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November 30, 2016

Mr. Grant Cummings
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Wisconsin Department of Health Services
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[Sent via email: GrantR.Cummings@dhs.wisconsin.gov]

Re: CY 2017 Family Care Capitation Rate Report

Dear Grant:

Thank you for the opportunity to assist the Wisconsin Department of Health Services (DHS) with this important project. Our report summarizes the development of the CY 2017 capitation rates for Wisconsin's Family Care program.



We look forward to discussing these results with you.

Sincerely,

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**State of Wisconsin
Department of Health Services
CY 2017 Capitation Rate Development for
Family Care Program**

Prepared for:
**The State of Wisconsin
Department of Health Services**

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I. EXECUTIVE SUMMARY

This report documents the development of the January 2017 - December 2017 (CY 2017) capitation rates for Wisconsin's Family Care program. The Wisconsin Department of Health Services (DHS) retained Milliman to calculate, document, and certify its capitation rate development. We developed the capitation rates using the methodology described in this report.

Our role is to certify that the CY 2017 capitation rates produced by the rating methodology are actuarially sound to comply with Centers for Medicare and Medicaid Services (CMS) regulations. We developed actuarially sound capitation rates using published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), CMS, and federal regulations to ensure compliance with generally accepted actuarial practices and regulatory requirements.

CY 2017 CAPITATION RATES

This report includes the development of the Managed Care Equivalent (MCE) rates and any additional policy adjustments made to the MCE that are known and quantifiable at this time. We use the term "Managed Care Equivalent" to mean the projected CY 2017 service and administrative costs prior to removing the HCRP withhold and prior to adding targeted margin loads or program changes implemented since the base period.

The statewide average CY 2017 capitation rate is \$3,221.99 for the Nursing Home Level of Care (NH LOC) population and \$459.04 for the Non-Nursing Home Level of Care (Non-NH LOC) population. The capitation rates add targeted margin and the market variability adjustment to the MCE rates for the NH eligible population.

The statewide average CY 2017 MCE rate is \$3,163.36 for the Nursing Home Level of Care (NH LOC) population and \$452.15 for the Non-Nursing Home Level of Care (Non-NH LOC) population. Table 1 shows the statewide rate change from the CY 2016 MCE rates to the CY 2017 MCE rates for each population.

Table 1 Wisconsin Department of Health Services Comparison of CY 2016 and CY 2017 MCE Rates		
	NH LOC	Non-NH LOC
CY 2016 MCE Rates	\$3,138.89	\$484.03
CY 2017 MCE Rates	3,163.36	452.15
% Change	0.8%	-6.6%

The change in MCE rates from CY 2016 to CY 2017 for the combined NH / Non NH LOC populations can be broken down as follows:

- 0.6% decrease due to the difference between actual CY 2015 base cohort costs and the CY 2015 costs predicted as part of CY 2016 rate development,
- 0.2% decrease due to differences in one-year trend values applied to move CY 2015 costs to CY 2016 costs in the CY 2017 rate development versus the CY 2016 rate development,
- 0.5% decrease due to the removal of net room and board costs for residential care services,
- 0.2% increase due to application of service trend to project CY 2016 costs to CY 2017,

- 1.6% increase due to application of acuity trend to project CY 2016 acuity to CY 2017,
- 0.2% decrease due to reduced GSR 13 and GSR 14 phase-in factor and anticipated GSR 14 acuity increase,
- 0.9% increase due to projected acuity differences for non-base and expansion cohorts,
- 0.6% decrease due to reduced administrative load on a PMPM basis, and
- 0.2% increase due to the inclusion of the FLSA allowance.

METHODOLOGY CHANGES FROM CY 2016 RATES

The CY 2017 capitation rate methodology reflects several changes to the CY 2016 rate methodology. The most significant changes are listed and described below.

Revised Target Group Assignment

Beginning in CY 2017, all individuals not assigned to the Developmentally Disabled target group who are over age 65 will be assigned to the Frail Elderly target group. This policy change will impact approximately 44% of individuals previously assigned to the Physically Disabled target group. The base data used in developing CY 2017 NH LOC capitation rates reflects the new target group definition.

High Cost Risk Pool

Effective January 1, 2016, DHS implemented a High Cost Risk Pool (HCRP) for the Developmentally Disabled and Physically Disabled populations. The HCRP is targeted to cover 80% of provider service costs above \$225,000 for each individual and excludes Care Management expenses due to the increased administrative burden to include them in this process. Effective January 1, 2017, this policy will be expanded to incorporate the Frail Elderly population.

A pooling charge specific to each target group will be assessed from each MCO and placed into a pool. At year end, a settlement will be performed to determine payout to MCOs. This payout will be calculated separately for the Developmentally Disabled population and for the combined Physically Disabled / Frail Elderly population. Each MCO will receive the portion of each target group's pool equivalent to their percentage of total pooled costs statewide. MCOs may effectively have less than 80% of an individual's CY 2017 costs greater than \$225,000 reimbursed depending on whether actual CY 2017 pooled costs are greater than the target group pools. If actual CY 2017 pooled costs are less than the target group pools, any remaining funding in the target group pools will be distributed as a flat PMPM amount to all MCOs.

Removal of Room and Board

Beginning in CY 2017, net non-covered residential care services are no longer included as part of the capitation experience base when provided in lieu of covered nursing home stays for nursing home eligible enrollees. Room and board costs for non-covered residential care services, net of collections, have been excluded from the base data used in developing CY 2017 NH / Non-NH LOC capitation rates.

New Rate Adjustments

For the CY 2017 capitation rates, DHS is including two new rate adjustments: an allowance to meet the requirements of the Fair Labor Standards Act (FLSA) and an allowance for increased solvency funding requirements. These adjustments are discussed in more detail in this report.

MCO Mergers

Three MCOs currently providing services to Family Care members have announced their intention to merge into one combined entity effective January 1, 2017. The three MCOs – CCCW, ContinuUs, and WWC – are currently organizing under the name Community Link. In this report, historical experience for these MCOs is reported under Community Link rather than the single entities.

DATA RELIANCE AND IMPORTANT CAVEATS

We used MCO financial reporting, as well as encounter, eligibility, and functional screen data for CY 2014, CY 2015, and June 2016, and other information provided by DHS to develop the Family Care capitation rates shown in this report. This data was provided by DHS. We have not audited this data and 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 have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

In order to provide the information requested by DHS, we constructed several projection models. Differences between the capitation rates and actual MCO experience will depend on the extent to which future experience conforms to the assumptions made in the capitation rate development calculations. It is certain that actual experience will not conform exactly to the assumptions used. Actual amounts will differ from projected amounts to the extent that actual experience is higher or lower than expected. Any MCO considering participating in Family Care should consider their unique circumstances before deciding to contract under these rates.

Milliman prepared this report for the specific purpose of developing CY 2017 Family Care capitation rates. This report should not be used for any other purpose. This report has been prepared solely for the internal business use of and is only to be relied upon by the management of DHS. We understand this report may be shared with participating MCOs, CMS, and other interested parties. Milliman does not intend to benefit, or create a legal duty to, any third party recipient of its work. This report should only be reviewed in its entirety.

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

The authors of this report are consulting actuaries for Milliman, members of the American Academy of Actuaries, and meet the Qualification Standards of the Academy to render the actuarial opinion contained herein. To the best of their knowledge and belief, this report is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

The terms of Milliman's contract with the Wisconsin Department of Health Services effective on January 1, 2015 apply to this report and its use.

II. BACKGROUND

Family Care is a full-risk, comprehensive Medicaid managed care delivery system for the full range of long term care (LTC) services, which strives to foster people's independence and quality of life. Since 2000, Family Care has served people ages 18 and older with physical disabilities, people with intellectual / developmental disabilities and frail elders, with the specific goals of:

- Giving people better choices about where they live and what kinds of services and supports they get to meet their needs,
- Improving access to services,
- Improving quality through a focus on health and social outcomes, and
- Creating a cost-effective system for the future.

Eligibility for Family Care is determined through the Wisconsin Long Term Care Functional Screen and detailed decision trees involving individual information about type of disability, activities of daily living, instrumental activities of daily living, and certain other medical diagnoses and health related services. While enrollment in Family Care is not mandatory, in recent years the significant majority of nursing home eligible beneficiaries in regions in which Family Care operates have been enrolled in Family Care, with others being enrolled in a self-directed care option or fee-for-service (FFS). The percentage of eligibles who enroll in the program has grown slowly over time. The risk adjustment model mechanism helps to adjust rates for any differences in average member acuity as the enrollment percentage increases.

Family Care operates in most Wisconsin counties, which are grouped into 14 distinct Geographic Service Regions (GSRs) for rate setting and other purposes. MCOs contract with service providers to deliver all State Plan and waiver LTC services. Acute care services are provided under FFS Medicaid. In select counties, individuals eligible for Family Care can enroll in the Family Care Partnership program, in which both acute and long term care services are managed by MCOs. The Family Care Partnership program capitation rates are developed in a separate report.

III. NURSING HOME LEVEL OF CARE METHODOLOGY OVERVIEW

This section of the report describes the CY 2017 Family Care capitation rate methodology for the Nursing Home Level of Care (NH LOC) population.

BASE EXPERIENCE DATA PROJECTION METHODOLOGY

The methodology used to project the MCO encounter data used in the calculation of the capitation rates can be outlined in the following steps:

1. Extract and summarize CY 2015 MCO encounter base experience data for the NH LOC population by target group.
2. Apply IBNR adjustments and remove pooled claims.
3. Calculate MCO / GSR specific risk adjusted base rate using June 2016 screens and the functional status acuity model.
4. Apply adjustments to the risk adjusted base rate to project CY 2017 services costs for each MCO / GSR combination and target group.
5. Add HCRP pooling charge.
6. Apply adjustment for FLSA Add-On.
7. Apply market variability adjustment.
8. Add allowances for non-benefit costs and margin.
9. Include Solvency Fund Add-On.
10. Blend the projected CY 2017 service costs, including program adjustments, market variability adjustments, and allowances for non-benefit costs, by target group into a MCO / GSR specific projected cost.

Each of the above steps is described in detail below.

Step 1: Extract and Summarize Encounter Base Experience Data

In this step the MCO encounter experience for CY 2015 is summarized by MCO / GSR and service category for the NH LOC populations enrolled in the Family Care program.

Exhibit A shows the summarized CY 2015 MCO encounter base experience data by MCO / GSR combination and target group.

Please see Appendix A for a map showing the counties included in each GSR.

Base Data:

We received detailed MCO encounter claims data from DHS for claims with dates of service between January 2013 and December 2015 with dates of payment through May 2016. This data reflects payments net of any third party liability. These costs are also gross of member cost share / patient liability, as DHS adjusts capitation payments to MCOs for each member to reflect that particular member's cost share.

It is our understanding that the current Family Care managed care entities do not contract for sub-capitated services. We believe the encounter data is of appropriate quality and completeness to use as the primary basis for developing actuarially sound rates for the Wisconsin Family Care program. We reviewed the data and validated both provider service and care management expenditures against financial statements for accuracy and completeness of the data provided. We did not identify any material concerns with the quality or availability of the data with respect to total claims in aggregate and detailed summaries by category of service.

The base period data includes only those individuals actually enrolled in the Wisconsin Family Care program, so no adjustment for retroactive eligibility periods is needed.

For the CY 2015 data, about 0.03% of total provider service and case management dollars are excluded due to a lack of corresponding enrollment records. The volume of encounter costs excluded from the base data summaries is very similar to previous year data sets.

The CY 2017 rate methodology relies on CY 2015 MCO encounter data for MCO / GSR combinations that are deemed credible based on MCO / GSR size and program maturity. The CY 2015 base cohort consists of the following MCO / GSR combinations.

Table 2 Wisconsin Department of Health Services Base Cohort Population Details	
MCO	CY 2015 Data
Care Wisconsin	GSR 2, GSR 5, GSR 6, GSR 5-6
CCI	GSR 6, GSR 5-6, GSR 8, GSR 10, GSR 11
Comm Link	GSR 1, GSR 2, GSR 3, GSR 4, GSR 5, GSR 5-6, GSR 7
LCD	GSR 9
MCFC	GSR 6, GSR 5-6, GSR 8, GSR 11

The base data cohort encompasses 97% of the total CY 2015 exposure. Service costs for the base data cohort is 0.6% less PMPM than for the population as a whole.

It is our understanding that the base experience data complies with requirements of 428.602(i).

Target Group Assignment:

The NH LOC capitation rates rely on a member's classification into one of three target groups: Developmentally Disabled, Physically Disabled, and Frail Elderly. Each Family Care enrollee is assigned a target group based on information collected by the Long-Term Care Functional Screen (LTCFS) system. The assigned target group is only valid for the period covered by the screen. Therefore, individuals could potentially change target groups at each screening.

Beginning in CY 2017, all individuals not assigned to the Developmentally Disabled target group who are over age 65 will be assigned to the Frail Elderly target group. Individuals underlying the CY 2015 data have been manually reassigned to match the target group assignment effective with the CY 2017 target group definition. Table 3 below shows the gross impact on CY 2015 base experience for the Physically Disabled and Frail Elderly populations. The Developmentally Disabled target group is not impacted by this policy change. Total program exposure months and benefit costs are not impacted by the definition change.

Table 3 Wisconsin Department of Health Services Impact of Target Group Reassignment			
Target Group	CY 2015 Base Data TG Assignment	CY 2017 Rate Period TG Assignment	Percentage Change
Physically Disabled			
Exposure Months	135,305	75,272	-44.4%
Base Experience PMPM	\$2,386.49	\$2,392.00	+0.2%
Frail Elderly			
Exposure Months	125,392	185,425	+47.9%
Base Experience PMPM	\$2,563.29	\$2,503.81	-2.3%

Care Management Expenditures:

Care Management expenditures are included in the base cohort data as a service cost. The Care Management expenses are trued up to financial statements due to the difficulty in properly and completely collecting this information in the encounter data reporting format.

Table 4 below shows the encounter data to financial statement reconciliation adjustment for Care Management expenditures. Care management adjustments were made separately for CCCW, ContinuUs, and WWC rather than at a combined entity basis.

Table 4 Wisconsin Department of Health Services Encounter Data to Financial Statement Reconciliation Adjustment For Care Management Services	
MCO	CY 2015
Care Wisconsin	7.6%
CCI	2.6%
CCCW	12.7%
ContinuUs	-1.8%
LCD	-5.9%
MCFC	-4.7%
WWC	0.1%

For the CY 2015 base experience data used in developing the CY 2017 capitation rates, financial management services are considered provider services rather than care management services. Care Management Expenditures are reconciled for the NH LOC and Non-NH LOC populations in aggregate.

High Cost Risk Pool:

Effective January 1, 2016, DHS implemented a HCRP for the Developmentally Disabled and Physically Disabled populations. Beginning January 1, 2017 the HCRP is being expanded to include the Frail Elderly population as well. The HCRP is targeted to cover 80% of provider service costs above \$225,000 for each individual and excludes Care Management expenses due to increased administrative burden to include them in this process. The final payout will be calculated separately for the Developmentally Disabled population and for the combined Physically Disabled / Frail Elderly population.

Table 5 below illustrates the service costs removed from the base period data for implementing the HCRP. We examined the encounter data and counted the members and costs associated with annual non-case management claims in excess of \$225,000 in CY 2015 by target population group.

Table 5 Wisconsin Department of Health Services HCRP Service Costs Removed (PMPM)			
MCO / GSR	DD	PD	FE
Care WI / GSR 2	\$0.00	\$0.00	\$0.00
Care WI / GSR 5	52.67	15.06	17.09
Care WI / GSR 6	497.19	30.39	0.00
Care WI / GSR 5-6	53.76	33.05	0.91
CCI / GSR 6	47.48	14.39	0.00
CCI / GSR 5-6	50.63	43.69	4.59
CCI / GSR 8	117.55	0.00	0.00
CCI / GSR 10	38.98	0.00	0.00
CCI / GSR 11	17.32	14.30	0.00
Comm Link / GSR 1	17.05	9.88	0.00
Comm Link / GSR 2	3.17	0.00	0.00
Comm Link / GSR 3	1.67	0.00	0.00
Comm Link / GSR 4	12.53	4.85	0.00
Comm Link / GSR 5	0.00	0.00	0.00
Comm Link / GSR 5-6	0.00	0.00	0.00
Comm Link / GSR 7	22.35	0.00	0.00
LCD / GSR 9	28.54	0.00	0.00
MCFC / GSR 6	0.00	0.00	0.00
MCFC / GSR 5-6	0.00	0.00	0.00
MCFC / GSR 8	10.45	0.00	0.69
MCFC / GSR 11	0.00	0.00	0.00

The percentage of costs removed from the base period data for the HCRP is added back to projected CY 2017 target group service costs as a fixed, statewide pooling charge in Step 4.

Non-Covered Services Adjustment:

MCOs are allowed to provide LTC services not explicitly covered under Family Care to beneficiaries, most often in lieu of a covered service. As part of the capitation rate development process, the encounter data is adjusted to remove the portion of the cost of in-lieu-of services that exceeds the cost of the corresponding covered service. Historically, the only in-lieu of service provided to Nursing Home LOC enrollees was the subsidization of net room and board in the community residential facility when less than the cost the MCO would pay for room and board in a nursing home. However, for CY 2017 capitation rates, the room and board component is now excluded from the base experience data, so no in-lieu of adjustment is required.

Sub-capitated Services:

The base data does not include any sub-capitated services as the MCOs operating in Family Care currently do not contract for sub-capitated services.

Step 2: Apply IBNR Adjustment and Remove Pooled Claims

In this step we apply an adjustment to the base period costs to account for outstanding service cost liability and reflect MCO liability under the HCRP. Exhibit B shows adjusted values for each target group.

IBNR Adjustment:

We developed completion factors (CFs) by MCO in aggregate across service types due to the small magnitude of the adjustments.

We used Milliman’s Claim Reserve Estimation Workbook (CREW) to calculate the completion factors shown in Table 5 below. CREW calculates incurred but not reported (IBNR) reserve estimates by blending two different estimation methods: The lag completion method and the projection method.

The lag method reflects the historical average lag between the time a claim is incurred and the time it is paid. In order to measure this average lag, claims are separated by month of incurral and month of payment. Using this data, historical lag relationships are used to estimate ultimate incurred claims (i.e., total claims for a given incurral month after all claims are paid) for a specific incurral month based on cumulative paid claims for each month.

The projection method develops estimates for incurred claims in recent incurral months by trending an average base period incurred cost per unit to the midpoint of the incurred month at an assumed annual trend rate, and applying an additional factor to account for the seasonality of claim costs and the differing number of working days between months. The base period is chosen by selecting a group (usually 12) of recent consecutive months for which the lag completion method provides reasonable results.

The lag completion and projection methods are combined to produce the final incurred claim estimate. Final incurred claim estimates are calculated as a weighted average of these two methods.

Table 6 below shows the IBNR adjustment factors applied to the CY 2015 experience data for each of the GSRs listed in Table 2. IBNR adjustments were made separately for CCCW, ContinuUs, and WWC rather than at a combined entity basis.

Table 6 Wisconsin Department of Health Services Incurred But Not Reported Adjustment Factors	
MCO	Adjustment Factors
Care WI	1.0026
CCI	1.0002
CCCW	1.0020
ContinuUs	1.0001
LCD	1.0007
MCFC	1.0002
WWC	1.0007

Step 3: Calculate MCO / GSR Specific Risk Adjusted Base Rate Using June 2016 Enrollment and the Functional Status Acuity Model

We developed the NH LOC functional status models from MCO-reported experience for CY 2014 and CY 2015; two years of data were used in order to improve the credibility and stability of the models. The model cost weights were normalized to adjusted 2015 base data costs from Step 2. A regression model was independently developed for each of the three target groups (Developmentally Disabled, Physically Disabled, and Frail Elderly) using the corresponding population's functional screen, claim and eligibility data. Wisconsin's Long-Term Care Functional Screen system provided the member level detail underlying each model. The functional status models are developed using the net MCO liability under the HCRP program.

The attached Exhibits C1 - C3 show the NH LOC functional status acuity models for the Developmentally Disabled, Physically Disabled, and Frail Elderly populations, respectively. 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.

Table 7 below provides a high level comparison between the CY 2016 and CY 2017 models for each target group.

Table 7 Wisconsin Department of Health Services Comparison of CY 2016 and CY 2017 Functional Status Models Nursing Home Level of Care			
	Developmentally Disabled	Physically Disabled	Frail Elderly
CY 2017 R ²	54.9%	50.4%	39.9%
CY 2016 R ²	56.2%	46.4%	38.9%
R ² Percentage Change	-1.3%	+4.0%	+1.0%

Exhibits D1A, D2A, and D3A develop the restated base period costs for each MCO / GSR combination as modeled by the functional status acuity model. The acuity model is normalized to be budget neutral in total. Therefore, the CY 2015 costs for each target population base data cohort are unaffected in total. Total base period costs for the small enrollment MCO / GSR combinations excluded from the base data cohort due to credibility concerns or program maturity are impacted by the acuity model, though the impact on total program costs is immaterial.

Exhibits D1B, D2B, and D3B develop the risk score and cost PMPM as modeled by the functional status acuity model using the June 2016 Family Care NH LOC population enrollment. These costs are reflected in the column labeled "MCO / GSR Specific Risk Adjusted Rate" in Exhibit E and illustrates the acuity-adjusted service cost for each MCO / GSR combination using the base period regression model (reflecting the CY 2015 utilization and unit cost structure) and the June 2016 Family Care population functional screens. Table 8 below illustrates the increase in average modeled acuity between CY 2015 and the June 2016 snapshot underlying Exhibit E. Note the Table 8 values exclude the acuity overrides for GSR 14, addressed later in this section, which causes them to vary from the totals shown in Column B of Exhibit E1.

Table 8 Wisconsin Department of Health Services Acuity Change Between CY 2015 and June 2016	
Target Group	Acuity Change
Developmentally Disabled	0.8%
Physically Disabled	1.5%
Frail Elderly	0.6%

For an MCO with limited or no enrollment in a particular region, the projected cost is developed using the variable distributions for each functional status model that reflects all Family Care enrollees in that region. This includes the following MCO / GSR combinations:

- Care WI / GSR 1
- Care WI / GSR 2
- Care WI / GSR 3
- Care WI / GSR 6
- CCI / GSR 9
- Comm Link / GSR 5
- Comm Link / GSR 5-6
- LCD / GSR 10
- MCFC / GSR 6
- MCFC / GSR 5-6
- MCFC / GSR 11

For MCOs that are entering into GSR 14, the risk score was assumed to be 0.95 as recent experience suggests that members new to the program have more care needs than the initial functional screens would indicate.

Step 4: Apply Adjustments to the Risk Adjusted Base Rate to Project CY 2017 Service Costs

In this step we apply adjustment factors to reflect differences between the base period encounter data and the projected CY 2017 Family Care program service costs. Each adjustment factor is explained in detail below and shown in Exhibit E1.

Exhibit E1 also shows adjusted and trended values for each target group and in total.

Service Cost Trend from CY 2015 to CY 2017:

Trend rates were used to project the CY 2015 baseline cost data beyond the base cost period to the CY 2017 contract period, to reflect changes in provider payment levels and changes in average service utilization and mix. To assist in developing these trend rate projections, we analyzed monthly Family Care MCO encounter data from CY 2013 through CY 2015 in a number of different ways. We excluded November 2015 and December 2015 from our analysis because those months are not complete in our data set. In addition, after discussions with DHS, we excluded certain MCO / GSR combinations from our analysis because of extraordinary events occurring during the time period examined, including:

- Changes in the MCO administering the program,
- Implementation of one-time cost control strategies, and
- Significant initial economies of scale realized as a new MCO's regional enrollment grows.

Finally, DHS made recommendations on MCO / GSR combinations to exclude from the analysis for MCOs that performed substantially different than the functional acuity model predicted from year to year. See Appendix C for the results of our analysis.

The trend analysis was completed for monthly PMPM costs on a raw basis and on an acuity-adjusted basis. Since this rate development process applies acuity adjustments separately from service cost trend, we considered the acuity-adjusted trends in rate development. There were no material program changes in the base data time period for which to adjust the data in the trend analysis.

The PMPM trends in the trend analysis include the impact of service utilization / mix and unit cost changes. DHS analyzed unit cost changes in residential and institutional expenditures in order to develop separate unit cost and utilization components of the trend estimates. There were no material changes in unit cost for non-residential services over that time period. To calculate the service cost component of the trend estimates, DHS calculated both the weighted average change in service costs of residential services using CY 2014 residential expenditures and the percentage increase in Medicaid fee-for-service nursing home rates from CY 2013 through CY 2015. The Department weighted the projected residential and nursing home rate changes by their proportion of CY 2014 service expenditures to estimate unit cost increases across the program. Institutional and residential expenditures account for about 58% percent of Family Care expenditures. The utilization trend assumptions were derived by backing out the unit cost trend assumptions from PMPM trend assumptions. These increases are comparable to increases implemented in CY 2016 and are appropriate to expect to continue for CY 2017. We do not expect there to be material unit cost increases in CY 2016 or CY 2017 for other services.

Table 9 illustrates the trend values implemented for the CY 2017 rate development for each target group. The values are consistent with the historical trend analysis described above. The trends are comparable to trends realized in other Medicaid managed long term care programs.

Table 9 Wisconsin Department of Health Services Annual Trend Rates by Target Group			
Target Group	Annual Utilization Trend	Annual Unit Cost Trend	Annual PMPM Trend
Developmentally Disabled	-0.10%	0.10%	0.00%
Physically Disabled	-0.27%	0.70%	0.43%
Frail Elderly	-0.69%	1.15%	0.45%

Acuity Adjustment from CY 2016 to CY 2017:

In order to develop rates based on expected CY 2017 member acuity levels, we apply one year of projected acuity trend to the June 2016 acuity-adjusted costs. As part of the historical trend study, we developed CY 2013 - CY 2015 changes in average acuity for each target population. We believe these changes in average acuity, as outlined in Table 10 below, are appropriate to assume continuing for CY 2016 - CY 2017.

Table 10 Wisconsin Department of Health Services Annual Trend Rates by Target Group	
Target Group	Annual Acuity Trend
Developmentally Disabled	2.00%
Physically Disabled	0.20%
Frail Elderly	1.80%

Geographic Wage Adjustment:

The functional status acuity model does not include any consideration for the difference in service costs associated with providing care in different regions of the Family Care service area. Therefore, we analyzed the differences in typical service provider wages, as surveyed by the U.S. Bureau of Labor Statistics (BLS), for each GSR relative to the total Family Care service area to develop factors that adjust projected service costs up or down for each GSR.

We first developed base cohort county factors based on the wage levels paid in the base cohort counties relative to the entire Family Care service area for five broad categories of service. DHS previously developed an anticipated distribution of provider occupations for each category of service. As such, we used wage data reported by the BLS as of May 2015 (downloaded on July 11, 2016) for the following occupations: Registered nurses, licensed practical nurses, medical and public health social workers, social and human services assistants, home health aides, and personal care / home care aides. The relative wage factors for each category of service were aggregated to one factor for each county using the relative Family Care costs for these services for all MCOs combined in the base cohort.

Wage factors were first calculated for each county individually. Then these county factors were weighted based on projected CY 2017 enrollment in order to develop aggregate factors for each GSR as detailed in Table 11 below.

Table 11 Wisconsin Department of Health Services CY 2017 Geographic Wage Adjustment Factors Family Care Program			
GSR	Calculated Factor	Dampened Factor	
GSR 1	1.054	1.038	
GSR 2	0.976	0.983	
GSR 3	0.999	1.000	
GSR 4	0.988	0.992	
GSR 5	0.998	0.999	
GSR 6	0.986	0.990	
GSR 5-6	1.007	1.005	
GSR 7	0.974	0.982	
GSR 8	1.007	1.005	
GSR 9	1.005	1.003	
GSR 10	0.984	0.989	
GSR 11	1.024	1.017	
GSR 13	0.967	0.977	
GSR 14	0.962	0.973	
Unassigned	N/A	N/A	

Based on previous analyses performed by DHS, in collaboration with the MCOs, it was determined that, on average, 70% of an MCO's service cost would be impacted by wage differentials. Therefore, the dampened factors in the last column of Table 10 were utilized in CY 2017 rate development.

GSR 13 and GSR 14 Phase-In Adjustments:

Family Care started operating in GSR 13 in June 2015 and in GSR 14 in July 2016, whereas the base data cohort and other pricing assumptions used to develop projected service costs reflect a mature managed care delivery system. With the understanding that it takes time to develop managed care infrastructure and positively influence member and provider behavior, we phase in the modeled impact of managed care on historical FFS costs of about 18% for GSR 13 and about 24% for GSR 14 over three years. This is a continuation of the phase-in adjustment applied in CY 2016 rate development, though at a lower level to account for the additional time that MCOs will have been operating in these GSRs.

For the phase-in, five-sixths of the projected savings are excluded from rates in the first year of operation, and one-half is excluded in the second year. CY 2017 will include eleven months of the second operation year (and one month of the third year) for GSR 13. Therefore, we exclude eleven-twelfths of one-half of the projected 18% savings for a 8.2% upward impact on rates $(11/12 * 1/2 * 18% = 8.2\%)$. Similarly, for GSR 14, CY 2017 includes six months each of the first and second years of operation. Therefore, we exclude six-twelfths of five-sixths of the projected 24% savings and six-twelfths of one-half of savings for a 16.2% upwards impact on rates $[(6/12 * 5/6 + 6/12 * 1/2) * 24% = 16.2\%]$.

Step 5: Add HCRP Pooling Charge

In this step, a fixed PMPM is added to the projected per capita monthly costs in Exhibit E2. These values will be withheld from initial plan payment and paid out to MCOs on a budget neutral basis proportional to plan costs above the HCRP threshold. The values are based on the percentage of base period experience excluded as part of Step 1 above. Table 12 below restates the costs added in Exhibit E2 by target group.

Table 12 Wisconsin Department of Health Services CY 2017 HCRP Pooled Claims		
Target Group	Percentage	PMPM
Developmentally Disabled	0.87%	\$32.00
Physically Disabled	0.21%	5.23
Frail Elderly	0.05%	1.20

For informational purposes, we blend the total projected CY 2017 MCO / GSR service costs for each target group based on the projected CY 2017 target group membership. The blended costs are reflected in the bottom sections of Exhibit E1 and E2.

Step 6: Apply Adjustment for FLSA Add-On

Changes to the Fair Labor Standards Act's salary threshold for exemptions for overtime pay will become effective December 1, 2016. DHS anticipates that this change will increase the costs for care management, given the relatively lower salaries for workers in this area. The service cost portion of the capitation rates was inflated by 0.18% to reflect the anticipated impact. DHS used information provided in annual business plan submissions by the MCOs to estimate the expected additional costs and to calculate the adjustment factor.

Step 7: Apply Market Variability Adjustment

The level of care management cost savings actually realized for each MCO / GSR combination will vary based on a number of factors including availability of a comprehensive community-based service array,

MCO experience and effectiveness, provider negotiating leverage and advocate community impacts. In order to incorporate this variability into rate development, we developed a range of reasonable and appropriate market variability adjustments.

The range of potential market variability factors for CY 2017 is 0.95 to 1.05. We developed these factors based on a review of actual CY 2013, CY 2014, and CY 2015 MCO / GSR service costs relative to costs predicted by the functional acuity model and corresponding member functional screens for those rating years for the Family Care program population.

We excluded MCO / GSRs from the analysis that were not included in the base period cohort (CY 2013, CY 2014, or CY 2015) for rating years CY 2015, CY 2016, and CY 2017, respectively. The total range of results varied from 0.86 to 1.17. We narrowed this range to 0.95 and 1.05 to remove extreme values and account for natural variation that is expected in any at-risk managed care program. Sixty-seven percent of the results fell within this range.

We have reviewed the development of the adjustments applied in this rate report. DHS and Milliman reviewed MCO business plans in order to determine an appropriate market variability adjustment for each MCO within the range. We are comfortable with the methodology used by DHS to develop the market variability adjustments and the magnitude of the resulting adjustments.

Step 8: Add Allowance for Non-Benefit Expenses

In this step, we develop the non-benefit cost allowance for the Nursing Home-eligible population. Non-benefit expense loads are shown in Exhibit F.

DHS worked in collaboration with the MCOs to develop a sustainable approach to determine the administrative funding levels for the Family Care program. DHS developed the administrative funding methodology to address new and expanding MCOs, the size of an MCO's enrolled population, and the determination of program operational costs. DHS and the MCOs formed "small work groups" (SWG) in 2009 to help assess the type and range of administrative costs. For the CY 2016 rate development MCOs provided updated financial and employee data in the same structure developed by the SWGs, which DHS reviewed and analyzed in order to update the administrative cost model assumptions. As part of the cost model development, financial and employee expense data were trended to 2017 levels using a two-year CPI trend of 2.0%.

Findings from the SWGs showed that there are nine primary administrative components that are typically incurred by an MCO that participates in the Family Care program 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 the number of full-time equivalent employees (FTEs), the corresponding expense per FTE, and the administrative expenditures.

MCOs and DHS classified each administrative expenditure category as fixed or variable costs. The sections below provide details on the handling of each type of expenditure in the determination of an allowance for non-benefit expenses.

Fixed Cost

The fixed cost portion of the administrative allowance decreases on a PMPM basis 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, DHS has structured its 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, DHS has developed five tiers within each component to account for different staffing expectations. MCOs are assigned a tier based on their projected CY 2017 enrollment. Table 13 below shows the projected member month ranges for each tier. The resulting fixed PMPM costs are calculated for each MCO as the projected number of FTEs, and their corresponding expense, divided by the projected number of member months.

Table 13 Wisconsin Department of Health Services Member Month Range by Administrative Tier	
Tier	Projected Member Months
Small	0 – 54,999
Medium	55,000 – 89,999
Large	90,000 – 129,999
XL	130,000 – 169,999
XXL	170,000 +

DHS used the enrolled members, number of full-time equivalents (FTEs), and expense per FTE as reported by each MCO to assess and determine appropriate assumptions.

Table 14 shows the fixed cost assumptions used to develop the CY 2017 MCE rates.

Table 14							
Wisconsin Department of Health Services							
Detailed Assumptions for Fixed Cost Component of Non-Benefit Allowance							
FTE Assumptions: Fixed Cost Component							
Tier	Admin / Executive	Compliance	HR	Marketing	Provider Mgmt.	Fiscal	Claims Mgmt.
Small	6	1	3	1	9	10	2
Medium	8	2	3	1	11	13	3
Large	12	3	4	1	13	16	3
XL	16	4	5	1	15	19	4
XXL	20	5	6	1	17	22	5
Total Expense Assumptions: Fixed Cost Component							
Small	\$1,043,956	\$93,758	\$327,795	\$101,817	\$848,411	\$1,089,590	\$149,972
Medium	1,391,941	187,516	327,795	101,817	1,036,947	1,416,467	224,957
Large	2,087,911	281,273	437,060	101,817	1,225,483	1,743,344	224,957
XL	2,783,882	375,031	546,325	101,817	1,414,018	2,070,221	299,943
XXL	3,479,852	468,789	655,590	101,817	1,602,554	2,397,098	374,929

Variable Costs

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

Table 15 shows the variable cost assumptions used to develop the CY 2017 capitation rates.

Table 15	
Wisconsin Department of Health Services	
Variable Cost Components of Non-Benefit Allowance	
Cost Component	PMPM Cost
Claims Management	\$17.67
Fiscal Management	5.13
Information Management	27.03
Quality Management	12.08

The funding model that calculates the administrative component of the capitation rate uses the DHS-negotiated rate for third party claims management as the assumed cost for claims management in the Family Care, Partnership, and PACE programs. This negotiated claims management rate has not increased since the Family Care program began. Based on initial discussions with the third party claims management provider, DHS anticipated that this rate will increase during the 2017 contract year. The assumption in the administrative funding model has been updated based on the anticipated rate increase. The resulting impact is an additional \$0.77 in the capitation rate.

OCI Adjustment

Similar to last year, DHS is providing a modest amount of funding (\$0.50 PMPM) to be used as a provision for the Office of the Commissioner of Insurance's (OCI's) financial oversight function. This amount was derived by dividing the total contracted amount (\$270,900) by the total projected enrollment for both NH LOC and Non-NH LOC in CY 2017. By contract, MCOs will be required to use 100% of these funds to pay for these OCI services, as a cost of doing business.

Targeted Risk Margin / Contribution to Reserves

We include an explicit 1.5% targeted margin to account for cost of capital and contribution to MCO reserves as underlying service costs increase over time. We believe that this margin is appropriate given the predictability of expenses under the program.

Step 9: Include Solvency Fund Add-On

The Family Care program maintains a solvency fund for continuity of services and smooth transition of members from the existing MCO to another entity in the event of the termination of the contract between DHS and the MCO or an existing MCO becomes irreversibly insolvent. Effective January 1, 2017, the required MCO contribution to this fund will be changed from a flat fee per organization to an amount based on MCO membership, which resulted in increases to the solvency fund requirements. The additional contribution for each MCO, spread out over the nursing home eligible population on a PMPM basis, will be provided to the MCO through the capitation rate.

Step 10: Blend Net Capitation Rate by Target Group

In this step we blend the CY 2017 MCO / GSR capitation rates for each target group based on the projected CY 2017 target group membership. The blended capitation rates are reflected in the last section of Exhibit F. Exhibit G restates the components of the MCO / GSR capitation rates net of HCRP.

IV. NON-NURSING HOME LEVEL OF CARE METHODOLOGY OVERVIEW

This section of the report describes the CY 2017 Family Care capitation rate methodology for the Non-Nursing Home Level of Care (Non-NH LOC) population.

BASE EXPERIENCE DATA PROJECTION METHODOLOGY

The methodology used to project the MCO encounter data used in the calculation of the capitation rates can be outlined in the following steps:

1. Extract and summarize CY 2015 MCO encounter base experience data for the Non-NH LOC population by target group.
2. Apply IBNR adjustment to establish base period cost.
3. Convert target group based summaries to functional status categories.
4. Blend the base functional status model amounts into a MCO specific projected cost.
5. Apply adjustments to the base experience data to project CY 2017 services costs for each MCO / GSR.
6. Apply Adjustment for FLSA Add-On.
7. Add allowance for non-benefit costs.

Each of the above steps is described in detail below.

Step 1: Extract and Summarize Encounter Base Experience Data

In this step the MCO encounter experience for CY 2015 is summarized by MCO / GSR and service category for the Non-NH LOC populations enrolled in the Family Care program.

We used the same process to summarize and validate the MCO encounter data for the Non-NH LOC population as the one described in Section III of this report for the NH LOC population. The CY 2017 Non-NH LOC rate methodology also relies on CY 2015 MCO encounter data for the same MCO / GSR combinations that are deemed credible for the NH LOC population.

Identical processes are used to assign target group and reconcile Care Management expenses as used for the NH LOC population. However, the Non-NH LOC population is not subject to the HCRP. Therefore, no adjustment is made.

Non-Covered Services Adjustment:

MCOs are allowed to provide LTC waiver services under Family Care that are not explicitly covered for Non-NH LOC beneficiaries, most often in lieu of a covered service. As part of the capitation rate development process, the encounter data is adjusted to remove the portion of the cost of in-lieu-of services that exceeds the cost of the corresponding state plan service. The two most significant covered services that are substituted for are personal care and transportation services.

In addition, costs for certain non-covered services were excluded because they do not have a comparable covered service under Family Care. According to CMS, non-covered services that do not have a comparable covered service cannot be included in the capitation rate development. These services include supported employment, certain institutional services, and other services.

Table 16 below shows a summary of the amounts for non-covered services to be excluded by MCO and GSR.

Table 16	
Wisconsin Department of Health Services	
Excluded Amounts for Non-Covered Services	
MCO / GSR	Amount
Care WI / GSR 2	\$20,300
Care WI / GSR 5	25,971
Care WI / GSR 6	822
Care WI / GSR 5-6	7,791
CCI / GSR 6	6,686
CCI / GSR 5-6	19,269
CCI / GSR 8	22,908
CCI / GSR 10	7,428
CCI / GSR 11	4,867
Comm Link / GSR 1	1,362
Comm Link / GSR 2	4,425
Comm Link / GSR 3	6,341
Comm Link / GSR 4	58,619
Comm Link / GSR 5	45
Comm Link / GSR 5-6	0
Comm Link / GSR 7	13,602
LCD / GSR 9	160
MCFC / GSR 6	0
MCFC / GSR 5-6	0
MCFC / GSR 8	9,465
MCFC / GSR 11	0
Total	\$210,061

In total, we excluded \$210,061 from the Non-NH CY 2017 capitation rate development for non-covered services. The volume of excluded costs, representing 3% of the base period costs, is consistent with previous years.

Exhibit H shows the summarized CY 2015 MCO encounter base experience data for target group net of the non-covered services exclusion.

Target Group Assignment:

Beginning in CY 2017, all individuals not assigned to the Developmentally Disabled target group who are over age 65 will be assigned to the Frail Elderly target group. Individuals underlying the CY 2015 data have been manually reassigned to match the target group assignment effective in CY 2017.

Step 2: Apply IBNR Adjustment

In this step we apply an adjustment to the base period costs to account for outstanding service cost liability for each MCO and GSR combination using the same IBNR factors shown in Table 5, which were calculated using a combination of NH and Non-NH LOC experience due to the non-credible size of the Non-NH LOC experience.

Exhibit I shows adjusted values for each target group.

Step 3: Convert Target Group Based Summaries to Functional Status Categories

In this step we summarize the CY 2015 MCO experience data into the functional status model categories. The Non-NH level of care functional status models are based on MCO-reported experience for CY 2015 and stratify claims experience based on an individual's level of need, using their sum of ADLs and IADLs. The ADLs and IADLs are each separated into "low" and "high" levels of need. A "low" level of need corresponds to an individual that has an ADL / IADL count of two or less. A "high" level of need corresponds to an individual that has an ADL / IADL count of three or more. The rates are developed based on four distinct cohorts:

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

Consistent with the summaries by target group, the cost for each functional status category is adjusted for in-lieu-of services that are excluded from the base period and for IBNR claims.

Exhibit J shows starting and adjusted values for each functional status category.

Step 4: Blend the Base Functional Status Model Amounts into an MCO Specific Projected Cost

In this step we develop a MCO / GSR specific PMPM by blending the functional status PMPMs using their projected CY 2017 enrollment with a distribution by functional status developed from CY 2015 experience.

For an MCO with limited or no enrollment in a particular region, the projected cost is developed using the IADL / ADL enrollment distribution that reflects all Family Care enrollees in that region. This includes the following MCO / GSR combinations:

- Care WI / GSR 2
- Care WI / GSR 6
- Care WI / GSR 5-6
- CCI / GSR 6
- CCI / GSR 5-6
- CCI / GSR 11
- Comm Link / GSR 5
- Comm Link / GSR 5-6
- MCFC / GSR 6
- MCFC / GSR 5-6
- MCFC / GSR 11

For MCOs that are entering into GSR 13 and GSR 14, the IADL / ADL enrollment distribution is based on the total base cohort distribution.

Exhibit K shows the blending process for each MCO / GSR combination.

Step 5: Apply Adjustments to the Base Experience Data to Project CY 2017 Service Costs for Each MCO / GSR

In this step we apply an adjustment to the base period costs to project costs from the CY 2015 base period to the CY 2017 contract period. These adjustments are shown in Exhibit L.

CY 2015 to CY 2017 Trend Adjustment:

Unlike for the NH LOC population, the blended functional status PMPM is not adjusted for June 2016 enrollment acuity characteristics. Therefore, both service cost and acuity changes are applied for two years. Table 17 below shows the cost and acuity trends used, which are equivalent to those shown in Tables 6 and 7, respectively. The same trend values as the NH LOC population are used because of the non-credible size of the Non-NH LOC experience.

Table 17 Wisconsin Department of Health Services Annual Trend Rates by Target Group					
Target Group	Annual Utilization Trend	Annual Unit Cost Trend	Annual PMPM Trend	Annual Acuity Trend	Annual Total Trend
Developmentally Disabled	-0.10%	0.10%	0.00%	2.00%	2.00%
Physically Disabled	-0.27%	0.70%	0.43%	0.20%	0.63%
Frail Elderly	-0.69%	1.15%	0.45%	1.80%	2.26%

Geographic Wage Adjustment:

Since the base cost data represents an average program cost, an adjustment for each MCO / GSR is needed to reflect difference in service costs associated with providing care in different regions of the Family Care service area.

We used the same geographic wage adjustment factors as for the NH LOC population and documented in Table 10 from Section III of this report because of the non-credible size of the Non-NH LOC experience.

Step 6: Apply Adjustment for FLSA Add-On

Changes to the Fair Labor Standards Act's salary threshold for exemptions for overtime pay will become effective December 1, 2016. DHS anticipates that this change will increase the costs for care management, given the relatively lower salaries for workers in this area. The service cost portion of the capitation rates was inflated by 0.18% to reflect the anticipated impact. DHS used information provided in annual business plan submissions by the MCOs to estimate the expected additional costs and to calculate the adjustment factor.

Step 7: Add Allowance for Non-Benefit Costs

In this step, we develop the non-benefit cost allowance for the Non-NH eligible population. Non-benefit expense loads and resulting MCE and capitation rates are shown in Exhibit M.

The allowance for non-benefit costs for the Non-NH LOC population is developed as the implied non-benefit cost allowance percentage (as a percent of MCE) for the NH LOC population. As described in Section III of this report, the allowance for non-benefit costs for the NH population is developed from a combination of fixed and variable cost components as determined by DHS and the MCOs, and is also inclusive of the \$0.50 OCI Fee described in the NH LOC section above.

We include an explicit 1.5% targeted margin to account for cost of capital and contribution to MCO reserves as underlying service costs increase over time. We believe that this margin is appropriate given the predictability of expenses under the program.

Exhibit N shows the monthly capitation rates paid to MCOs.

V. OTHER RATE CONSIDERATIONS

POTENTIAL RETROSPECTIVE ADJUSTMENTS

Several retrospective adjustments not reflected in this report may be made if experience for certain issues outside MCO control do not substantially conform to assumptions in this rate development. Capitation rates will be recertified following the completion of these retrospective adjustments. These adjustments, which are expected to be completed by December 31, 2018, include:

Target Group Adjustment:

DHS may reconcile the LTC service components of capitation payments to the actual target group mix experienced during 2017.

AIDS / Ventilator Dependent Reconciliation

DHS will reconcile the LTC service component of capitation payments to the actual percentage of members dependent on ventilators enrolled in each MCO in 2017 relative to the percentage experienced in the base period data. The cost relativity between ventilator dependent members and other members will also be utilized to determine the magnitude of the reconciliation.

Program Implementation in New Regions:

In geographic regions that are new to Family Care, the LTC services component of the capitation rate may be reconciled to the actual 2017 acuity of an MCO's membership, as measured by the LTC functional screen. The determination of whether this reconciliation is made depends on the materiality of the difference of the actual 2017 acuity and the acuity assumed in this rate development.

Nursing Home Closure Adjustment:

In the event of the closure of an institutional facility, DHS may consider an adjustment in the capitation rate if the MCO quantifies a material cost increase due to an increase in the number of members who enrolled with the MCO in 2017 and who meet both of the following conditions:

- 1) Has a nursing home stay greater than 100 consecutive days during 2017 after enrollment; and
- 2) Enrolled within 32 calendar days of their nursing home discharge date, or enrolled while residing in a nursing home.

Other Non-Capitated Payments

Relocation Incentive Payment

DHS will provide a one-time incentive payment to the MCO for each MCO member who is relocated from an institution into a community setting consistent with federal Money Follows the Person (MFP) guidelines.

Exhibit A - G

Capitation Rate Development – Nursing Home Level of Care

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

This report assumes that the reader is familiar with the State of Wisconsin's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set CY 2017 capitation rates for the Family Care program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

Exhibit A
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of 2015 Actual Experience by MCO
Nursing Home Level of Care

	Care WI (GSR 2)			Care WI (GSR 5)			Care WI (GSR 6)			Care WI (GSR 5-6)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	960	930	1,007	15,404	3,217	8,403	521	491	1,115	8,840	1,526	7,679
Category of Service												
Adaptive Equipment	\$29.29	\$78.98	\$79.86	\$42.55	\$145.96	\$57.95	\$32.09	\$141.06	\$48.53	\$45.21	\$101.41	\$50.01
Adult Day Activities	82.92	2.87	5.32	301.38	15.91	10.90	182.75	86.95	6.77	367.98	14.00	10.76
Case Management	347.93	433.03	401.16	324.15	491.15	399.29	432.40	466.34	357.86	307.91	455.35	387.06
Financial Management	29.13	40.16	25.74	26.21	26.88	12.79	11.81	17.78	7.48	39.15	27.20	7.83
Habilitation/Health	21.56	40.55	7.23	37.65	57.50	13.61	16.88	47.18	12.48	14.60	74.32	6.09
Home Care	601.41	563.25	425.97	549.37	831.59	254.95	447.36	859.63	258.95	822.24	1,176.70	194.66
Home Health Care	9.69	33.95	13.26	11.96	69.58	28.45	0.00	7.78	2.09	0.82	43.77	1.98
Housing	0.00	0.49	0.14	0.18	1.03	0.38	0.00	0.00	0.00	0.08	0.47	0.09
Institutional	0.00	164.91	423.95	57.70	166.10	268.80	65.33	221.66	493.70	133.97	366.75	621.48
Other	5.75	5.53	1.99	1.61	0.18	0.02	0.00	0.00	0.00	0.00	0.18	0.38
Residential Care	820.88	250.28	607.99	2,008.87	612.21	1,386.47	3,541.95	603.96	1,316.88	1,810.55	812.17	1,277.53
Respite Care	30.71	30.12	6.53	15.94	14.59	5.82	5.40	17.10	5.17	6.82	3.49	1.28
Transportation	114.25	105.78	89.25	94.03	151.46	48.89	74.28	87.26	15.59	113.93	89.40	32.51
Vocational	120.69	0.00	0.00	283.40	10.97	0.31	136.64	0.96	0.15	220.08	2.21	1.18
Total Services, Gross of Pooled Claims	\$2,214.21	\$1,749.90	\$2,088.39	\$3,755.01	\$2,595.11	\$2,488.62	\$4,946.87	\$2,557.65	\$2,525.64	\$3,883.34	\$3,167.43	\$2,592.84
Composite PMPM, Gross of Pooled Claims	\$2,021.41			\$3,223.15			\$3,126.15			\$3,273.63		
Total Pooled Claims (\$) ¹	0.00	0.00	0.00	52.67	15.06	17.09	497.19	30.39	0.00	53.76	33.05	0.91
Total Pooled Claims (%) ¹	0.0%	0.0%	0.0%	1.4%	0.6%	0.7%	11.2%	1.2%	0.0%	1.4%	1.1%	0.0%
Grand Total, Net of Pooled Claims	\$2,214.21	\$1,749.90	\$2,088.39	\$3,702.34	\$2,580.05	\$2,471.53	\$4,449.68	\$2,527.25	\$2,525.64	\$3,829.58	\$3,134.38	\$2,591.93
Composite PMPM, Net of Pooled Claims	\$2,021.41			\$3,186.03			\$2,997.34			\$3,244.11		
Room and Board												
Room and Board Collections	(131.25)	(44.51)	(145.93)	(340.15)	(109.44)	(373.37)	(244.51)	(49.82)	(404.45)	(315.11)	(178.45)	(448.36)
Room and Board Costs	148.02	74.23	239.09	358.77	153.12	440.00	347.05	183.73	504.04	328.77	242.68	526.91
Total Room and Board	\$16.77	\$29.72	\$93.16	\$18.62	\$43.67	\$66.63	\$102.54	\$133.91	\$99.59	\$13.66	\$64.23	\$78.55

¹ Pooled Claims represents the High Cost Risk Pool (HCRP) claims. It is implemented in the DD, PD, and FE Target Groups for Family Care. Please see capitation rate memorandum for further details on the HCRP.

Exhibit A
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of 2015 Actual Experience by MCO
Nursing Home Level of Care

	CCI (GSR 6)			CCI (GSR 5-6)			CCI (GSR 8)			CCI (GSR 10)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	11,518	2,675	7,791	6,824	1,765	5,415	10,576	8,027	5,657	10,055	2,136	6,856
Category of Service												
Adaptive Equipment	\$37.08	\$116.10	\$48.15	\$36.12	\$114.26	\$37.90	\$61.78	\$120.83	\$64.28	\$31.16	\$111.98	\$38.04
Adult Day Activities	428.43	45.37	10.34	322.65	19.61	19.55	420.82	50.39	55.47	180.37	14.64	2.93
Case Management	247.55	368.05	278.66	259.99	404.87	283.95	258.77	310.27	279.80	250.68	367.69	279.01
Financial Management	13.96	5.17	3.46	15.47	6.73	3.49	16.38	5.80	3.89	3.88	4.51	1.56
Habilitation/Health	19.35	25.32	5.36	4.26	41.44	6.61	13.86	29.23	10.70	3.08	75.52	6.27
Home Care	440.21	816.09	206.84	519.27	725.24	302.74	718.88	1,045.46	797.90	811.19	526.52	184.70
Home Health Care	18.35	48.10	8.22	2.38	108.77	2.73	25.22	49.68	20.74	10.56	35.18	5.84
Housing	0.14	0.75	0.00	0.17	1.72	0.90	1.10	2.62	1.43	0.34	0.21	0.46
Institutional	32.23	371.40	352.09	37.65	208.27	631.33	107.30	229.31	551.79	31.55	304.02	463.35
Other	0.32	3.40	0.88	0.58	1.08	7.88	0.02	0.97	8.13	1.62	19.13	3.49
Residential Care	2,141.76	821.31	1,547.81	1,804.97	1,138.38	1,487.47	1,986.34	554.55	809.58	1,813.81	774.24	1,325.60
Respite Care	15.11	3.39	3.31	29.55	4.35	10.19	21.04	7.40	16.08	31.41	14.71	3.47
Transportation	119.67	87.72	18.19	151.53	67.15	30.62	156.35	112.35	51.47	76.59	50.03	21.04
Vocational	164.96	19.14	0.32	197.82	9.72	1.70	114.40	5.52	1.99	211.82	12.78	1.81
Total Services, Gross of Pooled Claims	\$3,679.12	\$2,731.31	\$2,483.63	\$3,382.40	\$2,851.57	\$2,827.07	\$3,902.26	\$2,524.39	\$2,673.25	\$3,458.07	\$2,311.17	\$2,337.57
Composite PMPM, Gross of Pooled Claims	\$3,140.13			\$3,100.77			\$3,159.79			\$2,926.11		
Total Pooled Claims (\$) ¹	47.48	14.39	0.00	50.63	43.69	4.59	117.55	0.00	0.00	38.98	0.00	0.00
Total Pooled Claims (%) ¹	1.3%	0.5%	0.0%	1.5%	1.6%	0.2%	3.1%	0.0%	0.0%	1.1%	0.0%	0.0%
Grand Total, Net of Pooled Claims	\$3,631.64	\$2,716.92	\$2,483.63	\$3,331.77	\$2,807.89	\$2,822.48	\$3,784.71	\$2,524.39	\$2,673.25	\$3,419.09	\$2,311.17	\$2,337.57
Composite PMPM, Net of Pooled Claims	\$3,113.50			\$3,068.82			\$3,108.55			\$2,905.54		
Room and Board												
Room and Board Collections	(356.82)	(169.73)	(475.79)	(300.09)	(185.97)	(454.14)	(283.01)	(94.48)	(222.89)	(286.77)	(205.37)	(436.75)
Room and Board Costs	372.46	190.98	542.11	303.43	193.31	489.91	291.40	106.03	253.08	301.55	234.24	505.97
Total Room and Board	\$15.64	\$21.25	\$66.32	\$3.34	\$7.34	\$35.76	\$8.39	\$11.55	\$30.19	\$14.78	\$28.87	\$69.21

¹ Pooled Claims represents the High Cost Risk Pool (HCRP) claims. It is implemented in the DD, PD, and FE Target Groups for Family Care. Please see capitation rate memorandum for further details on the HCRP.

Exhibit A
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of 2015 Actual Experience by MCO
Nursing Home Level of Care

	CCI (GSR 1)			Comm Link (GSR 1)			Comm Link (GSR 2)			Comm Link (GSR 3)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	13,080	4,961	8,070	12,788	5,035	11,978	17,647	8,728	17,639	11,260	4,756	9,472
Category of Service												
Adaptive Equipment	\$41.20	\$85.93	\$53.06	\$42.28	\$155.04	\$52.75	\$53.62	\$117.52	\$54.91	\$34.12	\$114.54	\$54.13
Adult Day Activities	271.19	2.65	8.34	185.20	3.24	6.19	164.36	10.37	10.23	208.47	14.55	6.51
Case Management	248.83	331.25	279.02	276.37	474.22	366.81	308.10	400.55	333.93	315.37	500.25	377.27
Financial Management	17.18	6.75	3.28	12.81	17.37	7.20	16.84	15.83	7.21	9.70	18.89	7.57
Habilitation/Health	27.48	89.38	5.39	17.08	41.58	11.91	17.61	84.12	20.91	32.22	69.44	22.99
Home Care	421.98	567.68	318.42	179.81	308.67	151.62	152.22	326.32	156.75	260.44	601.38	286.49
Home Health Care	22.17	64.27	9.34	26.93	113.63	39.09	26.93	62.25	19.79	12.11	55.66	24.00
Housing	0.00	0.71	0.13	0.00	0.00	0.00	0.01	0.34	0.03	0.00	0.00	0.00
Institutional	84.23	373.39	439.37	111.93	494.26	633.40	130.49	222.98	887.91	116.18	409.00	951.30
Other	0.19	0.59	17.77	1.75	4.61	3.03	1.98	3.64	2.19	0.52	2.08	1.31
Residential Care	2,231.65	781.71	1,379.49	2,448.24	1,039.01	1,358.33	2,012.53	572.21	851.81	1,543.20	620.58	1,038.41
Respite Care	43.92	12.51	12.72	11.50	5.12	1.96	16.57	0.70	1.54	17.64	7.69	4.17
Transportation	119.85	66.00	22.40	79.32	59.08	20.98	113.29	68.75	34.70	40.18	101.45	39.50
Vocational	235.47	20.35	3.51	242.15	16.53	2.30	186.06	8.84	0.51	304.25	25.09	3.93
Total Services, Gross of Pooled Claims	\$3,765.34	\$2,403.16	\$2,552.24	\$3,635.39	\$2,732.37	\$2,655.56	\$3,200.61	\$1,894.42	\$2,382.41	\$2,894.39	\$2,540.59	\$2,817.58
Composite PMPM, Gross of Pooled Claims	\$3,131.63			\$3,088.99			\$2,613.70			\$2,799.83		
Total Pooled Claims (\$) ¹	17.32	14.30	0.00	17.05	9.88	0.00	3.17	0.00	0.00	1.67	0.00	0.00
Total Pooled Claims (%) ¹	0.5%	0.6%	0.0%	0.5%	0.4%	0.0%	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%
Grand Total, Net of Pooled Claims	\$3,748.02	\$2,388.86	\$2,552.24	\$3,618.34	\$2,722.48	\$2,655.56	\$3,197.44	\$1,894.42	\$2,382.41	\$2,892.72	\$2,540.59	\$2,817.58
Composite PMPM, Net of Pooled Claims	\$3,120.23			\$3,080.01			\$2,612.43			\$2,799.09		
Room and Board												
Room and Board Collections	(395.59)	(162.20)	(381.69)	(354.70)	(167.82)	(346.17)	(331.24)	(80.10)	(155.22)	(282.14)	(115.58)	(249.80)
Room and Board Costs	399.04	177.44	412.09	385.43	195.88	395.14	353.65	90.43	176.91	288.34	133.82	285.07
Total Room and Board	\$3.45	\$15.25	\$30.40	\$30.73	\$28.06	\$48.97	\$22.41	\$10.33	\$21.69	\$6.19	\$18.24	\$35.28

¹ Pooled Claims represents the High Cost Risk Pool (HCRP) claims. It is implemented in the DD, PD, and FE Target Groups for Family Care. Please see capitation rate memorandum for further details on the HCRP.

Exhibit A
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of 2015 Actual Experience by MCO
Nursing Home Level of Care

	Comm Link (GSR 4)			Comm Link (GSR 5)			Comm Link (GSR 5-6)			Comm Link (GSR 7)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	18,354	6,129	15,827	265	244	365	25	103	63	11,002	3,735	10,099
Category of Service												
Adaptive Equipment	\$55.31	\$123.49	\$75.26	\$49.94	\$66.09	\$27.87	\$14.52	\$30.84	\$18.53	\$35.54	\$106.10	\$65.95
Adult Day Activities	253.29	26.63	13.70	5.21	0.00	0.31	0.00	0.00	0.00	150.59	6.48	8.78
Case Management	418.51	563.33	466.89	404.61	458.00	436.15	1,108.56	491.80	499.21	353.08	522.61	413.99
Financial Management	31.66	38.78	17.50	7.30	11.46	5.61	25.47	7.87	6.85	20.64	36.77	15.21
Habilitation/Health	24.00	43.21	12.60	26.40	76.35	2.80	0.00	22.17	0.00	70.98	136.49	24.33
Home Care	661.79	762.10	385.30	154.88	244.87	181.99	404.03	167.88	170.03	284.14	512.70	282.91
Home Health Care	24.40	125.71	41.33	1.33	26.62	0.00	0.00	31.70	0.00	17.23	64.70	39.46
Housing	0.23	0.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.07	0.00	0.00
Institutional	90.55	197.22	231.08	241.14	393.91	345.21	0.00	0.00	0.00	101.38	378.28	606.86
Other	0.02	0.00	0.00	0.00	0.00	0.00	26.59	0.00	0.00	0.03	0.00	0.00
Residential Care	1,467.27	504.76	1,146.81	1,391.33	481.91	1,417.07	790.49	442.02	1,306.77	1,860.33	579.02	907.29
Respite Care	26.27	4.92	5.42	42.04	0.00	0.00	14.93	0.00	0.00	18.09	12.65	3.23
Transportation	76.74	80.56	24.28	32.46	78.91	79.03	0.00	95.05	0.75	81.98	119.32	34.49
Vocational	238.74	27.03	1.18	163.49	0.00	3.87	14.91	0.00	0.00	300.21	4.84	2.81
Total Services, Gross of Pooled Claims	\$3,368.77	\$2,497.91	\$2,421.37	\$2,520.12	\$1,838.11	\$2,499.92	\$2,399.49	\$1,289.32	\$2,002.14	\$3,294.29	\$2,479.96	\$2,405.31
Composite PMPM, Gross of Pooled Claims	\$2,864.38			\$2,321.47			\$1,671.18			\$2,810.34		
Total Pooled Claims (\$) ¹	12.53	4.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	22.35	0.00	0.00
Total Pooled Claims (%) ¹	0.4%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	0.0%
Grand Total, Net of Pooled Claims	\$3,356.23	\$2,493.06	\$2,421.37	\$2,520.12	\$1,838.11	\$2,499.92	\$2,399.49	\$1,289.32	\$2,002.14	\$3,271.94	\$2,479.96	\$2,405.31
Composite PMPM, Net of Pooled Claims	\$2,857.93			\$2,321.47			\$1,671.18			\$2,800.44		
Room and Board												
Room and Board Collections	(211.38)	(103.77)	(337.77)	(181.79)	(91.64)	(356.64)	(109.88)	(110.98)	(479.34)	(297.42)	(111.74)	(275.28)
Room and Board Costs	211.95	108.09	377.62	210.04	156.88	445.63	97.69	143.15	450.25	310.64	130.74	301.07
Total Room and Board	\$0.57	\$4.32	\$39.85	\$28.25	\$65.24	\$88.99	-\$12.19	\$32.17	-\$29.09	\$13.22	\$19.01	\$25.80

¹ Pooled Claims represents the High Cost Risk Pool (HCRP) claims. It is implemented in the DD, PD, and FE Target Groups for Family Care. Please see capitation rate memorandum for further details on the HCRP.

Exhibit A
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of 2015 Actual Experience by MCO
Nursing Home Level of Care

	LCD (GSR 9)			MCFC (GSR 6)			MCFC (GSR 5-6)			MCFC (GSR 8)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	14,153	5,214	10,609	62	69	77	95	102	457	23,158	14,690	56,007
Category of Service												
Adaptive Equipment	\$36.12	\$118.81	\$52.10	\$50.08	\$383.10	\$9.86	\$27.32	\$81.97	\$52.66	\$48.62	\$71.91	\$56.04
Adult Day Activities	339.13	16.82	7.43	78.41	128.11	0.00	261.05	0.00	26.04	488.36	45.31	44.98
Case Management	310.77	400.19	311.96	393.91	554.32	426.03	252.03	451.17	358.94	294.26	369.05	308.53
Financial Management	22.80	20.34	8.14	7.73	15.31	17.41	23.02	9.08	9.10	39.75	14.68	14.42
Habilitation/Health	11.41	36.17	11.89	5.18	76.53	1.10	53.79	115.31	21.55	36.44	75.55	37.77
Home Care	176.31	415.49	197.65	58.45	276.29	197.58	2.91	198.55	146.86	181.30	436.69	452.75
Home Health Care	44.12	111.76	57.87	0.00	138.58	0.00	0.00	29.72	0.00	14.82	40.37	17.24
Housing	0.00	0.00	0.00	6.32	0.00	5.83	0.00	2.74	2.25	0.48	3.07	1.99
Institutional	60.82	388.88	557.00	0.00	1,530.55	1,387.51	0.00	1,127.01	2,436.79	118.39	416.22	701.05
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.21	0.02	0.09
Residential Care	2,212.80	621.38	1,139.85	2,206.05	2,196.37	499.43	1,963.88	388.29	651.26	2,201.30	672.93	786.67
Respite Care	17.80	0.87	2.10	36.21	0.00	0.00	0.00	0.00	0.00	13.37	3.20	3.12
Transportation	97.29	72.60	24.24	91.21	142.14	52.03	182.66	50.10	43.90	137.01	85.90	51.54
Vocational	197.57	11.35	0.34	184.40	0.00	0.00	302.33	10.42	0.00	165.18	3.35	0.00
Total Services, Gross of Pooled Claims	\$3,526.94	\$2,214.65	\$2,370.57	\$3,117.95	\$5,441.31	\$2,596.78	\$3,068.99	\$2,464.35	\$3,749.35	\$3,739.48	\$2,238.24	\$2,476.22
Composite PMPM, Gross of Pooled Claims	\$2,889.43			\$3,697.89			\$3,449.95			\$2,750.67		
Total Pooled Claims (\$) ¹	28.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.45	0.00	0.69
Total Pooled Claims (%) ¹	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%
Grand Total, Net of Pooled Claims	\$3,498.40	\$2,214.65	\$2,370.57	\$3,117.95	\$5,441.31	\$2,596.78	\$3,068.99	\$2,464.35	\$3,749.35	\$3,729.03	\$2,238.24	\$2,475.53
Composite PMPM, Net of Pooled Claims	\$2,875.95			\$3,697.89			\$3,449.95			\$2,747.68		
Room and Board												
Room and Board Collections	(293.01)	(142.07)	(351.31)	(215.04)	(200.96)	(51.04)	(288.70)	(81.02)	(151.42)	(274.60)	(89.82)	(194.70)
Room and Board Costs	299.41	162.15	385.37	233.21	220.98	80.46	303.87	81.05	148.04	269.79	89.78	156.01
Total Room and Board	\$6.40	\$20.07	\$34.06	\$18.17	\$20.03	\$29.42	\$15.17	\$0.03	-\$3.39	-\$4.81	-\$0.04	-\$38.70

¹ Pooled Claims represents the High Cost Risk Pool (HCRP) claims. It is implemented in the DD, PD, and FE Target Groups for Family Care. Please see capitation rate memorandum for further details on the HCRP.

Exhibit A
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of 2015 Actual Experience by MCO
Nursing Home Level of Care

	MCFC (GSR 11)			Grand Total - Base Data		
	DD	PD	FE	DD	PD	FE
Exposure Months	771	739	839	187,361	75,272	185,425
Category of Service						
Adaptive Equipment	\$66.05	\$129.29	\$72.20	\$44.11	\$109.53	\$56.07
Adult Day Activities	134.35	0.00	9.31	294.53	24.56	21.65
Case Management	389.82	424.87	359.57	305.28	415.31	341.34
Financial Management	36.69	4.56	4.13	22.11	17.41	10.40
Habilitation/Health	29.37	112.31	64.62	24.99	63.87	20.97
Home Care	193.59	474.02	318.63	408.43	586.00	324.04
Home Health Care	1.11	95.20	10.12	19.50	67.76	23.01
Housing	0.80	2.88	1.87	0.21	1.14	0.74
Institutional	145.22	232.65	647.70	90.13	328.04	610.08
Other	0.00	0.00	0.00	0.67	1.78	1.94
Residential Care	2,528.34	1,097.40	1,094.36	1,983.15	672.91	1,051.13
Respite Care	24.30	0.00	1.65	19.96	6.05	4.19
Transportation	65.49	43.05	29.98	103.63	86.22	37.12
Vocational	110.16	10.55	10.77	215.89	11.43	1.14
Total Services, Gross of Pooled Claims	\$3,725.29	\$2,626.78	\$2,624.91	\$3,532.59	\$2,392.00	\$2,503.81
Composite PMPM, Gross of Pooled Claims	\$2,986.76			\$2,915.23		
Total Pooled Claims (\$) ¹	0.00	0.00	0.00	30.50	5.05	1.15
Total Pooled Claims (%) ¹	0.0%	0.0%	0.0%	0.9%	0.2%	0.0%
Grand Total, Net of Pooled Claims	\$3,725.29	\$2,626.78	\$2,624.91	\$3,502.09	\$2,386.96	\$2,502.66
Composite PMPM, Net of Pooled Claims	\$2,986.76			\$2,901.15		
Room and Board						
Room and Board Collections	(342.67)	(117.23)	(259.61)	(304.55)	(117.23)	(286.58)
Room and Board Costs	374.48	125.98	286.79	315.17	132.89	304.98
Total Room and Board	\$31.82	\$8.75	\$27.18	\$10.62	\$15.66	\$18.40

¹ Pooled Claims represents the High Cost Risk Pool (HCRP) claims. It is implemented in the DD, PD, and FE Target Groups for Family Care. Please see capitation rate memorandum for further details on the HCRP.

Exhibit B
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Statewide Base Rate Development
Nursing Home Level of Care

DD Development	2015			2015 DD Net Base Costs PMPM	IBNR Adjustment	2015 Statewide DD Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM	Pooled Claims for HCRP			
Care WI (GSR 2)	960	\$2,214.21	\$0.00	\$2,214.21	1.0026	\$2,220.06
Care WI (GSR 5)	15,404	3,755.01	(52.67)	3,702.34	1.0026	3,712.13
Care WI (GSR 6)	521	4,946.87	(497.19)	4,449.68	1.0026	4,461.45
Care WI (GSR 5-6)	8,840	3,883.34	(53.76)	3,829.58	1.0026	3,839.71
CCI (GSR 6)	11,518	3,679.12	(47.48)	3,631.64	1.0002	3,632.53
CCI (GSR 5-6)	6,824	3,382.40	(50.63)	3,331.77	1.0002	3,332.58
CCI (GSR 8)	10,576	3,902.26	(117.55)	3,784.71	1.0002	3,785.63
CCI (GSR 10)	10,055	3,458.07	(38.98)	3,419.09	1.0002	3,419.92
CCI (GSR 11)	13,080	3,765.34	(17.32)	3,748.02	1.0002	3,748.93
Comm Link (GSR 1)	12,788	3,635.39	(17.05)	3,618.34	1.0001	3,618.70
Comm Link (GSR 2)	17,647	3,200.61	(3.17)	3,197.44	1.0007	3,199.62
Comm Link (GSR 3)	11,260	2,894.39	(1.67)	2,892.72	1.0001	2,893.01
Comm Link (GSR 4)	18,354	3,368.77	(12.53)	3,356.23	1.0020	3,362.86
Comm Link (GSR 5)	265	2,520.12	0.00	2,520.12	1.0001	2,520.37
Comm Link (GSR 5-6)	25	2,399.49	0.00	2,399.49	1.0001	2,399.73
Comm Link (GSR 7)	11,002	3,294.29	(22.35)	3,271.94	1.0020	3,278.40
LCD (GSR 9)	14,153	3,526.94	(28.54)	3,498.40	1.0007	3,500.82
MCFC (GSR 6)	62	3,117.95	0.00	3,117.95	1.0002	3,118.46
MCFC (GSR 5-6)	95	3,068.99	0.00	3,068.99	1.0002	3,069.49
MCFC (GSR 8)	23,158	3,739.48	(10.45)	3,729.03	1.0002	3,729.64
MCFC (GSR 11)	771	3,725.29	0.00	3,725.29	1.0002	3,725.90
Total DD Base Experience Data	187,361	\$3,532.59	(\$30.50)	\$3,502.09	1.0009	\$3,505.22

PD Development	2015			2015 PD Net Base Costs PMPM	IBNR Adjustment	2015 Statewide PD Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM	Pooled Claims for HCRP			
Care WI (GSR 2)	930	\$1,749.90	\$0.00	\$1,749.90	1.0026	\$1,754.53
Care WI (GSR 5)	3,217	2,595.11	(15.06)	2,580.05	1.0026	2,586.87
Care WI (GSR 6)	491	2,557.65	(30.39)	2,527.25	1.0026	2,533.94
Care WI (GSR 5-6)	1,526	3,167.43	(33.05)	3,134.38	1.0026	3,142.67
CCI (GSR 6)	2,675	2,731.31	(14.39)	2,716.92	1.0002	2,717.58
CCI (GSR 5-6)	1,765	2,851.57	(43.69)	2,807.89	1.0002	2,808.57
CCI (GSR 8)	8,027	2,524.39	0.00	2,524.39	1.0002	2,525.01
CCI (GSR 10)	2,136	2,311.17	0.00	2,311.17	1.0002	2,311.73
CCI (GSR 11)	4,961	2,403.16	(14.30)	2,388.86	1.0002	2,389.44
Comm Link (GSR 1)	5,035	2,732.37	(9.88)	2,722.48	1.0001	2,722.75
Comm Link (GSR 2)	8,728	1,894.42	0.00	1,894.42	1.0007	1,895.71
Comm Link (GSR 3)	4,756	2,540.59	0.00	2,540.59	1.0001	2,540.84
Comm Link (GSR 4)	6,129	2,497.91	(4.85)	2,493.06	1.0020	2,497.98
Comm Link (GSR 5)	244	1,838.11	0.00	1,838.11	1.0001	1,838.29
Comm Link (GSR 5-6)	103	1,289.32	0.00	1,289.32	1.0001	1,289.45
Comm Link (GSR 7)	3,735	2,479.96	0.00	2,479.96	1.0020	2,484.86
LCD (GSR 9)	5,214	2,214.65	0.00	2,214.65	1.0007	2,216.18
MCFC (GSR 6)	69	5,441.31	0.00	5,441.31	1.0002	5,442.20
MCFC (GSR 5-6)	102	2,464.35	0.00	2,464.35	1.0002	2,464.76
MCFC (GSR 8)	14,690	2,238.24	0.00	2,238.24	1.0002	2,238.60
MCFC (GSR 11)	739	2,626.78	0.00	2,626.78	1.0002	2,627.21
Total PD Base Experience Data	75,272	\$2,392.00	(\$5.05)	\$2,386.96	1.0007	\$2,388.69

Exhibit B
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Statewide Base Rate Development
Nursing Home Level of Care

FE Development	2015			2015 FE Net Base Costs PMPM	IBNR Adjustment	2015 Statewide FE Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM	Pooled Claims for HCRP			
Care WI (GSR 2)	1,007	\$2,088.39	\$0.00	\$2,088.39	1.0026	\$2,093.91
Care WI (GSR 5)	8,403	2,488.62	(17.09)	2,471.53	1.0026	2,478.07
Care WI (GSR 6)	1,115	2,525.64	0.00	2,525.64	1.0026	2,532.32
Care WI (GSR 5-6)	7,679	2,592.84	(0.91)	2,591.93	1.0026	2,598.78
CCI (GSR 6)	7,791	2,483.63	0.00	2,483.63	1.0002	2,484.23
CCI (GSR 5-6)	5,415	2,827.07	(4.59)	2,822.48	1.0002	2,823.17
CCI (GSR 8)	5,657	2,673.25	0.00	2,673.25	1.0002	2,673.90
CCI (GSR 10)	6,856	2,337.57	0.00	2,337.57	1.0002	2,338.13
CCI (GSR 11)	8,070	2,552.24	0.00	2,552.24	1.0002	2,552.86
Comm Link (GSR 1)	11,978	2,655.56	0.00	2,655.56	1.0001	2,655.82
Comm Link (GSR 2)	17,639	2,382.41	0.00	2,382.41	1.0007	2,384.04
Comm Link (GSR 3)	9,472	2,817.58	0.00	2,817.58	1.0001	2,817.85
Comm Link (GSR 4)	15,827	2,421.37	0.00	2,421.37	1.0020	2,426.15
Comm Link (GSR 5)	365	2,499.92	0.00	2,499.92	1.0001	2,500.16
Comm Link (GSR 5-6)	63	2,002.14	0.00	2,002.14	1.0001	2,002.33
Comm Link (GSR 7)	10,099	2,405.31	0.00	2,405.31	1.0020	2,410.06
LCD (GSR 9)	10,609	2,370.57	0.00	2,370.57	1.0007	2,372.21
MCFC (GSR 6)	77	2,596.78	0.00	2,596.78	1.0002	2,597.20
MCFC (GSR 5-6)	457	3,749.35	0.00	3,749.35	1.0002	3,749.96
MCFC (GSR 8)	56,007	2,476.22	(0.69)	2,475.53	1.0002	2,475.93
MCFC (GSR 11)	839	2,624.91	0.00	2,624.91	1.0002	2,625.34
Total FE Base Experience Data	185,425	\$2,503.81	(\$1.15)	\$2,502.66	1.0007	\$2,504.49

Composite	2015			2015 Statewide Net Base Costs PMPM	IBNR Adjustment	2015 Statewide Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM	Pooled Claims for HCRP			
Care WI (GSR 2)	2,897	\$2,021.41	\$0.00	\$2,021.41	1.0026	\$2,026.75
Care WI (GSR 5)	27,023	3,223.15	(37.13)	3,186.03	1.0026	3,194.45
Care WI (GSR 6)	2,128	3,126.15	(128.81)	2,997.34	1.0026	3,005.26
Care WI (GSR 5-6)	18,045	3,273.63	(29.52)	3,244.11	1.0026	3,252.69
CCI (GSR 6)	21,984	3,140.13	(26.63)	3,113.50	1.0002	3,114.25
CCI (GSR 5-6)	14,004	3,100.77	(31.95)	3,068.82	1.0002	3,069.56
CCI (GSR 8)	24,260	3,159.79	(51.25)	3,108.55	1.0002	3,109.30
CCI (GSR 10)	19,047	2,926.11	(20.58)	2,905.54	1.0002	2,906.24
CCI (GSR 11)	26,111	3,131.63	(11.39)	3,120.23	1.0002	3,120.99
Comm Link (GSR 1)	29,801	3,088.99	(8.99)	3,080.01	1.0001	3,080.31
Comm Link (GSR 2)	44,014	2,613.70	(1.27)	2,612.43	1.0007	2,614.21
Comm Link (GSR 3)	25,489	2,799.83	(0.74)	2,799.09	1.0001	2,799.36
Comm Link (GSR 4)	40,311	2,864.38	(6.44)	2,857.93	1.0020	2,863.58
Comm Link (GSR 5)	874	2,321.47	0.00	2,321.47	1.0001	2,321.70
Comm Link (GSR 5-6)	191	1,671.18	0.00	1,671.18	1.0001	1,671.34
Comm Link (GSR 7)	24,836	2,810.34	(9.90)	2,800.44	1.0020	2,805.97
LCD (GSR 9)	29,977	2,889.43	(13.48)	2,875.95	1.0007	2,877.94
MCFC (GSR 6)	208	3,697.89	0.00	3,697.89	1.0002	3,698.50
MCFC (GSR 5-6)	655	3,449.95	0.00	3,449.95	1.0002	3,450.52
MCFC (GSR 8)	93,854	2,750.67	(2.99)	2,747.68	1.0002	2,748.13
MCFC (GSR 11)	2,349	2,986.76	0.00	2,986.76	1.0002	2,987.25
Total Base Experience Data	448,057	\$2,915.23	(\$14.08)	\$2,901.15	1.0008	\$2,903.50

Exhibit C1
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Functional Screen Regression Model of 2014-2015 PMPM
Developmentally Disabled

R-Squared 54.9%

Variable	Statewide Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	137.77			100.0%	137.77
DD/NH Level of Care (Grid Component)					
Vent Dependent	7,177.78	0.0000	0.0023	0.0%	3.57
Dual Enrollee	243.65	0.0000	0.0013	73.0%	177.84
DD1A	358.89	0.0000	0.0004	2.9%	10.24
High Cost (3 Parameters)	2,057.81	0.0000	0.0014	0.5%	11.26
Number of IADLs (Grid Component)					
IADL_1-2	0.00	0.0000	0.0011	7.3%	0.00
IADL_3	220.61	0.0000	0.0000	12.4%	27.33
IADL_4	541.31	0.0000	0.0008	17.1%	92.41
IADL_5	898.91	0.0000	0.0024	29.1%	261.52
IADL_6	1,120.05	0.0000	0.0013	34.1%	382.28
Specific ADLs / Equipment Used (Add-On)					
Eating_2	307.11	0.0000	0.0017	21.7%	66.75
Toileting_2	408.84	0.0000	0.0024	21.5%	87.83
Transfer_1-2	263.99	0.0000	0.0021	20.0%	52.93
Interaction Terms (Add-On)					
Other Federal DD_Anxiety	231.31	0.0000	0.0001	4.5%	10.33
Injury_Mental Illness	561.18	0.0000	0.0009	2.0%	11.38
Injury_Overnight	1,068.56	0.0000	0.0078	3.8%	40.25
Mental Retardation_Bipolar	341.22	0.0000	0.0005	5.5%	18.79
Mental Retardation_Other Mental Illness	364.30	0.0000	0.0014	16.2%	58.92
Overnight_Age Under 30	453.15	0.0000	0.0010	5.1%	22.91
Overnight_Mental Illness	580.47	0.0000	0.0039	8.0%	46.44
Overnight_Mental Illness_Age Under 30	2,129.36	0.0000	0.0189	1.7%	35.37
Seizure Pre-22_Depression	179.84	0.0000	0.0001	5.7%	10.25
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.0000	0.0001	1.0%	4.68
Trauma BI Post-22_Depression	398.06	0.0000	0.0002	2.2%	8.70
Dress_Bath_Equip	530.37	0.0000	0.0120	39.0%	206.86
Transfer_Equip_Mobility	711.34	0.0000	0.0030	5.1%	36.33
Behavioral Variables (Add-On)					
Cognition_3	330.21	0.0000	0.0140	26.5%	87.44
Injury_1	365.28	0.0000	0.0008	5.8%	21.30
Injury_2	489.37	0.0000	0.0014	5.5%	26.89
Offensive_1	401.03	0.0000	0.0028	10.1%	40.32
Offensive_2	963.41	0.0000	0.0114	10.5%	101.31
Offensive_3	2,166.05	0.0000	0.0456	9.5%	206.14
Wander_2	1,181.32	0.0000	0.0270	3.7%	44.22
Mental Health_2	260.51	0.0000	0.0145	53.4%	139.13
Resistive_1	300.33	0.0000	0.0528	8.7%	26.26
Medication Use (Add-On)					
Meds_2B	543.36	0.0000	0.0728	67.5%	366.86
Health Related Services (Add-On)					
Exercise	280.91	0.0000	0.0094	12.4%	34.83
Ostomy	683.50	0.0000	0.0012	0.6%	3.84
Overnight	459.44	0.0000	0.1417	74.2%	340.93
Urinary	640.27	0.0000	0.0013	0.9%	5.63
Tracheostomy	2,432.87	0.0000	0.0034	0.2%	5.26
Reposition	474.58	0.0000	0.0670	6.7%	31.93
Diagnoses (Add-On)					
Brain Injury Pre-22	123.62	0.0000	0.0024	6.2%	7.71
Mental Retardation	261.81	0.0000	0.0122	73.4%	192.27

Exhibit C2
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Functional Screen Regression Model of 2014-2015 PMPM
Physically Disabled

R-Squared 50.4%

Variable	Statewide Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	673.43			100.0%	673.43
DD/NH Level of Care (Grid Component)					
Vent Dependent	8,262.80	0.0000	0.0260	0.5%	42.71
SNF	409.99	0.0000	0.0026	25.0%	102.34
Number of IADLs (Grid Component)					
IADL_1	0.00	0.0000	0.0000	15.4%	0.00
IADL_2	197.49	0.0000	0.0007	18.8%	37.06
IADL_3	376.54	0.0000	0.0017	18.7%	70.56
IADL_4	557.49	0.0000	0.0028	17.6%	98.23
IADL_5-6	912.08	0.0000	0.0060	29.5%	268.69
Specific ADLs / Equipment Used (Add-On)					
Toileting_1	97.29	0.0000	0.0003	27.0%	26.23
Transfer_2	926.02	0.0000	0.0168	20.6%	190.36
Interaction Terms (Add-On)					
Injury_Overnight	2,421.46	0.0000	0.0022	0.3%	6.17
Mental Illness_3 or More Mental Disorders	65.58	0.0000	0.0000	15.3%	10.04
Overnight_Age Under 30	93.45	0.0349	0.0003	1.0%	0.92
Overnight_Mental Illness	592.69	0.0000	0.0058	6.2%	36.71
Spinal Injury_Alcohol/Drug Abuse	607.95	0.0000	0.0006	0.6%	3.90
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	0.0047	0.0000	1.4%	1.49
Trauma BI Post-22_Exercise	2,007.18	0.0000	0.0012	0.1%	1.85
Trauma BI Post-22_Other Mental Illness	387.21	0.0000	0.0006	1.0%	4.00
Dress_Bath_Equip	213.31	0.0000	0.0051	61.4%	130.95
Transfer_Equip_Mobility	558.22	0.0000	0.0056	5.7%	31.83
Behavioral Variables (Add-On)					
Congition_2-3	202.90	0.0000	0.0031	18.9%	38.27
Injury_1-2	282.23	0.0000	0.0005	1.8%	5.16
Offensive_1	665.85	0.0000	0.0039	3.0%	20.15
Offensive_2	1,003.70	0.0000	0.0084	2.2%	22.34
Offensive_3	1,680.50	0.0000	0.0116	1.4%	23.84
Wander_2	477.50	0.0000	0.0053	1.3%	6.27
Mental Health_2	67.89	0.0000	0.0010	70.2%	47.68
Alcohol Drug Abuse	170.65	0.0000	0.0015	16.8%	28.71
Medication Use (Add-On)					
Meds_2B	195.12	0.0000	0.0213	38.4%	74.86
Health Related Services (Add-On)					
Exercise	345.59	0.0000	0.0069	12.2%	42.21
Ulcer Stage 2	721.60	0.0000	0.0028	1.6%	11.83
Ulcer Stage 3-4	802.90	0.0000	0.0030	1.7%	13.27
Respirate	189.62	0.0000	0.0039	7.3%	13.75
Overnight	306.80	0.0000	0.0751	51.1%	156.90
Urinary	334.06	0.0000	0.0058	2.9%	9.56
Wound	256.77	0.0000	0.0049	4.6%	11.92
Tracheostomy	4,389.81	0.0000	0.0807	0.8%	36.20
Reposition	714.67	0.0000	0.1566	8.7%	61.87
Diagnoses (Add-On)					
Alzheimers	233.71	0.0000	0.0291	11.3%	26.44

Exhibit C3
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Functional Screen Regression Model of 2014-2015 PMPM
Frail Elderly

R-Squared 39.9%

Variable	Statewide Estimate	p-Value	Incremental Partial R2	Proportion with Variable	Incremental Increase
Intercept (Grid Component)	722.23			100.0%	722.23
DD/NH Level of Care (Grid Component)					
Vent Dependent	2,219.63	0.0000	0.0006	0.1%	1.68
SNF	378.37	0.0000	0.0059	24.2%	91.43
Number of IADLs (Grid Component)					
IADL_1	0.00	0.0000	0.0000	6.6%	0.00
IADL_2	259.16	0.0000	0.0010	12.1%	31.37
IADL_3	435.07	0.0000	0.0019	13.8%	60.10
IADL_4-5-6	664.99	0.0000	0.0034	67.4%	448.52
Specific ADLs / Equipment Used (Add-On)					
Transfer_2	607.56	0.0000	0.0154	27.7%	168.08
Interaction Terms (Add-On)					
Dress_Toilet	384.47	0.0000	0.0238	54.1%	208.16
Injury_Overnight	934.92	0.0000	0.0005	0.2%	1.52
Overnight_Mental Illness	315.38	0.0000	0.0029	5.0%	15.71
Trauma BI Post-22_Other Mental Illness	758.94	0.0000	0.0004	0.2%	1.83
Transfer_Equip_Mobility	607.39	0.0000	0.0154	7.3%	44.29
Behavioral Variables (Add-On)					
Congition_2-3	92.08	0.0000	0.0030	39.5%	36.36
Offensive_1-2	273.50	0.0000	0.0041	5.4%	14.86
Offensive_3	428.25	0.0000	0.0028	1.3%	5.62
Wander_2	107.70	0.0000	0.0016	2.9%	3.17
Mental Health_2	143.29	0.0000	0.0019	56.4%	80.83
Alcohol Drug Abuse	215.53	0.0000	0.0004	4.9%	10.47
Medication Use (Add-On)					
Meds_2B	224.65	0.0000	0.0145	64.2%	144.27
Health Related Services (Add-On)					
Dialysis	175.51	0.0000	0.0015	1.8%	3.12
Exercise	87.45	0.0000	0.0039	10.3%	8.98
Ulcer Stage 2	255.63	0.0000	0.0010	1.4%	3.69
Ulcer Stage 3-4	461.85	0.0000	0.0018	0.7%	3.27
Respirate	156.03	0.0000	0.0037	8.1%	12.71
Overnight	342.68	0.0000	0.0822	70.1%	240.39
Med Management	102.13	0.0000	0.0261	27.0%	27.57
Tracheostomy	2,149.02	0.0000	0.0029	0.1%	2.63
Reposition	406.01	0.0000	0.0814	8.1%	33.05
Diagnoses (Add-On)					
Alzheimers	137.80	0.0000	0.0882	40.4%	55.66
Mental Illness	159.75	0.0000	0.0067	14.4%	22.95

Exhibit D1Ai
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 2015 Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 2)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 5-6)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)	CCI (GSR 11)	Comm Link (GSR 1)	Comm Link (GSR 2)
Intercept (Grid Component)	137.77	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)												
Vent Dependent	7,177.78	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.2%	0.1%	0.0%
Dual Enrollee	243.65	44.8%	76.0%	52.4%	73.2%	76.0%	71.9%	65.1%	75.4%	69.8%	74.8%	74.3%
DD1A	358.89	1.3%	2.9%	5.5%	1.8%	1.9%	1.6%	2.6%	2.1%	2.3%	2.7%	4.0%
High Cost (3 Parameters)	2,057.81	0.9%	0.5%	0.0%	1.4%	0.8%	0.7%	0.2%	0.4%	0.8%	0.3%	0.5%
Number of IADLs (Grid Component)												
IADL_1-2	0.00	13.0%	6.6%	4.4%	5.0%	7.5%	4.3%	3.3%	9.6%	3.3%	9.0%	9.2%
IADL_3	220.61	19.2%	10.5%	14.5%	8.5%	15.9%	9.1%	10.6%	16.4%	11.5%	13.1%	11.8%
IADL_4	541.31	27.9%	14.9%	27.9%	15.7%	18.9%	15.7%	15.0%	19.1%	17.4%	16.5%	17.5%
IADL_5	898.91	28.3%	29.1%	38.4%	33.0%	28.7%	31.3%	29.5%	24.5%	28.2%	28.1%	31.6%
IADL_6	1,120.05	11.5%	38.9%	14.8%	37.7%	29.0%	39.6%	41.5%	30.5%	39.7%	33.2%	30.0%
Specific ADLs / Equipment Used (Add-On)												
Eating_2	307.11	4.3%	25.9%	23.1%	25.3%	18.8%	22.0%	18.9%	21.0%	22.7%	25.2%	21.5%
Toileting_2	408.84	10.3%	27.3%	16.9%	26.5%	18.0%	21.0%	22.7%	15.1%	20.3%	23.4%	21.5%
Transfer_1-2	263.99	12.2%	23.7%	12.0%	20.5%	17.7%	16.6%	20.9%	16.8%	19.6%	20.2%	22.4%
Interaction Terms (Add-On)												
Other Federal DD_Anxiety	231.31	7.4%	5.0%	13.9%	5.4%	4.6%	6.2%	2.6%	4.6%	2.4%	7.0%	5.3%
Injury_Mental Illness	561.18	0.9%	2.2%	3.5%	4.2%	2.4%	3.0%	1.9%	2.9%	2.8%	2.3%	1.4%
Injury_Overnight	1,068.66	0.9%	2.9%	3.1%	4.7%	4.1%	6.6%	3.6%	5.5%	6.0%	4.9%	4.4%
Mental Retardation_Bipolar	341.22	3.3%	7.3%	11.8%	4.6%	4.3%	3.1%	7.3%	5.0%	6.3%	5.5%	4.6%
Mental Retardation_Other Mental Illness	364.30	18.8%	13.9%	17.7%	14.3%	16.4%	15.8%	15.0%	15.7%	13.4%	21.9%	15.4%
Overnight_Age Under 30	453.15	5.7%	5.1%	14.9%	6.3%	5.6%	5.9%	5.7%	4.5%	5.3%	4.3%	5.3%
Overnight_Mental Illness	580.47	4.9%	10.9%	27.4%	9.1%	6.8%	6.3%	8.2%	7.0%	6.3%	7.9%	7.2%
Overnight_Mental Illness_Age Under 30	2,129.36	3.7%	2.1%	10.9%	2.1%	2.2%	1.8%	1.5%	1.2%	1.4%	1.3%	1.4%
Seizure Pre-22_Depression	179.84	2.8%	6.2%	2.0%	5.3%	4.5%	5.8%	4.2%	6.0%	3.6%	6.7%	5.7%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.0%	0.7%	1.5%	1.3%	0.8%	0.8%	2.4%	0.6%	2.0%	0.6%	1.1%
Trauma BI Post-22_Depression	398.06	1.3%	2.4%	1.5%	3.5%	2.2%	1.3%	3.4%	1.7%	2.9%	1.0%	2.2%
Dress_Bath_Equip	530.37	17.2%	45.8%	31.7%	42.2%	37.3%	37.4%	34.4%	36.5%	40.3%	42.8%	39.4%
Transfer_Equip_Mobility	711.34	3.8%	5.9%	4.3%	5.8%	3.5%	5.0%	5.1%	4.3%	4.9%	4.9%	6.2%
Behavioral Variables (Add-On)												
Cognition_3	330.21	15.9%	29.0%	27.7%	32.7%	23.8%	34.2%	28.0%	21.2%	25.1%	27.0%	28.9%
Injury_1	365.28	8.0%	8.0%	14.0%	10.5%	3.3%	3.8%	4.6%	4.4%	5.6%	8.2%	5.9%
Injury_2	489.37	3.2%	8.6%	9.4%	7.0%	3.8%	5.6%	4.8%	6.0%	4.7%	6.3%	6.9%
Offensive_1	401.03	13.2%	15.7%	14.2%	15.1%	5.6%	5.5%	8.6%	7.6%	7.3%	11.6%	9.6%
Offensive_2	963.41	11.0%	14.6%	9.3%	12.9%	7.8%	14.0%	10.1%	8.2%	10.8%	12.6%	12.8%
Offensive_3	2,166.05	3.7%	8.7%	20.1%	11.9%	13.0%	16.6%	11.6%	16.3%	10.9%	9.5%	10.4%
Wander_2	1,181.32	3.3%	2.9%	8.4%	4.4%	2.9%	4.2%	2.0%	3.2%	4.1%	5.7%	5.0%
Mental Health_2	260.51	60.3%	55.3%	66.2%	53.5%	50.5%	47.5%	46.7%	54.7%	45.8%	64.0%	55.4%
Resistive_1	300.33	4.2%	11.8%	9.7%	12.0%	5.0%	11.0%	5.6%	6.4%	7.1%	10.4%	13.2%
Medication Use (Add-On)												
Meds_2B	543.36	47.9%	69.3%	67.5%	67.8%	68.3%	74.1%	74.0%	67.5%	77.4%	66.7%	67.7%
Health Related Services (Add-On)												
Exercise	280.91	9.0%	21.9%	7.2%	21.5%	8.2%	11.6%	9.8%	8.7%	7.9%	15.1%	17.2%
Ostomy	683.50	1.3%	0.5%	0.0%	0.1%	0.3%	0.4%	0.5%	0.5%	0.2%	0.6%	0.9%
Overnight	459.44	61.4%	78.8%	72.5%	80.7%	72.5%	78.6%	74.9%	71.7%	76.0%	72.6%	76.6%
Urinary	640.27	1.3%	1.2%	0.0%	1.1%	1.0%	0.9%	0.3%	0.6%	0.9%	0.6%	1.2%
Tracheostomy	2,432.87	0.0%	0.2%	0.6%	0.3%	0.1%	0.0%	0.1%	0.0%	0.3%	0.2%	0.5%
Reposition	474.58	3.4%	7.4%	2.0%	7.6%	6.4%	7.3%	8.5%	5.0%	6.5%	5.9%	7.2%
Diagnoses (Add-On)												
Brain Injury Pre-22	123.62	8.9%	5.3%	2.4%	7.9%	5.3%	5.2%	6.8%	6.7%	5.9%	8.5%	6.9%
Mental Retardation	261.81	63.5%	77.4%	80.3%	66.1%	73.3%	66.2%	74.1%	70.4%	66.9%	66.0%	76.4%
Developmentally Disabled Base Composite	\$3,505.22	\$2,630.50	\$3,806.55	\$4,042.72	\$3,873.84	\$3,381.41	\$3,780.01	\$3,552.91	\$3,430.78	\$3,593.70	\$3,615.33	\$3,626.49
Implied Risk Score		0.7505	1.0860	1.1533	1.1052	0.9647	1.0784	1.0136	0.9788	1.0252	1.0314	1.0346
2015 Exposure Months		960	15,404	521	8,840	11,518	6,824	10,576	10,055	13,080	12,788	17,647

Exhibit D1AI
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Comm Link (GSR 3)	Comm Link (GSR 4)	Comm Link (GSR 5)	Comm Link (GSR 5-6)	Comm Link (GSR 7)	LCD (GSR 9)	MCFC (GSR 6)	MCFC (GSR 5-6)	MCFC (GSR 8)	MCFC (GSR 11)
Intercept (Grid Component)	137.77	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)											
Vent Dependent	7,177.78	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
Dual Enrollee	243.65	75.4%	74.1%	67.2%	34.3%	75.0%	74.9%	84.1%	90.4%	70.1%	57.3%
DD1A	358.89	2.9%	3.0%	0.0%	0.0%	3.1%	2.9%	9.7%	0.0%	3.8%	4.1%
High Cost (3 Parameters)	2,057.81	0.2%	0.5%	2.3%	0.0%	0.9%	0.3%	0.0%	0.0%	0.5%	0.3%
Number of IADLs (Grid Component)											
IADL_1-2	0.00	12.1%	11.9%	11.7%	34.1%	7.0%	7.2%	0.0%	2.4%	4.4%	2.9%
IADL_3	220.61	15.6%	14.2%	12.4%	11.9%	18.1%	9.4%	19.4%	14.7%	9.9%	7.5%
IADL_4	541.31	16.3%	16.2%	25.6%	20.4%	19.9%	16.8%	21.0%	22.9%	17.5%	16.0%
IADL_5	898.91	27.1%	23.6%	35.6%	1.9%	24.4%	30.1%	50.0%	44.2%	34.4%	36.2%
IADL_6	1,120.05	28.8%	34.1%	14.7%	31.6%	30.5%	36.5%	9.7%	15.7%	33.8%	37.5%
Specific ADLs / Equipment Used (Add-On)											
Eating_2	307.11	19.0%	24.0%	17.7%	0.0%	25.3%	20.7%	0.0%	11.5%	17.7%	19.7%
Toileting_2	408.84	21.5%	19.0%	16.5%	54.0%	21.7%	19.1%	16.1%	12.9%	22.9%	26.8%
Transfer_1-2	263.99	20.5%	19.3%	14.2%	0.0%	19.1%	17.0%	16.1%	7.7%	22.0%	32.3%
Interaction Terms (Add-On)											
Other Federal DD_Anxiety	231.31	4.9%	6.1%	6.4%	0.0%	6.3%	2.5%	0.0%	10.5%	1.8%	1.4%
Injury_Mental Illness	561.18	0.8%	1.2%	2.3%	0.0%	2.5%	1.2%	0.0%	0.0%	1.8%	2.8%
Injury_Overnight	1,068.56	1.7%	2.8%	3.4%	0.0%	4.0%	2.5%	6.5%	0.0%	2.5%	2.7%
Mental Retardation_Bipolar	341.22	5.9%	4.2%	11.3%	0.0%	5.2%	6.1%	0.0%	3.1%	6.0%	9.3%
Mental Retardation_Other Mental Illness	364.30	15.0%	15.0%	10.9%	0.0%	18.4%	15.3%	25.8%	9.6%	19.2%	10.7%
Overnight_Age Under 30	453.15	4.9%	5.2%	6.8%	0.0%	5.0%	4.8%	30.6%	0.0%	3.9%	6.6%
Overnight_Mental Illness	580.47	5.8%	6.6%	6.8%	0.0%	11.3%	6.7%	17.7%	0.0%	9.7%	11.9%
Overnight_Mental Illness_Age Under 30	2,129.36	1.2%	1.6%	6.8%	0.0%	2.8%	1.1%	17.7%	0.0%	1.6%	0.3%
Seizure Pre-22_Depression	179.84	5.9%	5.5%	2.3%	34.1%	7.4%	7.8%	0.0%	12.6%	5.3%	7.0%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.5%	0.8%	0.4%	0.0%	1.8%	0.3%	0.0%	12.6%	0.9%	4.4%
Trauma BI Post-22_Depression	398.06	1.4%	1.3%	0.4%	0.0%	3.4%	1.3%	0.0%	12.6%	2.5%	9.9%
Dress_Bath_Equip	530.37	33.6%	35.4%	21.1%	1.9%	39.0%	37.3%	40.3%	43.9%	42.4%	43.0%
Transfer_Equip_Mobility	711.34	4.6%	4.8%	4.9%	0.0%	3.8%	5.5%	6.5%	2.1%	5.8%	7.8%
Behavioral Variables (Add-On)											
Cognition_3	330.21	27.8%	23.0%	16.5%	31.6%	23.8%	20.2%	19.1%	17.8%	29.6%	25.5%
Injury_1	365.28	8.6%	2.9%	0.3%	0.0%	3.9%	7.2%	0.0%	3.1%	5.4%	4.2%
Injury_2	489.37	4.3%	5.0%	7.9%	31.6%	4.7%	5.6%	0.0%	9.4%	4.0%	4.0%
Offensive_1	401.03	14.1%	7.6%	17.7%	0.0%	9.4%	12.5%	1.9%	11.9%	9.3%	6.7%
Offensive_2	963.41	9.1%	8.9%	5.2%	22.4%	9.8%	10.7%	8.1%	23.1%	7.5%	13.5%
Offensive_3	2,166.05	5.0%	7.2%	2.3%	0.0%	8.2%	6.0%	0.0%	0.0%	6.7%	12.3%
Wander_2	1,181.32	4.0%	4.2%	2.6%	0.0%	3.3%	2.1%	3.2%	1.0%	3.7%	7.4%
Mental Health_2	260.51	57.1%	51.9%	60.9%	56.5%	58.9%	51.0%	40.3%	53.5%	51.8%	69.5%
Resistive_1	300.33	8.9%	10.2%	2.6%	0.0%	9.5%	8.5%	0.0%	0.0%	4.7%	7.3%
Medication Use (Add-On)											
Meds_2B	543.36	55.8%	56.6%	42.0%	31.6%	67.5%	61.2%	74.2%	82.9%	74.4%	82.2%
Health Related Services (Add-On)											
Exercise	280.91	9.7%	13.6%	10.9%	0.0%	13.0%	10.4%	14.5%	0.3%	6.9%	8.3%
Ostomy	683.50	0.5%	0.8%	0.0%	0.0%	0.4%	0.7%	9.7%	0.0%	0.8%	0.0%
Overnight	459.44	67.6%	65.8%	53.0%	31.6%	71.7%	76.7%	70.7%	71.7%	77.0%	88.4%
Urinary	640.27	0.6%	1.0%	0.0%	0.0%	1.0%	0.6%	0.0%	0.0%	1.0%	0.0%
Tracheostomy	2,432.87	0.1%	0.3%	0.0%	0.0%	0.2%	0.3%	0.0%	0.0%	0.2%	0.0%
Reposition	474.58	5.7%	7.1%	9.4%	0.0%	5.8%	5.4%	16.1%	0.0%	7.7%	9.8%
Diagnoses (Add-On)											
Brain Injury Pre-22	123.62	6.0%	5.2%	4.5%	56.5%	7.7%	4.4%	24.2%	12.6%	6.3%	5.4%
Mental Retardation	261.81	72.9%	75.1%	61.7%	11.9%	67.4%	84.4%	83.6%	66.1%	78.5%	57.0%
Developmentally Disabled Base Composite	\$3,505.22	\$3,140.50	\$3,213.81	\$2,845.88	\$2,061.04	\$3,458.19	\$3,337.64	\$3,694.10	\$3,152.42	\$3,506.36	\$3,893.81
Implied Risk Score	0.8960	0.9169	0.8119	0.5880	0.9866	0.9522	1.0539	0.8993	1.0003	1.1109	
2015 Exposure Months	11,260	18,354	265	25	11,002	14,153	62	95	23,158	771	

Exhibit D1Aii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 1)	Care WI (GSR 3)	CCI (GSR 9)	LCD (GSR 10)
Intercept (Grid Component)	137.77	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)					
Vent Dependent	7,177.78	0.1%	0.0%	0.0%	0.0%
Dual Enrollee	243.65	74.8%	75.4%	54.4%	59.7%
DD1A	358.89	2.7%	2.9%	2.2%	0.0%
High Cost (3 Parameters)	2,057.81	0.3%	0.2%	0.0%	0.0%
Number of IADLs (Grid Component)					
IADL_1-2	0.00	9.0%	12.1%	12.9%	12.2%
IADL_3	220.61	13.1%	15.6%	18.5%	11.3%
IADL_4	541.31	16.5%	16.3%	15.2%	23.2%
IADL_5	898.91	28.1%	27.1%	19.3%	16.0%
IADL_6	1,120.05	33.2%	28.8%	34.1%	37.4%
Specific ADLs / Equipment Used (Add-On)					
Eating_2	307.11	25.2%	19.0%	12.7%	21.5%
Toileting_2	408.84	23.4%	21.5%	22.8%	18.3%
Transfer_1-2	263.99	20.2%	20.5%	28.0%	23.5%
Interaction Terms (Add-On)					
Other Federal DD_Anxiety	231.31	7.0%	4.9%	4.2%	15.3%
Injury_Mental Illness	561.18	2.3%	0.8%	0.0%	8.4%
Injury_Overnight	1,068.56	4.9%	1.7%	0.0%	0.5%
Mental Retardation_Bipolar	341.22	5.5%	5.9%	13.5%	10.8%
Mental Retardation_Other Mental Illness	364.30	21.9%	15.0%	0.3%	21.0%
Overnight_Age Under 30	453.15	4.3%	4.9%	12.6%	1.2%
Overnight_Mental Illness	580.47	7.9%	5.8%	9.7%	0.0%
Overnight_Mental Illness_Age Under 30	2,129.36	1.3%	1.2%	0.0%	0.0%
Seizure Pre-22_Depression	179.84	6.7%	5.9%	9.5%	6.4%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.6%	0.5%	0.0%	0.0%
Trauma BI Post-22_Depression	398.06	1.0%	1.4%	7.0%	5.4%
Dress_Bath_Equip	530.37	42.8%	33.6%	31.2%	42.5%
Transfer_Equip_Mobility	711.34	4.9%	4.6%	13.0%	0.0%
Behavioral Variables (Add-On)					
Cognition_3	330.21	27.0%	27.8%	27.4%	36.1%
Injury_1	365.28	8.2%	8.6%	0.0%	0.8%
Injury_2	489.37	6.3%	4.3%	1.3%	4.2%
Offensive_1	401.03	11.6%	14.1%	15.6%	2.3%
Offensive_2	963.41	12.6%	9.1%	1.3%	7.3%
Offensive_3	2,166.05	9.5%	5.0%	8.8%	13.8%
Wander_2	1,181.32	5.7%	4.0%	5.6%	2.7%
Mental Health_2	260.51	64.0%	57.1%	52.8%	54.2%
Resistive_1	300.33	10.4%	8.9%	11.7%	0.0%
Medication Use (Add-On)					
Meds_2B	543.36	66.7%	55.8%	64.4%	70.8%
Health Related Services (Add-On)					
Exercise	280.91	15.1%	9.7%	20.1%	19.4%
Ostomy	683.50	0.6%	0.5%	0.0%	0.0%
Overnight	459.44	72.6%	67.6%	61.6%	62.3%
Urinary	640.27	0.6%	0.6%	0.0%	0.0%
Tracheostomy	2,432.87	0.2%	0.1%	0.0%	0.0%
Reposition	474.58	5.9%	5.7%	11.7%	2.8%
Diagnoses (Add-On)					
Brain Injury Pre-22	123.62	8.5%	6.0%	6.5%	4.7%
Mental Retardation	261.81	66.0%	72.9%	50.9%	60.2%
Developmentally Disabled Base Composite	\$3,505.22	\$3,615.33	\$3,140.50	\$3,124.81	\$3,260.50
Implied Risk Score		1.0314	0.8960	0.8915	0.9302
2015 Exposure Months		0	0	155	194

Exhibit D1Aiii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 13)	Comm Link (GSR 14)	LCD (GSR 13)	MCFC (GSR 14)
Intercept (Grid Component)	137.77	100.00%	100.00%	100.00%	100.00%
DD/NH Level of Care (Grid Component)					
Vent Dependent	7,177.78	0.3%	0.2%	0.2%	0.2%
Dual Enrollee	243.65	69.0%	69.7%	66.5%	69.7%
DD1A	358.89	4.1%	4.6%	4.5%	4.6%
High Cost (3 Parameters)	2,057.81	0.2%	0.0%	0.2%	0.0%
Number of IADLs (Grid Component)					
IADL_1-2	0.00	11.6%	11.5%	5.8%	11.5%
IADL_3	220.61	12.7%	12.1%	9.8%	12.1%
IADL_4	541.31	19.0%	19.7%	17.7%	19.7%
IADL_5	898.91	30.5%	28.0%	32.8%	28.0%
IADL_6	1,120.05	26.3%	28.7%	33.9%	28.7%
Specific ADLs / Equipment Used (Add-On)					
Eating_2	307.11	24.8%	20.8%	26.1%	20.8%
Toileting_2	408.84	24.3%	22.1%	26.0%	22.1%
Transfer_1-2	263.99	22.4%	20.3%	22.4%	20.3%
Interaction Terms (Add-On)					
Other Federal DD_Anxiety	231.31	2.7%	2.1%	3.1%	2.1%
Injury_Mental Illness	561.18	0.3%	0.2%	0.3%	0.2%
Injury_Overnight	1,068.56	1.1%	1.1%	1.4%	1.1%
Mental Retardation_Bipolar	341.22	4.2%	3.2%	3.3%	3.2%
Mental Retardation_Other Mental Illness	364.30	11.3%	12.7%	14.8%	12.7%
Overnight_Age Under 30	453.15	4.2%	3.2%	6.7%	3.2%
Overnight_Mental Illness	580.47	4.0%	2.6%	8.5%	2.6%
Overnight_Mental Illness_Age Under 30	2,129.36	0.7%	0.0%	1.7%	0.0%
Seizure Pre-22_Depression	179.84	4.5%	3.1%	3.3%	3.1%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.3%	0.1%	0.4%	0.1%
Trauma BI Post-22_Depression	398.06	1.2%	0.2%	1.6%	0.2%
Dress_Bath_Equip	530.37	33.1%	25.3%	38.3%	25.3%
Transfer_Equip_Mobility	711.34	6.5%	6.0%	6.3%	6.0%
Behavioral Variables (Add-On)					
Cognition_3	330.21	23.8%	23.9%	25.5%	23.9%
Injury_1	365.28	10.8%	16.2%	11.6%	16.2%
Injury_2	489.37	5.6%	3.9%	4.7%	3.9%
Offensive_1	401.03	21.5%	24.6%	16.0%	24.6%
Offensive_2	963.41	9.5%	6.9%	8.5%	6.9%
Offensive_3	2,166.05	2.0%	1.8%	4.0%	1.8%
Wander_2	1,181.32	3.1%	3.5%	2.3%	3.5%
Mental Health_2	260.51	45.1%	32.1%	43.2%	32.1%
Resistive_1	300.33	10.2%	13.5%	15.2%	13.5%
Medication Use (Add-On)					
Meds_2B	543.36	57.7%	50.1%	61.3%	50.1%
Health Related Services (Add-On)					
Exercise	280.91	9.8%	6.6%	12.6%	6.6%
Ostomy	683.50	0.5%	0.9%	0.5%	0.9%
Overnight	459.44	69.2%	68.8%	77.8%	68.8%
Urinary	640.27	0.8%	0.9%	1.2%	0.9%
Tracheostomy	2,432.87	0.4%	0.3%	0.3%	0.3%
Reposition	474.58	7.5%	7.0%	7.0%	7.0%
Diagnoses (Add-On)					
Brain Injury Pre-22	123.62	5.1%	4.8%	3.9%	4.8%
Mental Retardation	261.81	79.8%	79.4%	77.2%	79.4%
Developmentally Disabled Base Composite	\$3,505.22	\$3,127.32	\$2,939.00	\$3,391.27	\$2,939.00
Implied Risk Score		0.8922	0.8385	0.9675	0.8385
2015 Exposure Months		3,782	0	3,631	0

Exhibit D1B1
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 2)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 5-6)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)	CCI (GSR 11)	Comm Link (GSR 1)	Comm Link (GSR 2)
Intercept (Grid Component)	137.77	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)												
Vent Dependent	7,177.78	0.0%	0.1%	0.1%	0.0%	0.1%	0.0%	0.2%	0.0%	0.2%	0.1%	0.0%
Dual Enrollee	243.65	73.8%	75.3%	73.8%	73.7%	75.4%	71.0%	64.2%	76.4%	68.9%	74.6%	75.4%
DD1A	358.89	2.7%	3.4%	2.3%	2.3%	2.3%	2.3%	2.4%	2.4%	2.0%	2.9%	2.8%
High Cost (3 Parameters)	2,057.81	0.6%	0.7%	1.1%	0.9%	1.0%	1.0%	0.2%	0.4%	0.6%	0.5%	0.5%
Number of IADLs (Grid Component)												
IADL_1-2	0.00	8.8%	5.9%	6.4%	5.6%	6.4%	3.8%	3.3%	9.3%	2.6%	8.2%	8.7%
IADL_3	220.61	12.9%	10.5%	15.6%	9.3%	15.0%	8.1%	11.1%	14.9%	11.8%	13.5%	12.4%
IADL_4	541.31	17.2%	15.9%	18.0%	14.6%	17.9%	16.3%	15.1%	18.3%	17.4%	16.8%	16.5%
IADL_5	898.91	33.4%	30.6%	31.4%	33.6%	31.2%	33.6%	30.2%	27.3%	29.5%	30.6%	33.8%
IADL_6	1,120.05	27.8%	37.1%	28.6%	36.9%	29.5%	38.2%	40.2%	30.2%	38.7%	30.8%	28.8%
Specific ADLs / Equipment Used (Add-On)												
Eating_2	307.11	20.3%	25.0%	19.6%	25.5%	19.8%	23.1%	18.2%	22.7%	23.1%	25.5%	21.5%
Toileting_2	408.84	20.0%	27.1%	18.2%	26.2%	18.9%	21.5%	22.5%	16.3%	20.4%	21.6%	20.7%
Transfer_1-2	263.99	21.1%	22.4%	17.5%	21.5%	18.0%	17.2%	20.9%	19.5%	20.4%	19.1%	21.5%
Interaction Terms (Add-On)												
Other Federal DD_Anxiety	231.31	5.8%	5.2%	5.2%	5.3%	5.0%	7.0%	2.7%	5.5%	2.5%	7.6%	5.5%
Injury_Mental Illness	561.18	1.7%	2.4%	2.6%	4.0%	2.6%	3.2%	2.0%	3.4%	2.9%	2.9%	1.8%
Injury_Overnight	1,068.56	4.3%	3.1%	4.5%	5.1%	4.4%	6.6%	3.3%	6.0%	5.9%	5.3%	4.5%
Mental Retardation_Bipolar	341.22	5.0%	8.0%	4.7%	4.6%	4.6%	3.4%	7.6%	4.9%	7.0%	5.2%	5.1%
Mental Retardation_Other Mental Illness	364.30	17.1%	15.1%	17.4%	14.0%	17.5%	15.2%	14.4%	16.5%	14.5%	22.6%	17.0%
Overnight_Age Under 30	453.15	4.9%	5.5%	6.4%	6.4%	5.7%	5.1%	6.3%	4.5%	4.8%	4.3%	4.8%
Overnight_Mental Illness	580.47	7.7%	12.1%	9.2%	9.8%	8.4%	7.3%	7.1%	8.1%	7.4%	8.6%	7.9%
Overnight_Mental Illness_Age Under 30	2,129.36	1.5%	2.3%	3.0%	2.0%	2.5%	2.0%	1.3%	1.2%	1.2%	1.3%	1.4%
Seizure Pre-22_Depression	179.84	5.7%	6.5%	4.7%	5.5%	4.8%	5.8%	4.5%	6.6%	4.0%	7.2%	5.9%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	1.4%	0.8%	1.1%	1.1%	1.0%	1.2%	2.0%	1.1%	2.1%	1.7%	1.4%
Trauma BI Post-22_Depression	398.06	2.7%	2.5%	2.1%	3.5%	2.3%	2.0%	3.7%	2.2%	3.7%	2.5%	2.7%
Dress_Bath_Equip	530.37	37.5%	45.8%	38.1%	42.0%	38.8%	38.2%	35.3%	37.7%	42.2%	42.8%	38.7%
Transfer_Equip_Mobility	711.34	5.7%	5.3%	4.0%	6.1%	4.0%	4.7%	4.7%	4.8%	5.6%	4.9%	5.9%
Behavioral Variables (Add-On)												
Cognition_3	330.21	27.3%	28.1%	26.1%	33.2%	26.3%	33.0%	29.7%	23.3%	23.7%	26.5%	28.0%
Injury_1	365.28	5.7%	8.4%	4.0%	10.6%	3.9%	3.9%	4.5%	4.1%	5.5%	6.5%	5.7%
Injury_2	489.37	7.2%	8.0%	4.2%	6.2%	4.0%	6.9%	6.2%	6.9%	5.6%	6.3%	7.3%
Offensive_1	401.03	10.0%	14.5%	6.7%	16.4%	6.4%	6.1%	9.6%	7.6%	7.2%	10.4%	9.5%
Offensive_2	963.41	12.9%	15.1%	7.9%	10.9%	8.1%	14.4%	9.5%	8.5%	11.9%	10.8%	13.0%
Offensive_3	2,166.05	11.4%	9.6%	13.9%	12.1%	14.1%	17.3%	10.8%	15.8%	10.4%	10.8%	11.7%
Wander_2	1,181.32	5.2%	3.4%	2.3%	4.4%	2.4%	4.7%	2.0%	2.6%	4.6%	6.0%	5.2%
Mental Health_2	260.51	57.7%	57.1%	53.4%	53.5%	53.0%	49.7%	46.8%	55.8%	48.7%	65.5%	57.4%
Resistive_1	300.33	12.7%	11.5%	5.9%	12.6%	5.8%	11.4%	6.1%	6.5%	7.0%	9.7%	13.3%
Medication Use (Add-On)												
Meds_2B	543.36	67.4%	69.4%	69.1%	67.7%	69.9%	74.9%	74.2%	68.9%	77.6%	68.6%	68.6%
Health Related Services (Add-On)												
Exercise	280.91	15.6%	19.5%	8.6%	20.4%	8.7%	11.9%	9.7%	8.4%	8.1%	13.8%	16.1%
Ostomy	683.50	0.9%	0.5%	0.2%	0.1%	0.2%	0.3%	0.4%	0.4%	0.2%	0.5%	0.9%
Overnight	459.44	81.5%	79.4%	75.8%	81.2%	75.8%	79.3%	75.2%	73.7%	77.3%	73.1%	82.6%
Urinary	640.27	1.4%	0.9%	1.0%	1.2%	1.1%	0.8%	0.4%	0.6%	1.0%	0.6%	1.4%
Tracheostomy	2,432.87	0.5%	0.1%	0.1%	0.4%	0.1%	0.0%	0.1%	0.0%	0.3%	0.3%	0.5%
Reposition	474.58	7.3%	6.7%	6.3%	7.8%	6.4%	7.1%	8.9%	5.0%	7.2%	6.4%	7.6%
Diagnoses (Add-On)												
Brain Injury Pre-22	123.62	7.9%	5.5%	6.2%	8.2%	6.0%	5.8%	6.6%	7.3%	5.6%	8.4%	7.9%
Mental Retardation	261.81	75.6%	76.1%	72.9%	65.4%	72.5%	65.0%	73.6%	68.8%	67.0%	64.1%	76.8%
Developmentally Disabled Composite	\$3,566.46	\$3,649.00	\$3,832.82	\$3,519.92	\$3,856.68	\$3,524.61	\$3,859.46	\$3,537.44	\$3,502.96	\$3,641.28	\$3,644.32	\$3,703.59

Exhibit D1Bii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Base Cohort MCO/GSR Functionally Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Comm Link (GSR 3)	Comm Link (GSR 4)	Comm Link (GSR 5)	Comm Link (GSR 5-6)	Comm Link (GSR 7)	LCD (GSR 9)	MCFC (GSR 6)	MCFC (GSR 5-6)	MCFC (GSR 8)	MCFC (GSR 11)
Intercept (Grid Component)	137.77	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)											
Vent Dependent	7,177.78	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%	0.0%	0.1%	0.2%
Dual Enrollee	243.65	76.5%	73.6%	75.4%	72.4%	74.4%	74.3%	73.8%	72.4%	69.0%	68.3%
DD1A	358.89	3.2%	3.3%	3.3%	2.2%	3.1%	3.5%	2.3%	2.2%	3.6%	2.2%
High Cost (3 Parameters)	2,057.81	0.2%	0.6%	0.7%	1.0%	1.2%	0.5%	1.1%	1.0%	0.7%	0.7%
Number of IADLs (Grid Component)											
IADL_1-2	0.00	12.4%	11.1%	5.9%	4.9%	6.5%	6.6%	6.4%	4.9%	4.4%	2.7%
IADL_3	220.61	16.6%	14.6%	10.6%	8.9%	16.5%	12.0%	15.6%	8.9%	10.0%	11.6%
IADL_4	541.31	14.3%	17.4%	16.1%	15.5%	18.8%	16.8%	18.0%	15.5%	17.3%	17.3%
IADL_5	898.91	27.0%	22.3%	30.9%	33.6%	25.7%	29.1%	31.4%	33.6%	35.1%	29.5%
IADL_6	1,120.05	29.7%	34.6%	36.6%	37.2%	32.5%	35.5%	28.6%	37.2%	33.2%	39.0%
Specific ADLs / Equipment Used (Add-On)											
Eating_2	307.11	20.1%	24.1%	24.8%	24.2%	27.1%	20.8%	19.6%	24.2%	18.5%	23.1%
Toileting_2	408.84	21.7%	19.0%	26.8%	23.9%	21.9%	19.0%	18.2%	23.9%	23.5%	20.7%
Transfer_1-2	263.99	22.6%	20.0%	22.2%	19.5%	20.8%	17.1%	17.5%	19.5%	23.0%	20.8%
Interaction Terms (Add-On)											
Other Federal DD_Anxiety	231.31	5.5%	5.2%	5.2%	6.3%	6.6%	2.7%	5.2%	6.3%	2.2%	2.5%
Injury_Mental Illness	561.18	0.8%	1.5%	2.4%	3.6%	2.8%	1.2%	2.6%	3.6%	1.8%	2.9%
Injury_Overnight	1,068.56	2.4%	3.3%	3.1%	5.7%	4.9%	2.4%	4.5%	5.7%	2.7%	5.8%
Mental Retardation_Bipolar	341.22	6.4%	4.0%	8.0%	4.1%	5.7%	6.2%	4.7%	4.1%	6.4%	7.1%
Mental Retardation_Other Mental Illness	364.30	15.6%	16.3%	14.9%	14.5%	19.4%	15.4%	17.4%	14.5%	17.8%	14.5%
Overnight_Age Under 30	453.15	4.7%	4.8%	5.6%	5.8%	6.2%	4.7%	6.4%	5.8%	4.2%	4.9%
Overnight_Mental Illness	580.47	6.5%	7.3%	12.0%	8.6%	13.4%	7.7%	9.2%	8.6%	10.1%	7.7%
Overnight_Mental Illness_Age Under 30	2,129.36	1.3%	1.6%	2.3%	2.0%	3.3%	1.6%	3.0%	2.0%	1.5%	1.3%
Seizure Pre-22_Depression	179.84	6.5%	5.3%	6.4%	5.7%	7.4%	8.0%	4.7%	5.7%	5.3%	4.2%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.7%	0.7%	0.8%	1.2%	1.5%	0.4%	1.1%	1.2%	1.3%	2.1%
Trauma BI Post-22_Depression	398.06	2.3%	1.3%	2.5%	2.8%	3.7%	1.6%	2.1%	2.8%	3.3%	3.9%
Dress_Bath_Equip	530.37	36.4%	36.9%	45.4%	40.2%	41.6%	37.5%	38.1%	40.2%	44.7%	42.6%
Transfer_Equip_Mobility	711.34	5.0%	4.9%	5.3%	5.4%	3.6%	5.0%	4.0%	5.4%	5.8%	5.7%
Behavioral Variables (Add-On)											
Cognition_3	330.21	26.0%	23.4%	27.9%	32.7%	23.5%	19.1%	26.1%	32.7%	28.5%	24.0%
Injury_1	365.28	5.7%	2.9%	8.3%	7.8%	3.8%	6.5%	4.0%	7.8%	4.8%	5.6%
Injury_2	489.37	4.6%	5.8%	8.1%	6.5%	4.9%	5.8%	4.2%	6.5%	3.9%	5.6%
Offensive_1	401.03	8.5%	6.3%	14.5%	11.8%	6.6%	12.8%	6.7%	11.8%	8.7%	7.2%
Offensive_2	963.41	9.7%	10.5%	15.0%	12.3%	9.4%	10.7%	7.9%	12.3%	8.1%	12.2%
Offensive_3	2,166.05	5.0%	7.3%	9.4%	14.2%	10.2%	5.8%	13.9%	14.2%	7.1%	10.4%
Wander_2	1,181.32	3.7%	4.7%	3.4%	4.5%	4.2%	2.2%	2.3%	4.5%	3.8%	4.7%
Mental Health_2	260.51	60.2%	53.8%	57.2%	52.1%	60.8%	52.8%	53.4%	52.1%	53.5%	49.8%
Resistive_1	300.33	7.5%	9.9%	11.3%	11.9%	8.5%	7.8%	5.9%	11.9%	4.8%	6.9%
Medication Use (Add-On)											
Meds_2B	543.36	61.4%	60.0%	69.1%	70.8%	68.3%	59.9%	69.1%	70.8%	77.5%	77.9%
Health Related Services (Add-On)											
Exercise	280.91	8.4%	13.7%	19.3%	16.4%	13.1%	9.9%	8.6%	16.4%	6.5%	8.2%
Ostomy	683.50	0.4%	0.7%	0.5%	0.3%	0.3%	0.7%	0.2%	0.3%	0.8%	0.3%
Overnight	459.44	71.3%	69.2%	79.1%	80.4%	74.6%	76.6%	75.8%	80.4%	81.9%	77.9%
Urinary	640.27	0.3%	0.9%	0.9%	1.0%	1.0%	0.6%	1.0%	1.0%	0.9%	0.9%
Tracheostomy	2,432.87	0.1%	0.2%	0.1%	0.2%	0.2%	0.3%	0.1%	0.2%	0.3%	0.3%
Reposition	474.58	6.1%	7.1%	6.6%	7.4%	5.2%	5.2%	6.3%	7.4%	7.7%	7.3%
Diagnoses (Add-On)											
Brain Injury Pre-22	123.62	7.2%	5.8%	5.5%	7.2%	8.7%	5.3%	6.2%	7.2%	6.4%	5.8%
Mental Retardation	261.81	69.9%	73.7%	75.7%	65.0%	67.5%	82.3%	72.9%	65.0%	74.8%	66.5%
Developmentally Disabled Composite	\$3,566.46	\$3,200.85	\$3,292.34	\$3,814.17	\$3,840.91	\$3,608.83	\$3,324.51	\$3,519.92	\$3,840.91	\$3,572.71	\$3,660.40

Exhibit D1Biii
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 June 2016 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
 Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 1)	Care WI (GSR 3)	CCI (GSR 9)	LCD (GSR 10)
Intercept (Grid Component)	137.77	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	7,177.78	0.1%	0.0%	0.0%	0.0%
Dual Enrollee	243.65	74.6%	76.5%	73.9%	75.8%
DD1A	358.89	2.9%	3.2%	3.4%	2.4%
High Cost (3 Parameters)	2,057.81	0.5%	0.2%	0.5%	0.4%
Number of IADLs (Grid Component)					
IADL_1-2	0.00	8.2%	12.4%	6.9%	9.4%
IADL_3	220.61	13.5%	16.6%	12.0%	14.9%
IADL_4	541.31	16.8%	14.3%	17.1%	18.6%
IADL_5	898.91	30.6%	27.0%	28.7%	26.7%
IADL_6	1,120.05	30.8%	29.7%	35.3%	30.3%
Specific ADLs / Equipment Used (Add-On)					
Eating_2	307.11	25.5%	20.1%	20.6%	22.6%
Toileting_2	408.84	21.6%	21.7%	19.1%	16.4%
Transfer_1-2	263.99	19.1%	22.6%	17.5%	19.4%
Interaction Terms (Add-On)					
Other Federal DD_Anxiety	231.31	7.6%	5.5%	2.8%	5.4%
Injury_Mental Illness	561.18	2.9%	0.8%	1.3%	3.4%
Injury_Overnight	1,068.56	5.3%	2.4%	2.3%	5.9%
Mental Retardation_Bipolar	341.22	5.2%	6.4%	6.1%	5.2%
Mental Retardation_Other Mental Illness	364.30	22.6%	15.6%	15.1%	16.9%
Overnight_Age Under 30	453.15	4.3%	4.7%	5.0%	4.6%
Overnight_Mental Illness	580.47	8.6%	6.5%	7.8%	7.9%
Overnight_Mental Illness_Age Under 30	2,129.36	1.3%	1.3%	1.7%	1.2%
Seizure Pre-22_Depression	179.84	7.2%	6.5%	8.2%	6.5%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	1.7%	0.7%	0.6%	1.1%
Trauma BI Post-22_Depression	398.06	2.5%	2.3%	1.9%	2.1%
Dress_Bath_Equip	530.37	42.8%	36.4%	37.9%	37.6%
Transfer_Equip_Mobility	711.34	4.9%	5.0%	5.1%	4.6%
Behavioral Variables (Add-On)					
Cognition_3	330.21	26.5%	26.0%	19.7%	23.5%
Injury_1	365.28	6.5%	5.7%	6.4%	4.2%
Injury_2	489.37	6.3%	4.6%	5.6%	6.6%
Offensive_1	401.03	10.4%	8.5%	12.6%	7.6%
Offensive_2	963.41	10.8%	9.7%	10.4%	8.5%
Offensive_3	2,166.05	10.8%	5.0%	6.0%	15.5%
Wander_2	1,181.32	6.0%	3.7%	2.1%	2.5%
Mental Health_2	260.51	65.5%	60.2%	53.2%	55.7%
Resistive_1	300.33	9.7%	7.5%	7.9%	6.2%
Medication Use (Add-On)					
Meds_2B	543.36	68.6%	61.4%	60.1%	68.0%
Health Related Services (Add-On)					
Exercise	280.91	13.8%	8.4%	10.0%	8.7%
Ostomy	683.50	0.5%	0.4%	0.7%	0.4%
Overnight	459.44	73.1%	71.3%	76.4%	73.5%
Urinary	640.27	0.6%	0.3%	0.6%	0.7%
Tracheostomy	2,432.87	0.3%	0.1%	0.2%	0.0%
Reposition	474.58	6.4%	6.1%	5.5%	4.9%
Diagnoses (Add-On)					
Brain Injury Pre-22	123.62	8.4%	7.2%	5.2%	7.3%
Mental Retardation	261.81	64.1%	69.9%	81.0%	69.0%
Developmentally Disabled Composite	\$3,566.46	\$3,644.32	\$3,200.85	\$3,326.97	\$3,479.32

Exhibit D1Biv
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Developmentally Disabled

Variable	Statewide Estimate	Care WI (GSR 13)	Comm Link (GSR 14)	LCD (GSR 13)	MCFC (GSR 14)
Intercept (Grid Component)	137.77	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	7,177.78	0.1%	0.2%	0.1%	0.2%
Dual Enrollee	243.65	68.4%	70.2%	67.1%	70.2%
DD1A	358.89	3.1%	4.0%	4.4%	4.0%
High Cost (3 Parameters)	2,057.81	0.1%	0.0%	0.2%	0.0%
Number of IADLs (Grid Component)					
IADL_1-2	0.00	10.6%	11.5%	4.0%	11.5%
IADL_3	220.61	13.3%	11.5%	9.8%	11.5%
IADL_4	541.31	18.3%	19.8%	15.9%	19.8%
IADL_5	898.91	25.2%	29.6%	32.6%	29.6%
IADL_6	1,120.05	32.6%	27.6%	37.7%	27.6%
Specific ADLs / Equipment Used (Add-On)					
Eating_2	307.11	23.6%	20.5%	25.0%	20.5%
Toileting_2	408.84	24.2%	22.1%	25.4%	22.1%
Transfer_1-2	263.99	21.5%	20.0%	22.7%	20.0%
Interaction Terms (Add-On)					
Other Federal DD_Anxiety	231.31	3.5%	1.9%	3.4%	1.9%
Injury_Mental Illness	561.18	0.4%	0.2%	0.9%	0.2%
Injury_Overnight	1,068.56	0.8%	1.0%	2.0%	1.0%
Mental Retardation_Bipolar	341.22	4.3%	3.3%	3.6%	3.3%
Mental Retardation_Other Mental Illness	364.30	10.5%	12.9%	14.0%	12.9%
Overnight_Age Under 30	453.15	3.8%	3.5%	7.0%	3.5%
Overnight_Mental Illness	580.47	4.9%	2.5%	10.4%	2.5%
Overnight_Mental Illness_Age Under 30	2,129.36	0.9%	0.0%	2.0%	0.0%
Seizure Pre-22_Depression	179.84	4.5%	2.9%	3.4%	2.9%
Trauma BI Post-22_Alcohol/Drug Abuse	456.84	0.3%	0.0%	0.7%	0.0%
Trauma BI Post-22_Depression	398.06	1.2%	0.2%	2.1%	0.2%
Dress_Bath_Equip	530.37	33.3%	25.3%	41.0%	25.3%
Transfer_Equip_Mobility	711.34	6.0%	6.1%	6.6%	6.1%
Behavioral Variables (Add-On)					
Cognition_3	330.21	23.3%	23.8%	26.0%	23.8%
Injury_1	365.28	10.8%	16.7%	11.2%	16.7%
Injury_2	489.37	5.7%	3.8%	6.3%	3.8%
Offensive_1	401.03	18.0%	25.5%	16.9%	25.5%
Offensive_2	963.41	9.8%	6.7%	10.3%	6.7%
Offensive_3	2,166.05	3.4%	2.1%	4.7%	2.1%
Wander_2	1,181.32	3.6%	3.5%	2.6%	3.5%
Mental Health_2	260.51	48.6%	31.5%	46.4%	31.5%
Resistive_1	300.33	11.0%	13.4%	14.6%	13.4%
Medication Use (Add-On)					
Meds_2B	543.36	61.1%	50.3%	65.1%	50.3%
Health Related Services (Add-On)					
Exercise	280.91	8.8%	6.9%	12.8%	6.9%
Ostomy	683.50	0.5%	1.0%	0.4%	1.0%
Overnight	459.44	69.4%	69.1%	80.3%	69.1%
Urinary	640.27	1.0%	1.0%	1.0%	1.0%
Tracheostomy	2,432.87	0.4%	0.2%	0.2%	0.2%
Reposition	474.58	6.5%	7.3%	8.6%	7.3%
Diagnoses (Add-On)					
Brain Injury Pre-22	123.62	5.4%	4.6%	4.5%	4.6%
Mental Retardation	261.81	78.3%	79.3%	74.0%	79.3%
Developmentally Disabled Composite	\$3,566.46	\$3,167.97	\$2,948.50	\$3,545.82	\$2,948.50

Exhibit D2Ai
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 2)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 5-6)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)	CCI (GSR 11)	Comm Link (GSR 1)	Comm Link (GSR 2)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)												
Vent Dependent	8,262.80	0.0%	1.3%	1.0%	2.4%	0.4%	1.4%	0.1%	0.6%	1.6%	1.1%	0.3%
SNF	409.99	19.9%	28.5%	32.6%	29.1%	26.8%	30.2%	23.2%	29.4%	23.1%	26.8%	25.3%
Number of IADLs (Grid Component)												
IADL_1	0.00	16.5%	14.5%	9.5%	7.3%	17.6%	13.6%	12.3%	16.0%	13.4%	19.8%	17.4%
IADL_2	197.49	23.5%	15.7%	16.6%	9.3%	18.5%	16.9%	20.0%	18.2%	17.2%	19.0%	19.0%
IADL_3	376.54	16.9%	17.4%	20.2%	20.2%	13.6%	17.9%	18.5%	18.6%	19.4%	16.1%	20.4%
IADL_4	557.49	24.4%	17.0%	20.4%	21.6%	17.0%	20.2%	18.5%	17.8%	20.0%	15.3%	17.4%
IADL_5-6	912.08	18.8%	35.4%	33.3%	41.6%	33.3%	31.4%	30.7%	29.6%	30.0%	29.8%	25.9%
Specific ADLs / Equipment Used (Add-On)												
Toileting_1	97.29	24.1%	24.0%	23.6%	20.5%	23.0%	17.9%	32.4%	35.3%	26.5%	25.1%	22.3%
Transfer_2	926.02	15.8%	26.0%	25.2%	35.8%	29.8%	24.0%	19.5%	29.4%	22.4%	22.0%	15.2%
Interaction Terms (Add-On)												
Injury_Overnight	2,421.46	0.0%	0.1%	2.8%	0.0%	0.8%	0.8%	0.0%	0.6%	0.0%	1.0%	0.1%
Mental Illness_3 or More Mental Disorders	65.58	21.6%	13.2%	19.3%	12.6%	12.5%	17.1%	10.0%	12.6%	16.0%	22.0%	20.6%
Overnight_Age Under 30	93.45	2.0%	1.2%	3.1%	1.6%	3.5%	1.7%	0.5%	2.2%	0.7%	1.4%	0.7%
Overnight_Mental Illness	592.69	5.0%	9.8%	5.1%	10.1%	4.2%	8.9%	4.3%	8.2%	4.5%	6.8%	5.1%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.7%	0.4%	0.0%	0.0%	1.1%	0.7%	0.6%	0.6%	0.6%	0.8%	0.4%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	2.5%	1.6%	4.9%	1.3%	1.2%	0.3%	0.9%	0.6%	0.9%	2.6%	1.8%
Trauma BI Post-22_Exercise	2,007.18	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.0%	0.0%	0.0%	0.2%	0.2%
Trauma BI Post-22_Other Mental Illness	387.21	0.3%	0.3%	2.4%	1.8%	0.9%	2.2%	0.6%	0.5%	0.0%	2.1%	1.5%
Dress_Bath_Equip	213.31	52.5%	64.4%	56.0%	61.0%	59.9%	66.6%	65.4%	66.8%	64.6%	66.0%	47.5%
Transfer_Equip_Mobility	558.22	3.9%	6.9%	5.1%	7.2%	7.9%	8.4%	4.2%	5.0%	6.2%	8.0%	5.3%
Behavioral Variables (Add-On)												
Cognition_2-3	202.90	10.7%	18.5%	23.2%	34.3%	20.1%	24.7%	18.9%	25.2%	16.4%	21.0%	16.4%
Injury_1-2	282.23	3.8%	4.1%	8.7%	3.4%	3.4%	3.1%	1.0%	0.7%	1.3%	2.2%	2.6%
Offensive_1	665.85	3.7%	4.1%	0.8%	5.8%	2.4%	2.0%	2.6%	4.5%	1.6%	3.3%	3.3%
Offensive_2	1,003.70	2.7%	3.2%	8.6%	3.7%	2.1%	3.8%	1.2%	4.2%	1.5%	3.4%	2.0%
Offensive_3	1,680.50	2.2%	2.5%	0.0%	1.4%	2.8%	5.4%	0.1%	1.4%	1.1%	2.5%	1.2%
Wander_2	477.50	0.2%	2.3%	0.0%	1.8%	0.6%	3.1%	0.9%	2.4%	0.7%	1.0%	1.7%
Mental Health_2	67.89	73.7%	70.3%	72.7%	81.4%	68.8%	77.0%	53.2%	74.4%	64.1%	80.4%	79.0%
Alcohol Drug Abuse	170.65	21.0%	14.3%	13.6%	15.9%	13.6%	17.7%	15.2%	20.2%	14.1%	19.7%	21.1%
Medication Use (Add-On)												
Meds_2B	195.12	26.4%	30.4%	49.9%	43.4%	40.4%	37.2%	44.5%	40.0%	45.3%	37.9%	40.6%
Health Related Services (Add-On)												
Exercise	345.59	6.7%	25.2%	12.2%	25.5%	13.8%	16.4%	12.2%	12.1%	11.9%	16.2%	11.9%
Ulcer Stage 2	721.60	0.7%	1.3%	2.2%	4.6%	3.7%	1.6%	1.1%	0.2%	0.4%	2.4%	2.2%
Ulcer Stage 3-4	802.90	0.6%	2.2%	0.2%	0.4%	1.4%	1.6%	1.1%	1.5%	1.7%	2.7%	2.1%
Respirate	189.62	6.3%	7.1%	8.8%	11.2%	5.8%	11.0%	7.9%	9.6%	7.8%	10.1%	7.9%
Overnight	306.80	38.4%	57.5%	55.5%	69.5%	56.6%	49.2%	51.0%	58.8%	53.6%	50.7%	50.2%
Urinary	334.06	2.4%	3.5%	1.0%	6.5%	5.6%	5.7%	2.4%	2.4%	1.4%	2.2%	4.2%
Wound	256.77	6.9%	3.2%	1.2%	3.7%	4.0%	4.2%	3.4%	3.0%	3.5%	5.4%	5.4%
Tracheostomy	4,389.81	1.3%	1.1%	1.0%	4.1%	0.4%	1.0%	0.6%	1.0%	1.7%	1.5%	0.3%
Reposition	714.67	5.5%	9.7%	6.3%	12.8%	18.4%	9.9%	7.9%	9.2%	8.5%	10.1%	7.2%
Diagnoses (Add-On)												
Alzheimers	233.71	3.2%	15.6%	7.7%	16.7%	12.2%	13.6%	9.0%	14.5%	13.9%	10.7%	10.5%
Physically Disabled Composite	\$2,388.69	\$2,081.23	\$2,697.27	\$2,645.78	\$3,242.81	\$2,613.72	\$2,740.04	\$2,263.06	\$2,608.35	\$2,498.22	\$2,610.79	\$2,245.85
Implied Risk Score		0.8713	1.1292	1.1076	1.3576	1.0942	1.1471	0.9474	1.0920	1.0459	1.0930	0.9402
2015 Exposure Months		930	3,217	491	1,526	2,675	1,765	8,027	2,136	4,961	5,035	8,728

Exhibit D2Aii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Comm Link (GSR 3)	Comm Link (GSR 4)	Comm Link (GSR 5)	Comm Link (GSR 5-6)	Comm Link (GSR 7)	LCD (GSR 9)	MCFC (GSR 6)	MCFC (GSR 5-6)	MCFC (GSR 8)	MCFC (GSR 11)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)											
Vent Dependent	8,262.80	0.3%	0.5%	0.8%	0.0%	0.2%	0.2%	0.0%	0.0%	0.1%	0.0%
SNF	409.99	25.6%	22.5%	30.9%	15.9%	29.3%	24.8%	65.3%	21.6%	22.1%	33.9%
Number of IADLs (Grid Component)											
IADL_1	0.00	25.3%	17.8%	26.2%	32.2%	12.4%	13.7%	1.4%	5.9%	13.2%	12.7%
IADL_2	197.49	18.2%	19.9%	27.2%	28.1%	19.9%	13.7%	13.8%	29.9%	21.4%	14.2%
IADL_3	376.54	17.4%	17.7%	12.7%	30.3%	20.4%	20.3%	26.7%	22.5%	19.6%	20.4%
IADL_4	557.49	12.5%	15.5%	24.2%	4.3%	17.3%	18.6%	5.8%	34.3%	17.9%	28.4%
IADL_5-6	912.08	26.7%	29.0%	9.7%	5.1%	30.1%	33.8%	52.3%	7.4%	27.9%	24.2%
Specific ADLs / Equipment Used (Add-On)											
Toileting_1	97.29	25.3%	25.3%	21.2%	35.1%	25.2%	32.3%	36.4%	27.6%	29.1%	37.0%
Transfer_2	926.02	21.7%	20.0%	9.8%	25.6%	18.5%	22.4%	66.5%	24.6%	16.4%	27.1%
Interaction Terms (Add-On)											
Injury_Overnight	2,421.46	0.5%	0.2%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.1%	1.2%
Mental Illness_3 or More Mental Disorders	65.58	13.7%	16.5%	21.7%	12.0%	20.5%	15.6%	17.4%	15.7%	11.6%	19.9%
Overnight_Age Under 30	93.45	1.6%	1.2%	0.0%	0.0%	0.5%	1.5%	0.0%	0.0%	0.1%	1.0%
Overnight_Mental Illness	592.69	5.7%	5.2%	6.4%	0.0%	9.0%	10.2%	24.6%	2.0%	5.0%	12.3%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.8%	1.3%	0.0%	0.0%	0.7%	0.7%	0.0%	0.0%	0.6%	0.0%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	1.0%	0.7%	5.3%	0.0%	2.5%	2.3%	0.0%	0.0%	1.0%	1.6%
Trauma BI Post-22_Exercise	2,007.18	0.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	387.21	0.9%	0.5%	4.5%	0.0%	1.9%	1.9%	0.0%	0.0%	0.7%	1.7%
Dress_Bath_Equip	213.31	60.0%	57.6%	58.7%	43.4%	56.9%	58.3%	43.6%	64.6%	67.6%	73.9%
Transfer_Equip_Mobility	558.22	6.5%	5.7%	0.0%	0.0%	5.8%	5.8%	10.1%	21.6%	4.5%	6.0%
Behavioral Variables (Add-On)											
Cognition_2-3	202.90	17.1%	16.9%	12.6%	18.8%	17.0%	21.0%	13.0%	7.4%	18.9%	15.4%
Injury_1-2	282.23	2.1%	1.6%	0.3%	0.0%	1.6%	2.1%	0.0%	0.0%	1.0%	0.0%
Offensive_1	665.85	4.6%	2.9%	0.0%	6.8%	0.7%	4.5%	10.1%	0.0%	2.8%	0.5%
Offensive_2	1,003.70	1.9%	2.0%	1.6%	0.0%	3.5%	2.5%	7.2%	2.0%	1.6%	0.0%
Offensive_3	1,680.50	0.9%	0.7%	4.8%	0.0%	2.2%	0.7%	7.2%	0.0%	1.5%	0.4%
Wander_2	477.50	2.3%	1.4%	5.2%	0.0%	0.4%	1.6%	7.2%	0.0%	0.9%	0.5%
Mental Health_2	67.89	71.0%	77.8%	78.2%	85.4%	83.2%	77.7%	50.8%	74.4%	60.7%	71.1%
Alcohol Drug Abuse	170.65	14.8%	14.3%	30.7%	0.4%	22.7%	19.8%	0.0%	0.0%	15.0%	12.8%
Medication Use (Add-On)											
Meds_2B	195.12	25.4%	32.8%	15.6%	9.4%	43.3%	34.9%	37.8%	10.4%	39.8%	39.4%
Health Related Services (Add-On)											
Exercise	345.59	15.7%	14.4%	10.7%	11.7%	13.0%	9.5%	31.8%	18.7%	5.3%	8.7%
Ulcer Stage 2	721.60	1.8%	2.3%	0.4%	0.0%	3.1%	0.3%	0.0%	0.0%	1.3%	1.5%
Ulcer Stage 3-4	802.90	1.6%	1.8%	0.0%	0.0%	2.1%	1.2%	26.0%	3.0%	1.3%	2.7%
Respirate	189.62	5.8%	7.9%	6.6%	11.7%	7.5%	8.8%	4.5%	9.9%	4.1%	4.9%
Overnight	306.80	47.1%	53.5%	54.1%	42.9%	46.1%	52.5%	84.8%	30.5%	46.7%	70.1%
Urinary	334.06	4.1%	4.1%	0.0%	0.0%	3.1%	1.4%	17.4%	3.0%	1.3%	5.8%
Wound	256.77	7.0%	4.8%	7.0%	10.7%	5.6%	8.0%	0.0%	1.0%	3.4%	6.4%
Tracheostomy	4,389.81	0.4%	1.0%	3.7%	0.0%	0.3%	0.5%	0.0%	0.0%	0.6%	0.0%
Reposition	714.67	7.2%	9.7%	1.2%	0.0%	8.6%	8.2%	26.0%	24.6%	7.3%	7.6%
Diagnoses (Add-On)											
Alzheimers	233.71	11.3%	8.7%	6.6%	12.0%	13.8%	11.4%	13.7%	2.0%	11.4%	6.1%
Physically Disabled Composite	\$2,388.69	\$2,280.21	\$2,351.72	\$2,210.41	\$1,761.30	\$2,400.95	\$2,430.35	\$3,830.84	\$2,199.30	\$2,198.36	\$2,482.02
Implied Risk Score		0.9546	0.9845	0.9254	0.7373	1.0051	1.0174	1.6037	0.9207	0.9203	1.0391
2015 Exposure Months		4,756	6,129	244	103	3,735	5,214	69	102	14,690	739

Exhibit D2Aiii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 1)	Care WI (GSR 3)	CCI (GSR 9)	LCD (GSR 10)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	8,262.80	1.1%	0.3%	0.0%	0.9%
SNF	409.99	26.8%	25.6%	26.5%	33.4%
Number of IADLs (Grid Component)					
IADL_1	0.00	19.8%	25.3%	14.5%	21.4%
IADL_2	197.49	19.0%	18.2%	13.1%	20.6%
IADL_3	376.54	16.1%	17.4%	20.0%	8.0%
IADL_4	557.49	15.3%	12.5%	20.6%	14.0%
IADL_5-6	912.08	29.8%	26.7%	31.7%	36.0%
Specific ADLs / Equipment Used (Add-On)					
Toileting_1	97.29	25.1%	25.3%	32.4%	31.6%
Transfer_2	926.02	22.0%	21.7%	11.1%	32.6%
Interaction Terms (Add-On)					
Injury_Overnight	2,421.46	1.0%	0.5%	0.0%	0.0%
Mental Illness_3 or More Mental Disorders	65.58	22.0%	13.7%	18.1%	0.9%
Overnight_Age Under 30	93.45	1.4%	1.6%	0.0%	0.0%
Overnight_Mental Illness	592.69	6.8%	5.7%	10.8%	7.5%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.8%	0.8%	0.0%	1.8%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	2.6%	1.0%	0.0%	0.0%
Trauma BI Post-22_Exercise	2,007.18	0.2%	0.2%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	387.21	2.1%	0.9%	0.2%	0.0%
Dress_Bath_Equip	213.31	66.0%	60.0%	53.9%	65.1%
Transfer_Equip_Mobility	558.22	8.0%	6.5%	2.8%	0.9%
Behavioral Variables (Add-On)					
Cognition_2-3	202.90	21.0%	17.1%	35.3%	20.5%
Injury_1-2	282.23	2.2%	2.1%	0.0%	0.0%
Offensive_1	665.85	3.3%	4.6%	0.9%	6.8%
Offensive_2	1,003.70	3.4%	1.9%	0.5%	2.7%
Offensive_3	1,680.50	2.5%	0.9%	2.5%	0.0%
Wander_2	477.50	1.0%	2.3%	2.3%	0.0%
Mental Health_2	67.89	80.4%	71.0%	84.4%	76.6%
Alcohol Drug Abuse	170.65	19.7%	14.8%	7.9%	12.1%
Medication Use (Add-On)					
Meds_2B	195.12	37.9%	25.4%	38.9%	27.7%
Health Related Services (Add-On)					
Exercise	345.59	16.2%	15.7%	6.3%	18.4%
Ulcer Stage 2	721.60	2.4%	1.8%	1.8%	0.7%
Ulcer Stage 3-4	802.90	2.7%	1.6%	2.3%	0.0%
Respirate	189.62	10.1%	5.8%	12.1%	20.0%
Overnight	306.80	50.7%	47.1%	68.9%	56.6%
Urinary	334.06	2.2%	4.1%	2.8%	4.0%
Wound	256.77	5.4%	7.0%	3.9%	11.1%
Tracheostomy	4,389.81	1.5%	0.4%	2.8%	0.9%
Reposition	714.67	10.1%	7.2%	1.2%	14.2%
Diagnoses (Add-On)					
Alzheimers	233.71	10.7%	11.3%	10.8%	12.0%
Physically Disabled Composite	\$2,388.69	\$2,610.79	\$2,280.21	\$2,375.74	\$2,628.54
Implied Risk Score		1.0930	0.9546	0.9946	1.1004
2015 Exposure Months		0	0	221	113

Exhibit D2Aiv
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 13)	Comm Link (GSR 14)	LCD (GSR 13)	MCFC (GSR 14)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	8,262.80	2.1%	1.6%	0.7%	1.6%
SNF	409.99	21.5%	21.6%	25.2%	21.6%
Number of IADLs (Grid Component)					
IADL_1	0.00	12.1%	13.7%	12.5%	13.7%
IADL_2	197.49	17.0%	26.4%	11.2%	26.4%
IADL_3	376.54	18.8%	20.1%	21.7%	20.1%
IADL_4	557.49	20.8%	17.5%	16.3%	17.5%
IADL_5-6	912.08	31.3%	21.2%	38.4%	21.2%
Specific ADLs / Equipment Used (Add-On)					
Toileting_1	97.29	20.4%	29.6%	21.8%	29.6%
Transfer_2	926.02	34.2%	21.9%	38.0%	21.9%
Interaction Terms (Add-On)					
Injury_Overnight	2,421.46	0.3%	0.0%	0.3%	0.0%
Mental Illness_3 or More Mental Disorders	65.58	10.7%	7.3%	8.1%	7.3%
Overnight_Age Under 30	93.45	0.5%	1.1%	1.1%	1.1%
Overnight_Mental Illness	592.69	3.7%	0.6%	5.6%	0.6%
Spinal Injury_Alcohol/Drug Abuse	607.95	1.3%	0.0%	0.1%	0.0%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	1.0%	1.0%	2.3%	1.0%
Trauma BI Post-22_Exercise	2,007.18	0.0%	0.0%	0.5%	0.0%
Trauma BI Post-22_Other Mental Illness	387.21	0.7%	0.9%	2.3%	0.9%
Dress_Bath_Equip	213.31	70.7%	50.4%	75.8%	50.4%
Transfer_Equip_Mobility	558.22	7.4%	3.3%	7.7%	3.3%
Behavioral Variables (Add-On)					
Cognition_2-3	202.90	23.0%	14.2%	21.0%	14.2%
Injury_1-2	282.23	2.9%	0.1%	0.9%	0.1%
Offensive_1	665.85	5.4%	2.2%	5.2%	2.2%
Offensive_2	1,003.70	2.3%	0.6%	1.2%	0.6%
Offensive_3	1,680.50	0.1%	0.0%	0.8%	0.0%
Wander_2	477.50	1.5%	1.5%	0.6%	1.5%
Mental Health_2	67.89	65.3%	56.8%	65.1%	56.8%
Alcohol Drug Abuse	170.65	9.3%	10.4%	10.8%	10.4%
Medication Use (Add-On)					
Meds_2B	195.12	31.6%	17.6%	31.5%	17.6%
Health Related Services (Add-On)					
Exercise	345.59	17.7%	12.2%	24.5%	12.2%
Ulcer Stage 2	721.60	2.7%	3.2%	2.3%	3.2%
Ulcer Stage 3-4	802.90	1.4%	1.7%	3.2%	1.7%
Respirate	189.62	7.1%	7.5%	10.6%	7.5%
Overnight	306.80	54.2%	35.1%	65.4%	35.1%
Urinary	334.06	3.6%	3.5%	6.2%	3.5%
Wound	256.77	3.0%	5.9%	5.6%	5.9%
Tracheostomy	4,389.81	2.4%	1.5%	0.8%	1.5%
Reposition	714.67	11.7%	6.9%	17.6%	6.9%
Diagnoses (Add-On)					
Alzheimers	233.71	10.7%	9.0%	5.9%	9.0%
Physically Disabled Composite	\$2,388.69	\$2,769.79	\$2,193.67	\$2,811.77	\$2,193.67
Implied Risk Score		1.1595	0.9184	1.1771	0.9184
2015 Exposure Months		934	0	753	0

Exhibit D2Bi
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 2)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 5-6)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)	CCI (GSR 11)	Comm Link (GSR 1)	Comm Link (GSR 2)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)												
Vent Dependent	8,262.80	0.2%	0.4%	1.1%	2.6%	0.4%	1.3%	0.4%	0.6%	1.2%	1.0%	0.3%
SNF	409.99	23.8%	26.6%	29.5%	29.9%	28.6%	29.9%	21.6%	31.7%	27.0%	25.5%	24.0%
Number of IADLs (Grid Component)												
IADL_1	0.00	18.4%	15.3%	12.1%	10.6%	13.2%	12.3%	12.0%	13.2%	13.6%	21.1%	18.1%
IADL_2	197.49	21.3%	16.1%	16.7%	13.1%	18.0%	13.6%	20.2%	23.3%	20.2%	18.8%	21.0%
IADL_3	376.54	18.6%	18.4%	18.6%	20.0%	17.3%	18.2%	17.1%	15.0%	16.9%	17.1%	18.5%
IADL_4	557.49	16.1%	19.0%	12.5%	17.7%	11.9%	20.8%	20.1%	19.2%	18.4%	13.6%	15.9%
IADL_5-6	912.08	25.7%	31.2%	40.1%	38.6%	39.6%	35.1%	30.5%	29.4%	30.8%	29.4%	26.5%
Specific ADLs / Equipment Used (Add-On)												
Toileting_1	97.29	27.7%	22.3%	29.9%	25.1%	29.9%	16.2%	33.7%	38.1%	25.4%	25.1%	26.6%
Transfer_2	926.02	14.3%	25.5%	31.7%	36.8%	32.7%	23.4%	19.0%	26.3%	21.8%	21.5%	14.5%
Interaction Terms (Add-On)												
Injury_Overnight	2,421.46	0.2%	0.4%	1.1%	0.0%	0.9%	0.0%	0.0%	1.2%	0.0%	0.8%	0.0%
Mental Illness_3 or More Mental Disorders	65.58	21.5%	13.5%	11.7%	13.9%	12.3%	16.2%	10.4%	14.6%	16.2%	22.4%	21.8%
Overnight_Age Under 30	93.45	0.7%	1.5%	3.9%	1.7%	4.0%	1.9%	0.5%	1.8%	0.2%	0.8%	0.7%
Overnight_Mental Illness	592.69	5.1%	8.8%	7.1%	11.5%	7.0%	7.1%	5.3%	12.0%	5.9%	6.8%	5.1%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.6%	0.4%	0.4%	0.0%	0.4%	0.0%	0.5%	1.2%	0.9%	0.8%	0.3%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	1.2%	1.5%	1.1%	0.9%	0.9%	0.6%	1.0%	0.6%	0.9%	0.8%	1.0%
Trauma BI Post-22_Exercise	2,007.18	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%	0.1%
Trauma BI Post-22_Other Mental Illness	387.21	1.4%	0.7%	0.4%	0.9%	0.4%	1.9%	0.4%	0.6%	0.7%	1.0%	1.4%
Dress_Bath_Equip	213.31	50.6%	64.9%	61.6%	63.9%	63.9%	63.0%	68.9%	66.7%	69.1%	66.9%	50.0%
Transfer_Equip_Mobility	558.22	5.6%	10.2%	7.1%	7.0%	6.6%	7.1%	4.4%	6.6%	7.6%	8.5%	6.1%
Behavioral Variables (Add-On)												
Conglition_2-3	202.90	16.5%	17.0%	25.7%	31.1%	25.1%	22.7%	21.1%	29.3%	15.3%	19.1%	17.2%
Injury_1-2	282.23	3.3%	3.6%	2.1%	1.7%	1.8%	1.3%	0.5%	4.2%	1.7%	2.5%	3.1%
Offensive_1	665.85	2.8%	3.3%	2.5%	6.1%	2.6%	3.2%	2.1%	4.2%	1.9%	3.8%	2.8%
Offensive_2	1,003.70	2.5%	4.4%	3.9%	3.5%	3.5%	5.2%	1.5%	1.8%	1.9%	2.3%	2.5%
Offensive_3	1,680.50	1.1%	3.3%	2.5%	1.7%	2.6%	3.2%	0.0%	4.2%	1.4%	2.5%	0.9%
Wander_2	477.50	1.6%	2.0%	1.8%	0.9%	1.8%	2.6%	0.5%	3.0%	0.8%	0.8%	1.9%
Mental Health_2	67.89	78.5%	75.4%	70.4%	84.1%	70.4%	74.0%	58.0%	75.2%	61.3%	80.6%	79.4%
Alcohol Drug Abuse	170.65	19.7%	15.5%	13.5%	12.9%	13.6%	18.8%	14.6%	21.9%	15.3%	18.1%	20.2%
Medication Use (Add-On)												
Meds_2B	195.12	37.9%	31.8%	42.8%	40.6%	40.6%	39.6%	46.6%	42.9%	42.9%	34.7%	40.1%
Health Related Services (Add-On)												
Exercise	345.59	10.4%	20.1%	14.2%	22.6%	14.5%	20.1%	11.1%	15.0%	10.8%	17.8%	10.7%
Ulcer Stage 2	721.60	1.6%	1.5%	2.8%	4.6%	3.5%	1.3%	0.8%	1.8%	1.4%	3.8%	1.9%
Ulcer Stage 3-4	802.90	2.1%	2.2%	1.4%	1.9%	1.3%	3.9%	1.4%	1.2%	3.1%	2.8%	2.2%
Respirate	189.62	6.7%	4.0%	7.1%	13.1%	6.2%	8.4%	8.2%	10.2%	6.4%	9.3%	6.8%
Overnight	306.80	52.8%	60.6%	65.5%	66.5%	66.9%	53.9%	51.9%	58.1%	55.7%	51.1%	53.5%
Urinary	334.06	4.1%	3.3%	5.3%	7.0%	5.7%	5.8%	2.2%	1.8%	1.7%	2.8%	4.6%
Wound	256.77	4.5%	3.3%	4.6%	2.6%	5.3%	3.2%	3.0%	4.8%	4.6%	4.8%	4.9%
Tracheostomy	4,389.81	0.4%	0.4%	0.7%	4.4%	0.4%	1.3%	0.4%	1.2%	2.1%	1.0%	0.3%
Reposition	714.67	7.0%	10.6%	14.9%	13.1%	16.3%	9.7%	7.8%	9.0%	9.5%	10.3%	7.2%
Diagnoses (Add-On)												
Alzheimers	233.71	9.5%	13.5%	13.3%	15.4%	13.2%	13.0%	9.6%	15.0%	13.0%	11.6%	10.4%
Physically Disabled Composite	\$2,402.38	\$2,216.85	\$2,583.87	\$2,811.07	\$3,229.35	\$2,754.27	\$2,730.39	\$2,288.05	\$2,727.99	\$2,550.67	\$2,550.00	\$2,232.15

Exhibit D2Bii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Comm Link (GSR 3)	Comm Link (GSR 4)	Comm Link (GSR 5)	Comm Link (GSR 5-6)	Comm Link (GSR 7)	LCD (GSR 9)	MFCF (GSR 6)	MFCF (GSR 5-6)	MFCF (GSR 8)	MFCF (GSR 11)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)											
Vent Dependent	8,262.80	0.0%	0.6%	0.7%	2.1%	0.0%	0.3%	1.1%	2.1%	0.1%	1.0%
SNF	409.99	24.3%	25.5%	26.8%	28.8%	28.8%	22.7%	29.5%	28.8%	21.1%	27.7%
Number of IADLs (Grid Component)											
IADL_1	0.00	24.9%	18.1%	15.9%	11.9%	10.5%	13.3%	12.1%	11.9%	14.9%	13.7%
IADL_2	197.49	20.3%	20.3%	16.6%	14.4%	20.0%	14.5%	16.7%	14.4%	20.7%	19.2%
IADL_3	376.54	16.4%	19.4%	19.2%	19.2%	18.0%	21.1%	18.6%	19.2%	18.5%	19.0%
IADL_4	557.49	12.8%	13.9%	18.2%	19.6%	20.8%	19.5%	12.5%	19.6%	17.4%	18.3%
IADL_5-6	912.08	25.6%	28.3%	30.0%	35.0%	30.7%	31.6%	40.1%	35.0%	28.5%	29.8%
Specific ADLs / Equipment Used (Add-On)											
Toileting_1	97.29	27.5%	31.6%	21.2%	20.1%	26.9%	31.6%	29.9%	20.1%	35.9%	26.2%
Transfer_2	926.02	22.3%	19.3%	25.2%	28.8%	19.9%	20.8%	31.7%	28.8%	18.4%	22.1%
Interaction Terms (Add-On)											
Injury_Overnight	2,421.46	0.3%	0.2%	0.3%	0.0%	0.0%	0.0%	1.1%	0.0%	0.1%	0.2%
Mental Illness_3 or More Mental Disorders	65.58	16.7%	18.7%	14.0%	15.4%	18.8%	16.8%	11.7%	15.4%	12.7%	16.3%
Overnight_Age Under 30	93.45	1.3%	1.0%	1.7%	1.7%	0.9%	1.8%	3.9%	1.7%	0.2%	0.4%
Overnight_Mental Illness	592.69	5.9%	5.3%	8.6%	8.6%	8.1%	7.9%	7.1%	8.6%	5.8%	6.0%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.8%	1.0%	0.3%	0.3%	0.9%	1.0%	0.4%	0.3%	0.4%	0.7%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	0.5%	1.0%	1.7%	0.7%	2.1%	2.3%	1.1%	0.7%	0.6%	0.9%
Trauma BI Post-22_Exercise	2,007.18	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	387.21	1.0%	0.8%	0.7%	1.4%	2.2%	1.8%	0.4%	1.4%	0.5%	0.6%
Dress_Bath_Equip	213.31	64.0%	59.1%	64.6%	63.6%	55.3%	55.4%	61.6%	63.6%	69.3%	68.7%
Transfer_Equip_Mobility	558.22	7.2%	6.0%	9.3%	7.2%	6.2%	6.7%	7.1%	7.2%	4.5%	7.2%
Behavioral Variables (Add-On)											
Cognition_2-3	202.90	15.4%	16.7%	16.1%	24.9%	18.0%	21.1%	25.7%	24.9%	17.6%	15.0%
Injury_1-2	282.23	2.1%	2.3%	3.3%	1.4%	0.6%	1.9%	2.1%	1.4%	1.1%	1.4%
Offensive_1	665.85	2.6%	2.1%	3.0%	4.1%	1.6%	4.4%	2.5%	4.1%	2.7%	1.8%
Offensive_2	1,003.70	1.5%	3.6%	4.0%	4.1%	3.4%	2.6%	3.9%	4.1%	1.4%	1.6%
Offensive_3	1,680.50	0.3%	0.8%	3.3%	2.4%	1.9%	0.3%	2.5%	2.4%	1.1%	1.2%
Wander_2	477.50	2.3%	1.3%	1.8%	1.7%	1.2%	1.9%	1.8%	1.7%	0.8%	0.7%
Mental Health_2	67.89	77.0%	78.9%	75.0%	79.0%	81.3%	81.4%	70.4%	79.0%	63.0%	62.2%
Alcohol Drug Abuse	170.65	15.1%	15.1%	17.4%	15.7%	26.3%	20.4%	13.5%	15.7%	15.9%	14.1%
Medication Use (Add-On)											
Meds_2B	195.12	29.2%	34.8%	31.6%	39.2%	46.5%	34.1%	42.8%	39.2%	39.7%	41.3%
Health Related Services (Add-On)											
Exercise	345.59	14.2%	14.6%	19.2%	20.2%	12.3%	7.9%	14.2%	20.2%	5.2%	10.2%
Ulcer Stage 2	721.60	0.5%	1.9%	1.3%	2.5%	3.1%	0.3%	2.8%	2.5%	1.5%	1.8%
Ulcer Stage 3-4	802.90	1.3%	2.5%	2.0%	3.5%	2.8%	1.5%	1.4%	3.5%	1.5%	2.8%
Respirate	189.62	5.2%	7.5%	4.3%	10.9%	8.3%	7.7%	7.1%	10.9%	3.8%	6.4%
Overnight	306.80	51.5%	58.0%	59.7%	57.9%	52.5%	52.3%	65.5%	57.9%	53.5%	57.2%
Urinary	334.06	3.9%	4.4%	3.0%	6.2%	3.4%	1.3%	5.3%	6.2%	1.5%	2.0%
Wound	256.77	7.9%	6.3%	3.3%	2.7%	4.3%	6.3%	4.6%	2.7%	2.5%	4.7%
Tracheostomy	4,389.81	0.0%	1.1%	0.7%	2.4%	0.0%	0.5%	0.7%	2.4%	0.6%	2.0%
Reposition	714.67	7.0%	10.2%	10.3%	12.3%	8.1%	8.5%	14.9%	12.3%	7.1%	9.9%
Diagnoses (Add-On)											
Alzheimers	233.71	10.2%	8.2%	12.6%	13.2%	13.3%	14.1%	13.3%	13.2%	10.7%	12.1%
Physically Disabled Composite	\$2,402.38	\$2,210.28	\$2,408.23	\$2,580.51	\$2,917.51	\$2,421.28	\$2,372.38	\$2,811.07	\$2,917.51	\$2,228.19	\$2,527.02

Exhibit D2Biii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 1)	Care WI (GSR 3)	CCI (GSR 9)	LCD (GSR 10)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	8,262.80	1.0%	0.0%	0.2%	1.0%
SNF	409.99	25.5%	24.3%	23.7%	31.4%
Number of IADLs (Grid Component)					
IADL_1	0.00	21.1%	24.9%	13.3%	13.8%
IADL_2	197.49	18.8%	20.3%	14.5%	22.9%
IADL_3	376.54	17.1%	16.4%	20.8%	13.6%
IADL_4	557.49	13.6%	12.8%	20.1%	20.4%
IADL_5-6	912.08	29.4%	25.6%	31.3%	29.3%
Specific ADLs / Equipment Used (Add-On)					
Toileting_1	97.29	25.1%	27.5%	33.1%	36.3%
Transfer_2	926.02	21.5%	22.3%	20.7%	27.1%
Interaction Terms (Add-On)					
Injury_Overnight	2,421.46	0.8%	0.3%	0.2%	1.0%
Mental Illness_3 or More Mental Disorders	65.58	22.4%	16.7%	17.0%	13.8%
Overnight_Age Under 30	93.45	0.8%	1.3%	1.6%	1.6%
Overnight_Mental Illness	592.69	6.8%	5.9%	8.6%	11.5%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.8%	0.8%	0.9%	1.0%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	0.8%	0.5%	2.0%	0.5%
Trauma BI Post-22_Exercise	2,007.18	0.3%	0.0%	0.0%	0.0%
Trauma BI Post-22_Other Mental Illness	387.21	1.0%	1.0%	1.6%	0.5%
Dress_Bath_Equip	213.31	66.9%	64.0%	56.8%	66.6%
Transfer_Equip_Mobility	558.22	8.5%	7.2%	6.5%	6.8%
Behavioral Variables (Add-On)					
Cognition_2-3	202.90	19.1%	15.4%	22.2%	27.7%
Injury_1-2	282.23	2.5%	2.1%	1.7%	3.7%
Offensive_1	665.85	3.8%	2.6%	3.8%	4.2%
Offensive_2	1,003.70	2.3%	1.5%	2.3%	1.6%
Offensive_3	1,680.50	2.5%	0.3%	0.5%	3.7%
Wander_2	477.50	0.8%	2.3%	1.9%	2.6%
Mental Health_2	67.89	80.6%	77.0%	81.4%	74.5%
Alcohol Drug Abuse	170.65	18.1%	15.1%	19.0%	20.7%
Medication Use (Add-On)					
Meds_2B	195.12	34.7%	29.2%	35.8%	41.1%
Health Related Services (Add-On)					
Exercise	345.59	17.8%	14.2%	8.1%	15.7%
Ulcer Stage 2	721.60	3.8%	0.5%	0.5%	2.1%
Ulcer Stage 3-4	802.90	2.8%	1.3%	1.4%	1.0%
Respirate	189.62	9.3%	5.2%	8.1%	11.5%
Overnight	306.80	51.1%	51.5%	54.5%	58.6%
Urinary	334.06	2.8%	3.9%	1.6%	1.6%
Wound	256.77	4.8%	7.9%	6.4%	5.2%
Tracheostomy	4,389.81	1.0%	0.0%	0.5%	2.1%
Reposition	714.67	10.3%	7.0%	7.9%	10.5%
Diagnoses (Add-On)					
Alzheimers	233.71	11.6%	10.2%	14.0%	14.6%
Physically Disabled Composite	\$2,402.38	\$2,550.00	\$2,210.28	\$2,384.48	\$2,794.03

Exhibit D2Biv
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Physically Disabled

Variable	Statewide Estimate	Care WI (GSR 13)	Comm Link (GSR 14)	LCD (GSR 13)	MCFC (GSR 14)
Intercept (Grid Component)	673.43	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	8,262.80	1.3%	1.5%	0.5%	1.5%
SNF	409.99	23.7%	21.5%	25.4%	21.5%
Number of IADLs (Grid Component)					
IADL_1	0.00	8.0%	12.3%	7.5%	12.3%
IADL_2	197.49	18.3%	24.6%	9.5%	24.6%
IADL_3	376.54	20.1%	22.6%	25.4%	22.6%
IADL_4	557.49	23.1%	16.9%	17.3%	16.9%
IADL_5-6	912.08	30.4%	22.6%	40.3%	22.6%
Specific ADLs / Equipment Used (Add-On)					
Toileting_1	97.29	16.9%	30.3%	33.7%	30.3%
Transfer_2	926.02	33.1%	23.1%	32.9%	23.1%
Interaction Terms (Add-On)					
Injury_Overnight	2,421.46	0.4%	0.0%	0.0%	0.0%
Mental Illness_3 or More Mental Disorders	65.58	9.4%	7.7%	11.5%	7.7%
Overnight_Age Under 30	93.45	0.9%	1.0%	0.5%	1.0%
Overnight_Mental Illness	592.69	3.6%	0.5%	6.5%	0.5%
Spinal Injury_Alcohol/Drug Abuse	607.95	0.9%	0.0%	0.5%	0.0%
Trauma BI Post-22_Alcohol/Drug Abuse	107.23	1.3%	1.0%	1.5%	1.0%
Trauma BI Post-22_Exercise	2,007.18	0.0%	0.0%	0.5%	0.0%
Trauma BI Post-22_Other Mental Illness	387.21	0.4%	0.5%	1.5%	0.5%
Dress_Bath_Equip	213.31	71.2%	49.7%	71.6%	49.7%
Transfer_Equip_Mobility	558.22	9.4%	3.1%	7.9%	3.1%
Behavioral Variables (Add-On)					
Cognition_2-3	202.90	19.2%	12.3%	23.8%	12.3%
Injury_1-2	282.23	1.3%	0.5%	1.5%	0.5%
Offensive_1	665.85	4.0%	2.6%	5.0%	2.6%
Offensive_2	1,003.70	2.7%	1.0%	2.0%	1.0%
Offensive_3	1,680.50	0.4%	0.0%	0.5%	0.0%
Wander_2	477.50	1.3%	1.5%	2.0%	1.5%
Mental Health_2	67.89	70.2%	56.4%	69.7%	56.4%
Alcohol Drug Abuse	170.65	13.9%	10.3%	8.9%	10.3%
Medication Use (Add-On)					
Meds_2B	195.12	32.4%	16.4%	34.8%	16.4%
Health Related Services (Add-On)					
Exercise	345.59	15.2%	11.8%	19.5%	11.8%
Ulcer Stage 2	721.60	1.3%	4.1%	1.5%	4.1%
Ulcer Stage 3-4	802.90	1.3%	1.0%	1.5%	1.0%
Respirate	189.62	8.9%	7.7%	9.1%	7.7%
Overnight	306.80	55.6%	35.4%	72.3%	35.4%
Urinary	334.06	4.0%	4.6%	5.5%	4.6%
Wound	256.77	4.9%	4.6%	6.5%	4.6%
Tracheostomy	4,389.81	1.8%	1.5%	1.5%	1.5%
Reposition	714.67	11.2%	7.2%	15.5%	7.2%
Diagnoses (Add-On)					
Alzheimers	233.71	9.6%	9.7%	9.9%	9.7%
Physically Disabled Composite	\$2,402.38	\$2,686.32	\$2,220.71	\$2,815.84	\$2,220.71

Exhibit D3Ai
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 2)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 5-6)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)	CCI (GSR 11)	Comm Link (GSR 1)	Comm Link (GSR 2)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)												
Vent Dependent	2,219.63	0.0%	0.2%	0.0%	0.2%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SNF	378.37	18.5%	25.4%	20.2%	29.0%	24.3%	31.7%	24.0%	20.9%	18.2%	25.6%	29.1%
Number of IADLs (Grid Component)												
IADL_1	0.00	10.1%	5.8%	2.4%	3.0%	3.7%	2.3%	5.8%	6.5%	7.7%	7.4%	8.8%
IADL_2	259.16	25.4%	7.3%	8.3%	6.6%	9.1%	6.1%	9.3%	11.3%	9.1%	11.4%	13.5%
IADL_3	435.07	15.3%	10.9%	8.3%	7.6%	11.9%	11.6%	14.8%	10.0%	12.0%	13.6%	15.6%
IADL_4-5-6	664.99	49.2%	76.1%	81.0%	82.9%	75.3%	80.0%	70.1%	72.2%	71.2%	67.6%	62.1%
Specific ADLs / Equipment Used (Add-On)												
Transfer_2	607.56	19.4%	35.7%	35.3%	38.7%	31.8%	30.8%	26.4%	24.6%	29.8%	26.1%	25.1%
Interaction Terms (Add-On)												
Dress_Toilet	384.47	43.9%	63.7%	68.9%	65.1%	60.2%	51.8%	58.3%	50.4%	57.3%	50.1%	45.6%
Injury_Overnight	934.92	0.0%	0.2%	0.0%	0.0%	0.4%	0.2%	0.0%	0.0%	0.1%	0.4%	0.3%
Overnight_Mental Illness	315.38	5.1%	7.4%	3.4%	5.9%	4.0%	6.0%	2.9%	3.5%	3.2%	5.4%	5.8%
Trauma BI Post-22_Other Mental Illness	758.94	0.0%	0.0%	0.0%	0.0%	0.3%	0.3%	0.3%	0.4%	0.2%	0.6%	0.4%
Transfer_Equip_Mobility	607.39	6.2%	9.3%	4.4%	7.1%	6.6%	7.7%	4.9%	5.5%	6.1%	7.1%	8.5%
Behavioral Variables (Add-On)												
Cognition_2-3	92.08	33.3%	47.3%	43.8%	53.6%	46.9%	52.0%	39.2%	41.9%	40.8%	40.6%	36.3%
Offensive_1-2	273.50	5.5%	10.4%	4.7%	9.0%	3.3%	6.4%	3.6%	6.6%	3.4%	6.3%	7.6%
Offensive_3	428.25	0.8%	2.7%	3.9%	1.2%	1.6%	2.5%	1.4%	2.0%	0.7%	1.7%	1.5%
Wander_2	107.70	4.9%	3.9%	7.5%	5.6%	2.4%	4.4%	3.2%	2.0%	2.9%	3.7%	2.9%
Mental Health_2	143.29	49.8%	54.1%	45.0%	57.4%	55.8%	55.9%	38.9%	58.0%	47.7%	63.4%	60.2%
Alcohol Drug Abuse	215.53	7.1%	2.9%	2.0%	2.5%	3.0%	4.7%	5.5%	6.8%	4.4%	5.6%	6.8%
Medication Use (Add-On)												
Meds_2B	224.65	47.7%	67.1%	73.5%	75.7%	75.2%	78.6%	68.3%	69.1%	71.8%	65.7%	63.1%
Health Related Services (Add-On)												
Dialysis	175.51	3.2%	1.2%	0.9%	1.8%	1.1%	1.0%	3.2%	1.2%	1.2%	1.4%	1.7%
Exercise	87.45	5.5%	28.2%	12.8%	20.2%	5.5%	10.2%	8.6%	7.1%	5.9%	14.0%	16.3%
Ulcer Stage 2	255.63	1.0%	2.0%	1.1%	2.8%	1.3%	2.0%	0.8%	1.3%	0.7%	1.5%	1.8%
Ulcer Stage 3-4	461.85	0.0%	0.7%	2.2%	0.9%	0.8%	0.5%	0.9%	0.4%	0.6%	0.6%	1.0%
Respirate	156.03	6.6%	9.7%	7.3%	7.3%	8.9%	9.0%	6.3%	10.5%	6.5%	10.7%	8.3%
Overnight	342.68	55.0%	81.5%	85.6%	86.3%	80.3%	77.8%	65.8%	70.0%	75.4%	69.5%	72.4%
Med Management	102.13	18.3%	25.0%	24.0%	31.2%	24.0%	40.8%	26.9%	22.5%	23.4%	27.9%	27.4%
Tracheostomy	2,149.02	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%	0.4%	0.0%	0.2%	0.1%	0.1%
Reposition	406.01	2.6%	8.6%	7.0%	8.8%	7.8%	11.0%	9.4%	4.7%	7.4%	6.1%	10.8%
Diagnoses (Add-On)												
Alzheimers	137.80	28.7%	42.5%	40.5%	50.6%	43.9%	49.5%	39.4%	38.9%	49.5%	39.7%	34.8%
Mental Illness	159.75	24.5%	14.6%	12.6%	11.7%	11.8%	14.2%	10.1%	12.3%	10.5%	14.3%	14.2%
Frail Elderly Composite	\$2,504.49	\$2,160.29	\$2,732.47	\$2,684.46	\$2,827.28	\$2,633.03	\$2,720.10	\$2,469.31	\$2,449.39	\$2,507.28	\$2,501.49	\$2,489.23
Implied Risk Score		0.86	1.09	1.07	1.13	1.05	1.09	0.99	0.98	1.00	1.00	0.99
2015 Exposure Months		1,007	8,403	1,115	7,679	7,791	5,415	5,657	6,856	8,070	11,978	17,639

Exhibit D3Aii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Comm Link (GSR 3)	Comm Link (GSR 4)	Comm Link (GSR 5)	Comm Link (GSR 5-6)	Comm Link (GSR 7)	LCD (GSR 9)	MCFC (GSR 6)	MCFC (GSR 5-6)	MCFC (GSR 8)	MCFC (GSR 11)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)											
Vent Dependent	2,219.63	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%
SNF	378.37	26.1%	23.7%	26.3%	0.0%	21.7%	23.8%	28.6%	35.6%	22.5%	18.7%
Number of IADLs (Grid Component)											
IADL_1	0.00	11.0%	5.9%	15.6%	19.0%	7.8%	4.5%	2.6%	2.7%	6.9%	5.7%
IADL_2	259.16	13.4%	11.0%	7.8%	4.5%	11.7%	8.5%	41.2%	7.9%	15.8%	13.6%
IADL_3	435.07	15.1%	12.3%	9.4%	16.6%	17.7%	12.1%	20.8%	8.6%	15.6%	16.2%
IADL_4-5-6	664.99	60.5%	70.8%	67.2%	59.9%	62.9%	74.9%	35.4%	80.7%	61.7%	64.4%
Specific ADLs / Equipment Used (Add-On)											
Transfer_2	607.56	28.2%	28.7%	16.7%	11.1%	26.6%	29.9%	30.2%	50.9%	24.6%	32.8%
Interaction Terms (Add-On)											
Dress_Toilet	384.47	50.6%	57.8%	48.9%	11.1%	51.7%	55.4%	40.6%	66.6%	53.3%	61.8%
Injury_Overnight	934.92	0.1%	0.2%	0.0%	0.0%	0.2%	0.2%	0.0%	0.0%	0.1%	0.0%
Overnight_Mental Illness	315.38	4.1%	4.6%	1.4%	0.0%	5.8%	10.0%	0.0%	7.4%	4.0%	7.1%
Trauma BI Post-22_Other Mental Illness	758.94	0.4%	0.2%	2.5%	0.0%	0.3%	0.2%	0.0%	0.0%	0.1%	0.0%
Transfer_Equip_Mobility	607.39	9.1%	7.1%	2.5%	11.1%	6.9%	8.9%	16.9%	13.1%	6.9%	8.3%
Behavioral Variables (Add-On)											
Conglition_2-3	92.08	37.1%	43.3%	35.3%	42.1%	33.7%	35.6%	14.3%	40.8%	35.6%	40.5%
Offensive_1-2	273.50	7.5%	6.4%	7.6%	0.3%	4.8%	5.1%	14.3%	2.9%	3.5%	2.1%
Offensive_3	428.25	0.9%	1.7%	0.0%	0.0%	1.5%	0.8%	0.0%	3.1%	0.8%	0.7%
Wander_2	107.70	4.2%	3.3%	11.0%	0.0%	3.2%	2.4%	0.0%	2.5%	2.0%	0.1%
Mental Health_2	143.29	57.0%	62.5%	49.8%	25.1%	59.6%	55.8%	58.6%	63.9%	55.1%	46.6%
Alcohol Drug Abuse	215.53	3.8%	3.8%	7.9%	19.0%	5.2%	6.5%	5.2%	5.9%	4.8%	3.8%
Medication Use (Add-On)											
Meds_2B	224.65	54.4%	66.7%	55.3%	64.7%	62.1%	62.9%	28.6%	79.7%	59.0%	62.2%
Health Related Services (Add-On)											
Dialysis	175.51	2.1%	0.9%	3.9%	0.0%	1.1%	1.1%	5.2%	5.7%	2.6%	1.0%
Exercise	87.45	12.2%	10.3%	9.6%	6.3%	12.4%	6.6%	9.1%	9.1%	5.5%	2.8%
Ulcer Stage 2	255.63	1.3%	1.0%	0.0%	6.3%	2.2%	0.6%	0.0%	2.0%	1.4%	1.5%
Ulcer Stage 3-4	461.85	0.9%	0.7%	0.0%	0.0%	0.7%	0.4%	15.6%	0.0%	0.7%	0.0%
Respirate	156.03	9.1%	8.7%	7.0%	0.0%	8.8%	8.5%	24.7%	14.5%	6.9%	8.9%
Overnight	342.68	63.8%	74.5%	81.7%	46.3%	66.8%	78.4%	61.4%	86.0%	61.8%	77.5%
Med Management	102.13	22.0%	27.8%	39.5%	10.7%	24.2%	26.9%	24.9%	50.9%	27.7%	21.6%
Tracheostomy	2,149.02	0.1%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%
Reposition	406.01	5.4%	8.6%	3.3%	0.0%	6.1%	8.6%	16.9%	20.9%	8.4%	9.8%
Diagnoses (Add-On)											
Alzheimers	137.80	38.0%	41.2%	32.3%	42.5%	36.6%	40.9%	19.5%	36.0%	39.3%	42.1%
Mental Illness	159.75	11.2%	11.3%	10.6%	0.0%	13.9%	27.4%	6.5%	14.7%	15.3%	17.9%
Frail Elderly Composite	\$2,504.49	\$2,409.67	\$2,568.77	\$2,355.91	\$1,893.95	\$2,430.80	\$2,613.84	\$2,386.82	\$3,015.37	\$2,392.91	\$2,533.68
Implied Risk Score		0.96	1.03	0.94	0.76	0.97	1.04	0.95	1.20	0.96	1.01
2015 Exposure Months		9,472	15,827	365	63	10,099	10,609	77	457	56,007	839

Exhibit D3Aiii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 1)	Care WI (GSR 3)	CCI (GSR 9)	LCD (GSR 10)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	2,219.63	0.0%	0.0%	0.0%	0.0%
SNF	378.37	25.6%	26.1%	34.2%	24.1%
Number of IADLs (Grid Component)					
IADL_1	0.00	7.4%	11.0%	10.1%	4.0%
IADL_2	259.16	11.4%	13.4%	10.1%	16.6%
IADL_3	435.07	13.6%	15.1%	10.8%	11.5%
IADL_4-5-6	664.99	67.6%	60.5%	69.1%	68.0%
Specific ADLs / Equipment Used (Add-On)					
Transfer_2	607.56	26.1%	28.2%	33.8%	29.0%
Interaction Terms (Add-On)					
Dress_Toilet	384.47	50.1%	50.6%	63.2%	63.4%
Injury_Overnight	934.92	0.4%	0.1%	0.0%	0.0%
Overnight_Mental Illness	315.38	5.4%	4.1%	4.8%	3.3%
Trauma BI Post-22_Other Mental Illness	758.94	0.6%	0.4%	0.0%	0.0%
Transfer_Equip_Mobility	607.39	7.1%	9.1%	5.2%	8.0%
Behavioral Variables (Add-On)					
Cognition_2-3	92.08	40.6%	37.1%	42.5%	42.4%
Offensive_1-2	273.50	6.3%	7.5%	2.9%	7.1%
Offensive_3	428.25	1.7%	0.9%	3.8%	0.7%
Wander_2	107.70	3.7%	4.2%	7.0%	6.9%
Mental Health_2	143.29	63.4%	57.0%	61.3%	42.8%
Alcohol Drug Abuse	215.53	5.6%	3.8%	7.4%	3.8%
Medication Use (Add-On)					
Meds_2B	224.65	65.7%	54.4%	69.9%	66.7%
Health Related Services (Add-On)					
Dialysis	175.51	1.4%	2.1%	1.0%	1.8%
Exercise	87.45	14.0%	12.2%	8.9%	6.2%
Ulcer Stage 2	255.63	1.5%	1.3%	1.4%	1.5%
Ulcer Stage 3-4	461.85	0.6%	0.9%	0.0%	0.0%
Respirate	156.03	10.7%	9.1%	9.7%	4.3%
Overnight	342.68	69.5%	63.8%	73.0%	81.6%
Med Management	102.13	27.9%	22.0%	23.5%	20.9%
Tracheostomy	2,149.02	0.1%	0.1%	0.0%	0.0%
Reposition	406.01	6.1%	5.4%	1.8%	7.3%
Diagnoses (Add-On)					
Alzheimers	137.80	39.7%	38.0%	34.4%	40.7%
Mental Illness	159.75	14.3%	11.2%	15.4%	5.9%
Frail Elderly Composite	\$2,504.49	\$2,501.49	\$2,409.67	\$2,592.65	\$2,541.29
Implied Risk Score		1.00	0.96	1.04	1.01
2015 Exposure Months		0	0	438	326

Exhibit D3Aiv
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 13)	Comm Link (GSR 14)	LCD (GSR 13)	MCFC (GSR 14)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	2,219.63	0.2%	0.6%	0.3%	0.6%
SNF	378.37	19.2%	12.2%	19.9%	12.2%
Number of IADLs (Grid Component)					
IADL_1	0.00	6.0%	12.2%	6.5%	12.2%
IADL_2	259.16	11.2%	18.6%	9.2%	18.6%
IADL_3	435.07	15.0%	13.7%	11.8%	13.7%
IADL_4-5-6	664.99	67.8%	53.4%	72.5%	53.4%
Specific ADLs / Equipment Used (Add-On)					
Transfer_2	607.56	24.9%	17.0%	29.5%	17.0%
Interaction Terms (Add-On)					
Dress_Toilet	384.47	51.3%	44.7%	62.2%	44.7%
Injury_Overnight	934.92	0.1%	0.0%	0.0%	0.0%
Overnight_Mental Illness	315.38	4.5%	1.7%	5.0%	1.7%
Trauma BI Post-22_Other Mental Illness	758.94	0.3%	0.3%	0.2%	0.3%
Transfer_Equip_Mobility	607.39	5.1%	4.9%	10.1%	4.9%
Behavioral Variables (Add-On)					
Cognition_2-3	92.08	37.1%	23.6%	45.6%	23.6%
Offensive_1-2	273.50	4.7%	5.5%	5.6%	5.5%
Offensive_3	428.25	0.7%	0.1%	1.0%	0.1%
Wander_2	107.70	2.3%	3.1%	2.6%	3.1%
Mental Health_2	143.29	50.5%	39.3%	49.5%	39.3%
Alcohol Drug Abuse	215.53	4.0%	3.5%	4.4%	3.5%
Medication Use (Add-On)					
Meds_2B	224.65	59.0%	42.6%	65.5%	42.6%
Health Related Services (Add-On)					
Dialysis	175.51	1.9%	1.8%	1.0%	1.8%
Exercise	87.45	5.5%	3.7%	9.5%	3.7%
Ulcer Stage 2	255.63	1.3%	0.4%	0.7%	0.4%
Ulcer Stage 3-4	461.85	1.3%	0.2%	0.3%	0.2%
Respirate	156.03	7.3%	6.2%	7.7%	6.2%
Overnight	342.68	67.9%	42.4%	74.0%	42.4%
Med Management	102.13	21.4%	13.9%	21.9%	13.9%
Tracheostomy	2,149.02	0.2%	0.9%	0.3%	0.9%
Reposition	406.01	3.9%	2.0%	7.5%	2.0%
Diagnoses (Add-On)					
Alzheimers	137.80	34.8%	31.5%	44.3%	31.5%
Mental Illness	159.75	11.9%	9.5%	14.3%	9.5%
Frail Elderly Composite	\$2,504.49	\$2,375.22	\$2,022.10	\$2,572.11	\$2,022.10
Implied Risk Score		0.95	0.81	1.03	0.81
2015 Exposure Months		1,938	0	2,103	0

Exhibit D3Bi
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 2)	Care WI (GSR 5)	Care WI (GSR 6)	Care WI (GSR 5-6)	CCI (GSR 6)	CCI (GSR 5-6)	CCI (GSR 8)	CCI (GSR 10)	CCI (GSR 11)	Comm Link (GSR 1)	Comm Link (GSR 2)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)												
Vent Dependent	2,219.63	0.1%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.3%	0.0%	0.0%
SNF	378.37	27.6%	25.7%	24.0%	27.7%	23.2%	32.4%	21.6%	20.7%	19.6%	24.8%	27.7%
Number of IADLs (Grid Component)												
IADL_1	0.00	10.6%	6.3%	3.7%	3.6%	3.3%	3.1%	6.0%	6.0%	8.0%	7.9%	10.6%
IADL_2	259.16	13.1%	8.7%	7.6%	5.8%	7.1%	7.3%	11.1%	12.0%	9.5%	11.6%	12.6%
IADL_3	435.07	14.3%	11.3%	10.8%	7.7%	10.6%	11.3%	14.0%	8.6%	11.0%	14.5%	14.1%
IADL_4-5-6	664.99	62.0%	73.8%	77.9%	82.9%	78.9%	78.3%	68.8%	73.4%	71.5%	66.0%	62.7%
Specific ADLs / Equipment Used (Add-On)												
Transfer_2	607.56	23.3%	33.0%	35.3%	38.4%	35.4%	28.8%	26.9%	27.3%	26.8%	25.2%	23.6%
Interaction Terms (Add-On)												
Dress_Toilet	384.47	46.1%	64.5%	66.0%	64.9%	66.1%	52.5%	58.8%	52.5%	57.7%	51.2%	45.6%
Injury_Overnight	934.92	0.2%	0.1%	0.4%	0.0%	0.5%	0.4%	0.0%	0.0%	0.1%	0.4%	0.2%
Overnight_Mental Illness	315.38	5.8%	7.1%	5.6%	5.3%	5.7%	6.5%	3.9%	3.3%	3.9%	5.3%	5.8%
Trauma BI Post-22_Other Mental Illness	758.94	0.4%	0.0%	0.4%	0.1%	0.5%	0.4%	0.4%	0.2%	0.3%	0.5%	0.5%
Transfer_Equip_Mobility	607.39	8.8%	8.9%	7.8%	7.4%	7.6%	6.7%	5.0%	6.6%	6.2%	6.6%	9.0%
Behavioral Variables (Add-On)												
Cognition_2-3	92.08	36.8%	48.3%	51.1%	54.8%	54.1%	53.0%	43.0%	44.9%	42.4%	39.1%	36.8%
Offensive_1-2	273.50	8.0%	11.4%	4.0%	9.2%	3.5%	6.8%	4.1%	5.4%	3.5%	6.7%	8.2%
Offensive_3	428.25	1.4%	2.9%	2.1%	1.8%	2.1%	3.3%	1.0%	2.3%	1.0%	1.8%	1.4%
Wander_2	107.70	3.0%	3.8%	3.5%	5.0%	3.2%	4.9%	3.8%	3.1%	1.6%	3.9%	2.7%
Mental Health_2	143.29	61.7%	56.8%	56.0%	56.1%	56.9%	58.3%	41.2%	55.5%	50.6%	62.2%	62.2%
Alcohol Drug Abuse	215.53	7.3%	4.4%	3.1%	2.3%	3.4%	4.5%	6.3%	6.4%	5.6%	6.4%	7.5%
Medication Use (Add-On)												
Meds_2B	224.65	62.8%	65.8%	76.2%	75.0%	78.1%	77.3%	68.0%	70.5%	70.3%	62.4%	63.7%
Health Related Services (Add-On)												
Dialysis	175.51	2.2%	1.0%	1.1%	1.3%	1.1%	1.8%	2.3%	1.2%	1.4%	1.3%	2.1%
Exercise	87.45	14.7%	21.0%	6.4%	15.2%	5.7%	12.7%	9.4%	6.3%	4.8%	12.3%	15.0%
Ulcer Stage 2	255.63	1.2%	2.2%	1.6%	2.0%	1.5%	1.0%	0.0%	0.7%	0.7%	1.1%	1.3%
Ulcer Stage 3-4	461.85	0.8%	0.7%	0.2%	0.7%	0.3%	0.6%	0.9%	0.3%	0.4%	0.6%	0.9%
Respirate	156.03	8.0%	10.9%	7.7%	7.5%	8.4%	9.8%	6.8%	11.5%	7.2%	11.4%	8.2%
Overnight	342.68	74.2%	83.6%	83.0%	88.0%	83.8%	80.0%	69.7%	73.0%	74.7%	71.4%	74.9%
Med Management	102.13	25.8%	24.0%	23.3%	32.7%	22.9%	36.1%	27.4%	19.5%	21.1%	27.4%	26.5%
Tracheostomy	2,149.02	0.1%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%
Reposition	406.01	10.6%	7.9%	9.9%	8.5%	10.4%	11.5%	10.3%	5.3%	6.3%	4.6%	11.1%
Diagnoses (Add-On)												
Alzheimers	137.80	34.1%	43.3%	45.5%	50.0%	47.2%	47.7%	39.6%	40.9%	49.2%	40.2%	34.5%
Mental Illness	159.75	15.5%	14.0%	13.6%	11.1%	13.9%	14.5%	12.2%	12.4%	10.8%	14.4%	15.0%
Frail Elderly Composite	\$2,528.55	\$2,475.48	\$2,709.67	\$2,723.53	\$2,816.25	\$2,742.07	\$2,714.41	\$2,481.59	\$2,494.68	\$2,498.82	\$2,478.78	\$2,487.42

Exhibit D3Bii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Comm Link (GSR 3)	Comm Link (GSR 4)	Comm Link (GSR 5)	Comm Link (GSR 5-6)	Comm Link (GSR 7)	LCD (GSR 9)	MFCF (GSR 6)	MFCF (GSR 5-6)	MFCF (GSR 8)	MFCF (GSR 11)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)											
Vent Dependent	2219.63	0.0%	0.2%	0.0%	0.2%	0.0%	0.0%	0.0%	0.2%	0.2%	0.3%
SNF	378.37	23.4%	24.4%	25.7%	29.6%	21.2%	23.6%	24.0%	29.6%	21.2%	19.3%
Number of IADLs (Grid Component)											
IADL_1	0.00	12.4%	6.7%	6.8%	3.6%	7.2%	3.9%	3.7%	3.6%	7.1%	7.6%
IADL_2	259.16	13.8%	10.8%	8.6%	6.8%	11.0%	8.2%	7.6%	6.8%	16.1%	9.3%
IADL_3	435.07	14.4%	10.0%	11.2%	9.1%	15.7%	11.7%	10.8%	9.1%	15.2%	11.8%
IADL_4-5-6	664.99	59.4%	72.5%	73.4%	80.5%	66.1%	76.2%	77.9%	80.5%	61.6%	71.2%
Specific ADLs / Equipment Used (Add-On)											
Transfer_2	607.56	28.8%	29.6%	32.1%	34.7%	25.5%	29.2%	35.3%	34.7%	26.1%	26.9%
Interaction Terms (Add-On)											
Dress_Toilet	384.47	53.3%	62.1%	64.1%	59.7%	50.1%	53.2%	66.0%	59.7%	56.8%	59.3%
Injury_Overnight	934.92	0.1%	0.3%	0.1%	0.2%	0.2%	0.2%	0.4%	0.2%	0.0%	0.3%
Overnight_Mental Illness	315.38	4.1%	3.9%	7.1%	5.8%	6.5%	9.9%	5.6%	5.8%	4.6%	4.5%
Trauma BI Post-22_Other Mental Illness	758.94	0.3%	0.1%	0.0%	0.2%	0.6%	0.5%	0.4%	0.2%	0.1%	0.4%
Transfer_Equip_Mobility	607.39	9.4%	8.3%	8.5%	7.2%	7.1%	9.1%	7.8%	7.2%	7.2%	5.9%
Behavioral Variables (Add-On)											
Cognition_2-3	92.08	32.4%	44.1%	47.7%	53.3%	36.5%	38.3%	51.1%	53.3%	33.6%	42.0%
Offensive_1-2	273.50	5.4%	5.9%	11.3%	7.9%	4.1%	5.3%	4.0%	7.9%	3.5%	3.3%
Offensive_3	428.25	0.3%	1.7%	2.7%	2.4%	1.1%	1.1%	2.1%	2.4%	0.7%	1.3%
Wander_2	107.70	3.6%	3.5%	3.7%	4.9%	3.2%	3.1%	3.5%	4.9%	1.9%	1.6%
Mental Health_2	143.29	60.3%	62.8%	56.8%	57.2%	60.6%	57.4%	56.0%	57.2%	55.6%	51.1%
Alcohol Drug Abuse	215.53	3.9%	3.7%	4.8%	3.4%	5.2%	6.5%	3.1%	3.4%	5.0%	5.5%
Medication Use (Add-On)											
Meds_2B	224.65	53.7%	68.9%	65.4%	75.6%	63.9%	64.1%	76.2%	75.6%	60.7%	70.4%
Health Related Services (Add-On)											
Dialysis	175.51	2.5%	1.1%	1.2%	1.6%	0.8%	0.8%	1.1%	1.6%	2.6%	1.4%
Exercise	87.45	12.7%	11.0%	19.8%	13.8%	13.3%	4.8%	6.4%	13.8%	4.4%	4.6%
Ulcer Stage 2	255.63	0.7%	1.1%	2.1%	1.5%	2.4%	0.4%	1.6%	1.5%	1.0%	0.8%
Ulcer Stage 3-4	461.85	0.6%	0.9%	0.7%	0.7%	0.6%	0.6%	0.2%	0.7%	0.6%	0.4%
Respirate	156.03	10.5%	8.4%	10.8%	8.3%	9.6%	8.7%	7.7%	8.3%	6.2%	7.4%
Overnight	342.68	65.6%	79.0%	83.0%	84.3%	69.7%	79.5%	83.0%	84.3%	66.2%	75.3%
Med Management	102.13	18.4%	29.5%	24.0%	34.3%	22.8%	24.3%	23.3%	34.3%	25.1%	21.3%
Tracheostomy	2149.02	0.1%	0.1%	0.0%	0.1%	0.1%	0.0%	0.0%	0.1%	0.2%	0.1%
Reposition	406.01	6.5%	8.2%	7.6%	9.6%	5.6%	9.1%	9.9%	9.6%	8.6%	6.2%
Diagnoses (Add-On)											
Alzheimers	137.80	34.5%	40.5%	42.8%	48.6%	37.7%	40.2%	45.5%	48.6%	39.6%	48.1%
Mental Illness	159.75	11.7%	11.2%	14.4%	12.6%	14.9%	26.3%	13.6%	12.6%	17.1%	11.9%
Frail Elderly Composite	\$2,528.55	\$2,397.97	\$2,619.97	\$2,690.85	\$2,767.73	\$2,451.05	\$2,616.70	\$2,723.53	\$2,767.73	\$2,430.56	\$2,510.33

Exhibit D3Biii
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Non-Base Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 1)	Care WI (GSR 3)	CCI (GSR 9)	LCD (GSR 10)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	2,219.63	0.0%	0.0%	0.0%	0.0%
SNF	378.37	24.8%	23.4%	24.1%	20.6%
Number of IADLs (Grid Component)					
IADL_1	0.00	7.9%	12.4%	4.1%	5.8%
IADL_2	259.16	11.6%	13.8%	8.2%	12.2%
IADL_3	435.07	14.5%	14.4%	11.9%	8.6%
IADL_4-5-6	664.99	66.0%	59.4%	75.8%	73.4%
Specific ADLs / Equipment Used (Add-On)					
Transfer_2	607.56	25.2%	28.8%	29.3%	27.9%
Interaction Terms (Add-On)					
Dress_Toilet	384.47	51.2%	53.3%	53.8%	52.5%
Injury_Overnight	934.92	0.4%	0.1%	0.2%	0.0%
Overnight_Mental Illness	315.38	5.3%	4.1%	9.7%	3.3%
Trauma BI Post-22_Other Mental Illness	758.94	0.5%	0.3%	0.4%	0.2%
Transfer_Equip_Mobility	607.39	6.6%	9.4%	9.2%	7.0%
Behavioral Variables (Add-On)					
Cognition_2-3	92.08	39.1%	32.4%	39.4%	44.2%
Offensive_1-2	273.50	6.7%	5.4%	5.2%	5.5%
Offensive_3	428.25	1.8%	0.3%	1.1%	2.0%
Wander_2	107.70	3.9%	3.6%	3.3%	3.0%
Mental Health_2	143.29	62.2%	60.3%	57.6%	55.5%
Alcohol Drug Abuse	215.53	6.4%	3.9%	6.1%	6.2%
Medication Use (Add-On)					
Meds_2B	224.65	62.4%	53.7%	65.3%	69.3%
Health Related Services (Add-On)					
Dialysis	175.51	1.3%	2.5%	1.0%	1.2%
Exercise	87.45	12.3%	12.7%	4.8%	6.5%
Ulcer Stage 2	255.63	1.1%	0.7%	0.4%	0.6%
Ulcer Stage 3-4	461.85	0.6%	0.6%	0.6%	0.3%
Respirate	156.03	11.4%	10.5%	9.0%	11.0%
Overnight	342.68	71.4%	65.6%	79.3%	73.5%
Med Management	102.13	27.4%	18.4%	24.1%	20.0%
Tracheostomy	2,149.02	0.1%	0.1%	0.0%	0.0%
Reposition	406.01	4.6%	6.5%	8.5%	5.9%
Diagnoses (Add-On)					
Alzheimers	137.80	40.2%	34.5%	40.0%	40.8%
Mental Illness	159.75	14.4%	11.7%	25.6%	11.8%
Frail Elderly Composite	\$2,528.55	\$2,478.78	\$2,397.97	\$2,618.64	\$2,498.29

Exhibit D3Biv
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
June 2016 Expansion Cohort MCO/GSR Functional Screen Attribute Distribution
Frail Elderly

Variable	Statewide Estimate	Care WI (GSR 13)	Comm Link (GSR 14)	LCD (GSR 13)	MCFC (GSR 14)
Intercept (Grid Component)	722.23	100.0%	100.0%	100.0%	100.0%
DD/NH Level of Care (Grid Component)					
Vent Dependent	2,219.63	0.2%	0.6%	0.2%	0.6%
SNF	378.37	20.6%	13.2%	23.7%	13.2%
Number of IADLs (Grid Component)					
IADL_1	0.00	4.3%	11.0%	5.6%	11.0%
IADL_2	259.16	13.4%	18.9%	8.0%	18.9%
IADL_3	435.07	16.7%	12.6%	13.7%	12.6%
IADL_4-5-6	664.99	65.6%	55.3%	72.8%	55.3%
Specific ADLs / Equipment Used (Add-On)					
Transfer_2	607.56	24.8%	17.6%	27.1%	17.6%
Interaction Terms (Add-On)					
Dress_Toilet	384.47	51.8%	46.5%	62.0%	46.5%
Injury_Overnight	934.92	0.0%	0.0%	0.0%	0.0%
Overnight_Mental Illness	315.38	4.9%	2.2%	5.2%	2.2%
Trauma BI Post-22_Other Mental Illness	758.94	0.2%	0.3%	0.4%	0.3%
Transfer_Equip_Mobility	607.39	5.4%	5.0%	8.1%	5.0%
Behavioral Variables (Add-On)					
Congition_2-3	92.08	35.3%	26.7%	45.4%	26.7%
Offensive_1-2	273.50	7.8%	5.3%	6.5%	5.3%
Offensive_3	428.25	1.0%	0.3%	0.6%	0.3%
Wander_2	107.70	3.9%	3.8%	3.8%	3.8%
Mental Health_2	143.29	56.9%	44.0%	53.3%	44.0%
Alcohol Drug Abuse	215.53	4.1%	3.8%	4.6%	3.8%
Medication Use (Add-On)					
Meds_2B	224.65	61.2%	44.3%	64.2%	44.3%
Health Related Services (Add-On)					
Dialysis	175.51	1.8%	1.9%	2.0%	1.9%
Exercise	87.45	6.4%	3.1%	11.4%	3.1%
Ulcer Stage 2	255.63	0.8%	0.6%	1.1%	0.6%
Ulcer Stage 3-4	461.85	0.4%	0.3%	0.9%	0.3%
Respirate	156.03	7.8%	6.0%	8.7%	6.0%
Overnight	342.68	72.5%	45.9%	78.0%	45.9%
Med Management	102.13	22.2%	14.2%	21.8%	14.2%
Tracheostomy	2,149.02	0.2%	0.9%	0.2%	0.9%
Reposition	406.01	3.2%	2.5%	7.4%	2.5%
Diagnoses (Add-On)					
Alzheimers	137.80	31.9%	33.6%	42.4%	33.6%
Mental Illness	159.75	12.7%	10.1%	14.7%	10.1%
Frail Elderly Composite	\$2,528.55	\$2,415.73	\$2,082.27	\$2,588.34	\$2,082.27

Exhibit E1
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

		(A)	(B)	(C) = (A) x (B)	(D1)	(D2)	(D3)	(D4)	(D5)	(E) = (C) x (D)
Base Cohort		MCO/GSR Specific Base Rate Development			Projection to CY 2017					
DD Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 DD Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide DD Base Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 2)	1,447	\$3,505.22	1.0410	\$3,649.00	0.9980	1.0020	1.0200	0.9832	1.0000	\$3,659.29
Care WI (GSR 5)	15,591	3,505.22	1.0935	3,832.82	0.9980	1.0020	1.0200	0.9987	1.0000	3,904.26
Care WI (GSR 6)	803	3,505.22	1.0042	3,519.92	0.9980	1.0020	1.0200	0.9902	1.0000	3,555.08
Care WI (GSR 5-6)	9,029	3,505.22	1.1003	3,856.68	0.9980	1.0020	1.0200	1.0052	1.0000	3,954.10
CCI (GSR 6)	11,762	3,505.22	1.0055	3,524.61	0.9980	1.0020	1.0200	0.9902	1.0000	3,559.82
CCI (GSR 5-6)	7,221	3,505.22	1.1011	3,859.46	0.9980	1.0020	1.0200	1.0052	1.0000	3,956.94
CCI (GSR 8)	11,309	3,505.22	1.0092	3,537.44	0.9980	1.0020	1.0200	1.0052	1.0000	3,626.80
CCI (GSR 10)	10,016	3,505.22	0.9994	3,502.96	0.9980	1.0020	1.0200	0.9888	1.0000	3,532.95
CCI (GSR 11)	13,602	3,505.22	1.0388	3,641.28	0.9980	1.0020	1.0200	1.0167	1.0000	3,776.23
Comm Link (GSR 1)	13,054	3,505.22	1.0397	3,644.32	0.9980	1.0020	1.0200	1.0380	1.0000	3,858.30
Comm Link (GSR 2)	18,049	3,505.22	1.0566	3,703.59	0.9980	1.0020	1.0200	0.9832	1.0000	3,714.04
Comm Link (GSR 3)	11,435	3,505.22	0.9132	3,200.85	0.9980	1.0020	1.0200	0.9996	1.0000	3,263.57
Comm Link (GSR 4)	19,029	3,505.22	0.9393	3,292.34	0.9980	1.0020	1.0200	0.9917	1.0000	3,330.38
Comm Link (GSR 5)	414	3,505.22	1.0881	3,814.17	0.9980	1.0020	1.0200	0.9987	1.0000	3,885.27
Comm Link (GSR 5-6)	111	3,505.22	1.0958	3,840.91	0.9980	1.0020	1.0200	1.0052	1.0000	3,937.92
Comm Link (GSR 7)	11,510	3,505.22	1.0296	3,608.83	0.9980	1.0020	1.0200	0.9816	1.0000	3,613.09
LCD (GSR 9)	14,676	3,505.22	0.9484	3,324.51	0.9980	1.0020	1.0200	1.0033	1.0000	3,402.32
MCFC (GSR 6)	177	3,505.22	1.0042	3,519.92	0.9980	1.0020	1.0200	0.9902	1.0000	3,555.08
MCFC (GSR 5-6)	267	3,505.22	1.0958	3,840.91	0.9980	1.0020	1.0200	1.0052	1.0000	3,937.92
MCFC (GSR 8)	24,276	3,505.22	1.0193	3,572.71	0.9980	1.0020	1.0200	1.0052	1.0000	3,662.95
MCFC (GSR 11)	914	3,505.22	1.0443	3,660.40	0.9980	1.0020	1.0200	1.0167	1.0000	3,796.06
Total DD Base Cohort	194,692	\$3,505.22	1.0175	\$3,566.46	0.9980	1.0020	1.0200	1.0006	1.0000	\$3,639.92
Non-Base Cohort		MCO/GSR Specific Expansion Rate Development			Projection to CY 2017					
DD Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 DD Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide DD Non-Base Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 1)	190	\$3,505.22	1.0397	\$3,644.32	0.9980	1.0020	1.0200	1.0380	1.0000	\$3,858.30
Care WI (GSR 3)	193	3,505.22	0.9132	3,200.85	0.9980	1.0020	1.0200	0.9996	1.0000	3,263.57
CCI (GSR 9)	626	3,505.22	0.9491	3,326.97	0.9980	1.0020	1.0200	1.0033	1.0000	3,404.85
LCD (GSR 10)	544	3,505.22	0.9926	3,479.32	0.9980	1.0020	1.0200	0.9888	1.0000	3,509.10
Total DD Non-Base Cohort	1,553	\$3,505.22	0.9710	\$3,403.49	0.9980	1.0020	1.0200	1.0022	1.0000	\$3,479.29
Expansion Cohort		MCO/GSR Specific Waiver/Waitlist Rate Development			Projection to CY 2017					
DD Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 DD Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide DD Expansion Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 13)	9,847	\$3,505.22	0.9038	\$3,167.97	0.9980	1.0020	1.0200	0.9769	1.0819	\$3,415.10
Comm Link (GSR 14)	2,697	3,505.22	0.9500	3,329.96	0.9980	1.0020	1.0200	0.9731	1.1622	3,841.17
LCD (GSR 13)	10,089	3,505.22	1.0116	3,545.82	0.9980	1.0020	1.0200	0.9769	1.0819	3,822.43
MCFC (GSR 14)	2,697	3,505.22	0.9500	3,329.96	0.9980	1.0020	1.0200	0.9731	1.1622	3,841.17
Total DD Expansion Cohort	25,330	\$3,505.22	0.9566	\$3,352.96	0.9980	1.0020	1.0200	0.9761	1.0988	\$3,668.07
Total DD Population	221,575	\$3,505.22	1.0102	\$3,540.91	0.9980	1.0020	1.0200	0.9979	1.0105	\$3,642.01

Exhibit E1
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

		(A)	(B)	(C) = (A) x (B)	(D1)	(D2)	(D3)	(D4)	(D5)	(E) = (C) x (D)
Base Cohort		MCO/GSR Specific Base Rate Development			Projection to CY 2017					
PD Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 PD Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide PD Base Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 2)	1,029	\$2,388.69	0.9281	\$2,216.85	0.9946	1.0140	1.0020	0.9832	1.0000	\$2,202.56
Care WI (GSR 5)	3,344	2,388.69	1.0817	2,583.87	0.9946	1.0140	1.0020	0.9987	1.0000	2,607.69
Care WI (GSR 6)	617	2,388.69	1.1768	2,811.07	0.9946	1.0140	1.0020	0.9902	1.0000	2,812.91
Care WI (GSR 5-6)	1,578	2,388.69	1.3519	3,229.35	0.9946	1.0140	1.0020	1.0052	1.0000	3,280.31
CCI (GSR 6)	2,759	2,388.69	1.1530	2,754.27	0.9946	1.0140	1.0020	0.9902	1.0000	2,756.07
CCI (GSR 5-6)	1,956	2,388.69	1.1431	2,730.39	0.9946	1.0140	1.0020	1.0052	1.0000	2,773.48
CCI (GSR 8)	10,027	2,388.69	0.9579	2,288.05	0.9946	1.0140	1.0020	1.0052	1.0000	2,324.16
CCI (GSR 10)	2,170	2,388.69	1.1420	2,727.99	0.9946	1.0140	1.0020	0.9888	1.0000	2,725.91
CCI (GSR 11)	5,250	2,388.69	1.0678	2,550.67	0.9946	1.0140	1.0020	1.0167	1.0000	2,620.75
Comm Link (GSR 1)	5,342	2,388.69	1.0675	2,550.00	0.9946	1.0140	1.0020	1.0380	1.0000	2,674.77
Comm Link (GSR 2)	8,931	2,388.69	0.9345	2,232.15	0.9946	1.0140	1.0020	0.9832	1.0000	2,217.75
Comm Link (GSR 3)	4,701	2,388.69	0.9253	2,210.28	0.9946	1.0140	1.0020	0.9996	1.0000	2,232.76
Comm Link (GSR 4)	6,385	2,388.69	1.0082	2,408.23	0.9946	1.0140	1.0020	0.9917	1.0000	2,413.54
Comm Link (GSR 5)	267	2,388.69	1.0803	2,580.51	0.9946	1.0140	1.0020	0.9987	1.0000	2,604.31
Comm Link (GSR 5-6)	54	2,388.69	1.2214	2,917.51	0.9946	1.0140	1.0020	1.0052	1.0000	2,963.55
Comm Link (GSR 7)	3,973	2,388.69	1.0136	2,421.28	0.9946	1.0140	1.0020	0.9816	1.0000	2,401.73
LCD (GSR 9)	5,098	2,388.69	0.9932	2,372.38	0.9946	1.0140	1.0020	1.0033	1.0000	2,405.47
MCFC (GSR 6)	63	2,388.69	1.1768	2,811.07	0.9946	1.0140	1.0020	0.9902	1.0000	2,812.91
MCFC (GSR 5-6)	160	2,388.69	1.2214	2,917.51	0.9946	1.0140	1.0020	1.0052	1.0000	2,963.55
MCFC (GSR 8)	14,505	2,388.69	0.9328	2,228.19	0.9946	1.0140	1.0020	1.0052	1.0000	2,263.35
MCFC (GSR 11)	753	2,388.69	1.0579	2,527.02	0.9946	1.0140	1.0020	1.0167	1.0000	2,596.44
Total PD Base Cohort	78,962	\$2,388.69	1.0057	\$2,402.38	0.9946	1.0140	1.0020	1.0016	1.0000	\$2,431.61
Non-Base Cohort		MCO/GSR Specific Expansion Rate Development			Projection to CY 2017					
PD Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 PD Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide PD Non-Base Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 1)	74	\$2,388.69	1.0675	\$2,550.00	0.9946	1.0140	1.0020	1.0380	1.0000	\$2,674.77
Care WI (GSR 3)	120	2,388.69	0.9253	2,210.28	0.9946	1.0140	1.0020	0.9996	1.0000	2,232.76
CCI (GSR 9)	667	2,388.69	0.9982	2,384.48	0.9946	1.0140	1.0020	1.0033	1.0000	2,417.74
LCD (GSR 10)	323	2,388.69	1.1697	2,794.03	0.9946	1.0140	1.0020	0.9888	1.0000	2,791.90
Total PD Non-Base Cohort	1,184	\$2,388.69	1.0420	\$2,488.90	0.9946	1.0140	1.0020	1.0008	1.0000	\$2,517.13
Expansion Cohort		MCO/GSR Specific Waiver/Waitlist Rate Development			Projection to CY 2017					
PD Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 PD Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide PD Expansion Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 13)	3,378	\$2,388.69	1.1246	\$2,686.32	0.9946	1.0140	1.0020	0.9769	1.0819	\$2,869.11
Comm Link (GSR 14)	771	2,388.69	0.9500	2,269.25	0.9946	1.0140	1.0020	0.9731	1.1622	2,593.43
LCD (GSR 13)	2,793	2,388.69	1.1788	2,815.84	0.9946	1.0140	1.0020	0.9769	1.0819	3,007.44
MCFC (GSR 14)	771	2,388.69	0.9500	2,269.25	0.9946	1.0140	1.0020	0.9731	1.1622	2,593.43
Total PD Expansion Cohort	7,713	\$2,388.69	1.1093	\$2,649.84	0.9946	1.0140	1.0020	0.9762	1.0956	\$2,864.09
Total PD Population	87,859	\$2,388.69	1.0153	\$2,425.27	0.9946	1.0140	1.0020	0.9991	1.0090	\$2,470.73

Exhibit E1
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

		(A)	(B)	(C) = (A) x (B)	(D1)	(D2)	(D3)	(D4)	(D5)	(E) = (C) x (D)
Base Cohort		MCO/GSR Specific Base Rate Development			Projection to CY 2017					
FE Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 FE Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide FE Base Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 2)	1,987	\$2,504.49	0.9884	\$2,475.48	0.9862	1.0231	1.0180	0.9832	1.0000	\$2,499.98
Care WI (GSR 5)	8,736	2,504.49	1.0819	2,709.67	0.9862	1.0231	1.0180	0.9987	1.0000	2,779.66
Care WI (GSR 6)	1,713	2,504.49	1.0875	2,723.53	0.9862	1.0231	1.0180	0.9902	1.0000	2,770.15
Care WI (GSR 5-6)	7,945	2,504.49	1.1245	2,816.25	0.9862	1.0231	1.0180	1.0052	1.0000	2,907.77
CCI (GSR 6)	8,036	2,504.49	1.0949	2,742.07	0.9862	1.0231	1.0180	0.9902	1.0000	2,789.00
CCI (GSR 5-6)	6,000	2,504.49	1.0838	2,714.41	0.9862	1.0231	1.0180	1.0052	1.0000	2,802.62
CCI (GSR 8)	7,066	2,504.49	0.9909	2,481.59	0.9862	1.0231	1.0180	1.0052	1.0000	2,562.23
CCI (GSR 10)	6,964	2,504.49	0.9961	2,494.68	0.9862	1.0231	1.0180	0.9888	1.0000	2,533.80
CCI (GSR 11)	8,540	2,504.49	0.9977	2,498.82	0.9862	1.0231	1.0180	1.0167	1.0000	2,609.72
Comm Link (GSR 1)	12,708	2,504.49	0.9897	2,478.78	0.9862	1.0231	1.0180	1.0380	1.0000	2,642.85
Comm Link (GSR 2)	18,049	2,504.49	0.9932	2,487.42	0.9862	1.0231	1.0180	0.9832	1.0000	2,512.05
Comm Link (GSR 3)	9,362	2,504.49	0.9575	2,397.97	0.9862	1.0231	1.0180	0.9996	1.0000	2,462.21
Comm Link (GSR 4)	16,487	2,504.49	1.0461	2,619.97	0.9862	1.0231	1.0180	0.9917	1.0000	2,668.95
Comm Link (GSR 5)	676	2,504.49	1.0744	2,690.85	0.9862	1.0231	1.0180	0.9987	1.0000	2,760.35
Comm Link (GSR 5-6)	210	2,504.49	1.1051	2,767.73	0.9862	1.0231	1.0180	1.0052	1.0000	2,857.66
Comm Link (GSR 7)	10,744	2,504.49	0.9787	2,451.05	0.9862	1.0231	1.0180	0.9816	1.0000	2,471.27
LCD (GSR 9)	10,371	2,504.49	1.0448	2,616.70	0.9862	1.0231	1.0180	1.0033	1.0000	2,696.85
MCFC (GSR 6)	176	2,504.49	1.0875	2,723.53	0.9862	1.0231	1.0180	0.9902	1.0000	2,770.15
MCFC (GSR 5-6)	622	2,504.49	1.1051	2,767.73	0.9862	1.0231	1.0180	1.0052	1.0000	2,857.66
MCFC (GSR 8)	55,303	2,504.49	0.9705	2,430.56	0.9862	1.0231	1.0180	1.0052	1.0000	2,509.54
MCFC (GSR 11)	1,177	2,504.49	1.0023	2,510.33	0.9862	1.0231	1.0180	1.0167	1.0000	2,621.74
Total FE Base Cohort	192,872	\$2,504.49	1.0096	\$2,528.55	0.9862	1.0231	1.0180	1.0010	1.0000	\$2,599.99
Non-Base Cohort		MCO/GSR Specific Expansion Rate Development			Projection to CY 2017					
FE Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 FE Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide FE Non-Base Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 1)	177	\$2,504.49	0.9897	\$2,478.78	0.9862	1.0231	1.0180	1.0380	1.0000	\$2,642.85
Care WI (GSR 3)	239	2,504.49	0.9575	2,397.97	0.9862	1.0231	1.0180	0.9996	1.0000	2,462.21
CCI (GSR 9)	1,321	2,504.49	1.0456	2,618.64	0.9862	1.0231	1.0180	1.0033	1.0000	2,698.85
LCD (GSR 10)	932	2,504.49	0.9975	2,498.29	0.9862	1.0231	1.0180	0.9888	1.0000	2,537.46
Total FE Non-Base Cohort	2,669	\$2,504.49	1.0172	\$2,547.58	0.9862	1.0231	1.0180	1.0003	1.0000	\$2,617.59
Expansion Cohort		MCO/GSR Specific Waiver/Waitlist Rate Development			Projection to CY 2017					
FE Development	2017 Projected Exposure Months	Regression Results		MCO/GSR Specific Risk Adjusted Rate	2017 FE Adjustment Factors					Projected Per Capita Monthly Costs
		Statewide FE Expansion Cohort Costs	Risk Score - June 2016 Enrollment		Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 13)	7,008	\$2,504.49	0.9646	\$2,415.73	0.9862	1.0231	1.0180	0.9769	1.0819	\$2,622.56
Comm Link (GSR 14)	1,898	2,504.49	0.9500	2,379.27	0.9862	1.0231	1.0180	0.9731	1.1622	2,763.90
LCD (GSR 13)	7,800	2,504.49	1.0335	2,588.34	0.9862	1.0231	1.0180	0.9769	1.0819	2,809.95
MCFC (GSR 14)	1,898	2,504.49	0.9500	2,379.27	0.9862	1.0231	1.0180	0.9731	1.1622	2,763.90
Total FE Expansion Cohort	18,604	\$2,504.49	0.9905	\$2,480.66	0.9862	1.0231	1.0180	0.9761	1.0976	\$2,729.97
Total FE Population	214,145	\$2,504.49	1.0080	\$2,524.63	0.9862	1.0231	1.0180	0.9989	1.0081	\$2,611.50

Exhibit E1
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 Development of Service Portion of LTC Rate
 Nursing Home Level of Care

Base Cohort Composite	(A) MCO/GSR Specific Waiver/Waitlist Rate Development				(C) = (A) x (B) MCO/GSR Specific Risk Adjusted Rate	(D) Projection to CY 2017					(E) = (C) x (D) Projected Per Capita Monthly Costs
	2017 Projected Exposure Months	Regression Results		2017 Base Cohort Costs		2017 Base Cohort Adjustment Factors					
		Risk Score - June 2016 Enrollment	Risk Score - June 2016 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 2)	4,463	\$2,802.25	0.9979	\$2,796.33	0.9927	1.0125	1.0159	0.9832	1.0000	\$2,807.28	
Care WI (GSR 5)	27,671	3,054.35	1.0894	3,327.30	0.9947	1.0085	1.0178	0.9987	1.0000	3,392.53	
Care WI (GSR 6)	3,133	2,738.18	1.0755	2,944.89	0.9914	1.0149	1.0156	0.9902	1.0000	2,979.75	
Care WI (GSR 5-6)	18,552	2,981.68	1.1261	3,357.75	0.9935	1.0105	1.0178	1.0052	1.0000	3,448.69	
CCI (GSR 6)	22,557	3,012.14	1.0463	3,151.60	0.9940	1.0098	1.0174	0.9902	1.0000	3,186.90	
CCI (GSR 5-6)	15,177	2,965.70	1.0997	3,261.27	0.9938	1.0102	1.0174	1.0052	1.0000	3,348.07	
CCI (GSR 8)	28,402	2,862.07	0.9901	2,833.68	0.9945	1.0100	1.0144	1.0052	1.0000	2,902.07	
CCI (GSR 10)	19,150	3,014.78	1.0112	3,048.48	0.9942	1.0095	1.0176	0.9888	1.0000	3,078.15	
CCI (GSR 11)	27,392	2,979.23	1.0325	3,076.07	0.9945	1.0092	1.0166	1.0167	1.0000	3,191.09	
Comm Link (GSR 1)	31,104	2,904.60	1.0260	2,980.18	0.9935	1.0109	1.0167	1.0380	1.0000	3,158.45	
Comm Link (GSR 2)	45,029	2,882.65	1.0144	2,924.27	0.9935	1.0110	1.0166	0.9832	1.0000	2,935.47	
Comm Link (GSR 3)	25,498	2,931.93	0.9289	2,723.43	0.9937	1.0106	1.0166	0.9996	1.0000	2,779.29	
Comm Link (GSR 4)	41,901	2,941.32	0.9836	2,893.06	0.9934	1.0110	1.0170	0.9917	1.0000	2,930.41	
Comm Link (GSR 5)	1,357	2,787.01	1.0807	3,011.85	0.9922	1.0134	1.0161	0.9987	1.0000	3,072.84	
Comm Link (GSR 5-6)	375	2,784.03	1.1160	3,106.96	0.9917	1.0141	1.0166	1.0052	1.0000	3,192.67	
Comm Link (GSR 7)	26,227	2,926.13	1.0097	2,954.64	0.9936	1.0106	1.0171	0.9816	1.0000	2,961.83	
LCD (GSR 9)	30,145	2,972.11	0.9825	2,919.98	0.9939	1.0101	1.0169	1.0033	1.0000	2,991.03	
MCFC (GSR 6)	416	2,912.74	1.0559	3,075.64	0.9931	1.0115	1.0167	0.9902	1.0000	3,110.60	
MCFC (GSR 5-6)	1,049	2,741.54	1.1175	3,063.73	0.9912	1.0150	1.0163	1.0052	1.0000	3,148.77	
MCFC (GSR 8)	94,084	2,744.85	0.9815	2,694.06	0.9913	1.0147	1.0166	1.0052	1.0000	2,769.19	
MCFC (GSR 11)	2,844	2,795.44	1.0318	2,884.36	0.9930	1.0124	1.0151	1.0167	1.0000	2,992.44	
Total Base Cohort	466,526	\$2,902.52	1.0130	\$2,940.34	0.9933	1.0111	1.0168	1.0009	1.0000	\$3,005.47	

Non-Base Cohort Composite	(A) MCO/GSR Specific Expansion Rate Development				(C) = (A) x (B) MCO/GSR Specific Risk Adjusted Rate	(D) Projection to CY 2017					(E) = (C) x (D) Projected Per Capita Monthly Costs
	2017 Projected Exposure Months	Regression Results		Statewide Non-Base Cohort Costs		2017 Non-Base Cohort Adjustment Factors					
		Risk Score - June 2016 Enrollment	Risk Score - June 2016 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 1)	441	\$2,916.21	1.0263	\$2,992.89	0.9936	1.0107	1.0167	1.0380	1.0000	\$3,171.87	
Care WI (GSR 3)	552	2,829.21	0.9324	2,637.88	0.9927	1.0125	1.0159	0.9996	1.0000	2,692.52	
CCI (GSR 9)	2,614	2,714.60	1.0051	2,728.53	0.9915	1.0149	1.0150	1.0033	1.0000	2,796.19	
LCD (GSR 10)	1,799	2,786.31	1.0222	2,848.04	0.9920	1.0137	1.0159	0.9888	1.0000	2,876.96	
Total Non-Base Cohort	5,406	\$2,766.61	1.0051	\$2,780.61	0.9920	1.0139	1.0156	1.0011	1.0000	\$2,843.13	

Expansion Cohort Composite	(A) MCO/GSR Specific Waiver/Waitlist Rate Development				(C) = (A) x (B) MCO/GSR Specific Risk Adjusted Rate	(D) Projection to CY 2017					(E) = (C) x (D) Projected Per Capita Monthly Costs
	2017 Projected Exposure Months	Regression Results		Statewide Expansion Cohort Costs		2017 Expansion Cohort Adjustment Factors					
		Risk Score - June 2016 Enrollment	Risk Score - June 2016 Enrollment			Two-Year Utilization Trend	Two-Year Unit Cost Trend	One-Year Acuity Trend	Wage Index	Phase-In	
Care WI (GSR 13)	20,233	\$2,972.19	0.9512	\$2,827.01	0.9940	1.0101	1.0165	0.9769	1.0819	\$3,049.44	
Comm Link (GSR 14)	5,366	2,990.83	0.9500	2,841.29	0.9941	1.0096	1.0173	0.9731	1.1622	3,280.85	
LCD (GSR 13)	20,682	2,977.02	1.0367	3,086.14	0.9939	1.0101	1.0171	0.9769	1.0819	3,330.52	
MCFC (GSR 14)	5,366	2,990.83	0.9500	2,841.29	0.9941	1.0096	1.0173	0.9731	1.1622	3,280.85	
Total Expansion Cohort	51,647	\$2,978.00	0.9851	\$2,933.74	0.9940	1.0100	1.0169	0.9761	1.0980	\$3,210.08	

Grand Total	523,579	\$2,908.56	1.0101	\$2,938.04	0.9934	1.0110	1.0168	0.9984	1.0094	\$3,023.98
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Exhibit E2
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

	(A)	(B)	(C) = (A) + (B)	(D)	(E) = (C) + (D)	(F)	(G) = (E) x (F)
Base Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	(G) = (E) x (F)
DD Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	CY 2017 Projected Service Costs
Care WI (GSR 2)	\$3,659.29	\$32.00	\$3,691.29	\$6.64	\$3,697.93	0.989	\$3,656.89
Care WI (GSR 5)	3,904.26	32.00	3,936.26	7.09	3,943.35	0.989	3,899.57
Care WI (GSR 6)	3,555.08	32.00	3,587.08	6.46	3,593.54	0.989	3,553.65
Care WI (GSR 5-6)	3,954.10	32.00	3,986.10	7.17	3,993.27	0.989	3,948.95
CCI (GSR 6)	3,559.82	32.00	3,591.82	6.47	3,598.29	1.013	3,644.70
CCI (GSR 5-6)	3,956.94	32.00	3,988.94	7.18	3,996.12	1.013	4,047.67
CCI (GSR 8)	3,626.80	32.00	3,658.80	6.59	3,665.39	1.013	3,712.67
CCI (GSR 10)	3,532.95	32.00	3,564.95	6.42	3,571.37	1.013	3,617.44
CCI (GSR 11)	3,776.23	32.00	3,808.23	6.85	3,815.08	1.013	3,864.30
Comm Link (GSR 1)	3,858.30	32.00	3,890.30	7.00	3,897.30	0.996	3,883.27
Comm Link (GSR 2)	3,714.04	32.00	3,746.04	6.74	3,752.78	0.996	3,739.27
Comm Link (GSR 3)	3,263.57	32.00	3,295.57	5.93	3,301.50	0.996	3,289.62
Comm Link (GSR 4)	3,330.38	32.00	3,362.38	6.05	3,368.43	0.996	3,356.31
Comm Link (GSR 5)	3,885.27	32.00	3,917.27	7.05	3,924.32	0.996	3,910.19
Comm Link (GSR 5-6)	3,937.92	32.00	3,969.92	7.15	3,977.07	0.996	3,962.75
Comm Link (GSR 7)	3,613.09	32.00	3,645.09	6.56	3,651.65	0.996	3,638.51
LCD (GSR 9)	3,402.32	32.00	3,434.32	6.18	3,440.50	1.008	3,467.34
MCFC (GSR 6)	3,555.08	32.00	3,587.08	6.46	3,593.54	1.000	3,593.54
MCFC (GSR 5-6)	3,937.92	32.00	3,969.92	7.15	3,977.07	1.000	3,977.07
MCFC (GSR 8)	3,662.95	32.00	3,694.95	6.65	3,701.60	1.000	3,701.60
MCFC (GSR 11)	3,796.06	32.00	3,828.06	6.89	3,834.95	1.000	3,834.95
Total DD Base Cohort	\$3,639.92	\$32.00	\$3,671.92	\$6.61	\$3,678.53	1.001	\$3,682.90
Non-Base Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
DD Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 1)	\$3,858.30	\$32.00	\$3,890.30	\$7.00	\$3,897.30	0.989	\$3,854.04
Care WI (GSR 3)	3,263.57	32.00	3,295.57	5.93	3,301.50	0.989	3,264.86
CCI (GSR 9)	3,404.85	32.00	3,436.85	6.19	3,443.04	1.013	3,487.45
LCD (GSR 10)	3,509.10	32.00	3,541.10	6.37	3,547.47	1.008	3,575.14
Total DD Non-Base Cohort	\$3,479.29	\$32.00	\$3,511.29	\$6.32	\$3,517.61	1.005	\$3,535.36
Expansion Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
DD Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 13)	\$3,415.10	\$32.00	\$3,447.10	\$6.20	\$3,453.30	1.000	\$3,453.30
Comm Link (GSR 14)	3,841.17	32.00	3,873.17	6.97	3,880.14	1.000	3,880.14
LCD (GSR 13)	3,822.43	32.00	3,854.43	6.94	3,861.37	1.000	3,861.37
MCFC (GSR 14)	3,841.17	32.00	3,873.17	6.97	3,880.14	1.000	3,880.14
Total DD Expansion Cohort	\$3,668.07	\$32.00	\$3,700.07	\$6.66	\$3,706.73	1.000	\$3,706.73
Total DD Population	\$3,642.01	\$32.00	\$3,674.01	\$6.61	\$3,680.62	1.001	\$3,684.58

Exhibit E2
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

	(A)	(B)	(C) = (A) + (B)	(D)	(E) = (C) + (D)	(F)	(G) = (E) x (F)
Base Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
PD Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 2)	\$2,202.56	\$5.23	\$2,207.79	\$3.97	\$2,211.76	0.989	\$2,187.21
Care WI (GSR 5)	2,607.69	5.23	2,612.92	4.70	2,617.62	0.989	2,588.57
Care WI (GSR 6)	2,812.91	5.23	2,818.14	5.07	2,823.21	0.989	2,791.87
Care WI (GSR 5-6)	3,280.31	5.23	3,285.54	5.91	3,291.45	0.989	3,254.92
CCI (GSR 6)	2,756.07	5.23	2,761.30	4.97	2,766.27	1.013	2,801.96
CCI (GSR 5-6)	2,773.48	5.23	2,778.71	5.00	2,783.71	1.013	2,819.62
CCI (GSR 8)	2,324.16	5.23	2,329.39	4.19	2,333.58	1.013	2,363.69
CCI (GSR 10)	2,725.91	5.23	2,731.14	4.92	2,736.06	1.013	2,771.35
CCI (GSR 11)	2,620.75	5.23	2,625.98	4.73	2,630.71	1.013	2,664.64
Comm Link (GSR 1)	2,674.77	5.23	2,680.00	4.82	2,684.82	0.996	2,675.16
Comm Link (GSR 2)	2,217.75	5.23	2,222.98	4.00	2,226.98	0.996	2,218.96
Comm Link (GSR 3)	2,232.76	5.23	2,237.99	4.03	2,242.02	0.996	2,233.95
Comm Link (GSR 4)	2,413.54	5.23	2,418.77	4.35	2,423.12	0.996	2,414.40
Comm Link (GSR 5)	2,604.31	5.23	2,609.54	4.70	2,614.24	0.996	2,604.83
Comm Link (GSR 5-6)	2,963.55	5.23	2,968.78	5.34	2,974.12	0.996	2,963.42
Comm Link (GSR 7)	2,401.73	5.23	2,406.96	4.33	2,411.29	0.996	2,402.61
LCD (GSR 9)	2,405.47	5.23	2,410.70	4.34	2,415.04	1.008	2,433.88
MCFC (GSR 6)	2,812.91	5.23	2,818.14	5.07	2,823.21	1.000	2,823.21
MCFC (GSR 5-6)	2,963.55	5.23	2,968.78	5.34	2,974.12	1.000	2,974.12
MCFC (GSR 8)	2,263.35	5.23	2,268.58	4.08	2,272.66	1.000	2,272.66
MCFC (GSR 11)	2,596.44	5.23	2,601.67	4.68	2,606.35	1.000	2,606.35
Total PD Base Cohort	\$2,431.61	\$5.23	\$2,436.84	\$4.39	\$2,441.23	1.002	\$2,445.88
Non-Base Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
PD Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 1)	\$2,674.77	\$5.23	\$2,680.00	\$4.82	\$2,684.82	0.989	\$2,655.02
Care WI (GSR 3)	2,232.76	5.23	2,237.99	4.03	2,242.02	0.989	2,217.13
CCI (GSR 9)	2,417.74	5.23	2,422.97	4.36	2,427.33	1.013	2,458.64
LCD (GSR 10)	2,791.90	5.23	2,797.13	5.03	2,802.16	1.008	2,824.02
Total PD Non-Base Cohort	\$2,517.13	\$5.23	\$2,522.36	\$4.54	\$2,526.90	1.008	\$2,546.12
Expansion Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
PD Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 13)	\$2,869.11	\$5.23	\$2,874.34	\$5.17	\$2,879.51	1.000	\$2,879.51
Comm Link (GSR 14)	2,593.43	5.23	2,598.66	4.68	2,603.34	1.000	2,603.34
LCD (GSR 13)	3,007.44	5.23	3,012.67	5.42	3,018.09	1.000	3,018.09
MCFC (GSR 14)	2,593.43	5.23	2,598.66	4.68	2,603.34	1.000	2,603.34
Total PD Expansion Cohort	\$2,864.09	\$5.23	\$2,869.32	\$5.16	\$2,874.48	1.000	\$2,874.48
Total PD Population	\$2,470.73	\$5.23	\$2,475.96	\$4.46	\$2,480.42	1.002	\$2,484.86

Exhibit E2
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

	(A)	(B)	(C) = (A) + (B)	(D)	(E) = (C) + (D)	(F)	(G) = (E) x (F)
Base Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
FE Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 2)	\$2,499.98	\$1.20	\$2,501.18	\$4.50	\$2,505.68	0.989	\$2,477.87
Care WI (GSR 5)	2,779.66	1.20	2,780.86	5.01	2,785.87	0.989	2,754.94
Care WI (GSR 6)	2,770.15	1.20	2,771.35	4.99	2,776.34	0.989	2,745.52
Care WI (GSR 5-6)	2,907.77	1.20	2,908.97	5.24	2,914.21	0.989	2,881.86
CCI (GSR 6)	2,789.00	1.20	2,790.20	5.02	2,795.22	1.013	2,831.28
CCI (GSR 5-6)	2,802.62	1.20	2,803.82	5.05	2,808.87	1.013	2,845.10
CCI (GSR 8)	2,562.23	1.20	2,563.43	4.61	2,568.04	1.013	2,601.17
CCI (GSR 10)	2,533.80	1.20	2,535.00	4.56	2,539.56	1.013	2,572.32
CCI (GSR 11)	2,609.72	1.20	2,610.92	4.70	2,615.62	1.013	2,649.36
Comm Link (GSR 1)	2,642.85	1.20	2,644.05	4.76	2,648.81	0.996	2,639.27
Comm Link (GSR 2)	2,512.05	1.20	2,513.25	4.52	2,517.77	0.996	2,508.71
Comm Link (GSR 3)	2,462.21	1.20	2,463.41	4.43	2,467.84	0.996	2,458.96
Comm Link (GSR 4)	2,668.95	1.20	2,670.15	4.81	2,674.96	0.996	2,665.33
Comm Link (GSR 5)	2,760.35	1.20	2,761.55	4.97	2,766.52	0.996	2,756.56
Comm Link (GSR 5-6)	2,857.66	1.20	2,858.86	5.15	2,864.01	0.996	2,853.70
Comm Link (GSR 7)	2,471.27	1.20	2,472.47	4.45	2,476.92	0.996	2,468.00
LCD (GSR 9)	2,696.85	1.20	2,698.05	4.86	2,702.91	1.008	2,723.99
MCFC (GSR 6)	2,770.15	1.20	2,771.35	4.99	2,776.34	1.000	2,776.34
MCFC (GSR 5-6)	2,857.66	1.20	2,858.86	5.15	2,864.01	1.000	2,864.01
MCFC (GSR 8)	2,509.54	1.20	2,510.74	4.52	2,515.26	1.000	2,515.26
MCFC (GSR 11)	2,621.74	1.20	2,622.94	4.72	2,627.66	1.000	2,627.66
Total FE Base Cohort	\$2,599.99	\$1.20	\$2,601.19	\$4.68	\$2,605.87	1.000	\$2,606.96
Non-Base Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
FE Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 1)	\$2,642.85	\$1.20	\$2,644.05	\$4.76	\$2,648.81	0.989	\$2,619.41
Care WI (GSR 3)	2,462.21	1.20	2,463.41	4.43	2,467.84	0.989	2,440.45
CCI (GSR 9)	2,698.85	1.20	2,700.05	4.86	2,704.91	1.013	2,739.80
LCD (GSR 10)	2,537.46	1.20	2,538.66	4.57	2,543.23	1.008	2,563.07
Total FE Non-Base Cohort	\$2,617.59	\$1.20	\$2,618.79	\$4.71	\$2,623.50	1.008	\$2,643.29
Expansion Cohort	Application of HCRP			Policy Adjustment	Policy Adjusted	Market	CY 2017
FE Development	Projected Per Capita Monthly Costs	HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	FLSA Adjustment	Capita Monthly Costs w/ HCRP	Variability Adjustment	Projected Service Costs
Care WI (GSR 13)	\$2,622.56	\$1.20	\$2,623.76	\$4.72	\$2,628.48	1.000	\$2,628.48
Comm Link (GSR 14)	2,763.90	1.20	2,765.10	4.98	2,770.08	1.000	2,770.08
LCD (GSR 13)	2,809.95	1.20	2,811.15	5.06	2,816.21	1.000	2,816.21
MCFC (GSR 14)	2,763.90	1.20	2,765.10	4.98	2,770.08	1.000	2,770.08
Total FE Expansion Cohort	\$2,729.97	\$1.20	\$2,731.17	\$4.92	\$2,736.09	1.000	\$2,736.09
Total FE Population	\$2,611.50	\$1.20	\$2,612.70	\$4.70	\$2,617.40	1.000	\$2,618.63

Exhibit E2
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Nursing Home Level of Care

	(A)	(B)	(C) = (A) + (B)	(D)	(E) = (C) + (D)	(F)	(G) = (E) x (F)
Base Cohort Composite	Projected Per Capita Monthly Costs	Application of HCRP HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	Policy Adjustment FLSA Adjustment	Policy Adjusted Capita Monthly Costs w/ HCRP	Market Variability Adjustment	CY 2017 Projected Service Costs
Care WI (GSR 2)	\$2,807.28	\$12.12	\$2,819.39	\$5.07	\$2,824.47	0.989	\$2,793.12
Care WI (GSR 5)	3,392.53	19.04	3,411.57	6.14	3,417.71	0.989	3,379.77
Care WI (GSR 6)	2,979.75	9.89	2,989.64	5.38	2,995.02	0.989	2,961.78
Care WI (GSR 5-6)	3,448.69	16.53	3,465.22	6.24	3,471.46	0.989	3,432.93
CCI (GSR 6)	3,186.90	17.75	3,204.66	5.77	3,210.43	1.013	3,251.84
CCI (GSR 5-6)	3,348.07	16.37	3,364.45	6.06	3,370.50	1.013	3,413.98
CCI (GSR 8)	2,902.07	14.89	2,916.96	5.25	2,922.21	1.013	2,959.90
CCI (GSR 10)	3,078.15	17.77	3,095.92	5.57	3,101.49	1.013	3,141.50
CCI (GSR 11)	3,191.09	17.27	3,208.35	5.78	3,214.13	1.013	3,255.59
Comm Link (GSR 1)	3,158.45	14.82	3,173.26	5.71	3,178.97	0.996	3,167.53
Comm Link (GSR 2)	2,935.47	14.34	2,949.82	5.31	2,955.13	0.996	2,944.49
Comm Link (GSR 3)	2,779.29	15.76	2,795.05	5.03	2,800.08	0.996	2,790.00
Comm Link (GSR 4)	2,930.41	15.80	2,946.21	5.30	2,951.52	0.996	2,940.89
Comm Link (GSR 5)	3,072.84	11.39	3,084.23	5.55	3,089.79	0.996	3,078.66
Comm Link (GSR 5-6)	3,192.67	10.90	3,203.56	5.77	3,209.33	0.996	3,197.78
Comm Link (GSR 7)	2,961.83	15.33	2,977.16	5.36	2,982.52	0.996	2,971.78
LCD (GSR 9)	2,991.03	16.88	3,007.91	5.41	3,013.32	1.008	3,036.82
MCFC (GSR 6)	3,110.60	14.92	3,125.51	5.63	3,131.14	1.000	3,131.14
MCFC (GSR 5-6)	3,148.77	9.65	3,158.42	5.69	3,164.11	1.000	3,164.11
MCFC (GSR 8)	2,769.19	9.77	2,778.96	5.00	2,783.96	1.000	2,783.96
MCFC (GSR 11)	2,992.44	12.17	3,004.61	5.41	3,010.02	1.000	3,010.02
Total Base Cohort	\$3,005.47	\$14.74	\$3,020.21	\$5.44	\$3,025.65	1.001	\$3,028.71
Non-Base Cohort Composite	Projected Per Capita Monthly Costs	Application of HCRP HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	Policy Adjustment FLSA Adjustment	Policy Adjusted Capita Monthly Costs w/ HCRP	Market Variability Adjustment	CY 2017 Projected Service Costs
Care WI (GSR 1)	\$3,171.87	\$15.15	\$3,187.02	\$5.74	3,192.75	0.989	\$3,157.31
Care WI (GSR 3)	2,692.52	12.84	2,705.36	4.87	2,710.23	0.989	2,680.15
CCI (GSR 9)	2,796.19	9.60	2,805.80	5.05	2,810.85	1.013	2,847.11
LCD (GSR 10)	2,876.96	11.24	2,888.19	5.20	2,893.39	1.008	2,915.96
Total Non-Base Cohort	\$2,843.13	\$10.93	\$2,854.06	\$5.14	\$2,859.20	1.007	\$2,878.28
Expansion Cohort Composite	Projected Per Capita Monthly Costs	Application of HCRP HCRP Pooled Claims	Projected Per Capita Monthly Costs w/ HCRP	Policy Adjustment FLSA Adjustment	Policy Adjusted Capita Monthly Costs w/ HCRP	Market Variability Adjustment	CY 2017 Projected Service Costs
Care WI (GSR 13)	\$3,049.44	\$16.86	\$3,066.30	\$5.52	3,071.82	1.000	\$3,071.82
Comm Link (GSR 14)	3,280.85	17.26	3,298.11	5.94	3,304.05	1.000	3,304.05
LCD (GSR 13)	3,330.52	16.77	3,347.29	6.03	3,353.32	1.000	3,353.32
MCFC (GSR 14)	3,280.85	17.26	3,298.11	5.94	3,304.05	1.000	3,304.05
Total Expansion Cohort	\$3,210.08	\$16.91	\$3,226.99	\$5.81	\$3,232.80	1.000	\$3,232.80
Grand Total	\$3,023.98	\$14.91	\$3,038.89	\$5.47	\$3,044.36	1.001	\$3,047.29

Exhibit H - N

Capitation Rate Development – Non-Nursing Home Level of Care

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

This report assumes that the reader is familiar with the State of Wisconsin's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set CY 2017 capitation rates for the Family Care program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

Exhibit H
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of Actual Experience by MCO¹
Non-Nursing Home Level of Care

	Care WI (GSR 2)			Care WI (GSR 5)			Care WI (GSR 6)			Care WI (GSR 5-6)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	87	253	69	302	194	70	22	27	0	72	67	16
Category of Service												
Adaptive Equipment	\$2.17	\$51.55	\$18.72	\$3.94	\$24.02	\$7.24	\$0.00	\$144.05	\$0.00	\$5.14	\$11.59	\$15.96
Adult Day Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Case Management	208.59	255.23	186.38	269.49	395.00	305.95	252.99	323.55	0.00	239.41	263.22	670.94
Financial Management	4.18	9.30	8.31	17.04	7.32	7.22	0.00	29.12	0.00	20.61	9.61	0.00
Habilitation/Health	0.00	6.20	0.00	8.60	61.92	14.28	0.00	26.13	0.00	2.50	7.44	3.30
Home Care	70.49	95.58	67.04	33.77	39.85	30.78	0.00	104.35	0.00	0.00	55.94	97.26
Home Health Care	0.00	3.87	9.70	0.00	8.30	35.34	0.00	0.00	0.00	0.00	0.00	0.00
Housing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Institutional	0.00	7.65	0.00	0.00	57.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	1.93	0.32	0.00	0.00	0.83	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Residential Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Respite Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation	13.40	68.55	23.32	78.77	100.74	53.08	0.00	39.58	0.00	22.56	76.69	38.55
Vocational	2.34	30.06	0.00	3.59	1.58	0.00	0.00	0.00	0.00	18.96	0.00	0.00
Grand Total	\$303.11	\$528.30	\$313.46	\$415.19	\$697.40	\$453.90	\$252.99	\$666.79	\$0.00	\$309.18	\$424.50	\$826.00
Composite PMPM	\$444.41			\$516.55			\$480.44			\$413.43		
Room and Board												
Room and Board Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Room and Board Costs	94.56	0.00	0.00	0.00	24.42	0.00	0.00	0.00	0.00	0.00	0.00	298.05
Total Room and Board	\$94.56	\$0.00	\$0.00	\$0.00	\$24.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$298.05

¹ Claim summaries presented in this exhibit are net of the costs related to non-covered services that are not cost effective in comparison with their corresponding covered service, as presented in the rate memorandum.

Exhibit H
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 Summary of Actual Experience by MCO¹
 Non-Nursing Home Level of Care

	CCI (GSR 6)			CCI (GSR 5-6)			CCI (GSR 8)			CCI (GSR 10)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	149	130	18	119	124	5	114	674	94	119	328	86
Category of Service												
Adaptive Equipment	\$6.02	\$54.36	\$10.00	\$2.44	\$32.01	\$0.00	\$17.45	\$22.29	\$29.21	\$29.30	\$28.38	\$31.27
Adult Day Activities	0.00	0.00	0.00	6.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Case Management	156.99	231.92	175.79	203.97	314.45	360.30	224.44	230.33	186.24	198.91	226.66	291.36
Financial Management	11.50	3.37	0.00	6.88	5.27	0.00	13.79	0.54	0.00	3.77	0.00	0.00
Habilitation/Health	0.00	4.55	47.60	0.00	21.32	0.00	6.73	9.01	0.84	0.17	5.68	1.94
Home Care	26.97	71.65	65.23	96.68	123.60	0.00	156.61	81.62	51.28	215.66	65.92	66.17
Home Health Care	0.00	3.97	0.00	0.00	0.00	0.00	0.00	3.09	0.00	0.00	0.00	3.19
Housing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.59	0.00
Institutional	0.00	12.21	0.00	0.00	84.26	0.00	0.00	8.90	0.00	0.00	0.00	39.94
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.44	0.93	2.38
Residential Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Respite Care	0.00	0.00	0.00	0.00	2.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation	18.33	35.85	53.59	87.00	11.90	52.55	42.54	51.42	30.20	33.89	25.39	33.45
Vocational	14.79	0.00	0.00	36.83	0.00	0.00	0.00	0.00	0.00	14.14	0.00	0.00
Grand Total	\$234.61	\$417.89	\$352.22	\$440.37	\$594.85	\$412.85	\$461.56	\$407.21	\$297.77	\$497.29	\$353.55	\$469.71
Composite PMPM	\$322.11			\$516.84			\$402.63			\$404.44		
Room and Board												
Room and Board Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Room and Board Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Room and Board	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

¹ Claim summaries presented in this exhibit are net of the costs related to non-covered services that are not cost effective in comparison with their corresponding covered service, as presented in the rate memorandum.

Exhibit H
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of Actual Experience by MCO¹
Non-Nursing Home Level of Care

	CCI (GSR 11)			Comm Link (GSR 1)			Comm Link (GSR 2)			Comm Link (GSR 3)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	94	265	60	317	574	165	347	718	222	456	1,239	767
Category of Service												
Adaptive Equipment	\$4.79	\$15.30	\$18.07	\$3.34	\$47.90	\$18.21	\$2.31	\$41.47	\$10.59	\$7.69	\$51.85	\$21.96
Adult Day Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Case Management	190.09	245.86	213.00	187.41	248.01	163.25	236.27	195.09	216.87	303.12	345.70	304.24
Financial Management	3.28	0.73	0.00	0.28	0.04	0.00	1.89	0.64	0.00	1.35	6.40	2.71
Habilitation/Health	11.43	6.68	0.00	8.55	8.19	1.33	40.79	20.23	3.42	29.78	33.09	19.55
Home Care	16.04	42.12	106.85	3.91	9.19	16.94	0.66	10.28	12.71	19.15	101.21	76.31
Home Health Care	11.41	0.00	0.00	0.00	0.63	0.00	0.00	0.00	0.00	0.00	7.69	0.00
Housing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Institutional	0.00	8.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.57	0.00
Other	0.00	0.50	0.00	1.57	0.04	0.00	0.12	0.69	0.36	0.74	0.37	0.33
Residential Care	0.00	0.00	0.00	43.31	0.00	0.00	0.00	0.00	2.89	0.00	13.21	7.17
Respite Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation	26.99	63.21	88.99	19.19	38.17	18.36	63.59	21.90	17.40	22.26	49.61	19.06
Vocational	4.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.60	0.00	0.00
Grand Total	\$268.73	\$383.35	\$426.92	\$267.56	\$352.18	\$218.09	\$345.63	\$290.29	\$264.25	\$387.69	\$609.71	\$451.34
Composite PMPM	\$363.86			\$305.82			\$300.71			\$519.26		
Room and Board												
Room and Board Collections	\$0.00	\$0.00	\$0.00	-\$4.87	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$1.92
Room and Board Costs	0.00	0.00	0.00	8.15	0.00	0.00	0.00	0.00	0.00	0.00	1.46	4.25
Total Room and Board	\$0.00	\$0.00	\$0.00	\$3.27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.46	\$2.32

¹ Claim summaries presented in this exhibit are net of the costs related to non-covered services that are not cost effective in comparison with their corresponding covered service, as presented in the rate memorandum.

Exhibit H
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of Actual Experience by MCO¹
Non-Nursing Home Level of Care

	Comm Link (GSR 4)			Comm Link (GSR 5)			Comm Link (GSR 5-6)			Comm Link (GSR 7)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	772	827	383	31	58	28	0	44	0	213	399	194
Category of Service												
Adaptive Equipment	\$10.60	\$26.10	\$38.01	\$2.85	\$10.93	\$6.60	\$0.00	\$7.38	\$0.00	\$2.50	\$52.79	\$30.73
Adult Day Activities	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Case Management	352.08	392.13	363.65	298.61	418.35	278.14	0.00	236.09	0.00	278.98	347.39	349.93
Financial Management	14.95	8.97	15.03	0.00	0.00	0.00	0.00	9.01	0.00	6.50	11.29	11.33
Habilitation/Health	20.53	23.53	11.02	5.33	11.38	0.00	0.00	0.00	0.00	18.64	17.25	10.69
Home Care	62.80	62.05	87.39	62.44	37.93	35.94	0.00	101.58	0.00	12.17	36.85	25.63
Home Health Care	0.00	1.51	8.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.83
Housing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Institutional	0.00	7.99	16.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Residential Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Respite Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Transportation	32.54	61.07	49.49	91.70	129.14	79.91	0.00	154.86	0.00	26.12	38.88	54.92
Vocational	58.87	7.72	0.00	0.00	0.00	0.00	0.00	0.00	0.00	47.18	0.00	0.00
Grand Total	\$552.47	\$591.06	\$589.13	\$460.94	\$607.72	\$400.59	\$0.00	\$508.92	\$0.00	\$392.10	\$504.45	\$489.06
Composite PMPM	\$575.66			\$519.02			\$508.92			\$471.08		
Room and Board												
Room and Board Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Room and Board Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Room and Board	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

¹ Claim summaries presented in this exhibit are net of the costs related to non-covered services that are not cost effective in comparison with their corresponding covered service, as presented in the rate memorandum.

Exhibit H
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Summary of Actual Experience by MCO¹
Non-Nursing Home Level of Care

	LCD (GSR 9)			MCFC (GSR 6)			MCFC (GSR 5-6)			MCFC (GSR 8)		
	DD	PD	FE	DD	PD	FE	DD	PD	FE	DD	PD	FE
Exposure Months	311	434	174	1	0	2	12	6	12	399	1,050	603
Category of Service												
Adaptive Equipment	\$3.78	\$34.40	\$15.79	\$0.00	\$0.00	\$0.00	\$0.00	\$146.06	\$69.62	\$4.36	\$19.37	\$15.43
Adult Day Activities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.79
Case Management	196.18	236.33	180.88	221.69	0.00	115.41	172.76	624.41	241.90	241.03	282.72	229.14
Financial Management	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.70	0.59	0.05
Habilitation/Health	1.40	7.04	1.03	0.00	0.00	0.00	0.00	0.00	427.15	48.65	23.60	6.98
Home Care	0.41	1.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	4.33	5.15
Home Health Care	0.00	9.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	1.12
Housing	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.05
Institutional	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.95	0.00
Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Residential Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.32	0.00
Respite Care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.50	0.00
Transportation	13.56	28.67	21.15	0.00	0.00	0.00	0.00	22.38	47.25	25.20	33.99	24.24
Vocational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	\$215.33	\$317.16	\$218.84	\$221.69	\$0.00	\$115.41	\$172.76	\$792.85	\$785.91	\$327.06	\$390.41	\$282.93
Composite PMPM	\$264.11			\$150.83			\$543.42			\$346.51		
Room and Board												
Room and Board Collections	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$1.93	\$0.00
Room and Board Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Room and Board	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$1.93	\$0.00

¹ Claim summaries presented in this exhibit are net of the costs related to non-covered services that are not cost effective in comparison with their corresponding covered service, as presented in the rate memorandum.

Exhibit H
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 Summary of Actual Experience by MCO¹
 Non-Nursing Home Level of Care

	MCFC (GSR 11)		
	DD	PD	FE
Exposure Months	20	11	0
Category of Service			
Adaptive Equipment	\$2.84	\$0.00	\$0.00
Adult Day Activities	0.00	0.00	0.00
Case Management	249.82	239.44	0.00
Financial Management	0.00	0.00	0.00
Habilitation/Health	4.50	0.00	0.00
Home Care	0.00	0.00	0.00
Home Health Care	0.00	0.00	0.00
Housing	0.00	0.00	0.00
Institutional	0.00	0.00	0.00
Other	0.00	0.00	0.00
Residential Care	0.00	0.00	0.00
Respite Care	0.00	0.00	0.00
Transportation	57.20	53.83	0.00
Vocational	0.00	0.00	0.00
Grand Total	\$314.37	\$293.26	\$0.00
Composite PMPM	\$306.68		
Room and Board			
Room and Board Collections	\$0.00	\$0.00	\$0.00
Room and Board Costs	0.00	0.00	0.00
Total Room and Board	\$0.00	\$0.00	\$0.00

Grand Total - Base Data		
DD	PD	FE
3,957	7,425	2,969
\$6.57	\$35.45	\$21.74
0.21	0.00	0.16
258.19	289.07	270.11
7.38	3.80	3.75
18.95	19.23	11.43
35.47	49.42	44.85
0.27	3.17	2.86
0.00	0.03	0.01
0.00	5.63	3.23
0.31	0.22	0.18
3.47	4.80	2.07
0.00	0.53	0.00
34.96	45.44	30.49
17.30	1.93	0.00
\$383.09	\$458.71	\$390.88
\$423.83		
-\$0.39	-\$0.27	-\$0.50
2.72	0.88	2.74
\$2.33	\$0.61	\$2.24

¹ Claim summaries presented in this exhibit are net of the costs related to non-covered services that are not cost effective in comparison with their corresponding covered service, as presented in the rate memorandum.

Exhibit I
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Statewide Base Rate Development
Non-Nursing Home Level of Care

DD Development	2015		IBNR Adjustment	2015 Statewide DD Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM		
Care WI (GSR 2)	87	\$303.11	1.0026	\$303.91
Care WI (GSR 5)	302	415.19	1.0026	416.29
Care WI (GSR 6)	22	252.99	1.0026	253.66
Care WI (GSR 5-6)	72	309.18	1.0026	310.00
CCI (GSR 6)	149	234.61	1.0002	234.66
CCI (GSR 5-6)	119	440.37	1.0002	440.47
CCI (GSR 8)	114	461.56	1.0002	461.67
CCI (GSR 10)	119	497.29	1.0002	497.41
CCI (GSR 11)	94	268.73	1.0002	268.79
Comm Link (GSR 1)	317	267.56	1.0001	267.59
Comm Link (GSR 2)	347	345.63	1.0007	345.87
Comm Link (GSR 3)	456	387.69	1.0001	387.72
Comm Link (GSR 4)	772	552.47	1.0020	553.56
Comm Link (GSR 5)	31	460.94	1.0001	460.99
Comm Link (GSR 5-6)	0	0.00	1.0001	0.00
Comm Link (GSR 7)	213	392.10	1.0020	392.88
LCD (GSR 9)	311	215.33	1.0007	215.48
MCFC (GSR 6)	1	221.69	1.0002	221.73
MCFC (GSR 5-6)	12	172.76	1.0002	172.79
MCFC (GSR 8)	399	327.06	1.0002	327.12
MCFC (GSR 11)	20	314.37	1.0002	314.42
Total DD Experience Data	3,957	\$383.09	1.0011	\$383.53

PD Development	2015		IBNR Adjustment	2015 Statewide PD Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM		
Care WI (GSR 2)	253	\$528.30	1.0026	\$529.70
Care WI (GSR 5)	194	697.40	1.0026	699.24
Care WI (GSR 6)	27	666.79	1.0026	668.56
Care WI (GSR 5-6)	67	424.50	1.0026	425.62
CCI (GSR 6)	130	417.89	1.0002	417.99
CCI (GSR 5-6)	124	594.85	1.0002	595.00
CCI (GSR 8)	674	407.21	1.0002	407.30
CCI (GSR 10)	328	353.55	1.0002	353.63
CCI (GSR 11)	265	383.35	1.0002	383.45
Comm Link (GSR 1)	574	352.18	1.0001	352.21
Comm Link (GSR 2)	718	290.29	1.0007	290.49
Comm Link (GSR 3)	1,239	609.71	1.0001	609.77
Comm Link (GSR 4)	827	591.06	1.0020	592.23
Comm Link (GSR 5)	58	607.72	1.0001	607.78
Comm Link (GSR 5-6)	44	508.92	1.0001	508.97
Comm Link (GSR 7)	399	504.45	1.0020	505.44
LCD (GSR 9)	434	317.16	1.0007	317.38
MCFC (GSR 6)	0	0.00	1.0002	0.00
MCFC (GSR 5-6)	6	792.85	1.0002	792.98
MCFC (GSR 8)	1,050	390.41	1.0002	390.47
MCFC (GSR 11)	11	293.26	1.0002	293.31
Total PD Experience Data	7,425	\$458.71	1.0008	\$459.09

Exhibit I
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
2015 Statewide Base Rate Development
Non-Nursing Home Level of Care

FE Development	2015		IBNR Adjustment	2015 Statewide FE Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM		
Care WI (GSR 2)	69	\$313.46	1.0026	\$314.29
Care WI (GSR 5)	70	453.90	1.0026	455.10
Care WI (GSR 6)	0	0.00	1.0026	0.00
Care WI (GSR 5-6)	16	826.00	1.0026	828.19
CCI (GSR 6)	18	352.22	1.0002	352.30
CCI (GSR 5-6)	5	412.85	1.0002	412.95
CCI (GSR 8)	94	297.77	1.0002	297.84
CCI (GSR 10)	86	469.71	1.0002	469.82
CCI (GSR 11)	60	426.92	1.0002	427.02
Comm Link (GSR 1)	165	218.09	1.0001	218.11
Comm Link (GSR 2)	222	264.25	1.0007	264.43
Comm Link (GSR 3)	767	451.34	1.0001	451.38
Comm Link (GSR 4)	383	589.13	1.0020	590.29
Comm Link (GSR 5)	28	400.59	1.0001	400.63
Comm Link (GSR 5-6)	0	0.00	1.0001	0.00
Comm Link (GSR 7)	194	489.06	1.0020	490.03
LCD (GSR 9)	174	218.84	1.0007	219.00
MCFC (GSR 6)	2	115.41	1.0002	115.42
MCFC (GSR 5-6)	12	785.91	1.0002	786.04
MCFC (GSR 8)	603	282.93	1.0002	282.98
MCFC (GSR 11)	0	0.00	1.0002	0.00
Total FE Experience Data	2,969	\$390.88	1.0008	\$391.21

Composite	2015		IBNR Adjustment	2015 Statewide Completed Net Base Costs PMPM
	Exposure Months	CY 2015 Base Experience PMPM		
Care WI (GSR 2)	408	\$444.41	1.0026	\$445.58
Care WI (GSR 5)	566	516.55	1.0026	517.91
Care WI (GSR 6)	50	480.44	1.0026	481.71
Care WI (GSR 5-6)	155	413.43	1.0026	414.53
CCI (GSR 6)	297	322.11	1.0002	322.19
CCI (GSR 5-6)	248	516.84	1.0002	516.97
CCI (GSR 8)	882	402.63	1.0002	402.73
CCI (GSR 10)	533	404.44	1.0002	404.54
CCI (GSR 11)	420	363.86	1.0002	363.95
Comm Link (GSR 1)	1,056	305.82	1.0001	305.85
Comm Link (GSR 2)	1,287	300.71	1.0007	300.91
Comm Link (GSR 3)	2,462	519.26	1.0001	519.31
Comm Link (GSR 4)	1,982	575.66	1.0020	576.80
Comm Link (GSR 5)	117	519.02	1.0001	519.07
Comm Link (GSR 5-6)	44	508.92	1.0001	508.97
Comm Link (GSR 7)	806	471.08	1.0020	472.01
LCD (GSR 9)	919	264.11	1.0007	264.29
MCFC (GSR 6)	3	150.83	1.0002	150.86
MCFC (GSR 5-6)	30	543.42	1.0002	543.51
MCFC (GSR 8)	2,052	346.51	1.0002	346.56
MCFC (GSR 11)	31	306.68	1.0002	306.73
Total Experience Data	14,351	\$423.83	1.0009	\$424.21

Exhibit J
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Illustration of Functional Based PMPMs and Membership Distributions
Non-Nursing Home Level of Care

Functional PMPM Calculation					
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	Composite – 2015 MM Mix
Total Base Period Claims	\$4,932,961	\$525,541	\$802,938	\$30,869	\$6,292,308
Non Covered Services Adjustment	96.85%	97.07%	95.31%	95.24%	96.66%
Claims Adjusted for Covered Services	\$4,777,398	\$510,152	\$765,292	\$29,398	\$6,082,240
IBNR Adjustment	1.0009	1.0009	1.0009	1.0009	1.0009
Completed Claims	\$4,781,668	\$510,608	\$765,976	\$29,424	\$6,087,676
Member Months	11,687	1,069	1,547	47	14,351
Functional Based PMPM	\$409.15	\$477.49	\$494.99	\$626.05	\$424.21

Exhibit K
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Illustration of Functional Based PMPMs and Membership Distributions
Non-Nursing Home Level of Care

	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	Composite – 2015 MM Mix
Functional Based PMPM	\$409.15	\$477.49	\$494.99	\$626.05	\$424.21

Base Cohort	2017 Projected Membership				Composite Functional PMPM
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	
Care WI (GSR 2)	411	43	70	3	\$427.31
Care WI (GSR 5)	571	12	95	0	422.38
Care WI (GSR 6)	56	7	23	4	444.63
Care WI (GSR 5-6)	159	15	57	0	434.66
CCI (GSR 6)	218	26	87	14	444.63
CCI (GSR 5-6)	228	21	81	0	434.66
CCI (GSR 8)	759	138	96	15	429.88
CCI (GSR 10)	538	55	63	0	423.14
CCI (GSR 11)	350	25	36	0	420.79
Comm Link (GSR 1)	763	67	46	0	418.94
Comm Link (GSR 2)	936	114	116	8	425.80
Comm Link (GSR 3)	2,296	191	205	11	421.36
Comm Link (GSR 4)	1,708	84	282	0	423.60
Comm Link (GSR 5)	89	5	15	0	423.99
Comm Link (GSR 5-6)	32	3	12	0	434.66
Comm Link (GSR 7)	663	61	74	0	422.36
LCD (GSR 9)	712	60	89	0	422.79
MCFC (GSR 6)	1	0	1	0	444.63
MCFC (GSR 5-6)	37	3	13	0	434.66
MCFC (GSR 8)	1,926	216	187	1	422.46
MCFC (GSR 11)	37	3	4	0	420.79
Total Base Cohort	12,492	1,149	1,652	55	\$424.28

Non-Base Cohort	2017 Projected Membership				Composite Functional PMPM
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	
Care WI (GSR 1)	9	1	1	0	\$418.94
Care WI (GSR 3)	31	3	3	0	421.36
CCI (GSR 9)	174	15	22	0	422.79
LCD (GSR 10)	11	1	1	0	423.14
Total Non-Base Cohort	224	19	26	0	\$422.47

2015 Expansion Cohort	2017 Projected Membership				Composite Functional PMPM
	Low IADL, Low ADL	Low IADL, High ADL	High IADL, Low ADL	High IADL, High ADL	
Care WI (GSR 13)	324	30	43	1	\$424.28
Comm Link (GSR 14)	221	20	29	1	424.28
LCD (GSR 13)	230	21	30	1	424.28
MCFC (GSR 14)	221	20	29	1	424.28
Total 2017 Expansion Cohort	995	91	132	4	\$424.28

Exhibit L
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Service Portion of LTC Rate
Non-Nursing Home Level of Care

(A)			(B1)	(B2)	(B3)	(B4)	(C) = (A) x (B)	(D)	(E) = (C) + (D)
Base Cohort 2017 Development	MCO/GSR Specific Base Rate Development		Projection to CY 2017				Projected Per Capita Monthly Costs	Policy Adjustment FLSA Adjustment	Policy Adjusted CY 2017 Service Costs
	2017 Projected Exposure Months	MCO/GSR Specific Functional Rate	2017 Composite Adjustment Factors						
			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index			
Care WI (GSR 2)	527	\$427.31	0.9938	1.0128	1.0192	0.9832	\$430.95	\$0.78	\$431.73
Care WI (GSR 5)	678	422.38	0.9938	1.0128	1.0192	0.9987	432.70	0.78	433.48
Care WI (GSR 6)	89	444.63	0.9938	1.0128	1.0192	0.9902	451.63	0.81	452.44
Care WI (GSR 5-6)	230	434.66	0.9938	1.0128	1.0192	1.0052	448.17	0.81	448.98
CCI (GSR 6)	345	444.63	0.9938	1.0128	1.0192	0.9902	451.63	0.81	452.44
CCI (GSR 5-6)	330	434.66	0.9938	1.0128	1.0192	1.0052	448.17	0.81	448.98
CCI (GSR 8)	1,008	429.88	0.9938	1.0128	1.0192	1.0052	443.24	0.80	444.04
CCI (GSR 10)	656	423.14	0.9938	1.0128	1.0192	0.9888	429.19	0.77	429.97
CCI (GSR 11)	411	420.79	0.9938	1.0128	1.0192	1.0167	438.86	0.79	439.65
Comm Link (GSR 1)	877	418.94	0.9938	1.0128	1.0192	1.0380	446.07	0.80	446.87
Comm Link (GSR 2)	1,175	425.80	0.9938	1.0128	1.0192	0.9832	429.43	0.77	430.20
Comm Link (GSR 3)	2,703	421.36	0.9938	1.0128	1.0192	0.9996	432.06	0.78	432.84
Comm Link (GSR 4)	2,074	423.60	0.9938	1.0128	1.0192	0.9917	430.93	0.78	431.71
Comm Link (GSR 5)	109	423.99	0.9938	1.0128	1.0192	0.9987	434.35	0.78	435.13
Comm Link (GSR 5-6)	47	434.66	0.9938	1.0128	1.0192	1.0052	448.17	0.81	448.98
Comm Link (GSR 7)	798	422.36	0.9938	1.0128	1.0192	0.9816	425.27	0.77	426.04
LCD (GSR 9)	861	422.79	0.9938	1.0128	1.0192	1.0033	435.15	0.78	435.93
MCFC (GSR 6)	2	444.63	0.9938	1.0128	1.0192	0.9902	451.63	0.81	452.44
MCFC (GSR 5-6)	54	434.66	0.9938	1.0128	1.0192	1.0052	448.17	0.81	448.98
MCFC (GSR 8)	2,330	422.46	0.9938	1.0128	1.0192	1.0052	435.60	0.78	436.38
MCFC (GSR 11)	44	420.79	0.9938	1.0128	1.0192	1.0167	438.86	0.79	439.65
Total Base Cohort	15,348	\$424.28	0.9938	1.0128	1.0192	0.9993	\$434.93	\$0.78	\$435.72
Non-Base Cohort 2017 Development	MCO/GSR Specific Base Rate Development		Projection to CY 2017				Projected Per Capita Monthly Costs	Policy Adjustment FLSA Adjustment	Policy Adjusted CY 2017 Service Costs
	2017 Projected Exposure Months	MCO/GSR Specific Functional Rate	2017 Composite Adjustment Factors						
			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index			
Care WI (GSR 1)	10	\$418.94	0.9938	1.0128	1.0192	1.0380	\$446.07	\$0.80	\$446.87
Care WI (GSR 3)	36	421.36	0.9938	1.0128	1.0192	0.9996	432.06	0.78	432.84
CCI (GSR 9)	211	422.79	0.9938	1.0128	1.0192	1.0033	435.15	0.78	435.93
LCD (GSR 10)	13	423.14	0.9938	1.0128	1.0192	0.9888	429.19	0.77	429.97
Total Non-Base Cohort	270	\$422.47	0.9938	1.0128	1.0192	1.0034	\$434.85	\$0.78	\$435.64
Expansion Cohort 2017 Development	MCO/GSR Specific Base Rate Development		Projection to CY 2017				Projected Per Capita Monthly Costs	Policy Adjustment FLSA Adjustment	Policy Adjusted CY 2017 Service Costs
	2017 Projected Exposure Months	MCO/GSR Specific Functional Rate	2017 Composite Adjustment Factors						
			Two-Year Utilization Trend	Two-Year Unit Cost Trend	Two-Year Acuity Trend	Wage Index			
Care WI (GSR 13)	398	\$424.28	0.9938	1.0128	1.0192	0.9769	\$425.16	\$0.77	\$425.93
Comm Link (GSR 14)	271	424.28	0.9938	1.0128	1.0192	0.9731	423.52	0.76	424.28
LCD (GSR 13)	282	424.28	0.9938	1.0128	1.0192	0.9769	425.16	0.77	425.93
MCFC (GSR 14)	271	424.28	0.9938	1.0128	1.0192	0.9731	423.52	0.76	424.28
Total Expansion Cohort	1,222	\$424.28	0.9938	1.0128	1.0192	0.9752	\$424.43	\$0.76	\$425.20
Total Composite	16,840	\$424.26	0.9938	1.0128	1.0192	0.9976	\$434.17	\$0.78	\$434.95

Exhibit M
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Development of Non-Service Portion of LTC Rate, MCE, and Capitation Rates
Non-Nursing Home Level of Care

Base Cohort Development	2017 Projected Exposure Months	(A)	(B)	(C)	(D) = (C) / (G)	(E) = (F) / (H)	(F)	(G) = (A) + (C)	(H) = (B) + (C) + (F)
		Projected MCE Service Costs ¹	CY 2017 Service Costs	MCE Administrative Allowance ²	NH LOC Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	CY 2017 Capitation Rate
Care WI (GSR 2)	527	\$431.73	\$431.73	\$19.09	4.2%	1.5%	\$6.87	\$450.82	\$457.69
Care WI (GSR 5)	678	433.48	433.48	15.84	3.5%	1.5%	6.84	449.32	456.16
Care WI (GSR 6)	89	452.44	452.44	18.86	4.0%	1.5%	7.18	471.30	478.48
Care WI (GSR 5-6)	230	448.98	448.98	16.15	3.5%	1.5%	7.08	465.13	472.21
CCI (GSR 6)	345	452.44	452.44	16.25	3.5%	1.5%	7.14	468.69	475.83
CCI (GSR 5-6)	330	448.98	448.98	15.36	3.3%	1.5%	7.07	464.34	471.41
CCI (GSR 8)	1,008	444.04	444.04	17.52	3.8%	1.5%	7.03	461.56	468.59
CCI (GSR 10)	656	429.97	429.97	15.99	3.6%	1.5%	6.79	445.96	452.75
CCI (GSR 11)	411	439.65	439.65	15.78	3.5%	1.5%	6.94	455.43	462.37
Comm Link (GSR 1)	877	446.87	446.87	15.99	3.5%	1.5%	7.05	462.86	469.91
Comm Link (GSR 2)	1,175	430.20	430.20	16.56	3.7%	1.5%	6.80	446.76	453.56
Comm Link (GSR 3)	2,703	432.84	432.84	17.58	3.9%	1.5%	6.86	450.42	457.28
Comm Link (GSR 4)	2,074	431.71	431.71	16.64	3.7%	1.5%	6.83	448.35	455.18
Comm Link (GSR 5)	109	435.13	435.13	16.02	3.6%	1.5%	6.87	451.15	458.02
Comm Link (GSR 5-6)	47	448.98	448.98	15.91	3.4%	1.5%	7.08	464.89	471.97
Comm Link (GSR 7)	798	426.04	426.04	16.25	3.7%	1.5%	6.74	442.29	449.03
LCD (GSR 9)	861	435.93	435.93	19.08	4.2%	1.5%	6.93	455.01	461.94
MCFC (GSR 6)	2	452.44	452.44	17.51	3.7%	1.5%	7.16	469.95	477.11
MCFC (GSR 5-6)	54	448.98	448.98	17.20	3.7%	1.5%	7.10	466.18	473.28
MCFC (GSR 8)	2,330	436.38	436.38	19.00	4.2%	1.5%	6.93	455.38	462.31
MCFC (GSR 11)	44	439.65	439.65	17.70	3.9%	1.5%	6.96	457.35	464.31
Total Base Cohort	15,348	\$435.72	\$435.72	\$17.26	3.8%	1.5%	\$6.90	\$452.98	\$459.88
Non-Base Cohort Development	2017 Projected Exposure Months	Projected MCE Service Costs ¹	CY 2017 Service Costs	MCE Administrative Allowance ²	Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	CY 2017 Capitation Rate
Care WI (GSR 1)	10	\$446.87	\$446.87	\$17.48	3.8%	1.5%	\$7.07	\$464.35	\$471.42
Care WI (GSR 3)	36	432.84	432.84	19.94	4.4%	1.5%	6.90	452.78	459.68
CCI (GSR 9)	211	435.93	435.93	17.89	3.9%	1.5%	6.91	453.82	460.73
LCD (GSR 10)	13	429.97	429.97	19.60	4.4%	1.5%	6.85	449.57	456.42
Total Non-Base Cohort	270	\$435.64	\$435.64	\$18.23	4.0%	1.5%	\$6.91	\$453.87	\$460.78
Expansion Cohort Development	2017 Projected Exposure Months	Projected MCE Service Costs ¹	CY 2017 Service Costs	MCE Administrative Allowance ²	Implied Administrative Percentage	Targeted Margin	Targeted Margin PMPM	MCE Rates	CY 2017 Capitation Rate
Care WI (GSR 13)	398	\$425.93	\$425.93	\$17.31	3.9%	1.5%	\$6.75	\$443.24	\$449.99
Comm Link (GSR 14)	271	424.28	424.28	14.61	3.3%	1.5%	6.68	438.89	445.57
LCD (GSR 13)	282	425.93	425.93	16.75	3.8%	1.5%	6.74	442.68	449.42
MCFC (GSR 14)	271	424.28	424.28	15.56	3.5%	1.5%	6.70	439.84	446.54
Total Expansion Cohort	1,222	\$425.20	\$425.20	\$16.19	3.7%	1.5%	\$6.72	\$441.39	\$448.11
Total Composite	16,840	\$434.95	\$434.95	\$17.20	3.8%	1.5%	\$6.89	\$452.15	\$459.04

Exhibit N
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Monthly Rates Paid to MCOs
Non-Nursing Home Level of Care

MCO / GSR	Projected 2017 Enrollment	(A)	(B)	(C)	(A) + (B) + (C)
		Monthly Rates			
		CY 2017 Service Costs	MCE Administrative Allowance	Targeted Margin PMPM	Total Rate
Care WI (GSR 1)	10	\$446.87	\$17.48	\$7.07	\$471.42
Care WI (GSR 2)	527	431.73	19.09	6.87	457.69
Care WI (GSR 3)	36	432.84	19.94	6.90	459.68
Care WI (GSR 5)	678	433.48	15.84	6.84	456.16
Care WI (GSR 6)	89	452.44	18.86	7.18	478.48
Care WI (GSR 5-6)	230	448.98	16.15	7.08	472.21
Care WI (GSR 13)	398	425.93	17.31	6.75	449.99
CCI (GSR 6)	345	452.44	16.25	7.14	475.83
CCI (GSR 5-6)	330	448.98	15.36	7.07	471.41
CCI (GSR 8)	1,008	444.04	17.52	7.03	468.59
CCI (GSR 9)	211	435.93	17.89	6.91	460.73
CCI (GSR 10)	656	429.97	15.99	6.79	452.75
CCI (GSR 11)	411	439.65	15.78	6.94	462.37
Comm Link (GSR 1)	877	446.87	15.99	7.05	469.91
Comm Link (GSR 2)	1,175	430.20	16.56	6.80	453.56
Comm Link (GSR 3)	2,703	432.84	17.58	6.86	457.28
Comm Link (GSR 4)	2,074	431.71	16.64	6.83	455.18
Comm Link (GSR 5)	109	435.13	16.02	6.87	458.02
Comm Link (GSR 5-6)	47	448.98	15.91	7.08	471.97
Comm Link (GSR 7)	798	426.04	16.25	6.74	449.03
Comm Link (GSR 14)	271	424.28	14.61	6.68	445.57
LCD (GSR 9)	861	435.93	19.08	6.93	461.94
LCD (GSR 10)	13	429.97	19.60	6.85	456.42
LCD (GSR 13)	282	425.93	16.75	6.74	449.42
MCFC (GSR 6)	2	452.44	17.51	7.16	477.11
MCFC (GSR 5-6)	54	448.98	17.20	7.10	473.28
MCFC (GSR 8)	2,330	436.38	19.00	6.93	462.31
MCFC (GSR 11)	44	439.65	17.70	6.96	464.31
MCFC (GSR 14)	271	424.28	15.56	6.70	446.54

Exhibit O

Actuarial Certification

CMS Rate Setting Checklist Issues

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

This report assumes that the reader is familiar with the State of Wisconsin's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set CY 2017 capitation rates for the Family Care program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.



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Michael C. Cook, FSA, MAAA
Consulting Actuary

michael.cook@milliman.com

November 30, 2016

**Wisconsin Department of Health Services
Capitated Contracts Ratesetting
Actuarial Certification
January 2017 – December 2017 Family Care Program Capitation Rates**

I, Michael C. Cook, am associated with the firm of Milliman, Inc., am a member of the American Academy of Actuaries, and meet its Qualification Standards for Statements of Actuarial Opinion. I was retained by the Wisconsin Department of Health Services (DHS) to perform an actuarial certification of the Family Care program capitation rates for January 2017 – December 2017 for filing with the Centers for Medicare and Medicaid Services (CMS). I reviewed the attached capitation rate development and am familiar with the applicable sections of 42 CFR 438.4(b) and the CMS “Appendix A, PAHP, PIHP, and MCO Contracts Financial Review Documentation for At-risk Capitated Contracts Ratesetting.”

I examined the actuarial assumptions and actuarial methods used in setting the capitation rates for January 2017 – December 2017. To the best of my information, knowledge and belief, for the period from January 2017 – December 2017, the capitation rates offered by DHS are in compliance with 42 CFR 438.3(c), 438.3(e), 438.4(a), 438.4(b)(1), 438.4(b)(2), 438.4(b)(5), 438.4(b)(6), 438.5(a), 438.5(g), 438.6(a), 438.6(b)(1), 438.6(b)(2), and 438.6(e). The attached actuarial report describes the capitation rate setting methodology.

In my opinion, the capitation rates are actuarially sound, as defined in ASOP 49, were 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.

In making my opinion, I relied upon the accuracy of the underlying claims and eligibility data records and other information. A copy of the reliance letter received from DHS is attached and constitutes part of this opinion. I did not audit the data and calculations, but did review them for reasonableness and consistency and did not find material defects. In other respects, my examination included such review of the underlying assumptions and methods used and such tests of the calculations as I considered necessary.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the appropriate Standards of Practice as promulgated from time-to-time by the Actuarial Standards Board, whose standards form the basis of this Statement of Opinion.

It should be emphasized that capitation rates are a projection of future costs based on a set of assumptions. Actual costs will be dependent on each contracted managed care organization’s situation and experience.



This Opinion assumes the reader is familiar with the Wisconsin Medicaid program, Family Care programs, and actuarial rating techniques. The Opinion is intended for the State of Wisconsin and the 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.

A handwritten signature in black ink that reads "Michael Cook".

Michael C. Cook
Member, American Academy of Actuaries

November 30, 2016

Scott Walker
Governor



DIVISION OF LONG TERM CARE

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MADISON WI 53707-7851

Linda Seemeyer
Secretary

State of Wisconsin
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November 21, 2016

Mr. Michael Cook, FSA, MAAA
Principal and Consulting Actuary
Milliman, Inc.
15800 Bluemound Road, Suite 100
Brookfield, WI 53005

RE: Data Reliance for Actuarial Certification of CY 2017 Family Care and Family Care
PACE / Partnership Capitation Rates

Dear Michael:

I, Dave Varana, Director of the Bureau of Long Term Care Financing, hereby affirm that the listings and summaries prepared and submitted to Milliman, Inc. for the development of the CY 2017 Family Care and Family Care PACE / Partnership capitation rates were prepared under my direction, and to the best of my knowledge and belief are accurate and complete. These listings and summaries include:

1. Health Plan encounter data files containing claims information on capitated plan assignment, detailed service category, target group, geographic indicators, and demographic indicators for calendar years (CYs) 2014 and 2015 for the Family Care and Family Care Partnership / PACE programs.
2. Fee-for-service, Waitlist, and Waiver data files containing claims information on detailed service category, geographic indicators, and demographic indicators for CYs 2014 and 2015 for the Family Care program.
3. Long Term Care Functional Screen (LTCFS) data extracts through June 2016 for the Family Care and Family Care Partnership / PACE programs.
4. Data files containing enrollment information on capitated plan assignment, program and target group, geographic indicators, and demographic indicators for CYs 2014, 2015, and YTD 2016 for the Family Care and Family Care Partnership / PACE programs.
5. Data files containing claims and enrollment information for the acute and primary portion of the Family Care Partnership / PACE program.
6. Data files containing estimated monthly enrollment for CY 2017 in total and by health plan, geographic indicator, and target group for the Family Care and Family Care Partnership / PACE programs.
7. Data dictionary files for the encounter, enrollment, and LTCFS files for the Family Care and Family Care Partnership / PACE programs.
8. CY 2015 financials for health plans participating in the Family Care and Family Care Partnership / PACE programs.

9. An administrative cost model for CY 2017 non-service costs to be applied to the Family Care and Family Care Partnership / PACE programs.
10. A data file containing lists of allowed and dis-allowed services under managed care for the Family Care and Family Care Partnership / PACE programs.
11. Information and direction regarding the implementation of the High Cost Risk pool for the Family Care and Family Care Partnership / PACE programs.
12. Information and direction regarding the market variability adjustment for the Family Care and Family Care Partnership / PACE programs.
13. Information and direction regarding the Fair Labor Standards Act (FLSA) adjustment for the Family Care and Family Care Partnership / PACE programs.
14. Information and direction regarding the solvency fund adjustment for the Family Care program.
15. Information and direction regarding the goals of the PACE rate development for the Family Care Partnership / PACE program.
16. Results of analyses performed by DHS regarding the fiscal impact of legislative and policy changes for the Family Care and Family Care Partnership / PACE programs.
17. Any other items provided to Milliman to support the 2016 rate development not mentioned above for the Family Care and Family Care Partnership / PACE programs.

I affirm that the above information and any other related data submitted to Milliman, Inc. are, to the best of my knowledge and belief, accurately stated.

Sincerely,



Dave Varana
Bureau Director

cc: Grant Cummings, Section Chief
Michael Pancook, Analyst
Mathieu Doucet, Consulting Actuary
James Johnson, Associate Actuary

Exhibit P - Q

CMS Documentation

CMS Rate Setting Checklist Issues

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

This report assumes that the reader is familiar with the State of Wisconsin's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set CY 2017 capitation rates for the Family Care program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.

Exhibit P

Rate Setting Checklist

This section of the report lists each item in the November 10, 2014 CMS checklist and discusses how DHS addresses each issue and / or directs the reader to other parts of this report. CMS uses the rate setting checklist to review and approve a state's Medicaid capitation rates.

AA.1.0 – Overview of Rates Being Paid Under the Contract

The CY 2017 managed care organization (MCO) capitation rates are developed using 2015 Wisconsin Medicaid long term care (LTC) MCO encounter data for the MCO eligible population, along with other information. DHS sets rates by MCO and Geographical Service Area (GSR).

Please refer to Sections II - IV of this report for background on the program and more details around the rate development.

AA.1.1 – Actuarial Certification

The Actuarial Certification of the CY 2017 capitation rates is included as Exhibit O of this report. The CY 2017 Wisconsin LTC Medicaid care management 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.

AA.1.2 – Projection of Expenditures

Appendix B includes a projection of total expenditures and Federal-only expenditures based on actual Projected CY 2017 MCO enrollment and CY 2017 capitation rates. We used a 58.27% FMAP rate to calculate the Federal expenditures.

AA.1.3 – Risk Contracts

The Wisconsin Family Care program meets the criteria of a risk contract.

AA.1.4 – Modifications

The CY 2017 rates documented in this report are the initial capitation rates for the CY 2017 Wisconsin Medicaid LTC managed care contracts.

Note: There is no AA.1.5 on the Rate Setting Checklist

AA.1.6 – Limit on Payment to Other Providers

It is our understanding no payment is made to a provider other than the participating MCOs for services available under the contract.

AA.1.7 – Risk and Profit

The CY 2017 Family Care capitation rates include a targeted margin of 1.5% for risk, profit, and contribution to reserves. We believe that this margin is appropriate given low service cost trends and the predictability of expenses under the program.

AA.1.8 – Family Planning Enhanced Match

DHS does not claim enhanced match for family planning services for the population covered under this program.

Exhibit P

Rate Setting Checklist

AA.1.9 – Indian Health Service (IHS) Facility Enhanced Match

DHS does not claim enhanced match for Indian Health Services for the population covered under this program.

AA.1.10 – Newly Eligible Enhanced Match

The Wisconsin Family Care program does not cover the newly eligible Medicaid population. Therefore, none of the recipients are eligible for the enhanced Federal match under Section 1905(y).

AA.1.11 – Retroactive Adjustments

The CY 2017 rates documented in this report are the initial capitation rates for the CY 2017 Wisconsin Medicaid LTC managed care contracts and does not contain any retroactive adjustments.

AA.2.0 – Based Only Upon Services Covered Under the State Plan

The CY 2017 rate methodology relies on CY 2015 MCO encounter data as the primary data source. Only State Plan and waiver services that are covered under the Wisconsin Family Care contract or are shown to be cost-effective “in-lieu-of services” have been included in the rate development.

Please refer to the Non-Covered Services portion of Sections III and IV of this report for more details.

AA.2.1 – Provided Under the Contract to Medicaid-Eligible Individuals

The CY 2017 capitation rate development methodology relies on data that includes only those eligible and currently enrolled in the Wisconsin Family Care program and does not include experience for individuals not eligible to enroll in the program.

AA.2.2 – Data Sources

The CY 2017 capitation rates are developed using Wisconsin Medicaid long term care (LTC) MCO encounter, eligibility, and functional screen data for CY 2015 for the MCO eligible population as the primary data source.

Please refer to Sections III - IV of this report for more details.

AA.3.0 – Adjustments to Base Year Data

All adjustments to the base year data are discussed in Sections III - IV of this report. In addition, each item in the checklist is addressed in items AA.3.1 – AA.3.17 below.

AA.3.1 – Benefit Differences

The base data used to calculate the capitation rates has been adjusted to only include services covered under the Medicaid care management program contract. Step 5 in Section III outlines a benefit change implemented between the base period year and the contract period.

AA.3.2 – Administrative Cost Allowance Calculations

The MCO capitation rates include explicit administrative allowances by rate cell. Please see Step 6 in Sections III and IV of the report for more details regarding the administrative cost calculation.

Exhibit P

Rate Setting Checklist

AA.3.3 – Special Populations' Adjustments

The 2017 capitation rates methodology does not include an adjustment for special populations as the base MCO encounter data used to calculate the capitation rates is consistent with the Wisconsin Family Care program population.

AA.3.4 – Eligibility Adjustments

The base MCO encounter data only reflects experience for time periods where members were enrolled in a Family Care MCO.

AA.3.5 – Third Party Liability (TPL)

The managed care organizations are responsible for the collection of any TPL recoveries. The MCO encounter data is reported net of TPL recoveries, therefore no adjustment was necessary.

AA.3.6 – Indian Health Care Provider Payments

The MCOs are responsible for the entirety of the IHC payments, which are fully reflected in encounters.

AA.3.7 – DSH Payments

DSH payments are not included in the capitation rates.

AA.3.8 – FQHC and RHC Reimbursement

The MCOs are responsible for the entirety of the FQHC and RHC payments, which are fully reflected in encounters.

AA.3.9 – Graduate Medical Education (GME)

GME payments are included as part of the hospital reimbursement formula. Therefore, the base data used in the capitation rate calculation includes GME payments. Separate FFS payments are not made to hospitals for members covered under managed care.

AA.3.10 – Copayments, Coinsurance, and Deductibles in Capitated Rates

The Wisconsin Family Care program does not include member cost sharing, so no adjustment to base period experience for this issue is required.

AA.3.11 – Medical Cost / Trend Inflation

Trend rates from CY 2015 to CY 2017 were developed by rate category and type of service for Family Care eligible services and individuals using historical MCO encounter data from January 2011 to December 2015 and actuarial judgment.

The trend rates and inflation factors represent the expected change in per capita cost between CY 2015 and CY 2017, net of acuity changes.

Please see Sections III and IV and Exhibit R for more details on the trend development.

Exhibit P

Rate Setting Checklist

AA.3.12 – Utilization Adjustments

Utilization trend is included in AA.3.11.

AA.3.13 – Utilization and Cost Assumptions

The CY 2017 capitation rates use an actuarially sound risk adjustment model to adjust the rates for each participating MCO in a particular GSR in order to reflect the acuity of enrolled members. Acuity adjustments were applied independently from the unit cost and utilization trend adjustments.

AA.3.14 – Post-Eligibility Treatment of Income (PETI)

Capitation rates are developed net of patient liability. Encounter payment amounts are net of patient liability, so no adjustment to the data is necessary for this issue.

AA.3.15 – Incomplete Data Adjustment

The capitation rates include an adjustment to reflect IBNR claims. Please refer to Sections III and IV of this report for more information on the development of these adjustment factors.

We also apply an adjustment to true up care management expenditures to financial statements due to the difficulty in properly and completely collecting this information in the encounter data reporting format. Please refer to Sections III and IV of this report for more information on the development of these adjustment factors.

AA.3.16 – Primary Care Rate Enhancement

The CY 2017 capitation rates only include Long-Term Care services.

AA.3.17 – Health Homes

Not Applicable.

AA.4.0 – Establish Rate Category Groupings

Please refer to Sections III and IV of this report.

AA.4.1 – Eligibility Categories

Target populations for individuals meeting the nursing home level of care requirement are defined in Step 1 of Section III.

AA.4.2 – Age

Age is not used for rate category groupings outside of the Target Population assignment.

AA.4.3 – Gender

Gender is not used for rate category groupings.

AA.4.4 – Locality / Region

Geographic regions are defined in Step 1 of Section III and Appendix A.

Exhibit P

Rate Setting Checklist

AA.4.5 – Risk Adjustments

Acuity adjustment models are described in Step 2 of Section III (NH eligible) and Step 3 of Section IV (Non NH eligible).

AA.5.0 – Data Smoothing

While we did not perform any explicit data smoothing, the High Cost Risk Pool (HCRP) is being implemented in 2017 to help spread risk associated with very high cost members across MCOs. The HCRP is described in AA.6.0.

AA.5.1 – Cost-Neutral Data Smoothing Adjustment

We did not perform any data smoothing.

AA.5.2 – Data Distortion Assessment

Our review of the base MCO encounter data did not detect any material distortions or outliers.

AA.5.3 – Data Smoothing Techniques

We determined that a data smoothing mechanism resulting from data distortions was not required.

AA.5.4 – Risk Adjustments

The CY 2017 capitation rates use an actuarially sound risk adjustment model based on a functional screen (NH level of care) or ADL / IADL (Non NH level of care) to adjust the rates for each participating MCO. Please see Sections III and IV of this report. The functional screen risk adjustment mechanism has been developed in accordance with generally accepted actuarial principles and practices.

AA.6.0 – Stop Loss, Reinsurance, or Risk Sharing Arrangements

Effective January 1, 2017, DHS is implementing a High Cost Risk Pool (HCRP) for the Developmentally Disabled, Physically Disabled and Frail Elderly populations. The HCRP is targeted to cover 80% of provider service costs above \$225,000 for each individual and excludes Care Management expenses due to increased administrative burden to include them in this process.

A pooling charge specific to each target group will be assessed from each MCO and placed into a pool. At year end, a settlement will be performed to determine payout to MCOs for each target group separately. Each MCO will receive the portion of each target group's pool equivalent to their percentage of total pooled costs statewide. MCOs may effectively have more or less than 80% of an individual's CY 2017 costs greater than \$225,000 reimbursed depending on whether actual CY 2017 pooled costs are greater than or less than the target group pools. Individuals will be evaluated over their enrollment period, and \$225,000 threshold will not be pro-rated for partial year enrollment. If actual CY 2017 pooled costs are less than the target group pools, any remaining funding in the target group pools will be distributed as a flat PMPM amount to all MCOs.

The High Cost Risk Pool mechanism has been developed in accordance with generally accepted actuarial principles and practices.

AA.6.1 – Commercial Reinsurance

DHS does not require entities to purchase commercial reinsurance.

Exhibit P

Rate Setting Checklist

AA.6.2 – Stop-Loss Program

Please see AA.6.0.

AA.6.3 – Risk Corridor Program

Not applicable

AA.7.0 – Incentive Arrangements

DHS will provide a one-time incentive payment to the MCO for each MCO member who is relocated from an institution into a community setting consistent with federal Money Follows the Person (MFP) guidelines.

AA.7.1 – Electronic Health Records (EHR) Incentive Payments

DHS has not implemented incentive payments related to EHRs for the CY 2017 contract period.

EXHIBIT Q
RESPONSE TO 2017 MANAGED CARE RATE DEVELOPMENT GUIDE
(NOVEMBER 2016)

I. MEDICAID MANAGED CARE RATES

1. General Information

- A. The rate certification included herein is for the January 2017 – December 2017 contract period. The previous certification was for January 2016 – December 2016 contract period.
- B. We believe that the attached report properly documents all the elements included in the rate certification and provides CMS enough detail to determine that regulation standard are met.

Please see Sections I, III, and IV of this report for the following details:

- Data used, including citations to studies, research papers, other states' analyses, or similar secondary data sources,
 - Assumptions made, including any basis or justification for the assumption; and
 - Methods for analyzing data and developing assumptions and adjustments.
- C. We detail within our responses in this guide the section of our report where each item described in the 2016 Medicaid Managed Care Rate Development Guide can be found.
 - D. The rate certification and attached report include the following items required by CMS:
 - i. Our actuarial certification letter signed by Michael Cook, FSA, MAAA certifies that the final capitation rates meet the standards in 42 CFR §438.3(c), 438.3(e), 438.4(a), 438.4(b)(1), 438.4(b)(2), 438.4(b)(5), 438.4(b)(6), 438.5(a), 438.5(g), 438.6(a), 438.6(b)(1), 438.6(b)(2), and 438.6(e). The certification can be found in Exhibit O.
 - ii. The final and certified capitation rates for all rate cells and regions can be find in Exhibits G and N.
 - iii. Rate ranges are not certified. Therefore, this requirement does not apply.
 - iv. The items requested can be found in Sections I and II of this report.

2. Data

- A. Our report includes a thorough description of the data used.
 - i. A detailed description of the data can be found in Sections III and IV of this report.
 - ii. Sections III and IV of this report include comments on the availability and quality of the data used for rate development.
 - iii. The rate development methodology uses current MCO encounter data.
 - iv. The rate development methodology uses recent MCO encounter data.
 - v. The rate documentation methodology does not use a data book separate from what is shown in the rate report.

EXHIBIT Q
RESPONSE TO 2017 MANAGED CARE RATE DEVELOPMENT GUIDE
(NOVEMBER 2016)

- B. The rate certification and attached report thoroughly describe any material adjustments, and the basis for the adjustments, that are made to the data. Please see Section III and IV of this report for more details.

3. Projected Benefit Costs

- A. The final capitation rates shown in Exhibit G comply with 42 CFR 438.4(b)(6) and are based only upon services described in 42 CFR 438.3(c)(1)(ii) and 438.3(e).
- B. Variations in assumptions used to develop the projected benefit costs for covered the population are not based on the rate of Federal financial participation associated with the covered population.
- C. Please refer to Sections III - IV of this report for the methodology and assumptions used to project contract period benefit costs. Section I of the report highlights key methodological changes since the previous rate development.
- D. Sections III and IV of this report include a discussion on the methodology used to develop benefit utilization and unit cost trends. Exhibit R outlines the results of our trend analysis. In addition, we update projected costs for the most recently available functional screen acuity information and project additional acuity “trend” through the contract period.
- E. No adjustment for MHPAEA were made as part of rate development.
- F. Please refer to Sections III - IV of this report for the details related to the treatment of in-lieu of services.
- G. The CY 2017 capitation rate methodology does not include any expenses for Institution for Mental Diseases (IMD).
- H. The CY 2017 capitation rate development methodology relies on base period data that includes only those eligibles actually enrolled in the Wisconsin Family Care program, so no adjustment for retroactively eligibility periods is needed.
- I. The various Exhibits included in this report document the final projected benefit costs by relevant level of detail and is consistent with how the State makes payments to the plans.
- J. We are not aware of any benefit changes since the last certification.
- K. We are not aware of any benefit changes since the last certification.

4. Pass-Through Payments

- A. The CY 2017 capitation rate methodology does not include any pass-through payments.
- B. The CY 2017 capitation rate methodology does not include any pass-through payments.
- C. The CY 2017 capitation rate methodology does not include supplemental payments.

5. Projected Non-Benefit Costs

- A. Variations in assumptions used to develop the projected benefit costs for covered the population are not based on the rate of Federal financial participation associated with the covered population.

EXHIBIT Q
RESPONSE TO 2017 MANAGED CARE RATE DEVELOPMENT GUIDE
(NOVEMBER 2016)

- B. Please refer to Step 8 in Sections III - IV of this report for a detailed description of the data and methodology used to develop of the projected non-benefit costs included in the capitation rates. The report includes a description of changes made since the last rate development.
- C. The administrative and targeted margin components of the non-benefit costs are separately identified in the report. Care management costs are treated as service costs in rate development. There are no applicable taxes, fees, or assessments.
- D. The non-benefit costs included in the CY 2017 capitation rates are developed as a per member per month for common categories of administrative expenses.
- E. The Wisconsin Family Care program covers only LTC services. As such, the revenue received by participating providers does not accrue a Health Insurance Providers Fee (HIPF) liability.
- F. The CY 2017 capitation rate methodology does not include any amounts for the HIPF liability.

6. Rate Range Development

- A. There is only one rate for each MCO / GSR combination. We did not develop a rate range.
- B. There is only one rate for each MCO / GSR combination. We did not develop a rate range.

7. Risk Mitigation, Incentives, and Related Contractual Provisions

- A. The functional screen and risk adjustment and High Cost Risk Pool mechanisms detailed in Sections III and IV of the report. Other payment mechanisms not reflected in the reported monthly capitation rates are outlined in Section V.
- B. The functional screen risk adjustment and High Cost Risk Pool mechanisms has been developed in accordance with generally accepted actuarial principles and practices and cost neutral to the state in total.
- C. All risk mitigation mechanisms are cost neutral to the state. The functional screen risk adjuster is also utilized to develop projected acuity trends separate from benefit utilization and unit cost trends.
- D. The High Cost Risk Pool is described in Sections I, III, and IV of this report.
- E. The contract does not have a medical loss ratio requirement.
- F. The contract does not contain any reinsurance requirements.
- G. A member relocation incentive is described in Section V of the report. These incentives will not exceed 5% of the certified rates, and we made no adjustment for the incentive payments in rate development.
- H. There are no withholds other than those associated with the High Cost Risk Pool.

8. Other Rate Development Considerations

- A. All services and populations covered under the Family Care program are subject to the same Federal Medical Assistance Percentage (FMAP).

EXHIBIT Q
RESPONSE TO 2017 MANAGED CARE RATE DEVELOPMENT GUIDE
(NOVEMBER 2016)

- B. Variations in proposed capitation rates are not based on the rate of Federal financial participation associated with the covered population.
- C. The effective dates of changes to the Family Care program are consistent with the assumptions used to develop the CY 2017 capitation rates.
- D. We believe that this rate certification and supporting documentation adequately demonstrate that the rates were developed using generally accepted actuarial practices and principles.

9. Procedures for Rate Certifications for Rate and Contract Amendments

The CY 2017 rates documented in this report are the initial capitation rates for the CY 2017 Wisconsin Medicaid LTC managed care contracts.

II. MEDICAID MANAGED CARE RATES WITH LONG-TERM SERVICES AND SUPPORTS

1. Managed Long-Term Services and Supports

- A. The Wisconsin Family Care program only covers Long-Term Care services. Therefore, the information included in this rate certification and report is specific to MLTSS.
- B. The Wisconsin Family Care program capitation rates are a blend of the various target groups eligible for the program. Details behind the target group assignment is included in Section III of this report. The risk adjustment methodology utilizes functional screen, diagnostic, behavioral, and demographic information, while excluding setting of care. This effectively functions as an enhanced method of blended rate cells.

This rate cell structure aligns with the 2013 guidance around MLTSS programs.

- C. The Wisconsin Family Care managed care program is considered mature and has been in operation since 2000. We did not project additional changes in settings of care, beyond those that were reflected in the recent experience utilized to develop benefit cost and acuity trends. We expect that care management activities will continue to provide care to patients in the most cost effective setting and prevent nursing home admissions.
- D. The Wisconsin Family Care program only covers Long-Term Care services. Therefore, the program administrative cost study and projected non-benefit costs in this rate report are specific to MLTSS.
- E. The Wisconsin Family Care capitation rates presented in this report are based entirely on historical MCO encounter data and financial experience.

III. NEW ADULT GROUP CAPITATION RATES

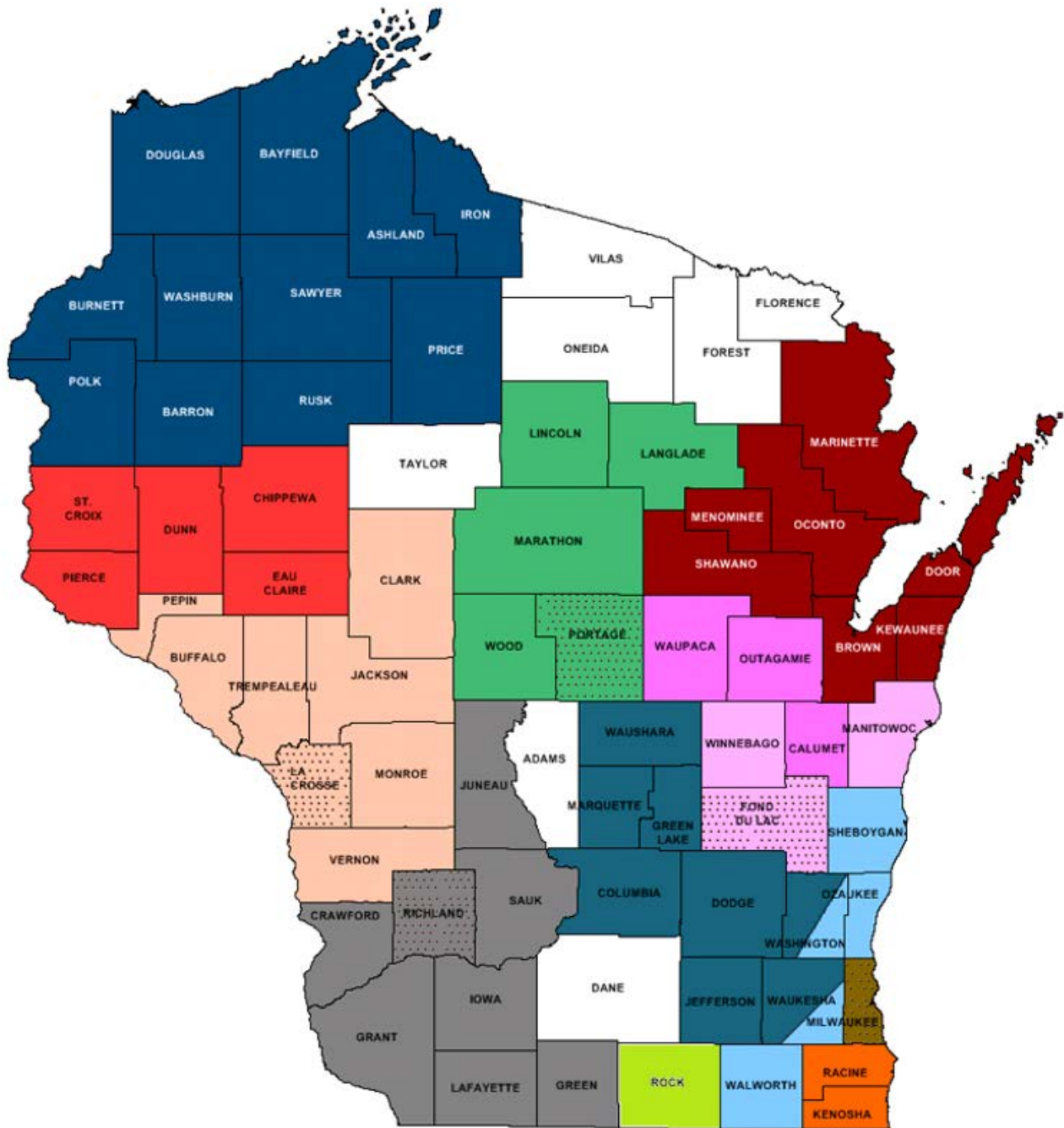
This certification does not include rates for the new adult group under 1902(a)(10)(A)(i)(VIII) of the Social Security Act.

Appendix A

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

This report assumes that the reader is familiar with the State of Wisconsin's Medicaid program, its benefits, and rate setting principles. The report was prepared solely to provide assistance to DHS to set CY 2017 capitation rates for the Family Care program. It may not be appropriate for other purposes. Milliman does not intend to benefit, and assumes no duty or liability to, other parties who receive this work. This material should only be reviewed in its entirety.



- GSR 1
- GSR 2
- GSR 3
- GSR 4
- GSR 5
- GSR 6
- GSR 7
- GSR 8
- GSR 9
- GSR 10
- GSR 11
- GSR 13
- GSR 14
- No Current Expansion Plan
- Pilot Counties

Appendix B

CMS Rate Setting Checklist Issues

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

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Appendix B1
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Projected 2017 Family Care Expenditures
Nursing Home Level of Care

Enrollment Matrix by Base Rate Cell		Fiscal Results Matrix by Base Rate Cell				
MCO / GSR	2017 Projected Exposure Months	Average Total Capitation Rate	Federal Capitation Rate Liability	Federal Capitation Total Cost Liability	State Capitation Rate Liability	State Capitation Total Cost Liability
Care WI (GSR 1)	441	\$3,340.54	\$1,954.55	\$861,957	\$1,385.99	\$611,222
Care WI (GSR 2)	4,463	2,970.81	1,738.22	7,757,680	1,232.59	5,501,045
Care WI (GSR 3)	552	2,856.12	1,671.12	922,456	1,185.00	654,122
Care WI (GSR 5)	27,671	3,566.39	2,086.69	57,740,932	1,479.70	40,944,646
Care WI (GSR 6)	3,133	3,142.03	1,838.40	5,759,713	1,303.63	4,084,267
Care WI (GSR 5-6)	18,552	3,620.36	2,118.27	39,298,194	1,502.09	27,866,725
Care WI (GSR 13)	20,233	3,253.75	1,903.77	38,518,961	1,349.98	27,314,163
CCI (GSR 6)	22,557	3,429.58	2,006.65	45,263,942	1,422.93	32,097,094
CCI (GSR 5-6)	15,177	3,594.19	2,102.96	31,916,633	1,491.23	22,632,389
CCI (GSR 8)	28,402	3,133.19	1,833.23	52,067,383	1,299.96	36,921,479
CCI (GSR 9)	2,614	3,018.68	1,766.23	4,616,924	1,252.45	3,273,905
CCI (GSR 10)	19,150	3,317.56	1,941.10	37,172,148	1,376.46	26,359,126
CCI (GSR 11)	27,392	3,433.38	2,008.87	55,026,985	1,424.51	39,020,160
Comm Link (GSR 1)	31,104	3,335.73	1,951.74	60,706,785	1,383.99	43,047,761
Comm Link (GSR 2)	45,029	3,109.29	1,819.25	81,918,809	1,290.04	58,089,410
Comm Link (GSR 3)	25,498	2,952.45	1,727.48	44,047,247	1,224.97	31,234,323
Comm Link (GSR 4)	41,901	3,105.64	1,817.11	76,138,725	1,288.53	53,990,697
Comm Link (GSR 5)	1,357	3,245.51	1,898.95	2,576,872	1,346.56	1,827,285
Comm Link (GSR 5-6)	375	3,366.44	1,969.70	738,639	1,396.74	523,776
Comm Link (GSR 7)	26,227	3,137.00	1,835.46	48,138,575	1,301.54	34,135,524
Comm Link (GSR 14)	5,366	3,474.33	2,032.83	10,908,168	1,441.50	7,735,086
LCD (GSR 9)	30,145	3,220.35	1,884.23	56,800,016	1,336.12	40,277,434
LCD (GSR 10)	1,799	3,097.65	1,812.44	3,260,571	1,285.21	2,312,102
LCD (GSR 13)	20,682	3,541.67	2,072.23	42,857,884	1,469.44	30,390,935
MCFC (GSR 6)	416	3,311.89	1,937.79	806,119	1,374.10	571,627
MCFC (GSR 5-6)	1,049	3,345.36	1,957.37	2,053,281	1,387.99	1,456,001
MCFC (GSR 8)	94,084	2,959.42	1,731.56	162,911,775	1,227.86	115,522,296
MCFC (GSR 11)	2,844	3,188.92	1,865.84	5,306,441	1,323.08	3,762,848
MCFC (GSR 14)	5,366	3,487.43	2,040.50	10,949,298	1,446.93	7,764,252
Grand Total	523,579	\$3,221.99	\$1,885.18	\$987,043,112	\$1,336.80	\$699,921,701

* Assuming FFY 2017 Federal Medical Assistance Percentage of 58.51%

Appendix B2
Wisconsin Department of Health Services
CY 2017 Family Care Capitation Rate Development
Projected 2017 Family Care Expenditures
Non-Nursing Home Level of Care

Enrollment Matrix by Base Rate Cell		Fiscal Results Matrix by Base Rate Cell				
MCO / GSR	2017 Projected Exposure Months	Average Total Capitation Rate	Federal Capitation Rate Liability	Federal Capitation Total Cost Liability	State Capitation Rate Liability	State Capitation Total Cost Liability
Care WI (GSR 1)	10	\$471.42	\$275.83	\$2,758	\$195.59	\$1,956
Care WI (GSR 2)	527	457.69	267.79	141,128	189.90	100,075
Care WI (GSR 3)	36	459.68	268.96	9,683	190.72	6,866
Care WI (GSR 5)	678	456.16	266.90	180,958	189.26	128,319
Care WI (GSR 6)	89	478.48	279.96	24,916	198.52	17,668
Care WI (GSR 5-6)	230	472.21	276.29	63,547	195.92	45,062
Care WI (GSR 13)	398	449.99	263.29	104,789	186.70	74,307
CCI (GSR 6)	345	475.83	278.41	96,051	197.42	68,111
CCI (GSR 5-6)	330	471.41	275.82	91,021	195.59	64,544
CCI (GSR 8)	1,008	468.59	274.17	276,365	194.42	195,973
CCI (GSR 9)	211	460.73	269.57	56,880	191.16	40,334
CCI (GSR 10)	656	452.75	264.90	173,777	187.85	123,227
CCI (GSR 11)	411	462.37	270.53	111,189	191.84	78,845
Comm Link (GSR 1)	877	469.91	274.94	241,126	194.97	170,985
Comm Link (GSR 2)	1,175	453.56	265.38	311,819	188.18	221,114
Comm Link (GSR 3)	2,703	457.28	267.55	723,200	189.73	512,828
Comm Link (GSR 4)	2,074	455.18	266.33	552,360	188.85	391,684
Comm Link (GSR 5)	109	458.02	267.99	29,211	190.03	20,714
Comm Link (GSR 5-6)	47	471.97	276.15	12,979	195.82	9,204
Comm Link (GSR 7)	798	449.03	262.73	209,657	186.30	148,669
Comm Link (GSR 14)	271	445.57	260.70	70,651	184.87	50,099
LCD (GSR 9)	861	461.94	270.28	232,712	191.66	165,018
LCD (GSR 10)	13	456.42	267.05	3,472	189.37	2,462
LCD (GSR 13)	282	449.42	262.96	74,153	186.46	52,583
MCFC (GSR 6)	2	477.11	279.16	558	197.95	396
MCFC (GSR 5-6)	54	473.28	276.92	14,953	196.36	10,604
MCFC (GSR 8)	2,330	462.31	270.50	630,259	191.81	446,923
MCFC (GSR 11)	44	464.31	271.67	11,953	192.64	8,476
MCFC (GSR 14)	271	446.54	261.27	70,804	185.27	50,208
Grand Total	16,840	\$459.04	\$268.58	\$4,522,929	\$190.45	\$3,207,252

* Assuming FFY 2017 Federal Medical Assistance Percentage of 58.51%

Appendix B3
 Wisconsin Department of Health Services
 CY 2017 Family Care Capitation Rate Development
 Projected 2017 Family Care Expenditures
 Nursing Home and Non-Nursing Home Level of Care

Enrollment Matrix by Base Rate Cell		Fiscal Results Matrix by Base Rate Cell				
MCO / GSR	2017 Projected Exposure Months	Average Total Capitation Rate	Federal Capitation Rate Liability	Federal Capitation Total Cost Liability	State Capitation Rate Liability	State Capitation Total Cost Liability
Care WI (GSR 1)	451	\$3,276.92	\$1,917.33	\$864,715	\$1,359.60	\$613,178
Care WI (GSR 2)	4,990	2,705.40	1,582.93	7,898,808	1,122.47	5,601,120
Care WI (GSR 3)	588	2,709.40	1,585.27	932,138	1,124.13	660,988
Care WI (GSR 5)	28,349	3,492.01	2,043.17	57,921,889	1,448.83	41,072,965
Care WI (GSR 6)	3,222	3,068.46	1,795.35	5,784,629	1,273.10	4,101,936
Care WI (GSR 5-6)	18,782	3,581.81	2,095.72	39,361,741	1,486.09	27,911,786
Care WI (GSR 13)	20,631	3,199.66	1,872.12	38,623,750	1,327.54	27,388,470
CCI (GSR 6)	22,902	3,385.08	1,980.61	45,359,993	1,404.47	32,165,204
CCI (GSR 5-6)	15,507	3,527.74	2,064.08	32,007,654	1,463.66	22,696,933
CCI (GSR 8)	29,410	3,041.86	1,779.79	52,343,749	1,262.07	37,117,452
CCI (GSR 9)	2,825	2,827.63	1,654.44	4,673,804	1,173.18	3,314,239
CCI (GSR 10)	19,806	3,222.67	1,885.59	37,345,925	1,337.09	26,482,353
CCI (GSR 11)	27,803	3,389.46	1,983.17	55,138,173	1,406.29	39,099,006
Comm Link (GSR 1)	31,981	3,257.14	1,905.75	60,947,911	1,351.39	43,218,746
Comm Link (GSR 2)	46,204	3,041.75	1,779.73	82,230,628	1,262.02	58,310,524
Comm Link (GSR 3)	28,201	2,713.29	1,587.55	44,770,447	1,125.75	31,747,151
Comm Link (GSR 4)	43,975	2,980.64	1,743.97	76,691,084	1,236.67	54,382,381
Comm Link (GSR 5)	1,466	3,038.25	1,777.68	2,606,083	1,260.57	1,847,998
Comm Link (GSR 5-6)	422	3,044.07	1,781.09	751,618	1,262.98	532,980
Comm Link (GSR 7)	27,025	3,057.63	1,789.02	48,348,232	1,268.61	34,284,193
Comm Link (GSR 14)	5,637	3,328.72	1,947.64	10,978,819	1,381.09	7,785,185
LCD (GSR 9)	31,006	3,143.75	1,839.41	57,032,728	1,304.34	40,442,453
LCD (GSR 10)	1,812	3,078.70	1,801.35	3,264,042	1,277.35	2,314,564
LCD (GSR 13)	20,964	3,500.07	2,047.89	42,932,037	1,452.18	30,443,518
MCFC (GSR 6)	418	3,298.33	1,929.85	806,678	1,368.48	572,023
MCFC (GSR 5-6)	1,103	3,204.75	1,875.10	2,068,235	1,329.65	1,466,605
MCFC (GSR 8)	96,414	2,899.07	1,696.25	163,542,034	1,202.83	115,969,219
MCFC (GSR 11)	2,888	3,147.41	1,841.55	5,318,394	1,305.86	3,771,324
MCFC (GSR 14)	5,637	3,341.24	1,954.96	11,020,102	1,386.28	7,814,460
Grand Total	540,419	\$3,135.89	\$1,834.81	\$991,566,041	\$1,301.08	\$703,128,953

* Assuming FFY 2017 Federal Medical Assistance Percentage of 58.51%

Appendix C

State of Wisconsin Department of Health Services
CY 2017 Capitation Rate Development for Family Care Program

November 30, 2016

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Appendix C
Wisconsin Department of Health Services
Family Care Trend Development

	PMPM Costs			2013-2015 Annual Trend	Selected Trend ¹
	CY 2013	CY 2014	CY 2015		
Developmentally Disabled	3,443.17	3,476.89	3,527.25	1.21%	2.00%
Physically Disabled	2,269.06	2,256.56	2,287.90	0.41%	0.63%
Frail Elderly	2,390.55	2,425.32	2,489.47	2.05%	2.26%
	Acuity/Risk Scores				
	CY 2013	CY 2014	CY 2015		
Developmentally Disabled	0.9847	1.0033	1.0245	2.00%	2.00%
Physically Disabled	0.9957	0.9943	0.9995	0.19%	0.20%
Frail Elderly	0.9839	0.9991	1.0199	1.81%	1.80%
	Risk Adjusted PMPM Costs				
	CY 2013	CY 2014	CY 2015		
Developmentally Disabled	3,496.51	3,465.36	3,442.90	-0.77%	0.00%
Physically Disabled	2,278.95	2,269.42	2,289.15	0.22%	0.43%
Frail Elderly	2,429.69	2,427.40	2,440.97	0.23%	0.45%

¹ The final selected trends are based on the results of a regression analysis using monthly PMPM service costs from 2013 - 2015.