary and the rate setting

methodology considers the relative risk difference in the enrolled population compared to the population represented in the base data used for rate development.

A rate development methodology for the LTC portion of the MCE rate, calculated using calendar year 2010 Family Care cost and eligibility data, was developed to better reflect the variation in level of need for services for the enrollees in the FCP/PACE programs. The LTC methodology relies on a regression model that estimates differences in expected costs by functional screen scores. An adjustment is made to reflect the difference in levels of benefits offered between the Family Care and the FCP / PACE programs.

The acute and primary portion of the MCE rates are based on the aggregate managed care experience of the participating MCOs, adjusted for differences in health status and demographics between the populations served by each MCO. To reflect the different demographic mix between the participating plans, base cost rates for Dual enrollees are calculated by age-gender rate cells and estimated calendar year 2012 enrollment is used to develop aggregate rates for each. Due to smaller levels of enrollment, rates for Medical Assistance (MA) only enrollees are calculated in aggregate and then MCO specific rates are developed using a diagnostic-based risk adjustment tool.

The base data is trended to the midpoint of the effective contract period (Calendar Year 2012); an Incurred But Not Reported (IBNR) claims adjustment is applied to complete the data, and an allowance is made for plan administrative expense.

Relationship of Rate Setting Methods to CMS Requirements

PricewaterhouseCoopers LLP (PwC) has calculated 2012 Managed Care Equivalence (MCE) rates for PACE/FCP. Effective August 13, 2003, regulations issued by the Centers for Medicare and Medicaid Services govern the development of capitation payments for Medicaid managed care programs. A separate check list applies to the rate development for PACE programs, which must comply with the UPL and FFSE requirements. The FCP is a program that includes both PACE and additional elements. To ensure compliance with CMS requirements, we have followed both checklists in developing the MCEs in this report.

The rate setting regulations for managed care programs other than PACE require that rates be “actuarially sound”, while the PACE rate setting approach requires that rates not exceed the FFSE cost of providing services to a comparable population. It is possible to blend the two requirements, provided certain characteristics of the program are in place, including a proven ability of contracting plans to operate under rates that are both actuarially sound and no higher than the FFSE.

While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance, and we have followed that checklist in developing the proposed rates shown here. The final rates will be established through signed contracts with Managed Care Organizations (MCO), which will ensure that the plans concur that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care and that they expect to remain financially sound throughout the contract period.

The general guidelines for developing actuarially sound payment rates encompass the following concepts:

- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, health status and geographic area;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid fee-for-service payment rates per unit of service are an appropriate benchmark for developing capitation rates;
- Differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;
- Appropriate levels of HMO administrative costs should be included in the rates;
- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process.

These MCE rates are developed to be consistent with the concepts described above. For the PACE program, the rates are also structured to be below the FFSE so that compliance with PACE rate setting requirements is also met.

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.

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This report is intended to assist the State to develop PACE and Family Care Partnership Program 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 the FCP, the Wisconsin Medicaid acute, 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.

II. RATE CELLS

The 2012 MCE values vary based on the following criteria:

- Managed Care Organization: All participants must be Medicaid or Dually eligible and meet nursing home (NH) level of care criteria.
 - ◆ Community Care Health Plan (CCHP)
 - ◆ Care Wisconsin Health Plan, Inc (CareWI)
 - ◆ Partnership Health Plan (PHP)
 - ◆ Independent Care Health Plan (I-Care)

- Aid Category:
 - Medical Assistance (MA)
 - Dually Eligible: individuals who are eligible for both Medicare and Medicaid

- Target Groups:
 - ◆ Developmentally Disabled
 - ◆ Physically Disabled
 - ◆ Frail Elderly

- Region:
 - Community Care: Milwaukee, Racine, Kenosha, Ozaukee, Washington, Waukesha, Calumet, Outagamie, & Waupaca
 - Care Wisconsin: Dane, Columbia, Dodge, Jefferson, & Sauk
 - Partnership Health Plan: Chippewa, Dunn, Eau Claire, Pierce, & St Croix
 - Community Care PACE: Milwaukee & Waukesha
 - Independent Care: Milwaukee

- Age Cohorts: Age Cohorts are used to determine payment amount by rate cell for each of the programs. The age range covered by the health plans varies.
 - CCHP: All Ages
 - Care WI: Ages 55 & Over
 - Care WI: Ages 64 & Younger
 - PHP: All Ages
 - CCHP: PACE: Ages 55 & Over
 - I-Care: All Ages

III. DATA SOURCES

A first step in developing MCE rates is identifying the data that will be used for the calculations. The CMS regulations relating to the development of actuarially sound rates 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 rate development described here relies on the most recent managed care encounter data for enrollees in the FCP and PACE programs and a comparable population.

As a starting point in our analysis we received detailed claims and eligibility data. We then worked with the State to summarize the claims experience by year for each of the rate cells. The data were further segregated to reflect the experience of the developmentally disabled, physically disabled, and frail elderly populations. This segregation is done to accommodate the materially different cost experience of the individuals in these three target groups.

IV. RATE SETTING METHODOLOGY

The methodology used to calculate the CY 2012 FCP/PACE program MCE estimates is described in this section.

1. Preliminary Acute & Primary Service Cost

Historical rate development has relied on using the fee-for-service data for individuals eligible to enroll in the Family Care Partnership and PACE programs since there was no readily available or sufficiently credible managed care claim experience for these programs. An analysis of the managed care experience was performed this year and it was determined that the data for the pilot counties was accurate, credible in size, and included an appropriate level of managed care efficiencies. For the 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 expansion areas are developed based on encounter data reported from the pilot counties.

The base data consists of calendar year 2010 encounter eligibility and claim data for the MCOs that are providing coverage in the pilot counties. Per member per month costs are developed separately for the MA Only and Dual Eligible populations. The aggregate 2010 claims for the pilot counties follow:

CY 2010 Claims and Enrollment		
	Dual Eligible	MA Only
Claims	\$ 7,652,805	\$ 10,021,512
Exposure Months	39,928	6,502
Base PMPM Cost	\$ 191.67	\$ 1,541.24

Exhibits I-1 and I-2 shows the experience by county, target group, eligibility category, and service category. Exhibit II-1 provides the acute and primary costs by rate cell. 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.

Total paid claims are adjusted by a completion factor, which reflects incurred but not yet paid claims. Based on an analysis of the encounter data, the completion factor for 2010 non-pharmacy claims used in the analysis is 1.021; all pharmacy claims are assumed to be complete.

2. Long-Term Care Service Cost

A model has been developed using Family Care claim and eligibility data to appropriately develop costs for the long-term care component of the rate. Using calendar year 2010 data, an Ordinary Least Squares linear regression model is created to relate monthly costs to recipient functional characteristics. The unit of analysis is the recipient month. That is, the monthly 2010 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. Three risk assessment models were developed that measure differences in utilization of services based

on functional status within each target group (developmentally disabled, physically disabled, and frail elderly). Applying the functional screens of the FCP-PACE enrollees to the Family Care based model is done to reflect the relative needs and costs of the two programs. Please refer to Appendix A for a detailed description of the regression modeling and Exhibits III-1a through III-3b for the summary of functional characteristics by MCO.

Adjustments were made to the costs developed using the regression models to account for the difference in benefits covered by Family Care versus those covered in FCP-PACE. Specifically the FCP-PACE benefit package includes common carrier and nurse practitioner services whereas Family Care does not. A per member per month cost of \$6.55 for common carrier services and \$77.02 for nurse practitioner services was provided as an add-on to the rate of each MCO. The costs for these services were determined based on an assessment of MCO's claims experience.

Historical rate development has relied primarily on the costs developed using the Family Care regression models and blending in a portion of fee-for-service experience. As this is the first year the encounter data for FCP-PACE enrollees has been included (pilot counties only) in the rate development, the pilot rate is calculated by placing 75% weight on the application of the regression models and 25% weight on the risk adjusted encounter data costs. In expansion counties, the long-term care component of the rate is entirely based on the application of the regression models. The aggregate 2010 experience for the pilot counties follow:

CY 2010 Claims and Enrollment			
	Developmentally Disabled	Physically Disabled	Frail Elderly
Claims	\$ 25,283,286	\$ 60,079,254	\$ 51,055,812
Exposure Months	5,895	20,972	19,564
Base PMPM Cost	\$ 4,289.23	\$ 2,864.74	\$ 2,609.74

Exhibits I-3 and I-4 shows the experience by county, target group, eligibility category, and service category.

3. Projected Increase from Base Period to Rate Period

Trend rates are used to project the 2010 baseline cost data beyond the base cost period to the 2012 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 rate increases
- ◆ Known policy changes that may impact utilization patterns; and
- ◆ Industry experience for other comparable Medicaid long-term care programs

We developed separate trend factors by target group, by eligibility category, and for Drug and other medical service categories. Annual trend rates are calculated and applied for three types of services as follows.

- ◆ MA Only Acute care non-RX: 2.5%
- ◆ MA Only Prescription Drug: 2.0%
- ◆ Dual all Acute care services: 3.0%
- ◆ Long Term Care:
 - Developmentally Disabled: 1.0%
 - Physically Disabled: 2.0%
 - Frail Elderly: 3.0%

The trend factors for the long-term care services were developed using the managed care cost and eligibility data of the Family Care program.

4. Primary & Acute Cost Administrative Allowance

An administrative allowance of 4.75% was applied to the acute and primary services used in estimating the 2012 MCE. The rate is within a range of reasonable values for the administrative allowance. For the PACE program, we have considered the state's average FFS administrative expense of 4.75% in determining that this allocation will result in rates that are within the FFSE.

The administrative allowance to be provided for the long-term care component of the capitation rate was developed based on a study performed by DHS and the participating MCOs. The details and amount of funding is described further in Section V of this report.

5. Severity Adjustment

Separate adjustments are applied to the acute care services and long-term care components of the MCE rate.

Acute Care Services: To develop baseline costs for the Dual enrollees, claim and eligibility data for the five pilot counties were summarized by age, gender, and target group since the costs can materially differ among these rate cells. The final rates for both the pilot and expanding MCOs, shown in Exhibit II-4, II-5, and II-6, were derived based on actual MCO enrollment as of July 2011 to reflect the population mix as of the most recent available date. Please refer to Exhibit II-2 and II-3 for a summary of the costs and estimated calendar year 2012 enrollment, respectively.

Due to the limited number of MA enrollees in the FCP-PACE programs, costs could not be broken out by rate cell. Therefore, an aggregate cost was calculated and a diagnostic based risk adjustment was applied to determine costs by MCO. For these services, the Hierarchical Coexisting Condition (HCC) model is applied. This model was developed by DxCG, Inc., and has been adopted by the Medicare program for use in determining payment rates for Medicare enrollees in Medicare Advantage plans. The HCC is also used to determine the payment rate for the acute care component of the rate paid by Medicare. Since the baseline costs are developed using the pilot county experience, the acuity adjustment for the pilot counties is budget neutral. However, for the expansion counties the acuity adjustment is not budget neutral and the adjustment for each expansion area is determined as their risk score relative to the combined risk score of the pilot counties. The

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relative risk scores for the MCOs follow, the risk adjusted service costs for MA only enrollees are provided in Exhibit II-5.

HCC Adjustments		
	Pilot County	Expansion County
CCHP: Milwaukee Region	1.013	0.917
CCHP: Teal / Orange Region	0.965	1.014
CCHP: Pink Region	n/a	0.973
Care Wisconsin	1.036	0.962
PHP	0.959	0.924
Independent Care	n/a	1072

CCHP: PACE	0.993	0.942
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Long-Term Care Services: As discussed above, 25% of the pilot county's long-term care component of the rate is based off of aggregate FCP-PACE experience. That is aggregate baseline costs are developed for each of the three target groups based on pilot county claim and eligibility data, as provided on page 11. The corresponding functional screen information for each MCO is applied to the Family Care regression models to determine the relative risk of one pilot county as compared to the aggregate pilot experience. This approach quantifies a relative difference in acuity between the pilot counties, and thus shifts expected costs among counties, which results in this being a budget neutral adjustment by target group and in aggregate. The relative risk scores are provided in the following table.

LTC Services: Relative Risk Scores			
	Developmentally Disabled	Physically Disabled	Frail Elderly
Care Wisconsin	0.826	1.012	0.976
CCHP - Milwaukee Region	1.068	1.036	0.914
CCHP - Racine	1.232	1.031	1.086
CCHP - PACE	0.953	0.989	0.939
PHP	1.012	0.992	1.045

V. ADMINISTRATIVE ALLOWANCE: LONG-TERM CARE COST COMPONENT

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 new 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 related to long-term care services that are incurred by an MCO that participates in the Family Care Partnership and PACE programs, 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 2010 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 2012 projected enrollment, MCOs were classified into the small, mid-size, and large tiers. Determination of an MCO's tier classification considers 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 2011 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 2012 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 2011 rate development.

VI. PER MEMBER PER MONTH COST DEVELOPMENT

In summary, the 2012 per capita costs were developed as described below.

1. Acute & Primary Services: Use CY 2010 encounter claims and eligibility data for FCP - PACE enrollees to develop baseline costs.
2. Long-Term Care Services: The LTC methodology relies on a regression model that estimates differences in expected costs by functional screen scores that was developed for the Family Care program. A blend of this methodology and the FCP - PACE experience is used to develop rates for the pilot counties. For expansion counties the cost development relies entirely on the application of the model.
3. Include costs for nurse practitioner and common carrier transportation services for the portion of the rate that relies on Family Care enrollee experience.
4. Adjust costs to reflect an estimate for incurred but not reported amounts.
5. Project adjusted 2010 costs two years using the annualized trend rates discussed in Section IV.
6. An administrative allowance was added to reflect estimated program administrative costs as a percentage of revenue.
7. Severity adjustments: Adjustments were made separately to the long-term care and acute costs to reflect the difference in illness burden of enrollees and account for the varying demographic mix between the MCOs.
8. A managed care equivalent rate is calculated by MCO for their pilot county and expansion areas. The pilot and expansion rates are blended using estimated CY12 enrollment to develop an aggregate rate by MCO.

We did not adjust the 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.

Exhibits II-4, II-5, and II-6 show the development of the Acute & Primary service costs. Exhibit III-5 shows the development of the long-term care component of the capitation rates.

VII. FINAL CAPITATION RATES

The Wisconsin Department of Health Services determined the final 2012 capitation rates for each MCO that participates in the Family Care Partnership and/or PACE programs. DHS developed the 2012 capitation rates with reference to the following: 2012 managed care equivalent (MCE) rates, 2011 capitation rates, aggregate financial results as reported by the MCOs, and detailed business plan projections. The capitation rates are effective for calendar year 2012 for all MCOs. Exhibit IV-1 provides the 2012 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 2012 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. Rate considerations were also made based on the business plans developed by the participating MCOs and reviewed by DHS.

The 2012 per member per month costs developed in this report are within a reasonable range of rates for the Family Care Partnership and PACE populations, as defined by reasonable ranges on several important assumptions including annual trend rates and appropriate administrative loadings, among others.

VIII. APPENDIX A

Regression 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.

The base data used to develop the regression model consists of Family Care calendar year 2010 claim, eligibility, and functional screen data. 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.

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

- Variables are included in the 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 target group. 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.

Appendices B-1, B-2, and B-3 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 Family Care calendar year 2010 baseline costs.

APPENDIX B - 1

Wisconsin Department of Health Services CY 2012 Family Care Capitation Rate Development

Functional Screen Regression Model of 2010 PMPM Developmentally Disabled

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	38.03	0.6229		1.0000	38.03
DD/NH Level of Care (Grid Component)					
Vent Dependent	8,961.83	0.0001	0.02189000	0.0013	11.88
DD1A	257.31	0.0001	0.01789000	0.0516	13.27
DD1B	966.29	0.0001	0.14963000	0.1742	168.30
DD2	214.43	0.0001	0.01907000	0.6439	138.07
Restrictive Measures	3,499.06	0.0001	0.00710000	0.0049	17.02
Dual Enrollee	255.93	0.0001	0.00159000	0.7183	183.85
Number of IADLs (Grid Component)					
IADL_2	254.69	0.0019	0.02602000	0.0838	21.35
IADL_3	538.28	0.0001	0.03704000	0.1168	62.87
IADL_4	796.13	0.0001	0.03217000	0.1896	150.96
IADL_5	1,046.03	0.0001	0.00456000	0.3249	339.87
IADL_6	1,474.47	0.0001	0.02900000	0.2626	387.19
Specific ADLs / Equipment Used (Add-On)					
Bathing_2	287.15	0.0001	0.03295000	0.4052	116.34
Eating_1	71.14	0.0233	0.00091348	0.2496	17.76
Eating_2	457.33	0.0001	0.01346000	0.1714	78.37
Toileting_2	592.15	0.0001	0.01283000	0.2126	125.92
Transfer	251.09	0.0001	0.00410000	0.2203	55.31
Interaction Terms (Add-On)					
Dress_Bath_Equip	235.21	0.0001	0.00345000	0.3494	82.18
Mental Retardation_Anxiety Disorder	279.81	0.0001	0.00071770	0.1582	44.26
Mental Retardation_Bipolar	258.96	0.0001	0.00030852	0.0354	9.18
Mental Retardation_Other Mental Illness	355.83	0.0001	0.00221000	0.1472	52.39
Autism_Anxiety Disorder	296.86	0.0002	0.00015412	0.0258	7.65
Brain Injury Pre-22_Schizophrenia	750.33	0.0005	0.00036325	0.0026	1.99
Brain Injury Pre-22_Alcohol/Drug Abuse	1,152.15	0.0001	0.00047154	0.0030	3.49
Cerebral Palsy_Depression	406.74	0.0001	0.00054921	0.0293	11.93
Prader Willi_Other Mental Illness	2,890.26	0.0001	0.00093217	0.0010	2.81
Seizure Pre-22_Bipolar	321.40	0.0094	0.00014804	0.0096	3.08
Seizure Pre-22_Other Mental Illness	299.73	0.0001	0.00026047	0.0048	13.42
Trauma BI Post-22_Anxiety Disorder	1,435.91	0.0001	0.00169000	0.0042	6.09
Trauma BI Post-22_Bipolar	775.30	0.0144	0.00020222	0.0014	1.07
Trauma BI Post-22_Alcohol/Drug Abuse	402.77	0.0107	0.00016463	0.0055	2.20
Seizure Post-22_Depression	557.72	0.0001	0.00071384	0.0166	9.27
Seizure Post-22_Other Mental Illness	310.54	0.0069	0.00010527	0.0100	3.10
Behavioral Variables (Add-On)					
Communication_1	311.55	0.0005	0.00009376	0.0149	4.66
Cognition_2-3	69.12	0.0180	0.00125000	0.5486	37.92
Offensive_1-2	506.78	0.0001	0.00082218	0.2083	105.55
Offensive_3	1,898.20	0.0001	0.01710000	0.0446	84.73
Mental Health	228.09	0.0001	0.00677000	0.4134	94.29
Medication Use (Add-On)					
Meds_2A	432.68	0.0001	0.00001190	0.1317	56.99
Meds_2B	751.26	0.0001	0.01094000	0.5539	416.14
Health Related Services (Add-On)					
Overnight	396.72	0.0001	0.00387000	0.5565	220.76
Exercise	340.90	0.0001	0.00222000	0.1792	61.10
Reposition	567.64	0.0001	0.00227000	0.0630	35.76
Ostomy	990.80	0.0001	0.00131000	0.0093	9.19
Tube Feedings	530.52	0.0001	0.00057491	0.0240	12.71
Diagnoses (Add-On)					
Cerebral Palsy	83.48	0.0204	0.00049540	0.1564	13.05
Autism	171.92	0.0001	0.00006560	0.1030	17.70
Seizure	65.61	0.0295	0.00056629	0.2307	15.13

APPENDIX B - 2

Wisconsin Department of Health Services CY 2012 Family Care Capitation Rate Development

Functional Screen Regression Model of 2010 PMPM Physically Disabled

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	375.63	0.0001		1.0000	375.63
DD/NH Level of Care (Grid Component)					
Vent Dependent	2,024.80	0.0001	0.01784000	0.0023	4.59
SNF	385.19	0.0001	0.13685000	0.2834	109.17
Number of IADLs (Grid Component)					
IADL_1	178.85	0.0001	0.01864000	0.0706	12.63
IADL_2	306.05	0.0001	0.03578000	0.1659	50.79
IADL_3	419.52	0.0001	0.03183000	0.1852	77.70
IADL_4-5	574.33	0.0001	0.00015602	0.5454	313.25
IADL_6	2,019.62	0.0001	0.03256000	0.0141	28.38
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	144.44	0.0001	0.01084000	0.3034	43.83
Bathing_2	343.47	0.0001	0.02657000	0.5122	175.92
Dressing_2	119.59	0.0001	0.01742000	0.3464	41.43
Eating_2	64.96	0.0052	0.00918000	0.0809	5.26
Transfer_2	567.83	0.0001	0.02485000	0.2254	127.98
Interaction Terms (Add-On)					
Dress_Bath_Equip	143.65	0.0001	0.00051140	0.5631	80.89
Transfer_Equip_Mobility	200.64	0.0001	0.00275000	0.1048	21.03
Autism_Depression	1,710.38	0.0001	0.00025385	0.0003	0.46
Brain Injury Pre-22_Bipolar	1,092.49	0.0001	0.00018153	0.0004	0.42
Brain Injury Pre-22_Alcohol/Drug Abuse	589.63	0.0121	0.00004834	0.0005	0.31
Cerebral Palsy_Depression	1,571.84	0.0001	0.00108000	0.0013	2.05
Prader Willi_Anxiety Disorder	1,174.50	0.0035	0.00007062	0.0002	0.20
Seizure Pre-22_Bipolar	434.63	0.0107	0.00009162	0.0011	0.47
Seizure Pre-22_Other Mental Illness	338.95	0.0021	0.00009180	0.0024	0.82
Trauma BI Post-22_Alcohol/Drug Abuse	435.64	0.0001	0.00040515	0.0068	2.96
Seizure Post-22_Schizophrenia	214.57	0.0006	0.00015829	0.0077	1.65
Seizure Post-22_Other Mental Illness	247.50	0.0001	0.00019799	0.0115	2.86
Behavioral Variables (Add-On)					
Cognition_2	67.22	0.0001	0.00280000	0.1599	10.75
Injury_1-2	333.76	0.0001	0.00175000	0.0131	4.37
Offensive_1	441.62	0.0001	0.00363000	0.0337	14.89
Offensive_2-3	616.57	0.0001	0.00409000	0.0204	12.57
Mental Health	176.92	0.0001	0.00214000	0.4932	87.26
Substance Abuse	175.92	0.0001	0.00071940	0.0673	11.84
Medication Use (Add-On)					
Meds_2A	156.54	0.0001	0.00286000	0.2704	42.33
Meds_2B	470.65	0.0001	0.00623000	0.3752	176.57
Diagnoses (Add-On)					
Alzheimers	189.04	0.0001	0.00132000	0.2206	41.71
Mental Illness	195.87	0.0001	0.00376000	0.1891	37.04
Health Related Services (Add-On)					
Overnight	349.58	0.0001	0.00660000	0.3789	132.44
Nursing	311.85	0.0001	0.00253000	0.0865	26.97
Exercise	167.21	0.0001	0.00166000	0.1444	24.15
Reposition	564.14	0.0001	0.00530000	0.0867	48.89
Urinary	600.35	0.0001	0.00166000	0.0122	7.30
Tracheostomy	2,488.97	0.0001	0.00470000	0.0032	8.02
Ulcer Stage 2	141.46	0.0013	0.00007958	0.0154	2.18

APPENDIX B - 3

Wisconsin Department of Health Services CY 2012 Family Care Capitation Rate Development

Functional Screen Regression Model of 2010 PMPM Elderly

Variable	Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	194.48	0.0001		1.0000	194.48
DD/NH Level of Care (Grid Component)					
SNF	318.25	0.0001	0.14747000	0.3129	99.59
Dual Enrollee	342.57	0.0001	0.00124000	0.9743	333.78
Number of IADLs (Grid Component)					
IADL_2	239.38	0.0001	0.03108000	0.0976	23.36
IADL_3	362.44	0.0001	0.03957000	0.1506	54.59
IADL_4-5-6	629.01	0.0001	0.04599000	0.7064	444.35
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	130.36	0.0001	0.01746000	0.2576	33.58
Bathing_2	367.10	0.0001	0.03167000	0.5969	219.11
Dressing	125.90	0.0001	0.00697000	0.6920	87.13
Toileting_1	198.79	0.0001	0.00314000	0.2006	39.89
Toileting_2	554.35	0.0001	0.04691000	0.2649	146.82
Transfer_2	220.56	0.0001	0.00396000	0.2437	53.74
Interaction Terms (Add-On)					
Transfer_Equip_Mobility	220.33	0.0001	0.00314000	0.0903	19.90
Autism_Depression	1,839.84	0.0001	0.00044481	0.0003	0.58
Brain Injury Pre-22_Anxiety Disorder	1,622.81	0.0001	0.00044692	0.0004	0.66
Seizure Pre-22_Depression	882.33	0.0001	0.00031983	0.0010	0.90
Seizure Post-22_Anxiety Disorder	268.45	0.0001	0.00032789	0.0112	3.02
Behavioral Variables (Add-On)					
Resistive	146.22	0.0001	0.00242000	0.0527	7.71
Offensive	235.45	0.0001	0.00223000	0.0719	16.92
Mental Health	136.72	0.0001	0.00208000	0.4395	60.10
Substance Abuse	233.48	0.0001	0.00051743	0.0239	5.58
Medication Use (Add-On)					
Meds_2A	64.89	0.0102	0.00539000	0.1956	12.70
Meds_2B	367.08	0.0001	0.00440000	0.5706	209.44
Diagnoses (Add-On)					
Alzheimers	94.37	0.0001	0.00086366	0.4684	44.20
Mental Illness	353.01	0.0001	0.00599000	0.0907	32.02
Health Related Services (Add-On)					
Overnight	208.12	0.0001	0.00269000	0.5028	104.65
Nursing	206.07	0.0001	0.00177000	0.1001	20.62
Reposition	285.64	0.0001	0.00226000	0.0770	21.99
Exercise	180.17	0.0001	0.00134000	0.1451	26.15
Tracheostomy	1,030.95	0.0002	0.00018521	0.0005	0.47
Ulcer Stage 2	231.61	0.0001	0.00026036	0.0116	2.69

IX. ACTUARIAL CERTIFICATION

Following is our actuarial certification for the 2012 capitation rates.

**Actuarial Certification of
Proposed 2012 PACE/FCP Capitation 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 2012 capitation rates developed for the Medicaid managed care programs known as the Family Care Partnership and PACE Programs. I have been retained by the Wisconsin Department of Health Services (DHS) to perform an actuarial certification of the Family Care Partnership and PACE Programs capitation rates for calendar year 2012 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 Rate setting."

I have examined the actuarial assumptions and actuarial methods used by DHS in setting the capitation rates for calendar year 2012.

To the best of my information, knowledge and belief, for the period from January 1, 2012 to December 31, 2012, 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.

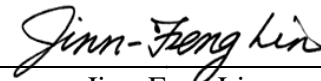
In making my opinion, I have relied upon the accuracy of the underlying enrollment, encounter, and other data and summaries prepared by DHS and the participating contracted MCOs. A copy of the reliance letter received from DHS is attached and constitutes part of this opinion. I reviewed the data for 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.

Wisconsin Department of Health Services
PACE and FCP Capitation Rates. CY 2012

This Opinion assumes the reader is familiar with the Wisconsin Medicaid program, Medicaid 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 20, 2012
Date

Rate Development Exhibits

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
Dual Eligible: Acute & Primary Service Costs**

	Care WI (Dane)			CCHP: FCP (Milwaukee)			CCHP: FCP (Racine)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	381	5,067	4,632	41	578	571	214	301	893
Acute & Primary Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ambulance	17.23	13.56	15.44	21.01	20.34	8.82	0.85	24.62	19.03
SMV, or Common Carrier	0.00	0.09	0.06	0.28	0.05	0.00	0.00	0.05	0.59
Dental	19.70	22.72	15.47	32.25	40.80	39.50	7.80	23.07	10.11
DMEPOS	5.52	6.98	6.45	0.31	7.24	8.24	6.21	3.47	3.24
Drugs	10.50	29.64	19.99	0.23	7.44	3.14	0.69	3.20	2.07
Hospice	0.00	0.00	0.00	0.00	1.00	0.23	0.00	0.00	1.83
Hospital Inpatient	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Lab, Rad, Testing	6.10	8.62	7.17	4.29	8.57	4.48	5.04	9.66	6.94
O/P Facility Clinic	0.99	4.72	6.34	0.00	13.89	5.77	0.00	47.67	1.82
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	5.51	8.54	0.22	0.00	1.04	0.00	0.00	0.52	0.18
Physician	11.06	15.72	10.17	25.38	27.54	14.81	9.06	32.29	20.06
Therapies	0.02	3.40	0.04	0.00	0.00	0.00	0.00	0.02	0.12
Vision	0.15	0.24	0.29	0.00	0.19	0.11	0.14	0.07	0.35
Primary & Acute Subtotal	76.78	114.23	81.63	83.76	128.09	85.11	29.77	144.63	66.34
Deductible / Coinsurance									
Part_A_Ded	35.63	49.37	50.59	55.66	60.73	29.74	21.21	56.39	40.57
Part_B_Ded	13.42	12.48	12.15	19.05	11.27	12.49	14.52	14.93	12.15
Part A Coins	16.81	20.10	55.95	0.00	0.00	0.00	0.00	0.00	0.00
Deductible / Coinsurance Subtotal	65.85	81.96	118.69	74.71	71.99	42.22	35.72	71.32	52.72
Grand Total	142.63	196.19	200.32	158.47	200.08	127.33	65.49	215.95	119.05
Composite PMPM		196.06			163.74			131.66	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
Dual Eligible: Acute & Primary Service Costs**

	CCHP: PACE (Milwaukee)			PHP (Chippewa/Dunn/Eau Claire)			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	326	3,670	4,102	3,288	6,986	8,879	4,249	16,602	19,077
Acute & Primary Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.00	0.05	0.06	0.00	0.02	0.03
Ambulance	8.01	13.28	13.95	20.65	10.03	7.51	18.38	12.45	11.40
SMV, or Common Carrier	0.07	0.07	0.11	0.00	0.07	0.08	0.01	0.07	0.10
Dental	28.06	36.94	32.62	43.82	49.55	33.64	38.53	37.79	28.08
DMEPOS	9.83	8.39	8.78	2.16	2.13	4.42	3.23	5.20	5.91
Drugs	6.02	5.84	4.80	29.32	50.32	32.59	24.13	31.83	21.25
Hospice	0.00	0.98	0.35	0.00	6.62	9.05	0.00	3.03	4.38
Hospital Inpatient	0.00	0.00	0.15	0.00	0.00	0.00	0.00	0.00	0.03
Lab, Rad, Testing	4.24	7.47	6.00	4.03	8.87	5.29	4.28	8.49	5.95
O/P Facility Clinic	0.00	23.68	5.21	1.22	3.41	1.41	1.03	9.46	3.57
Other	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.02	0.00
Other Practitioner	0.23	0.46	0.17	1.62	2.72	2.23	1.76	3.90	1.14
Physician	15.64	21.80	17.45	7.32	14.65	9.94	8.55	17.32	12.23
Therapies	0.00	0.04	0.00	0.64	0.10	0.04	0.50	1.09	0.03
Vision	0.00	0.26	0.20	0.00	0.00	0.00	0.02	0.14	0.13
Primary & Acute Subtotal	72.11	119.20	89.78	110.77	148.56	106.28	100.43	130.81	94.24
Deductible / Coinsurance									
Part_A_Ded	20.84	43.80	29.25	22.04	53.47	49.85	23.44	50.39	44.56
Part_B_Ded	14.27	13.35	12.39	13.11	11.43	11.70	13.35	12.23	12.00
Part A Coins	0.00	0.00	0.00	6.66	29.54	43.45	6.66	18.57	33.81
Deductible / Coinsurance Subtotal	35.11	57.14	41.64	41.80	94.44	105.00	43.46	81.19	90.37
Grand Total	107.21	176.35	131.42	152.57	243.00	211.28	143.88	212.00	184.62
Composite PMPM		150.81			212.77			191.67	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
MA Only: Acute & Primary Service Costs**

	Care WI (Dane)			CCHP: FCP (Milwaukee)			CCHP: FCP (Racine)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	153	1,393	155	28	194	49	22	80	0
Acute & Primary Services									
A/P Other, Waiver, or LTC HH	0.30	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ambulance	11.78	21.36	14.47	22.45	17.10	6.27	25.56	46.20	0.00
SMV, or Common Carrier	0.00	0.03	0.03	0.15	0.02	0.00	0.00	0.29	0.00
Dental	16.08	22.99	5.03	35.57	39.72	3.63	8.05	10.09	0.00
DMEPOS	32.71	11.71	5.73	0.00	19.96	0.51	0.00	21.35	0.00
Drugs	615.64	862.21	487.18	520.51	707.57	280.68	352.47	531.99	0.00
Hospice	0.00	2.33	234.67	0.00	0.00	0.00	0.00	0.00	0.00
Hospital Inpatient	106.38	778.25	458.07	460.90	320.34	173.89	888.47	446.17	0.00
Lab, Rad, Testing	60.17	97.92	79.98	40.33	83.01	30.40	32.27	59.86	0.00
O/P Facility Clinic	62.74	104.14	140.99	0.00	111.06	0.00	0.00	8.67	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	0.37	0.61	0.00	0.00	0.00	1.33	0.00	0.00	0.00
Physician	114.85	170.27	142.34	180.22	257.36	185.86	117.56	233.58	0.00
Therapies	0.73	0.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Vision	0.62	0.17	0.00	2.30	0.15	0.00	0.00	0.00	0.00
Primary & Acute Subtotal	1,022.37	2,072.59	1,568.49	1,262.43	1,556.29	682.57	1,424.36	1,358.20	0.00
Deductible / Coinsurance									
Part_A_Ded	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part_B_Ded	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part A Coins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Deductible / Coinsurance Subtotal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	1,022.37	2,072.59	1,568.49	1,262.43	1,556.29	682.57	1,424.36	1,358.20	0.00
Composite PMPM		1,932.30			1,368.37			1,372.53	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
MA Only: Acute & Primary Service Costs**

	CCHP: PACE (Milwaukee)			PHP (Chippewa/Dunn/Eau Claire)			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	85	1,004	251	1,358	1,700	32	1,646	4,370	487
Acute & Primary Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.00	0.11	0.00	0.03	0.04	0.00
Ambulance	2.66	20.74	4.03	9.83	18.94	0.00	10.07	20.54	7.31
SMV, or Common Carrier	0.00	0.34	0.00	0.00	0.48	0.00	0.00	0.28	0.01
Dental	29.29	27.39	41.02	43.03	50.01	0.00	39.22	35.02	23.14
DMEPOS	16.25	10.74	9.77	0.77	4.09	1.55	4.52	9.06	7.02
Drugs	281.63	539.49	357.03	410.30	935.97	99.07	423.84	803.91	373.81
Hospice	0.00	0.00	0.00	0.00	22.12	0.00	0.00	9.35	74.62
Hospital Inpatient	147.98	944.18	210.75	108.12	491.57	0.00	126.45	678.51	271.84
Lab, Rad, Testing	32.93	94.04	46.92	26.12	69.97	31.57	29.96	84.80	54.77
O/P Facility Clinic	0.00	29.56	14.04	1.82	7.52	0.00	7.33	47.99	52.08
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	0.88	1.35	0.00	2.67	2.41	17.42	2.28	1.44	1.28
Physician	89.17	307.77	183.35	73.63	189.89	29.80	80.66	214.50	160.46
Therapies	0.00	0.00	0.00	0.97	0.30	0.00	0.87	0.31	0.00
Vision	0.00	0.05	0.00	0.00	0.00	0.00	0.10	0.07	0.00
Primary & Acute Subtotal	600.79	1,975.65	866.90	677.27	1,793.38	179.41	725.34	1,905.82	1,026.33
Deductible / Coinsurance									
Part_A_Ded	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part_B_Ded	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Part A Coins	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Deductible / Coinsurance Subtotal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	600.79	1,975.65	866.90	677.27	1,793.38	179.41	725.34	1,905.82	1,026.33
Composite PMPM		1,680.59			1,286.22			1,541.24	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
Total Population: Acute & Primary Service Costs**

	Care WI (Dane)			CCHP: FCP (Milwaukee)			CCHP: FCP (Racine)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	534	6,460	4,786	69	771	620	236	381	893
Acute & Primary Services									
A/P Other, Waiver, or LTC HH	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ambulance	15.67	15.24	15.41	21.60	19.52	8.62	3.15	29.13	19.03
SMV, or Common Carrier	0.00	0.07	0.05	0.23	0.04	0.00	0.00	0.10	0.59
Dental	18.66	22.78	15.13	33.61	40.53	36.68	7.82	20.36	10.11
DMEPOS	13.30	8.00	6.43	0.19	10.43	7.63	5.63	7.21	3.24
Drugs	183.73	209.18	35.09	212.35	183.08	24.95	33.54	113.77	2.07
Hospice	0.00	0.50	7.59	0.00	0.75	0.21	0.00	0.00	1.83
Hospital Inpatient	30.45	167.82	14.81	187.91	80.36	13.66	82.99	93.30	0.00
Lab, Rad, Testing	21.57	27.88	9.52	18.98	27.24	6.52	7.58	20.16	6.94
O/P Facility Clinic	18.67	26.16	10.69	0.00	38.27	5.32	0.00	39.52	1.82
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	4.04	6.83	0.21	0.00	0.78	0.10	0.00	0.41	0.18
Physician	40.78	49.05	14.44	88.51	85.20	28.25	19.20	74.38	20.06
Therapies	0.22	2.79	0.04	0.00	0.00	0.00	0.00	0.01	0.12
Vision	0.28	0.22	0.28	0.94	0.18	0.10	0.12	0.06	0.35
Primary & Acute Subtotal	347.47	536.54	129.70	564.31	486.39	132.06	160.03	398.39	66.34
Deductible / Coinsurance									
Part_A_Ded	25.43	38.73	48.96	32.97	45.49	27.40	19.22	44.60	40.57
Part_B_Ded	9.58	9.79	11.76	11.28	8.44	11.51	13.16	11.81	12.15
Part A Coins	12.00	15.77	54.14	0.00	0.00	0.00	0.00	0.00	0.00
Deductible / Coinsurance Subtotal	47.00	64.28	114.85	44.25	53.93	38.90	32.39	56.40	52.72
Grand Total	394.47	600.82	244.55	608.56	540.32	170.97	192.42	454.80	119.05
Composite PMPM		446.71			386.73			215.20	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
Total Population: Acute & Primary Service Costs**

	CCHP: PACE (Milwaukee)			PHP (Chippewa/Dunn/Eau Claire)			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	411	4,674	4,354	4,645	8,686	8,911	5,895	20,972	19,564
Acute & Primary Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.00	0.07	0.06	0.01	0.03	0.03
Ambulance	6.90	14.88	13.38	17.49	11.77	7.48	16.06	14.13	11.30
SMV, or Common Carrier	0.06	0.13	0.10	0.00	0.15	0.08	0.01	0.12	0.10
Dental	28.32	34.89	33.10	43.59	49.64	33.52	38.72	37.21	27.96
DMEPOS	11.15	8.90	8.83	1.75	2.51	4.41	3.59	6.00	5.94
Drugs	63.03	120.45	25.12	140.67	223.66	32.83	135.71	192.71	30.02
Hospice	0.00	0.77	0.33	0.00	9.65	9.02	0.00	4.35	6.13
Hospital Inpatient	30.61	202.78	12.30	31.60	96.21	0.00	35.30	141.38	6.79
Lab, Rad, Testing	10.18	26.06	8.36	10.48	20.83	5.39	11.45	24.39	7.17
O/P Facility Clinic	0.00	24.95	5.72	1.39	4.21	1.40	2.79	17.49	4.78
Other	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.01	0.00
Other Practitioner	0.37	0.65	0.16	1.93	2.66	2.29	1.91	3.39	1.14
Physician	30.85	83.21	27.02	26.70	48.95	10.02	28.68	58.41	15.92
Therapies	0.00	0.03	0.00	0.74	0.14	0.04	0.60	0.92	0.03
Vision	0.00	0.21	0.19	0.00	0.00	0.00	0.04	0.12	0.13
Primary & Acute Subtotal	181.46	517.91	134.62	276.34	470.49	106.54	274.88	500.68	117.43
Deductible / Coinsurance									
Part_A_Ded	16.53	34.39	27.56	15.60	43.01	49.67	16.90	39.89	43.45
Part_B_Ded	11.32	10.48	11.68	9.28	9.19	11.65	9.62	9.68	11.70
Part A Coins	0.00	0.00	0.00	4.71	23.76	43.30	4.80	14.70	32.97
Deductible / Coinsurance Subtotal	27.84	44.87	39.24	29.59	75.96	104.62	31.32	64.27	88.12
Grand Total	209.31	562.78	173.86	305.93	546.45	211.16	306.21	564.94	205.55
Composite PMPM		367.99			361.89			380.66	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
Dual Eligible: Long-Term Care Service Costs**

	Care WI (Dane)			CCHP: FCP (Milwaukee)			CCHP: FCP (Racine)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	381	5,067	4,632	41	578	571	214	301	893
LTC Services									
A/P Other, Waiver, or LTC HH	0.00	0.38	2.28	0.00	0.00	0.00	0.00	0.00	0.00
Ambulance / SMV / Common Carr	387.05	282.37	221.55	615.62	543.40	507.64	36.01	345.86	235.90
AODA	0.99	1.46	0.11	0.00	0.00	0.00	0.00	0.00	0.00
Care Management	810.58	922.78	764.93	411.24	425.83	336.87	306.12	428.46	340.73
Day Habilitation	152.25	45.63	62.18	797.94	674.85	756.89	337.34	346.60	365.31
DME/Supplies	44.35	70.10	43.76	5.38	33.83	39.07	6.79	74.98	35.78
Home Health	3.59	2.03	1.18	2.96	5.30	7.86	0.44	1.62	0.80
NH or Supplies	0.00	1.14	0.22	0.00	0.00	0.00	0.00	0.00	0.00
Nurse Practitioner	178.35	226.58	219.17	85.77	49.85	50.23	80.12	142.02	135.81
Nursing Home	100.20	321.03	420.38	0.00	5.97	18.31	0.03	2.32	3.35
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	0.00	0.19	0.12	0.00	0.00	0.00	0.00	0.00	0.00
Pers Care/SHC/HH	39.47	60.91	38.76	0.00	0.00	0.00	0.00	0.00	0.00
Personal Care	264.65	691.54	184.38	1,273.98	616.91	545.08	65.54	392.32	324.38
Residential Facility	1,124.69	293.05	755.98	0.00	147.20	452.97	3,863.18	867.22	435.21
Residential Facility/NH	0.00	0.39	1.03	0.00	0.00	0.00	0.00	0.00	0.00
SMV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SMV or Comm Carrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Therapies	56.07	53.01	28.77	24.92	54.52	47.45	57.13	94.20	56.47
Waiver	26.07	50.67	53.25	45.62	39.86	22.60	11.01	45.99	41.43
Waiver or Member Share	(34.37)	(96.89)	(181.17)	(8.73)	(111.98)	(150.41)	(255.15)	(117.98)	(281.20)
LTC Subtotal	3,153.92	2,926.37	2,616.88	3,254.71	2,485.53	2,634.54	4,508.55	2,623.63	1,693.97
Room & Board									
Room and Board Costs	305.69	91.79	226.42	0.00	0.00	0.00	0.00	38.86	6.06
Room and Board Collections	(300.83)	(58.30)	(152.23)	0.00	(39.48)	(44.46)	(380.54)	(143.20)	(73.51)
Total Room & Board	4.85	33.49	74.19	0.00	(39.48)	(44.46)	(380.54)	(104.34)	(67.45)
Grand Total	3,158.78	2,959.86	2,691.07	3,254.71	2,446.04	2,590.08	4,128.01	2,519.29	1,626.51
Composite PMPM		2,843.88			2,542.84			2,196.97	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
Dual Eligible: Long-Term Care Service Costs**

	CCHP: PACE (Milwaukee)			PHP (Chippewa/Dunn/Eau Claire)			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	326	3,670	4,102	3,288	6,986	8,879	4,249	16,602	19,077
LTC Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.01	0.03	0.05	0.01	0.13	0.58
Ambulance / SMV / Common Carr	590.82	429.44	297.85	93.76	79.50	41.27	160.30	239.75	163.29
AODA	0.00	0.07	0.00	4.88	19.41	3.30	3.87	8.63	1.56
Care Management	346.54	384.46	300.77	795.25	1,051.73	806.44	733.95	831.77	651.77
Day Habilitation	913.53	535.60	409.66	273.66	36.18	15.16	320.07	177.33	150.00
DME/Supplies	24.58	48.44	33.48	41.42	96.32	50.24	38.30	75.17	44.05
Home Health	7.38	9.15	5.49	0.34	1.13	0.13	1.20	3.33	1.80
NH or Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.05
Nurse Practitioner	20.40	30.34	25.93	79.01	104.80	82.01	83.55	124.27	104.82
Nursing Home	0.91	1.11	1.75	102.48	290.08	768.35	88.36	220.54	460.75
Other	0.00	0.00	0.00	0.00	0.04	0.00	0.00	0.02	0.00
Other Practitioner	0.00	0.00	0.00	0.04	0.57	0.06	0.03	0.30	0.06
Pers Care/SHC/HH	0.00	0.00	0.00	44.62	117.51	65.36	38.06	68.04	39.83
Personal Care	368.41	389.37	343.19	240.43	455.65	316.28	253.53	517.46	297.27
Residential Facility	976.08	728.25	769.47	2,260.26	289.75	73.06	2,118.77	393.21	416.95
Residential Facility/NH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.25
SMV	0.00	0.00	0.00	2.31	0.07	0.03	1.79	0.03	0.01
SMV or Comm Carrier	0.04	0.35	2.42	0.00	0.00	0.00	0.00	0.08	0.52
Therapies	43.64	68.34	58.27	128.00	55.14	26.35	110.53	58.10	35.84
Waiver	30.99	36.46	48.48	36.12	50.44	43.26	33.66	46.97	46.10
Waiver or Member Share	(34.00)	(111.45)	(137.79)	(41.13)	(85.81)	(244.46)	(50.42)	(96.35)	(205.06)
LTC Subtotal	3,289.33	2,549.93	2,158.97	4,061.47	2,562.55	2,046.90	3,935.55	2,669.23	2,210.45
Room & Board									
Room and Board Costs	0.00	0.00	1.17	588.88	418.18	1,002.48	483.07	204.69	522.09
Room and Board Collections	(126.87)	(77.61)	(70.56)	(265.21)	(64.43)	(108.96)	(261.05)	(66.04)	(107.62)
Total Room & Board	(126.87)	(77.61)	(69.39)	323.67	353.75	893.53	222.01	138.65	414.47
Grand Total	3,162.47	2,472.32	2,089.58	4,385.14	2,916.30	2,940.43	4,157.57	2,807.88	2,624.93
Composite PMPM		2,306.21			3,179.62			2,864.10	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
MA Only: Long-Term Care Service Costs**

	Care WI (Dane)			CCHP: FCP (Milwaukee)			CCHP: FCP (Racine)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	153	1,393	155	28	194	49	22	80	0
LTC Services									
A/P Other, Waiver, or LTC HH	0.00	1.21	12.87	0.00	0.00	0.00	0.00	0.00	0.00
Ambulance / SMV / Common Carr	158.61	236.15	311.93	375.61	436.17	245.61	91.26	124.49	0.00
AODA	0.75	4.26	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Care Management	892.74	1,001.82	680.95	390.33	396.51	282.01	542.98	400.71	0.00
Day Habilitation	153.28	38.74	95.05	912.48	431.75	549.98	925.69	30.70	0.00
DME/Supplies	131.39	247.35	97.63	55.25	63.40	78.17	9.55	129.49	0.00
Home Health	4.16	2.36	1.66	2.93	15.48	1.68	1.24	4.07	0.00
NH or Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nurse Practitioner	153.13	222.41	191.87	24.29	40.72	51.33	101.36	88.54	0.00
Nursing Home	0.00	111.45	651.74	1,623.36	184.44	0.00	0.00	844.41	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Pers Care/SHC/HH	154.18	117.16	36.51	0.00	0.00	0.00	0.00	0.00	0.00
Personal Care	436.16	871.04	172.77	15.62	709.06	603.66	296.56	630.31	0.00
Residential Facility	220.97	83.76	521.66	1,981.61	273.78	644.78	3,083.86	565.25	0.00
Residential Facility/NH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SMV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SMV or Comm Carrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Therapies	104.35	51.55	18.28	6.30	93.68	16.06	45.38	44.45	0.00
Waiver	31.80	41.82	62.78	42.18	95.25	54.11	12.77	43.28	0.00
Waiver or Member Share	6.64	6.36	(48.54)	(122.57)	(70.40)	0.00	0.00	(86.69)	0.00
LTC Subtotal	2,448.15	3,037.45	2,807.17	5,307.38	2,669.86	2,527.40	5,110.66	2,819.01	0.00
Room & Board									
Room and Board Costs	31.75	24.13	129.02	0.00	0.00	0.00	0.00	0.00	0.00
Room and Board Collections	(53.20)	(21.69)	(128.31)	(167.00)	(50.70)	(77.00)	(412.45)	(65.94)	0.00
Total Room & Board	(21.46)	2.44	0.70	(167.00)	(50.70)	(77.00)	(412.45)	(65.94)	0.00
Grand Total	2,426.69	3,039.89	2,807.87	5,140.38	2,619.17	2,450.40	4,698.21	2,753.07	0.00
Composite PMPM		2,963.64			2,850.00			3,174.20	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Summary of 2010 Actual Experience by MCO
MA Only: Long-Term Care Service Costs**

	CCHP: PACE (Milwaukee)			PHP (Chippewa/Dunn/Eau Claire)			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	85	1,004	251	1,358	1,700	32	1,646	4,370	487
LTC Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.06	0.07	18.53	0.05	0.41	5.31
Ambulance / SMV / Common Carr	323.60	395.86	265.02	115.25	96.93	9.44	134.15	225.50	261.19
AODA	0.00	0.00	0.00	8.35	31.57	0.00	6.96	13.64	0.00
Care Management	343.65	424.79	242.33	903.30	1,140.78	740.63	859.87	885.58	418.54
Day Habilitation	535.72	509.14	378.30	315.58	12.46	0.00	330.18	153.83	280.54
DME/Supplies	4.99	109.43	51.42	126.98	289.29	30.86	118.30	221.69	67.44
Home Health	65.03	20.10	18.05	3.03	4.58	0.00	6.31	7.91	10.01
NH or Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Nurse Practitioner	17.40	32.27	14.45	77.14	127.37	82.81	80.54	131.28	79.05
Nursing Home	0.00	297.50	0.00	85.42	223.07	0.00	98.09	214.19	207.23
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	0.00	0.00	0.00	0.00	0.18	0.00	0.00	0.07	0.00
Pers Care/SHC/HH	0.00	0.00	0.00	49.49	239.18	1,474.34	55.16	130.39	108.56
Personal Care	157.71	275.35	265.17	429.76	580.51	0.53	407.47	609.63	252.26
Residential Facility	1,089.16	602.34	0.00	2,275.45	298.88	0.00	2,029.06	303.75	230.40
Residential Facility/NH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SMV	0.00	0.00	0.00	0.25	0.08	0.00	0.20	0.03	0.00
SMV or Comm Carrier	1.86	0.04	6.97	0.00	0.00	0.00	0.10	0.01	3.60
Therapies	117.47	112.18	83.27	159.64	87.73	0.00	148.19	81.29	50.40
Waiver	22.77	63.58	47.56	20.57	36.73	45.06	21.99	47.23	52.89
Waiver or Member Share	(1.51)	(13.28)	(18.19)	7.49	(11.78)	3.13	4.63	(10.30)	(24.61)
LTC Subtotal	2,677.84	2,829.29	1,354.37	4,577.76	3,157.64	2,405.33	4,301.26	3,016.14	2,002.82
Room & Board									
Room and Board Costs	0.00	4.78	0.00	657.07	283.72	365.59	545.06	119.16	65.06
Room and Board Collections	(114.71)	(100.93)	0.00	(239.88)	(53.99)	(76.38)	(217.14)	(54.55)	(53.53)
Total Room & Board	(114.71)	(96.15)	0.00	417.19	229.72	289.22	327.92	64.61	11.54
Grand Total	2,563.14	2,733.13	1,354.37	4,994.94	3,387.37	2,694.55	4,629.18	3,080.75	2,014.36
Composite PMPM		2,463.89			4,086.59			3,392.82	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

Summary of 2010 Actual Experience by MCO

Total Population: Long-Term Care Service Costs

	Care WI (Dane)			CCHP: FCP (Milwaukee)			CCHP: FCP (Racine)		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	534	6,460	4,786	69	771	620	236	381	893
LTC Services									
A/P Other, Waiver, or LTC HH	0.00	0.56	2.62	0.00	0.00	0.00	0.00	0.00	0.00
Ambulance / SMV / Common Carr	321.65	272.41	224.47	517.77	516.50	487.05	41.17	299.57	235.90
AODA	0.92	2.06	0.11	0.00	0.00	0.00	0.00	0.00	0.00
Care Management	834.10	939.82	762.22	402.72	418.47	332.56	328.24	422.66	340.73
Day Habilitation	152.54	44.15	63.24	844.64	613.87	740.63	392.29	280.54	365.31
DME/Supplies	69.26	108.32	45.50	25.71	41.25	42.14	7.05	86.37	35.78
Home Health	3.75	2.10	1.19	2.95	7.85	7.37	0.51	2.13	0.80
NH or Supplies	0.00	0.90	0.21	0.00	0.00	0.00	0.00	0.00	0.00
Nurse Practitioner	171.13	225.68	218.28	60.70	47.56	50.31	82.11	130.84	135.81
Nursing Home	71.51	275.84	427.86	661.85	50.74	16.87	0.03	178.41	3.35
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other Practitioner	0.00	0.15	0.12	0.00	0.00	0.00	0.00	0.00	0.00
Pers Care/SHC/HH	72.31	73.04	38.69	0.00	0.00	0.00	0.00	0.00	0.00
Personal Care	313.75	730.25	184.01	760.94	640.03	549.68	87.12	442.08	324.38
Residential Facility	865.98	247.92	748.41	807.91	178.95	468.04	3,790.39	804.07	435.21
Residential Facility/NH	0.00	0.30	1.00	0.00	0.00	0.00	0.00	0.00	0.00
SMV	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SMV or Comm Carrier	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Therapies	69.89	52.70	28.43	17.33	64.35	44.98	56.03	83.80	56.47
Waiver	27.71	48.76	53.56	44.22	53.75	25.08	11.17	45.43	41.43
Waiver or Member Share	(22.63)	(74.62)	(176.88)	(55.14)	(101.55)	(138.59)	(231.32)	(111.43)	(281.20)
LTC Subtotal	2,951.88	2,950.33	2,623.03	4,091.59	2,531.77	2,626.12	4,564.79	2,664.48	1,693.97
Room & Board									
Room and Board Costs	227.27	77.20	223.27	0.00	0.00	0.00	0.00	30.74	6.06
Room and Board Collections	(229.95)	(50.41)	(151.46)	(68.09)	(42.30)	(47.01)	(383.52)	(127.05)	(73.51)
Total Room & Board	(2.68)	26.79	71.81	(68.09)	(42.30)	(47.01)	(383.52)	(96.31)	(67.45)
Grand Total	2,949.21	2,977.12	2,694.84	4,023.50	2,489.48	2,579.10	4,181.27	2,568.17	1,626.51
Composite PMPM		2,861.17			2,599.70			2,262.77	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

Summary of 2010 Actual Experience by MCO

Total Population: Long-Term Care Service Costs

	CCHP: PACE (Milwaukee)			PHP (Chippewa/Dunn/Eau Claire)			Total		
	DD	PD	Elderly	DD	PD	Elderly	DD	PD	Elderly
Exposure Months	411	4,674	4,354	4,645	8,686	8,911	5,895	20,972	19,564
LTC Services									
A/P Other, Waiver, or LTC HH	0.00	0.00	0.00	0.03	0.04	0.12	0.02	0.19	0.70
Ambulance / SMV / Common Carr	535.55	422.22	295.95	100.04	82.91	41.16	153.00	236.78	165.72
AODA	0.00	0.06	0.00	5.90	21.79	3.29	4.73	9.67	1.52
Care Management	345.94	393.13	297.40	826.83	1,069.16	806.20	769.10	842.99	645.97
Day Habilitation	835.38	529.91	407.85	285.92	31.54	15.10	322.89	172.43	153.25
DME/Supplies	20.53	61.54	34.52	66.42	134.08	50.17	60.63	105.70	44.63
Home Health	19.31	11.50	6.22	1.13	1.80	0.13	2.63	4.29	2.01
NH or Supplies	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.28	0.05
Nurse Practitioner	19.78	30.76	25.26	78.46	109.21	82.02	82.71	125.73	104.18
Nursing Home	0.73	64.76	1.65	97.49	276.97	765.59	91.07	219.21	454.45
Other	0.00	0.00	0.00	0.00	0.03	0.00	0.00	0.01	0.00
Other Practitioner	0.00	0.00	0.00	0.03	0.49	0.06	0.02	0.25	0.06
Pers Care/SHC/HH	0.00	0.00	0.00	46.04	141.33	70.42	42.84	81.03	41.54
Personal Care	324.83	364.88	338.69	295.76	480.09	315.15	296.50	536.66	296.15
Residential Facility	999.47	701.21	725.07	2,264.70	291.54	72.80	2,093.73	374.57	412.31
Residential Facility/NH	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.09	0.24
SMV	0.00	0.00	0.00	1.71	0.07	0.03	1.35	0.03	0.01
SMV or Comm Carrier	0.41	0.28	2.69	0.00	0.00	0.00	0.03	0.06	0.60
Therapies	58.91	77.76	59.71	137.25	61.52	26.25	121.04	62.93	36.20
Waiver	29.29	42.28	48.43	31.58	47.76	43.26	30.40	47.03	46.27
Waiver or Member Share	(27.28)	(90.37)	(130.89)	(26.92)	(71.32)	(243.57)	(35.05)	(78.42)	(200.57)
LTC Subtotal	3,162.85	2,609.93	2,112.55	4,212.37	2,679.03	2,048.19	4,037.65	2,741.51	2,205.29
Room & Board									
Room and Board Costs	0.00	1.03	1.10	608.81	391.86	1,000.20	500.37	186.86	510.72
Room and Board Collections	(124.35)	(82.62)	(66.49)	(257.81)	(62.39)	(108.84)	(248.79)	(63.64)	(106.27)
Total Room & Board	(124.35)	(81.60)	(65.38)	351.00	329.48	891.36	251.58	123.22	404.45
Grand Total	3,038.50	2,528.33	2,047.16	4,563.37	3,008.50	2,939.54	4,289.23	2,864.74	2,609.74
Composite PMPM		2,328.60			3,305.61			2,938.14	

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Trended 2010 Acute and Primary Service Costs by Rate Cell
Pilot Counties Only**

Service Category	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Inpatient Hospital	0-44	8.43	8.30	508.36	508.36	53.37	68.03	508.36	508.36	-	-	-	-
	45-54	15.95	45.56	508.36	508.36	87.87	54.62	508.36	508.36	-	-	-	-
	55-64	41.14	43.03	508.36	508.36	67.13	77.05	508.36	508.36	-	-	-	-
	65-74	16.95	73.90	508.36	508.36	80.85	61.58	508.36	508.36	66.69	101.74	508.36	508.36
	75-84	8.60	22.42	508.36	508.36	69.03	61.19	508.36	508.36	91.82	68.20	508.36	508.36
	85+	106.34	80.43	508.36	508.36	101.16	54.69	508.36	508.36	81.37	76.98	508.36	508.36
Physician	0-44	18.27	19.41	176.58	176.58	19.90	27.48	176.58	176.58	-	-	-	-
	45-54	17.88	22.59	176.58	176.58	27.07	32.94	176.58	176.58	-	-	-	-
	55-64	23.54	26.43	176.58	176.58	30.24	33.18	176.58	176.58	-	-	-	-
	65-74	24.80	25.04	176.58	176.58	29.50	30.04	176.58	176.58	35.43	26.59	176.58	176.58
	75-84	22.82	18.17	176.58	176.58	24.36	24.83	176.58	176.58	27.08	24.74	176.58	176.58
	85+	30.69	16.35	176.58	176.58	19.72	26.78	176.58	176.58	20.62	20.70	176.58	176.58
Drugs	0-44	22.51	26.85	675.53	675.53	46.84	57.98	675.53	675.53	-	-	-	-
	45-54	26.07	21.63	675.53	675.53	34.68	62.95	675.53	675.53	-	-	-	-
	55-64	24.37	19.05	675.53	675.53	21.65	32.23	675.53	675.53	-	-	-	-
	65-74	25.37	29.81	675.53	675.53	28.75	31.18	675.53	675.53	25.46	31.68	675.53	675.53
	75-84	26.39	35.45	675.53	675.53	32.39	11.28	675.53	675.53	23.65	21.21	675.53	675.53
	85+	16.60	16.72	675.53	675.53	17.38	15.05	675.53	675.53	17.61	16.78	675.53	675.53
Other	0-44	65.10	70.32	180.77	180.77	51.81	67.41	180.77	180.77	-	-	-	-
	45-54	74.08	117.58	180.77	180.77	91.41	120.82	180.77	180.77	-	-	-	-
	55-64	71.63	53.71	180.77	180.77	91.52	95.97	180.77	180.77	-	-	-	-
	65-74	54.05	35.80	180.77	180.77	62.37	65.93	180.77	180.77	93.13	74.61	180.77	180.77
	75-84	62.26	15.04	180.77	180.77	50.46	72.07	180.77	180.77	65.98	57.68	180.77	180.77
	85+	34.59	18.10	180.77	180.77	80.34	61.13	180.77	180.77	57.32	51.87	180.77	180.77

Trend to CY12 Contract Period

Inpatient	1.061	1.061	1.051	1.051	1.061	1.061	1.051	1.051	1.061	1.061	1.051	1.051
Physician	1.061	1.061	1.051	1.051	1.061	1.061	1.051	1.051	1.061	1.061	1.051	1.051
Drugs	1.061	1.061	1.040	1.040	1.061	1.061	1.040	1.040	1.061	1.061	1.040	1.040
Other	1.061	1.061	1.051	1.051	1.061	1.061	1.051	1.051	1.061	1.061	1.051	1.051
IBNR (Non-Rx)	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021	1.021

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

**Trended 2012 Acute and Primary Service Costs by Rate Cell
Pilot Counties Only**

Service Category	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Inpatient Hospital	0-44	9.13	8.99	545.31	545.31	57.81	73.68	545.31	545.31	-	-	-	-
	45-54	17.27	49.35	545.31	545.31	95.18	59.16	545.31	545.31	-	-	-	-
	55-64	44.56	46.61	545.31	545.31	72.72	83.45	545.31	545.31	-	-	-	-
	65-74	18.36	80.05	545.31	545.31	87.57	66.71	545.31	545.31	72.23	110.21	545.31	545.31
	75-84	9.31	24.28	545.31	545.31	74.77	66.28	545.31	545.31	99.45	73.87	545.31	545.31
	85+	115.18	87.12	545.31	545.31	109.57	59.24	545.31	545.31	88.14	83.38	545.31	545.31
Physician	0-44	19.79	21.02	189.42	189.42	21.56	29.76	189.42	189.42	-	-	-	-
	45-54	19.36	24.47	189.42	189.42	29.32	35.68	189.42	189.42	-	-	-	-
	55-64	25.50	28.62	189.42	189.42	32.76	35.93	189.42	189.42	-	-	-	-
	65-74	26.86	27.12	189.42	189.42	31.95	32.54	189.42	189.42	38.38	28.80	189.42	189.42
	75-84	24.72	19.68	189.42	189.42	26.38	26.89	189.42	189.42	29.33	26.80	189.42	189.42
	85+	33.24	17.71	189.42	189.42	21.36	29.01	189.42	189.42	22.33	22.42	189.42	189.42
Drugs	0-44	23.88	28.49	702.82	702.82	49.70	61.51	702.82	702.82	-	-	-	-
	45-54	27.65	22.94	702.82	702.82	36.80	66.78	702.82	702.82	-	-	-	-
	55-64	25.86	20.21	702.82	702.82	22.97	34.19	702.82	702.82	-	-	-	-
	65-74	26.92	31.62	702.82	702.82	30.50	33.08	702.82	702.82	27.01	33.61	702.82	702.82
	75-84	27.99	37.61	702.82	702.82	34.36	11.96	702.82	702.82	25.09	22.50	702.82	702.82
	85+	17.61	17.74	702.82	702.82	18.44	15.97	702.82	702.82	18.69	17.80	702.82	702.82
Other	0-44	70.51	76.17	193.91	193.91	56.12	73.01	193.91	193.91	-	-	-	-
	45-54	80.24	127.36	193.91	193.91	99.01	130.87	193.91	193.91	-	-	-	-
	55-64	77.59	58.18	193.91	193.91	99.13	103.95	193.91	193.91	-	-	-	-
	65-74	58.55	38.78	193.91	193.91	67.55	71.41	193.91	193.91	100.88	80.82	193.91	193.91
	75-84	67.44	16.29	193.91	193.91	54.66	78.06	193.91	193.91	71.47	62.48	193.91	193.91
	85+	37.47	19.61	193.91	193.91	87.02	66.22	193.91	193.91	62.09	56.18	193.91	193.91
Total	0-44	123.31	134.67	1,631.46	1,631.46	185.18	237.97	1,631.46	1,631.46	-	-	-	-
	45-54	144.53	224.11	1,631.46	1,631.46	260.31	292.50	1,631.46	1,631.46	-	-	-	-
	55-64	173.50	153.62	1,631.46	1,631.46	227.58	257.53	1,631.46	1,631.46	-	-	-	-
	65-74	130.69	177.57	1,631.46	1,631.46	217.58	203.75	1,631.46	1,631.46	238.50	253.44	1,631.46	1,631.46
	75-84	129.47	97.86	1,631.46	1,631.46	190.17	183.20	1,631.46	1,631.46	225.35	185.66	1,631.46	1,631.46
	85+	203.50	142.18	1,631.46	1,631.46	236.40	170.43	1,631.46	1,631.46	191.25	179.79	1,631.46	1,631.46

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

Projected CY 2012 Enrollment

Service Category	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CCHP: PACE (Milwaukee)	0-44	-	-	-	-	-	-	-	-	-	-	-	-
	45-54	-	12	-	-	24	12	12	12	-	-	-	-
	55-64	144	144	48	48	780	1,116	324	720	-	-	-	-
	65-74	72	36	-	-	348	732	-	24	240	288	12	-
	75-84	12	-	-	-	132	300	12	12	336	1,308	36	84
	85+	-	-	-	-	96	252	-	12	144	1,716	12	72
CCHP: PACE (Expansion)	0-44	-	-	-	-	-	-	-	-	-	-	-	-
	45-54	-	-	-	-	-	-	-	-	-	-	-	-
	55-64	-	12	12	-	48	-	-	24	-	-	-	-
	65-74	-	-	-	-	-	60	-	-	12	36	-	12
	75-84	-	-	-	-	-	12	-	-	12	108	12	-
	85+	-	-	-	-	12	24	-	-	36	204	-	60
CCHP: FCP (Milwaukee)	0-44	-	-	-	-	-	-	-	-	-	-	-	-
	45-54	-	12	-	-	-	12	-	-	-	-	-	-
	55-64	-	36	12	24	96	168	36	132	-	-	-	-
	65-74	12	12	-	-	48	132	12	-	24	60	12	-
	75-84	-	-	-	-	12	12	-	-	132	216	-	12
	85+	-	-	-	-	-	36	-	-	60	132	-	12
CCHP: FCP (Milwaukee Expansion)	0-44	84	72	108	72	12	12	24	12	-	-	-	-
	45-54	36	24	24	-	36	72	60	72	-	-	-	-
	55-64	-	-	-	-	-	-	-	-	-	-	-	-
	65-74	-	-	-	-	-	-	-	-	-	-	-	-
	75-84	-	-	-	-	-	-	-	-	-	-	-	-
	85+	-	-	-	-	-	-	-	-	-	-	-	-
CCHP: FCP (Racine)	0-44	12	-	12	36	12	12	-	-	-	-	-	-
	45-54	36	24	12	-	12	36	12	24	-	-	-	-
	55-64	60	60	24	-	36	96	12	24	-	-	-	-
	65-74	12	12	-	-	36	132	-	-	48	84	-	-
	75-84	24	12	-	-	12	-	-	-	108	264	-	-
	85+	-	-	-	-	-	-	-	-	84	276	-	-
CCHP: FCP (Teal/Orange Expansion)	0-44	36	48	36	12	36	12	12	36	-	-	-	-
	45-54	48	24	-	24	72	72	24	36	-	-	-	-
	55-64	-	36	-	24	12	96	48	24	-	-	-	-
	65-74	-	12	-	-	12	84	-	-	108	120	-	12
	75-84	-	-	-	-	-	-	-	-	12	168	-	12
	85+	-	-	-	-	-	12	-	-	60	132	-	-

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

Projected CY 2012 Enrollment

Service Category	Age	Developmentally Disabled				Physically Disabled				Frail Elderly			
		Dual		MA		Dual		MA		Dual		MA	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
CCHP: FCP (Pink Expansion)	0-44	12	-	60	48	24	-	12	12	-	-	-	-
	45-54	36	36	-	-	48	24	24	36	-	-	-	-
	55-64	24	12	-	-	36	36	12	36	-	-	-	-
	65-74	48	12	12	-	36	60	-	-	24	108	-	-
	75-84	-	-	-	-	12	12	-	-	48	120	-	-
	85+	-	12	-	-	-	12	-	-	72	204	-	12
PHP (Chippewa/Dunn/Eau Claire)	0-44	660	552	588	456	168	144	72	156	-	-	-	-
	45-54	312	432	36	96	480	456	156	264	-	-	-	-
	55-64	384	300	24	24	744	1,044	252	372	-	-	-	-
	65-74	204	264	12	-	528	1,044	12	12	324	780	-	-
	75-84	108	72	-	-	168	336	-	-	960	2,040	12	-
	85+	24	12	-	-	96	372	-	12	648	3,108	36	48
PHP (Expansion)	0-44	72	12	72	108	-	-	24	12	-	-	-	-
	45-54	12	24	-	-	24	48	-	24	-	-	-	-
	55-64	12	12	12	-	24	24	-	12	-	-	-	-
	65-74	36	12	-	12	-	36	-	-	-	-	-	-
	75-84	-	12	-	-	-	-	-	-	36	72	-	-
	85+	-	-	-	-	-	-	-	-	24	48	-	-
Care Wisconsin (Dane)	0-44	60	12	36	36	228	312	204	132	-	-	-	-
	45-54	24	24	24	24	468	564	144	360	-	-	-	-
	55-64	48	120	12	36	552	1,152	264	384	-	-	-	-
	65-74	72	72	-	24	360	864	12	36	216	660	-	12
	75-84	24	-	-	-	72	228	-	-	408	1,632	12	72
	85+	-	24	-	-	12	108	-	-	240	1,452	-	48
Care Wisconsin (Expansion)	0-44	96	72	84	36	36	36	24	24	-	-	-	-
	45-54	72	24	12	-	60	96	12	24	-	-	-	-
	55-64	60	36	-	36	96	108	48	12	-	-	-	-
	65-74	24	24	-	12	48	132	-	-	84	192	12	-
	75-84	48	24	-	-	24	72	-	-	108	372	12	12
	85+	12	-	-	-	24	12	-	-	84	360	-	-
Independent Care	0-44	120	168	240	144	84	36	48	264	-	-	-	-
	45-54	48	60	12	48	144	336	168	432	-	-	-	-
	55-64	-	12	-	-	84	372	120	324	-	-	-	-
	65-74	-	-	-	-	48	240	-	-	48	96	-	-
	75-84	-	-	-	-	48	120	-	-	12	36	-	-
	85+	-	-	-	-	-	12	-	-	-	-	-	-

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

CY2012 Acute and Primary Services Rate Development: Dual Eligible

	CCHP: PACE (Milwaukee)	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Racine)	CCHP: FCP (Teal/Orange Expansion)
Inpatient Services	\$ 77.67	\$ 79.47	\$ 78.98	\$ 35.88	\$ 73.87	\$ 71.51
Physician Services	\$ 28.87	\$ 26.50	\$ 29.46	\$ 25.00	\$ 27.64	\$ 28.44
Pharmacy Services	\$ 24.76	\$ 21.96	\$ 26.18	\$ 37.56	\$ 26.56	\$ 30.19
Other Services	\$ 74.58	\$ 67.25	\$ 75.35	\$ 91.63	\$ 72.00	\$ 80.01
Subtotal Acute & Primary Services	\$ 205.87	\$ 195.17	\$ 209.97	\$ 190.07	\$ 200.07	\$ 210.15
Projected CY 2012 Enrollment	8,244	576	1,212	348	1,500	1,212

	CCHP: FCP (Pink Expansion)	PHP (Chippewa/ Dunn/Eau Claire)	PHP (Expansion)	Care Wisconsin (Dane)	Care Wisconsin (Expansion)	Independent Care
Inpatient Services	\$ 75.10	\$ 70.96	\$ 58.25	\$ 77.82	\$ 70.19	\$ 63.83
Physician Services	\$ 26.95	\$ 27.23	\$ 26.87	\$ 29.13	\$ 27.28	\$ 30.12
Pharmacy Services	\$ 26.65	\$ 26.54	\$ 29.21	\$ 30.12	\$ 27.70	\$ 36.58
Other Services	\$ 73.09	\$ 74.11	\$ 77.35	\$ 77.82	\$ 74.31	\$ 91.76
Subtotal Acute & Primary Services	\$ 201.79	\$ 198.84	\$ 191.68	\$ 214.89	\$ 199.49	\$ 222.28
Projected CY 2012 Enrollment	1,068	16,764	540	10,008	2,436	2,124

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

CY2012 Acute and Primary Services Rate Development: MA Only

	CCHP: PACE (Milwaukee)	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Racine)	CCHP: FCP (Teal/Orange Expansion)
Inpatient Services	\$ 541.37	\$ 513.23	\$ 552.13	\$ 499.81	\$ 526.10	\$ 552.61
Physician Services	\$ 188.05	\$ 178.27	\$ 191.79	\$ 173.61	\$ 182.74	\$ 191.95
Pharmacy Services	\$ 697.74	\$ 661.47	\$ 711.61	\$ 644.18	\$ 678.06	\$ 712.23
Other Services	\$ 192.50	\$ 182.50	\$ 196.33	\$ 177.73	\$ 187.07	\$ 196.50
Subtotal Acute & Primary Services	\$ 1,619.66	\$ 1,535.47	\$ 1,651.86	\$ 1,495.33	\$ 1,573.97	\$ 1,653.29
Projected CY 2012 Enrollment	1,440	120	252	372	156	300

	CCHP: FCP (Pink Expansion)	PHP (Chippewa/ Dunn/Eau Claire)	PHP (Expansion)	Care Wisconsin (Dane)	Care Wisconsin (Expansion)	Independent Care
Inpatient Services	\$ 530.63	\$ 522.87	\$ 504.04	\$ 565.08	\$ 524.57	\$ 584.51
Physician Services	\$ 184.32	\$ 181.62	\$ 175.08	\$ 196.28	\$ 182.21	\$ 203.03
Pharmacy Services	\$ 683.90	\$ 673.89	\$ 649.63	\$ 728.30	\$ 676.09	\$ 753.34
Other Services	\$ 188.68	\$ 185.92	\$ 179.23	\$ 200.93	\$ 186.53	\$ 207.84
Subtotal Acute & Primary Services	\$ 1,587.53	\$ 1,564.30	\$ 1,507.99	\$ 1,690.60	\$ 1,569.41	\$ 1,748.72
Projected CY 2012 Enrollment	264	2,640	276	1,872	360	1,800

**Wisconsin Department of Health Services
CY 2012 PACE/Partnership Capitation Rate Development**

CY2012 Acute and Primary Services Rate Development: Total Population

	CCHP: PACE (Milwaukee)	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Racine)	CCHP: FCP (Teal/Orange Expansion)
Inpatient Services	\$ 146.62	\$ 154.25	\$ 160.42	\$ 275.58	\$ 116.47	\$ 166.96
Physician Services	\$ 52.54	\$ 52.67	\$ 57.40	\$ 101.78	\$ 42.25	\$ 60.88
Pharmacy Services	\$ 124.83	\$ 132.22	\$ 144.16	\$ 350.98	\$ 87.93	\$ 165.52
Other Services	\$ 92.11	\$ 87.12	\$ 96.18	\$ 136.12	\$ 82.84	\$ 103.12
Subtotal Acute & Primary Services	\$ 416.10	\$ 426.26	\$ 458.16	\$ 864.46	\$ 329.49	\$ 496.49
Admin: Acute & Primary	\$ 20.75	\$ 21.26	\$ 22.85	\$ 43.11	\$ 16.43	\$ 24.76
Total Acute and Primary Component	\$ 436.85	\$ 447.52	\$ 481.01	\$ 907.57	\$ 345.92	\$ 521.25
Projected CY 2012 Enrollment	9,684	696	1,464	720	1,656	1,512

	CCHP: FCP (Pink Expansion)	PHP (Chippewa/ Dunn/Eau Claire)	PHP (Expansion)	Care Wisconsin (Dane)	Care Wisconsin (Expansion)	Independent Care
Inpatient Services	\$ 165.39	\$ 132.44	\$ 209.03	\$ 154.60	\$ 128.69	\$ 302.67
Physician Services	\$ 58.14	\$ 48.24	\$ 77.00	\$ 55.47	\$ 47.23	\$ 109.44
Pharmacy Services	\$ 156.92	\$ 114.61	\$ 239.06	\$ 140.14	\$ 111.19	\$ 365.37
Other Services	\$ 96.00	\$ 89.32	\$ 111.81	\$ 97.22	\$ 88.76	\$ 145.01
Subtotal Acute & Primary Services	\$ 476.44	\$ 384.61	\$ 636.90	\$ 447.43	\$ 375.87	\$ 922.48
Admin: Acute & Primary	\$ 23.76	\$ 19.18	\$ 31.76	\$ 22.31	\$ 18.74	\$ 46.00
Total Acute and Primary Component	\$ 500.20	\$ 403.80	\$ 668.66	\$ 469.74	\$ 394.62	\$ 968.48
Projected CY 2012 Enrollment	1,332	19,404	816	11,880	2,796	3,924

**Wisconsin Department of Health Services
CY 2012 Family Care Capitation Rate Development**

Developmentally Disabled - by MCO

Proportion with Variable - Pilot Counties

Variable	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)					
Vent Dependent	-	-	-	-	-
DD1A	0.0465	0.1111	-	0.0395	0.1071
DD1B	0.0930	0.1111	0.3929	0.1395	0.0714
DD2	0.4419	0.5556	0.3571	0.6526	0.3750
Restrictive Measures	-	-	-	0.0053	-
Dual Enrollee	0.8140	0.6667	0.7500	0.7289	0.7143
Number of IADLs (Grid Component)					
IADL_2	0.0465	0.2222	0.0714	0.0895	0.1429
IADL_3	0.1163	-	0.0357	0.1842	0.0893
IADL_4	0.3256	0.2222	0.1429	0.1816	0.3393
IADL_5	0.2791	0.2222	0.2857	0.2605	0.2857
IADL_6	0.2326	0.3333	0.4643	0.2447	0.0536
Specific ADLs / Equipment Used (Add-On)					
Bathing_2	0.3023	0.4444	0.3571	0.4158	0.3929
Eating_1	0.1395	0.5556	0.2857	0.1526	0.2679
Eating_2	0.0465	-	0.1786	0.1974	0.0893
Toileting_2	0.0930	0.3333	0.1786	0.2737	0.2143
Transfer_1-2	0.3488	0.3333	0.3214	0.2342	0.2857
Interaction Terms (Add-On)					
Dress_Bath_Equip	0.6512	0.3333	0.5000	0.4237	0.5357
Mental Retardation_Anxiety Disorder	0.0930	0.3333	0.0357	0.0895	0.0536
Mental Retardation_Bipolar	-	-	0.0357	0.0237	-
Mental Retardation_Other Mental Illnes	0.0930	0.1111	0.1071	0.1000	-
Autism_Anxiety Disorder	-	-	-	0.0079	-
Brain Injury Pre-22_Schizophrenia	-	-	-	-	-
Brain Injury Pre-22_Alcohol/Drug Abus	-	-	-	-	-
Cerebral Palsy_Depression	-	-	0.0357	0.0132	-
Prader Willi_Other Mental Illness	-	-	-	-	-
Seizure Pre-22_Bipolar	-	-	-	-	-
Seizure Pre-22_Other Mental Illness	0.0465	-	-	0.0368	-
Trauma BI Post-22_Anxiety Disorder	0.0465	-	-	-	-
Trauma BI Post-22_Bipolar	0.0233	-	-	-	-
Trauma BI Post-22_Alcohol/Drug Abus	0.0233	0.1111	-	-	0.0179
Seizure Post-22_Depression	0.0465	-	-	0.0132	-
Seizure Post-22_Other Mental Illness	0.0698	-	-	0.0105	-
Behavioral Variables (Add-On)					
Communication_1	0.0465	-	-	0.0053	-
Cognition_2-3	0.4419	0.6667	0.7143	0.6342	0.3750
Offensive_1-2	0.1395	0.3333	0.3571	0.2211	0.1071
Offensive_3	0.0698	0.1111	0.1429	0.0421	0.0179
Mental Health	0.6512	0.7778	0.7143	0.5605	0.6607
Medication Use (Add-On)					
Meds_2A	0.1395	-	-	0.1789	0.1250
Meds_2B	0.6279	0.7778	0.8929	0.5105	0.5536
Health Related Services (Add-On)					
Overnight	0.3953	0.3333	0.6071	0.5658	0.5536
Exercise	0.1163	0.1111	0.0714	0.2132	0.1607
Reposition	0.0465	0.1111	0.0357	0.0895	0.0893
Ostomy	-	-	0.0357	0.0263	-
Tube Feedings	-	-	-	0.0158	-
Diagnoses (Add-On)					
Cerebral Palsy	0.0698	0.1111	0.1429	0.1526	0.1786
Autism	-	0.1111	0.0357	0.1026	0.0179
Seizure	0.1860	0.3333	0.1786	0.2526	0.2679

Wisconsin Department of Health Services
CY 2012 Family Care Capitation Rate Development

Developmentally Disabled - by MCO

Variable	Proportion with Variable - Expansion Counties						
	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Teal/Orange Expansion)	CCHP: FCP (Pink Expansion)	PHP (Expansion)	Care Wisconsin (Expansion)	Independent Care
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)							
Vent Dependent	-	-	-	-	-	-	-
DD1A	-	-	-	0.0385	-	0.0893	0.0845
DD1B	-	0.3714	0.1600	0.3077	0.3824	0.1964	0.0704
DD2	-	0.4571	0.6000	0.6154	0.5588	0.5893	0.6901
Restrictive Measures	-	-	-	-	0.0294	0.0536	-
Dual Enrollee	0.5000	0.5143	0.6800	0.6154	0.5000	0.7321	0.4789
Number of IADLs (Grid Component)							
IADL_2	-	0.0571	-	0.1538	-	0.0536	0.1268
IADL_3	-	0.1143	0.2000	0.0769	0.1471	0.1071	0.1972
IADL_4	-	0.1714	0.3200	0.1538	0.2059	0.1250	0.2817
IADL_5	0.5000	0.3714	0.3600	0.3462	0.3824	0.4286	0.3239
IADL_6	0.5000	0.2857	0.1200	0.2692	0.2647	0.2857	0.0282
Specific ADLs / Equipment Used (Add-On)							
Bathing_2	1.0000	0.4000	0.3200	0.4615	0.2941	0.5179	0.2676
Eating_1	0.5000	0.2857	0.2800	0.3077	0.2059	0.1786	0.1690
Eating_2	-	0.2000	0.0400	0.2692	0.2059	0.2679	0.1127
Toileting_2	0.5000	0.1714	0.0800	0.2692	0.2059	0.2679	0.1690
Transfer_1-2	1.0000	0.2857	0.2000	0.2692	0.2059	0.3214	0.1268
Interaction Terms (Add-On)							
Dress_Bath_Equip	1.0000	0.2571	0.2800	0.4615	0.3235	0.4286	0.1127
Mental Retardation_Anxiety Disorder	-	0.0571	0.0800	0.1154	0.1471	0.0714	0.0282
Mental Retardation_Bipolar	-	0.0286	0.0400	0.0385	0.0588	0.0179	0.0282
Mental Retardation_Other Mental Illnes	-	-	0.0800	0.0385	0.1471	0.1071	0.0141
Autism_Anxiety Disorder	-	0.0571	0.0400	-	0.0588	0.0179	-
Brain Injury Pre-22_Schizophrenia	-	0.0286	-	-	-	-	-
Brain Injury Pre-22_Alcohol/Drug Abus	-	-	-	-	-	-	-
Cerebral Palsy_Depression	-	-	-	-	0.0588	0.0357	-
Prader Willi_Other Mental Illness	-	-	0.0400	-	-	-	-
Seizure Pre-22_Bipolar	-	-	0.0400	-	-	0.0179	-
Seizure Pre-22_Other Mental Illness	-	-	0.0800	-	0.0588	0.1071	0.0141
Trauma BI Post-22_Anxiety Disorder	-	-	-	-	-	-	-
Trauma BI Post-22_Bipolar	0.5000	0.0286	-	-	-	-	-
Trauma BI Post-22_Alcohol/Drug Abus	-	-	-	-	-	-	-
Seizure Post-22_Depression	-	0.0286	-	-	-	0.0179	-
Seizure Post-22_Other Mental Illness	-	-	-	-	-	-	-
Behavioral Variables (Add-On)							
Communication_1	-	0.0286	-	-	0.0588	0.0179	0.0141
Cognition_2-3	1.0000	0.8286	0.6000	0.6538	0.8529	0.7500	0.6620
Offensive_1-2	-	0.4000	0.1600	0.2308	0.5294	0.3036	0.2535
Offensive_3	0.5000	0.1143	0.0800	0.1154	0.0588	0.0179	-
Mental Health	1.0000	0.6286	0.6800	0.5385	0.5588	0.4643	0.2958
Medication Use (Add-On)							
Meds_2A	-	0.0286	0.0400	0.0769	0.2059	0.0893	0.1690
Meds_2B	1.0000	0.6571	0.6800	0.5385	0.6176	0.6786	0.3662
Health Related Services (Add-On)							
Overnight	1.0000	0.5143	0.4400	0.6154	0.7647	0.7500	0.3944
Exercise	0.5000	0.0571	0.0400	0.2692	0.1471	0.2143	0.0563
Reposition	0.5000	0.0857	-	0.2308	0.0882	0.1429	0.0423
Ostomy	-	-	-	-	-	-	-
Tube Feedings	-	-	-	0.0385	0.0294	0.0536	0.0282
Diagnoses (Add-On)							
Cerebral Palsy	-	0.1429	0.0400	0.1923	0.2059	0.1786	0.0704
Autism	-	0.2000	0.1600	0.1923	0.1471	0.0536	0.1549
Seizure	-	0.2000	0.2400	0.1923	0.1176	0.3929	0.2817

**Wisconsin Department of Health Services
CY 2012 Family Care Capitation Rate Development**

Physically Disabled - by MCO

Proportion with Variable - Pilot Counties

Variable	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)					
Vent Dependent	0.0049	0.0172	-	0.0087	0.0019
SNF	0.2634	0.2241	0.3158	0.2735	0.2119
Number of IADLs (Grid Component)					
IADL_1	0.0390	0.0517	0.1053	0.1638	0.1580
IADL_2	0.1829	0.1724	0.1579	0.2213	0.1766
IADL_3	0.2098	0.2069	0.2368	0.1672	0.1766
IADL_4-5	0.5171	0.5000	0.4474	0.3571	0.3866
IADL_6	0.0488	0.0690	0.0526	0.0314	0.0558
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	0.5244	0.5517	0.6579	0.3171	0.4926
Bathing_2	0.3585	0.3448	0.2368	0.4129	0.3717
Dressing_2	0.2171	0.2241	0.2105	0.2770	0.2695
Eating_2	0.0610	0.1379	0.0263	0.0662	0.0725
Transfer_2	0.1683	0.1552	0.1842	0.2195	0.2416
Interaction Terms (Add-On)					
Dress_Bath_Equip	0.5951	0.4828	0.6053	0.5244	0.6338
Transfer_Equip_Mobility	0.0659	0.0862	0.0263	0.1132	0.0985
Autism_Depression	-	-	-	-	-
Brain Injury Pre-22_Bipolar	-	-	-	-	-
Brain Injury Pre-22_Alcohol/Drug Abus	-	-	-	-	0.0019
Cerebral Palsy_Depression	-	-	-	0.0017	0.0037
Prader Willi_Anxiety Disorder	-	-	-	-	-
Seizure Pre-22_Bipolar	-	-	-	-	0.0019
Seizure Pre-22_Other Mental Illness	-	-	-	-	0.0019
Trauma BI Post-22_Alcohol/Drug Abus	0.0024	0.0172	0.0263	0.0087	0.0019
Seizure Post-22_Schizophrenia	0.0073	0.0345	-	-	-
Seizure Post-22_Other Mental Illness	0.0024	0.0172	-	0.0087	0.0074
Behavioral Variables (Add-On)					
Cognition_2	0.1512	0.1897	0.1579	0.2056	0.1264
Injury_1-2	0.0098	-	-	0.0192	0.0112
Offensive_1	0.0220	0.0172	0.0263	0.0366	0.0223
Offensive_2-3	0.0415	0.0517	0.1053	0.0366	0.0056
Mental Health	0.6390	0.5517	0.7105	0.6498	0.7268
Substance Abuse	0.1244	0.1207	0.1316	0.1481	0.1283
Medication Use (Add-On)					
Meds_2A	0.2000	0.2069	0.1579	0.2857	0.2416
Meds_2B	0.4317	0.4310	0.5263	0.2631	0.2862
Mental Illness (Add-On)					
Alzheimers	0.1976	0.1552	0.1053	0.1202	0.1171
Mental Illness	0.3610	0.3966	0.3947	0.2753	0.3086
Health Related Services (Add-On)					
Overnight	0.3195	0.3276	0.4474	0.3955	0.4461
Nursing	0.0122	0.0172	0.0263	0.0209	0.0167
Exercise	0.1098	0.1379	0.0263	0.1882	0.2602
Reposition	0.0854	0.1379	0.0263	0.1150	0.1208
Urinary	0.0073	-	-	0.0139	0.0390
Tracheostomy	-	0.0172	-	0.0139	0.0056
Ulcer Stage 2	0.0073	-	0.0263	0.0209	0.0353

Wisconsin Department of Health Services
CY 2012 Family Care Capitation Rate Development

Physically Disabled - by MCO

Variable	Proportion with Variable - Expansion Counties						
	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Teal/Orange Expansion)	CCHP: FCP (Pink Expansion)	PHP (Expansion)	Care Wisconsin (Expansion)	Independent Care
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)							
Vent Dependent	-	0.0400	-	-	-	0.0135	0.0042
SNF	0.2000	0.6800	0.3673	0.4167	0.6316	0.2297	0.2250
Number of IADLs (Grid Component)							
IADL_1	0.0667	-	0.0204	0.0556	0.0526	0.0946	0.0917
IADL_2	0.1333	0.0800	0.1837	0.0833	0.1579	0.2432	0.2208
IADL_3	0.1333	0.0400	0.2041	0.2222	0.2105	0.2162	0.3042
IADL_4-5	0.4667	0.6800	0.4490	0.6389	0.5263	0.3243	0.3708
IADL_6	0.2000	0.2000	0.1429	-	0.0526	0.0946	0.0042
Specific ADLs / Equipment Used (Add-On)							
Bathing_1	0.4000	0.2800	0.3878	0.2500	0.4211	0.3378	0.5167
Bathing_2	0.4667	0.7200	0.5102	0.6667	0.4737	0.4865	0.3542
Dressing_2	0.3333	0.4800	0.4286	0.4722	0.4211	0.2568	0.2417
Eating_2	0.1333	0.2000	0.0408	0.0278	0.0526	0.0946	0.0375
Transfer_2	0.2667	0.5200	0.3673	0.4722	0.3684	0.2973	0.1833
Interaction Terms (Add-On)							
Dress_Bath_Equip	0.4667	0.7600	0.6735	0.4167	0.6842	0.5541	0.3875
Transfer_Equip_Mobility	0.1333	0.2000	0.1020	0.1389	0.1579	0.0541	0.0167
Autism_Depression	-	-	-	-	-	-	-
Brain Injury Pre-22_Bipolar	-	-	-	-	-	-	-
Brain Injury Pre-22_Alcohol/Drug Abus	-	-	0.0204	-	-	-	-
Cerebral Palsy_Depression	-	-	-	-	-	-	-
Prader Willi_Anxiety Disorder	-	-	-	-	-	-	-
Seizure Pre-22_Bipolar	-	-	-	-	-	-	-
Seizure Pre-22_Other Mental Illness	-	-	-	-	-	-	-
Trauma BI Post-22_Alcohol/Drug Abus	0.0667	-	-	-	-	-	-
Seizure Post-22_Schizophrenia	-	0.0400	-	-	0.0526	0.0135	0.0042
Seizure Post-22_Other Mental Illness	0.0667	-	-	-	0.1053	-	-
Behavioral Variables (Add-On)							
Cognition_2	0.1333	0.1600	0.1020	0.1111	0.3158	0.0676	0.1125
Injury_1-2	-	0.0400	0.0204	-	0.0526	0.0270	0.0208
Offensive_1	0.0667	0.1200	0.0204	0.0556	0.1053	0.0405	0.0333
Offensive_2-3	0.0667	0.1200	0.0612	-	0.2632	0.0270	0.0125
Mental Health	0.6000	0.6400	0.6531	0.5278	0.6842	0.5811	0.3458
Substance Abuse	0.0667	0.2000	0.1224	0.1667	0.2105	0.1081	0.0625
Medication Use (Add-On)							
Meds_2A	0.0667	0.3200	0.2041	0.3333	0.3684	0.2297	0.3833
Meds_2B	0.6000	0.6000	0.5306	0.4167	0.3684	0.3514	0.1625
Mental Illness (Add-On)							
Alzheimers	0.3333	0.1200	0.0816	0.0833	0.1053	0.0676	0.0375
Mental Illness	0.1333	0.2800	0.3673	0.0833	0.5263	0.2027	0.1250
Health Related Services (Add-On)							
Overnight	0.4667	0.7600	0.4898	0.4444	0.5789	0.4595	0.3417
Nursing	-	0.2000	-	0.0556	0.0526	-	0.0458
Exercise	0.0667	0.1200	0.0612	0.2222	0.2105	0.1622	0.0333
Reposition	0.1333	0.2800	0.1429	0.0833	0.2632	0.1216	0.0250
Urinary	0.0667	-	-	0.0556	0.1579	-	-
Tracheostomy	-	0.0400	-	-	-	0.0135	0.0042
Ulcer Stage 2	-	0.0400	0.1020	0.0556	-	0.0270	-

**Wisconsin Department of Health Services
CY 2012 Family Care Capitation Rate Development**

Elderly - by MCO

Variable	Proportion with Variable - Pilot Counties				
	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)					
SNF	0.2599	0.2727	0.3333	0.3379	0.2525
Dual Enrollee	0.9492	0.9455	1.0000	0.9879	0.9697
Number of IADLs (Grid Component)					
IADL_2	0.1667	0.1455	0.1806	0.0980	0.1263
IADL_3	0.1667	0.1091	0.0972	0.1297	0.1641
IADL_4-5-6	0.6215	0.6727	0.7083	0.6848	0.6212
Specific ADLs / Equipment Used (Add-On)					
Bathing_1	0.4548	0.4909	0.3889	0.2368	0.2929
Bathing_2	0.4605	0.3818	0.5556	0.6440	0.5505
Dressing_1-2	0.7571	0.7818	0.8056	0.7089	0.6995
Toileting_1	0.2768	0.2182	0.1806	0.1780	0.2172
Toileting_2	0.2345	0.1636	0.3889	0.3499	0.2727
Transfer_2	0.2203	0.1818	0.4167	0.3077	0.2601
Interaction Terms (Add-On)					
Transfer_Equip_Mobility	0.0395	0.0364	0.1667	0.1146	0.0985
Autism_Depression	-	-	-	-	-
Brain Injury Pre-22_Anxiety Disorder	-	-	-	0.0015	-
Seizure Pre-22_Depression	0.0028	-	-	-	-
Seizure Post-22_Anxiety Disorder	0.0028	-	0.0139	0.0045	0.0025
Behavioral Variables (Add-On)					
Resistive	0.0734	0.0545	0.0833	0.0588	0.0429
Offensive_1-2-3	0.0960	0.0727	0.0833	0.0995	0.0808
Mental Health	0.4689	0.4727	0.5417	0.4902	0.6061
Substance Abuse	0.0282	0.0364	0.0278	0.0211	0.0379
Medication Use (Add-On)					
Meds_2A	0.1073	0.0909	0.1806	0.1659	0.0833
Meds_2B	0.5932	0.6545	0.6806	0.5973	0.6010
Mental Illness (Add-On)					
Alzheimers	0.4944	0.5273	0.5000	0.4465	0.4949
Mental Illness	0.1836	0.2364	0.2083	0.0649	0.1162
Health Related Services (Add-On)					
Overnight	0.5085	0.3818	0.5139	0.6486	0.5859
Nursing	0.0113	-	0.0139	0.0241	0.0455
Reposition	0.1215	0.1091	0.1944	0.1704	0.1364
Exercise	0.1469	0.1818	0.1111	0.2730	0.1843
Tracheostomy	-	-	-	-	0.0025
Ulcer Stage 2	0.0056	0.0182	0.0139	0.0151	0.0177

Wisconsin Department of Health Services
CY 2012 Family Care Capitation Rate Development

Elderly - by MCO

Variable	Proportion with Variable - Expansion Counties						
	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Teal/Orange Expansion)	CCHP: FCP (Pink Expansion)	PHP (Expansion)	Care Wisconsin (Expansion)	Independent Care
Intercept (Grid Component)	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
DD/NH Level of Care (Grid Component)							
SNF	0.2683	-	0.2500	0.2857	0.4667	0.3592	0.2500
Dual Enrollee	0.8293	-	0.9615	0.9796	1.0000	0.9709	1.0000
Number of IADLs (Grid Component)							
IADL_2	0.0732	-	0.1923	0.1020	-	0.0680	0.0625
IADL_3	0.0488	-	0.1923	0.1837	0.1333	0.0971	0.1250
IADL_4-5-6	0.8537	-	0.5962	0.6327	0.8667	0.7670	0.7500
Specific ADLs / Equipment Used (Add-On)							
Bathing_1	0.2927	-	0.3846	0.3878	0.2667	0.2718	0.5000
Bathing_2	0.6341	-	0.4615	0.4898	0.6667	0.6505	0.3750
Dressing_1-2	0.7317	-	0.6923	0.7143	0.5333	0.7573	0.6250
Toileting_1	0.3171	-	0.3269	0.3061	-	0.3107	0.2500
Toileting_2	0.2195	-	0.2500	0.1633	0.4667	0.1845	0.1250
Transfer_2	0.3659	-	0.2500	0.1837	0.3333	0.2427	0.0625
Interaction Terms (Add-On)							
Transfer_Equip_Mobility	0.0488	-	0.0577	0.0204	0.1333	0.0777	-
Autism_Depression	-	-	-	-	-	-	-
Brain Injury Pre-22_Anxiety Disorder	-	-	-	-	-	-	-
Seizure Pre-22_Depression	-	-	-	-	-	-	-
Seizure Post-22_Anxiety Disorder	-	-	-	-	-	-	-
Behavioral Variables (Add-On)							
Resistive	0.0976	-	0.0577	0.0204	0.0667	0.0583	0.0625
Offensive_1-2-3	0.0732	-	0.0385	0.0612	0.1333	0.1650	0.0625
Mental Health	0.4146	-	0.4615	0.3878	0.5333	0.4563	0.1875
Substance Abuse	-	-	0.0192	0.0408	-	0.0097	0.0625
Medication Use (Add-On)							
Meds_2A	0.2439	-	0.0577	0.2041	0.2667	0.0874	0.3750
Meds_2B	0.6341	-	0.6346	0.5510	0.6667	0.7087	0.3125
Mental Illness (Add-On)							
Alzheimers	0.4878	-	0.4231	0.4286	0.4667	0.5437	0.2500
Mental Illness	0.1463	-	0.1346	-	0.0667	0.1165	0.0625
Health Related Services (Add-On)							
Overnight	0.6585	-	0.5962	0.4490	0.7333	0.8058	0.5000
Nursing	0.0244	-	-	0.0612	-	0.0485	0.0625
Reposition	0.1951	-	0.0769	0.0408	0.2000	0.0874	-
Exercise	0.1951	-	0.0385	0.0816	0.3333	0.1165	0.0625
Tracheostomy	-	-	-	-	-	-	-
Ulcer Stage 2	0.0244	-	0.0385	0.0204	-	0.0583	-

**Wisconsin Department of Health Services
CY 2012 FCP / PACE Capitation Rate Development**

LTC 2010 Base Cost Development: Pilot Counties

Family Care Imputed CY10 Costs					
	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
DD	3,214.58	3,601.77	4,156.31	3,414.89	2,787.62
PD	2,176.54	2,280.37	2,269.52	2,183.26	2,227.69
Elderly	2,276.99	2,215.90	2,634.05	2,534.76	2,366.86
Total	2,275.91	2,348.79	2,842.54	2,616.82	2,315.03

Family Care Imputed CY10 Costs with Add-On for Common Carrier & Nurse Practitioner Costs					
	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
DD	3,298.14	3,685.34	4,239.88	3,498.46	2,871.18
PD	2,260.11	2,363.94	2,353.09	2,266.83	2,311.25
Elderly	2,360.55	2,299.47	2,717.62	2,618.33	2,450.43
Total	2,359.48	2,432.36	2,926.11	2,700.39	2,398.60

FCP / PACE Risk Adjusted Actual CY10 Costs					
	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
DD	4,087.03	4,579.31	5,284.35	4,341.71	3,544.19
PD	2,831.82	2,966.91	2,952.80	2,840.57	2,898.37
Elderly	2,449.86	2,384.14	2,834.02	2,727.20	2,546.56
Total	2,731.15	2,823.13	3,363.90	3,146.86	2,794.17

Blended Final CY10 LTC Base Costs (25% Weight Applied to Actual Costs)					
	CCHP: PACE (Milwaukee)	CCHP: FCP (Milwaukee)	CCHP: FCP (Racine)	PHP (Chippewa/ Dunn/Eau Claire)	Care Wisconsin (Dane)
DD	3,495.36	3,908.83	4,501.00	3,709.27	3,039.43
PD	2,403.03	2,514.68	2,503.02	2,410.27	2,458.03
Elderly	2,382.88	2,320.64	2,746.72	2,645.55	2,474.46
Total	2,452.40	2,530.05	3,035.55	2,812.01	2,497.49

Wisconsin Department of Health Services
CY 2012 FCP / PACE Capitation Rate Development
LTC 2010 Base Cost Development: Expansion Counties

Family Care Imputed CY10 Costs							
	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Teal/Orange Expansion)	CCHP: FCP (Pink Expansion)	PHP (Expansion)	Care Wisconsin (Expansion)	Independent Care
DD	5,776.09	3,681.47	3,171.06	3,752.40	4,123.41	4,037.72	2,328.01
PD	2,663.41	3,691.83	2,716.38	2,441.26	3,171.97	2,318.60	1,738.86
Elderly	2,452.05	-	2,278.09	2,097.19	2,777.52	2,525.41	1,942.79
Total	2,621.33	3,685.79	2,625.71	2,596.49	3,560.68	2,823.20	1,876.75

Family Care Imputed CY10 Costs with Add-On for Common Carrier & Nurse Practitioner Costs							
	CCHP: PACE (Expansion)	CCHP: FCP (Milwaukee Expansion)	CCHP: FCP (Teal/Orange Expansion)	CCHP: FCP (Pink Expansion)	PHP (Expansion)	Care Wisconsin (Expansion)	Independent Care
DD	5,859.66	3,765.04	3,254.63	3,835.97	4,206.98	4,121.29	2,411.58
PD	2,746.98	3,775.40	2,799.95	2,524.83	3,255.54	2,402.16	1,822.42
Elderly	2,535.61	-	2,361.66	2,180.76	2,861.09	2,608.98	2,026.35
Total	2,704.90	3,769.36	2,709.28	2,680.06	3,644.25	2,906.77	1,960.32

Wisconsin Department of Health Services
CY 2012 Family Care Partnership & PACE Capitation Rate Development
CY2012 Long-Term Care Services Rate Development

Pilot Population	Total Statistical Model 2010 PMPM Inc IBNR	Two-Year Trend	2012 Gross Nursing Home Rates	Admin/Risk PMPM	Preliminary 2012 LTC MCE Rates	Projected CY12 Enrollment
CCHP: PACE (Milwaukee)	\$2,452.40	4.8%	\$2,569.12	\$124.99	\$2,694.12	9,684
CCHP: FCP (Milwaukee)	\$2,530.05	4.7%	\$2,647.86	\$124.99	\$2,772.85	1,464
CCHP: FCP (Racine)	\$3,035.55	4.4%	\$3,169.03	\$124.99	\$3,294.02	1,656
PHP (Chippewa/ Dunn/Eau Claire)	\$2,812.01	4.2%	\$2,930.15	\$151.51	\$3,081.66	19,404
Care Wisconsin (Dane)	\$2,497.49	4.7%	\$2,615.19	\$136.23	\$2,751.42	11,880

Expansion Population	Total Statistical Model 2010 PMPM Inc IBNR	Two-Year Trend	2012 Gross Nursing Home Rates	Admin/Risk PMPM	Preliminary 2012 LTC MCE Rates	Projected CY12 Enrollment
CCHP: PACE	\$2,704.90	5.2%	\$2,846.82	\$124.99	\$2,971.82	696
CCHP: FCP (Milwaukee)	\$3,769.36	2.9%	\$3,877.06	\$124.99	\$4,002.05	720
CCHP: FCP (Teal/Orange)	\$2,709.28	4.3%	\$2,825.61	\$124.99	\$2,950.60	1,512
CCHP: FCP (Pink)	\$2,680.06	4.1%	\$2,789.83	\$124.99	\$2,914.82	1,332
PHP	\$3,644.25	3.2%	\$3,761.71	\$151.51	\$3,913.22	816
Care Wisconsin	\$2,906.77	4.2%	\$3,027.74	\$136.23	\$3,163.97	2,796
Independent Care	\$1,960.32	3.6%	\$2,030.92	\$124.99	\$2,155.92	3,924

MCO	2012 Gross LTC MCE Rates	Projected CY12 Enrollment
CCHP: PACE	\$2,712.74	10,380
CCHP: FCP (Milwaukee)	\$3,178.08	2,184
CCHP: FCP (Racine)	\$3,294.02	1,656
CCHP: FCP (Teal/Orange)	\$2,950.60	1,512
CCHP: FCP (Pink)	\$2,914.82	1,332
PHP	\$3,115.22	20,220
Care Wisconsin	\$2,830.02	14,676
Independent Care	\$2,155.92	3,924

**Wisconsin Department of Health Services
CY 2012 Family Care Partnership & PACE Capitation Rate Development**

Development of the 2012 Capitation Rates

Pilot Population	2012 Long-Term Care Rates	2012 Acute & Primary Rates	2012 All Services Rates
CCHP: PACE (Milwaukee)	\$2,694.12	\$436.85	\$3,130.97
CCHP: FCP (Milwaukee)	\$2,772.85	\$481.01	\$3,253.86
CCHP: FCP (Racine)	\$3,294.02	\$345.92	\$3,639.95
PHP (Chippewa/ Dunn/Eau Claire)	\$3,081.66	\$403.80	\$3,485.46
Care Wisconsin (Dane)	\$2,751.42	\$469.74	\$3,221.16

Expansion Population	2012 Long-Term Care Rates	2012 Acute & Primary Rates	2012 All Services Rates
CCHP: PACE	\$2,971.82	\$447.52	\$3,419.33
CCHP: FCP (Milwaukee)	\$4,002.05	\$907.57	\$4,909.62
CCHP: FCP (Teal/Orange)	\$2,950.60	\$521.25	\$3,471.85
CCHP: FCP (Pink)	\$2,914.82	\$500.20	\$3,415.02
PHP	\$3,913.22	\$668.66	\$4,581.88
Care Wisconsin	\$3,163.97	\$394.62	\$3,558.58
Independent Care	\$2,155.92	\$968.48	\$3,124.40

MCO	2012 MCE Rates	2012 Capitation Rates
CCHP: PACE	\$3,150.30	\$3,150.30
CCHP: FCP (Milwaukee)	\$3,799.71	\$3,799.71
CCHP: FCP (Racine)	\$3,639.95	\$3,639.95
CCHP: FCP (Teal/Orange)	\$3,471.85	\$3,471.85
CCHP: FCP (Pink)	\$3,415.02	\$3,415.02
PHP	\$3,529.70	\$3,529.70
Care Wisconsin	\$3,285.44	\$3,449.71
Independent Care	\$3,124.40	\$3,124.40