Wisconsin Department of Health Services
Chart Book: CY10 Virtual PACE Per Member Per Month Costs

Virtual PACE Service Category Costs: Statewide Total

	Medicare Entitlement				
	Disabled / Disabled	**Elderly / Elderly**	**Disabled / Elderly**	**Other**	**Grand Total Region**
Exposure Months	16,072	156,729	25,816	12,020	210,637
Medicaid Plan Service Costs					
Inpatient	52.87	15.17	22.85	9.59	18.67
Emergency Room	0.75	0.26	0.44	0.35	0.33
Outpatient	21.03	5.14	7.68	14.89	7.22
Physician	21.48	9.45	14.32	5.41	10.73
DME	35.68	12.78	22.30	9.30	15.50
Home Care	2.02	0.07	0.28	0.16	0.25
Nursing Home	3,600.45	3,452.42	3,593.07	3,556.65	3,486.90
Drug	9.78	8.96	7.28	14.89	9.16
Other	108.64	85.71	90.99	31.15	84.99
Composite Medicaid PMPM	3,852.69	3,589.96	3,759.20	3,642.40	3,633.75
Medicare Plan Service Costs					
Inpatient	651.23	235.78	384.75	87.10	277.25
Emergency Room	14.33	9.55	11.68	1.60	9.72
Outpatient	356.63	198.67	239.48	85.93	209.29
Carrier	300.42	143.33	194.12	60.84	156.83
DME	69.94	11.89	27.37	4.75	17.81
Home Health	18.40	3.09	4.41	0.91	4.30
Hospice	24.34	37.75	32.90	1,240.55	104.77
SNF	656.45	201.33	325.85	34.86	241.82
Composite Medicare PMPM	2,091.75	841.38	1,220.58	1,516.54	1,021.79
Grand Total All Service Costs	5,944.45	4,431.35	4,979.78	5,158.94	4,655.53

Wisconsin Department of Health Services
Chart Book: CY10 Virtual PACE Per Member Per Month Costs

Virtual PACE Service Category Costs: Northern Region

	Medicare Entitlement				
	Disabled / Disabled	**Elderly / Elderly**	**Disabled / Elderly**	**Other**	**Grand Total Region**
Exposure Months	1,494	20,225	3,147	1,446	26,312
Medicaid Plan Service Costs					
Inpatient	43.06	16.21	25.39	7.98	18.38
Emergency Room	0.84	0.24	0.54	0.35	0.32
Outpatient	20.66	5.43	9.36	6.89	6.85
Physician	28.23	10.65	14.75	2.40	11.68
DME	26.31	12.89	18.23	8.98	14.07
Home Care	1.33	0.04	0.02	-	0.11
Nursing Home	3,299.82	3,359.83	3,437.36	3,464.47	3,371.45
Drug	8.22	7.99	5.82	8.94	7.80
Other	128.89	68.91	58.27	21.89	68.46
Composite Medicaid PMPM	3,557.36	3,482.20	3,569.74	3,521.90	3,499.12
Medicare Plan Service Costs					
Inpatient	797.57	239.43	392.26	26.71	277.71
Emergency Room	23.66	12.12	15.43	0.93	12.56
Outpatient	404.29	234.42	265.98	21.05	236.11
Carrier	288.93	140.04	183.49	21.07	147.15
DME	51.27	9.01	25.48	4.16	13.12
Home Health	18.79	2.58	2.35	-	3.33
Hospice	6.61	23.72	20.84	1,084.52	80.70
SNF	734.87	220.86	360.11	26.25	256.00
Composite Medicare PMPM	2,325.98	882.18	1,265.93	1,184.70	1,026.68
Grand Total All Service Costs	5,883.34	4,364.38	4,835.67	4,706.59	4,525.80

Wisconsin Department of Health Services
Chart Book: CY10 Virtual PACE Per Member Per Month Costs

Virtual PACE Service Category Costs: Northeastern Region

	Medicare Entitlement				
	Disabled / Disabled	**Elderly / Elderly**	**Disabled / Elderly**	**Other**	**Grand Total Region**
Exposure Months	4,699	41,035	7,397	4,124	57,255
Medicaid Plan Service Costs					
Inpatient	31.83	12.37	19.92	12.69	14.96
Emergency Room	0.14	0.21	0.42	0.13	0.23
Outpatient	13.57	4.31	7.63	12.24	6.07
Physician	20.55	9.74	13.52	5.35	10.80
DME	32.34	13.88	21.91	13.88	16.43
Home Care	0.42	0.09	0.02	-	0.10
Nursing Home	3,494.85	3,521.40	3,636.57	3,585.62	3,538.72
Drug	8.75	7.69	6.53	18.67	8.42
Other	96.32	71.49	90.43	34.58	73.32
Composite Medicaid PMPM	3,698.77	3,641.19	3,796.95	3,683.14	3,669.06
Medicare Plan Service Costs					
Inpatient	518.69	158.72	247.16	73.89	193.58
Emergency Room	10.98	7.83	10.23	1.55	7.94
Outpatient	324.83	191.53	243.30	102.79	202.77
Carrier	253.18	128.71	161.90	43.99	137.11
DME	48.78	8.58	20.12	5.24	13.13
Home Health	13.97	2.72	4.64	0.92	3.76
Hospice	23.33	32.62	32.20	795.81	86.77
SNF	568.22	146.29	270.09	41.28	189.35
Composite Medicare PMPM	1,761.98	677.00	989.64	1,065.48	834.42
Grand Total All Service Costs	5,460.76	4,318.18	4,786.59	4,748.61	4,503.48

Wisconsin Department of Health Services
Chart Book: CY10 Virtual PACE Per Member Per Month Costs

Virtual PACE Service Category Costs: Southern Region

	Medicare Entitlement				
	Disabled / Disabled	**Elderly / Elderly**	**Disabled / Elderly**	**Other**	**Grand Total Region**
Exposure Months	2,798	29,010	4,592	800	37,200
Medicaid Plan Service Costs					
Inpatient	49.78	15.45	23.16	15.24	18.98
Emergency Room	0.90	0.24	0.33	0.47	0.30
Outpatient	31.31	5.12	8.11	44.64	8.31
Physician	19.20	8.98	14.24	12.85	10.48
DME	40.19	12.75	17.71	11.46	15.40
Home Care	0.99	0.02	0.11	0.28	0.11
Nursing Home	3,492.52	3,455.46	3,521.45	3,576.58	3,469.00
Drug	13.46	9.67	7.55	16.01	9.83
Other	106.98	72.23	103.44	63.37	78.50
Composite Medicaid PMPM	3,755.33	3,579.92	3,696.10	3,740.89	3,610.91
Medicare Plan Service Costs					
Inpatient	641.02	232.47	366.39	182.11	278.65
Emergency Room	12.88	9.10	11.30	3.98	9.55
Outpatient	396.02	172.18	209.21	140.07	192.90
Carrier	272.95	124.04	176.19	96.27	141.08
DME	75.02	11.90	25.52	1.70	18.11
Home Health	20.56	2.60	4.79	-	4.17
Hospice	27.43	33.95	43.62	2,872.17	95.69
SNF	689.03	201.36	300.30	67.68	247.38
Composite Medicare PMPM	2,134.90	787.61	1,137.32	3,363.96	987.52
Grand Total All Service Costs	5,890.23	4,367.53	4,833.43	7,104.85	4,598.43

Wisconsin Department of Health Services
Chart Book: CY10 Virtual PACE Per Member Per Month Costs

Virtual PACE Service Category Costs: Southeastern Region

	Medicare Entitlement				
	Disabled / Disabled	**Elderly / Elderly**	**Disabled / Elderly**	**Other**	**Grand Total Region**
Exposure Months	5,057	37,528	6,197	3,334	52,116
Medicaid Plan Service Costs					
Inpatient	55.28	15.11	25.60	6.93	19.73
Emergency Room	1.03	0.18	0.18	0.16	0.26
Outpatient	22.75	3.68	3.57	19.56	6.53
Physician	23.17	8.98	13.40	6.24	10.71
DME	34.80	10.70	20.84	5.74	13.92
Home Care	4.70	0.11	0.93	0.33	0.67
Nursing Home	3,873.76	3,422.69	3,669.07	3,632.57	3,509.18
Drug	9.93	11.51	9.88	15.68	11.43
Other	124.16	147.55	117.74	26.19	133.97
Composite Medicaid PMPM	4,149.57	3,620.50	3,861.20	3,713.41	3,706.40
Medicare Plan Service Costs					
Inpatient	803.27	303.16	536.88	138.80	368.97
Emergency Room	13.86	7.00	8.73	1.73	7.54
Outpatient	364.51	176.79	220.81	99.98	195.32
Carrier	401.86	195.39	271.61	119.69	219.65
DME	98.73	16.25	41.45	7.55	26.69
Home Health	20.71	5.45	6.69	2.07	6.86
Hospice	31.63	71.22	47.76	2,151.20	197.65
SNF	789.43	260.03	392.34	35.67	312.78
Composite Medicare PMPM	2,524.00	1,035.30	1,526.28	2,556.69	1,335.46
Grand Total All Service Costs	6,673.58	4,655.80	5,387.48	6,270.10	5,041.86

Wisconsin Department of Health Services
Chart Book: CY10 Virtual PACE Per Member Per Month Costs

Virtual PACE Service Category Costs: Western Region

	Medicare Entitlement				
	Disabled / Disabled	**Elderly / Elderly**	**Disabled / Elderly**	**Other**	**Grand Total Region**
Exposure Months	2,024	28,931	4,483	2,316	37,754
Medicaid Plan Service Costs					
Inpatient	107.24	18.21	21.78	6.97	22.72
Emergency Room	1.20	0.48	0.85	1.00	0.60
Outpatient	20.07	8.03	11.81	7.63	9.10
Physician	17.55	9.28	16.66	3.62	10.25
DME	46.29	13.87	32.54	5.71	17.33
Home Care	0.99	0.05	0.16	0.27	0.13
Nursing Home	3,533.91	3,454.86	3,598.89	3,446.44	3,475.68
Drug	7.88	7.43	5.68	10.38	7.43
Other	85.78	50.91	65.15	26.85	52.99
Composite Medicaid PMPM	3,820.89	3,563.11	3,753.53	3,508.87	3,596.22
Medicare Plan Service Costs					
Inpatient	485.20	258.44	415.03	41.10	275.85
Emergency Room	18.43	13.94	15.92	1.08	13.63
Outpatient	321.12	238.73	271.42	57.49	235.91
Carrier	203.06	118.16	166.03	18.72	122.29
DME	53.93	12.92	23.10	1.28	15.61
Home Health	19.67	1.42	1.92	0.10	2.37
Hospice	17.33	15.21	11.01	255.34	29.56
SNF	426.11	189.59	328.06	16.29	208.08
Composite Medicare PMPM	1,544.83	848.40	1,232.48	391.41	903.31
Grand Total All Service Costs	5,365.72	4,411.51	4,986.01	3,900.28	4,499.52